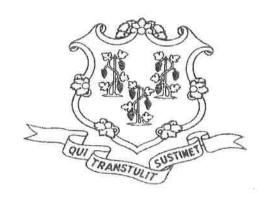
State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

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ICF-IID		
eived		

General Information

	License No.			
Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Ivalife of Lacifity (as ficelised)		1/7/2021	1 1	37
Meridian Manor Corporation	778C	1/7/2021	1	
Meridian Manor Corporation	1/8C	17772021		

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT 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 Meridian Manor Corporation [facility name], for the cost report period beginning October 1, 2020 and ending January 7, 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.

(a) Subject to desk audit review

Signed (Administrator)		Date	Signed (Owner)	Date
inted Name (Administrator) bscribed and Sworn before me:		Printed Name (Owner) The Estate of James Cleary		
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

Data Required for Real Wage Adjus	tm	ent		Page	of
				1A	37
Name of Facility		Period Cov	ered:	From	То
Meridian Manor Corporation				10/1/2020	1/7/2021
Address of Facility					
1132 Meriden Rd, Waterbury, CT 06705					
Report Prepared By		Phone Nun		Date	
Marcum LLP		203-781-9600		8/2/2021	1
ltem		Total	CCNH	RHNS	(Specify)
Dietary wages paid	\$				
2. Laundry wages paid	\$				
Housekeeping wages paid	\$				
Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (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

				cility	1 '	ear Ended	Page 2		of 37
Name of Facility (as shown on license)		-	Address (No	0. & 2		ate, Zip)			
Meridian Manor Corporation									
	CCNH		RHNS		(Specify)			rovi	der No.
	778C						07-5102		
))								
Chronic and Convalescent Nursing Home only (CCNH)						(Specify))		
Type of Ownership (Check appropriate box	()								
O Proprietorship O LLC O	Partnership	•	Profit Corp.	0	Non-Profit Cor	ъ. О	Government	0	Trust
	rt year provide	et		Date	Opened	Date Clos	sed 1/7/2021		
Has there been any change in ownership or operation during this report year?		0	Yes	•	No	If "Yes."	explain fully	/ z:	
Administrator									
Name of Administrator					Nursing Ho	me			
Michael Bell					Administrato	or's (002116		
Other Operators/Owners who are assistant a	dministrators ((full	or part time)	of thi	s facility.	0.11			
Name			1			0.:			
N/A									
Name of Facility (as shown on license) Meridian Manor Corporation CCNH									

General Information and Questionnaire Partners/Members

Name of Facility Meridian Manor Corporation		License No. 778C	Report for Y 1/7/2021	ear Ended	Page of 3 37
Meridian Manor Corporation		1760	17772021	State(s) and/o	or Town(s) in
Legal Name of Part	nership/LLC	Business A	Address		egistered
N/A					
	11				
Name of Partners/Members	Business Ac	ddress	,	Title	% Owned
N/A					

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year E	nded	Page of
Meridian Manor Corporation	778C	1/7/2021		3A 37
If this facility is owned or operated as a corp	oration, provide the	following informa	tion:	
Legal Name of Corporation		ss Address		ich Incorporated
Meridian Manor Corporation	1132 Meridien Ro 06705	d, Waterbury, CT	СТ	1
Name of Directors, Officers	Busines	ss Address	Title	No. Shares Held by Each
The Estate of James E. Cleary, Jr.	1132 Meriden Rd 06705	Waterbury, CT	President	5000
Thomas Owens	1132 Meriden Rd, 06705	Waterbury, CT	Director	
Sheila C. Smith	1132 Meriden Rd, 06705	Waterbury, CT	Director	
Marilyn Richardson	1132 Meriden Rd, 06705	Waterbury, CT	Director	
Names of Stockholders Owning at Least 10% of Shares				
James E. Cleary, Jr.	1132 Meriden Rd, 06705	Waterbury, CT	President	5000

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Meridian Manor Corporation	778C	1/7/2021	3B 37
If this facility is owned or operated as an individua	l proprietorship, pr	ovide the following informat	ion:
Owi	ner(s) of Facility		
NI/A			
N/A			

General Information and Questionnaire Related Parties*

Name of Facility Meridian Manor Corpo	pration	Licens	se No. 778C		Report for Year Ended 1/7/2021		Page	of
A							4	37
Are any individuals rec marriage, ability to con	eiving compensation from the f trol, ownership, family or busin	acility r	related to		Yes ⊙ No	If "Yes," provide the complete the inform	ne Name/Ad	dress and
Are any individuals or	companies which provide goods						nation on re	ige II of the repo
including the rental of prelated through family a	property or the loaning of funds association, common ownership e owners, operators, or officials	to this t	facility,	sinece	⊙ Yes O No	If "Yes," provide th	e following	information:
Name of Related			Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services	Indicate Where Costs are Included in Annual Report	0	
Individual or Company Address 1132 Meriden Road, Waterbury, C	Yes	No	%**	Provided	Page # / Line #	Cost Reported	Actual Cost to the Related Party	
R&C Realty	06705	0	0		Rental of the facility and equipment	Pg. 22/ Line 9		
eth Cleary	1132 Meriden Road, Waterbury, CT 06705	0	•		Food Service Supervisor	Pg. 10/ Line A5c	52,500	52,50
		0	0			* g. 10/ Ellie A3c	15,240	15,24
		0	0					
		0	•					
		0	0					
		0	0					
		0	0					

^{**} Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License N	No.	Report for Voor Ended	I D.	
Meridian Manor Corporation	7780	C	1/7/2021	5	27
If the facility is licensed as CDH and/or RCH of	or provides	AIDS or TR	I services with special Medicai	J J	3/
must be allocated to CCNH and RHNS as follo	ws:	.1000110	r services with special Medical	d rates, cos	īS
Item			Method of Allocatio	n	
Dietary		Number o		"	
Housekeeping		Number of	of square feet serviced		
		Number o	f hours of routine care provided	d by EACH	
Nursing Direct Resident Care Consultants Maintenance and operation of plant Property costs (depreciation) Employee health and welfare Management services All other General Administrative expenses		employee	classification, i.e., Director (or	Charge No	irse)
		Registere	Nurses, Licensed Practical Nu	urses. Aides	s and
		Attendant	S	,	, 4114
Direct Resident Care Consultants		Number o	f hours of resident care provide	d by EACH	 -I
Meridian Manor Corporation If the facility is licensed as CDH and/or RCH or provide must be allocated to CCNH and RHNS as follows: Item Dietary Laundry Housekeeping Nursing Direct Resident Care Consultants Maintenance and operation of plant Property costs (depreciation) Employee health and welfare Management services All other General Administrative expenses The preparer of this report must answer the following quality to the preparation of this Report, were all costs allocated as required? N/A 2. Explain the allocation of related company expenses and N/A 3. Did the Facility appropriately allocate and self-disallo (e.g., Assisted Living, Home Health, Outpatient Services)		specialist	(See listing page 13)	,	
Employee health and welfare		Gross sala	ries		
Management services		Appropria	te cost center involved		
All other General Administrative expenses		Total of D	irect and Allocated Costs		
The preparer of this report must answer the follo	wing questi	ons applica	ble to the cost information prov	ided.	
in the preparation of this Report, were all			If "No," explain fully why suc	h allocation	n was no
		0 110	made.		T Trub
N/A					
Prophetical Control					
Explain the affocation of related company exp	enses and a	ttach copy o	of appropriate supporting data.		
V/A					
Did the Feeilite comment to be the					
(e.g. Aggisted Living Head Head)	-disallow di	irect and inc	lirect costs to non-nursing home	e cost cente	ers?
the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs at be allocated to CCNH and RHNS as follows: Item					
	⊙ Yes			allocation	was not
I/A			mudy,		-

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.	Donort for Y	(7 T) 1 1			
Meridian Manor Corporation		778C	Report for			Page	of	
	Ow	ed * to ners, rators,		1/7/2021			6	37
Nome and A.H. Cr		icers		Date of	Term of	Annual Amount	Δ	4
Name and Address of Lessor Great American Finance, PO Box 609, Cedar Rapids 1A	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Amoun Claimed	
22406 Paychex	0	0	Timeclock	04/13/18	63 months	650	650	
	0	0	Timecrock	06/08/16	Monthly as needed	112	112	
	0	0					112	
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	0						

^{*} 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

The state of the s				
Name of Facility Meridian Manor Corporation	License No.	Report for Year Ended		D-
The records of this facility for the	778C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Page of 7 37
a the state of this facility for the	s period covered by this r	eport were maintained on the following basis:		. 1 37
O Accrual O Cash	O Modified Cash			
Is the accounting basis for this				
	9 Yes	If "No," explain.		
previous periou;	O No	·		
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street City St. City		
Marcum LLP		Address (No. & Street, City, State, Zip Co	de)	
2		555 Long Wharf Drive, New Haven, (21 06511	
3				
Services Provided by This Firm (do	- M. Anthon			
Accounting Services	escribe fully)			
Accounting Scivices			\$	10,000
			\$	70,000
			\$	
			\$	
			Charge for S	Services Provided
re These Charges Reflected in the Expend	liture Portion - CTU ' D	f Yes, Specify Expense Classification and Line No.	\$	10,000
	Page 15, Line 1d	f Yes, Specify Expense Classification and Line No.		
egal Services Information				
ame of Legal Firm or Independent	Attorney		Tr. L	
Griffin, Griffin & Mayo			Telephone N 203-755-110	lumber
Mellon, Hickey, & Capuano, Ll	LC		203-757-982	
			200 757-702	
			R	
ldress (No. & Street, City, State, Z	in Code \			
123 Bank St, Waterbury, CT	.,			
45 State St, Waterbury, CT				
vices Provided by This Firm (desc	niha Gilli.			
Collections (Disallowed on Page 28)	Tive July)			
Corporate Matters			\$	220
			\$	11,600
			\$	
			\$	
			\$	
			Charge for Ser	vices Provided
hese Charges Reflected in the Expenditure	re Portion of This Dans and 1911	es, Specify Expense Classification and Line No.		11,820
	ige 15, Line le	es, Specify Expense Classification and Line No.		
Yes O No	o. to, anto to			

Schedule of Resident Statistics

Meridian Manor Corporation			License 7	No. 78C			Report for Year Ended 1/7/2021			Page 8	of	
	Total All	Total CCNH	Total	_		Period 10	/1 Thru 6/	30		Period 7/		37
L. Certified Bed Capacity	Levels	Level	RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(6. :6
 A. On last day of PREVIOUS report period 	94	94			94	94				CCIVII	KITINS	(Specify
B. On last day of THIS report period Number of Residents	94	94			74	94						
A. As of midnight of PREVIOUS report period	34	34							94	94		
B. As of midnight of THIS report period	34	34			34	34						
Total Number of Days Care Provided During Period A. Medicare	63	63										
B. Medicaid (Conn.)	1.428	1,428			1,428	63						
C. Medicaid (other states) D. Private Pay					1,426	1,428						
- Trace Lay												
E. State SSI for RCH F. Other (Specify)									-			
G. Total Care Days During Period (3A thru F)	20	20			20	20						
Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved	1,511	1,511			1,511	1,511						
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
Total Resident Days (3G + 4A + 4B)	1,511	1,511			1,511	1,511						

Schedule of Resident Statistics (Cont'd)

Meridian Manor Corporation 778C 1/7/2021 4. Were there any changes in the certified bed capacity during the report year? O Yes O No	9	37
4. Were there any changes in the certified bed capacity during the report year? O Yes • No	0	- 1
If "YES", provide the following information:		
Place of Change Change in Beds Capacity After Change		
Date of CCNH RHNS (Specify) Lost Gained		
		LI PAN E CONTRACTOR
Change (1) (2) (3) (1) (2) (3) (1) (2) (3) CCNH RHNS (Specify)	Reason fo	or Change
 If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number RESIDENT DAYS for 90 days following the change. 	r of	
Change in Resident Days CCNH RHNS	(Spe	cify)
1st change		
2nd change		
3rd change		
4th change		
6. Number of Residents and Rates on September 30 of Cost Year Medicare Medicaid Self-Pay	Other Stat	e Assisted
Medicare		
Item CCNH CCNH RHNS CCNH RHNS (Specify)	R.C.H.	ICF-MR
No. of Residents 30 4		NISHER SEVEN
Per Diem Rate	THE STATE	
a. One bed rm. Various 208.00 295.00		
b. Two bed rms. Various 159.00 265.00		
c. Three or more		
bed rms.		
7. Total Number of Physical Therapy Treatments A. Medicare - Part B TOTAL CCNH 139 139	RHNS	(Specify)
B. Medicaid (Exclusive of Part B)		
Maintenance Treatments		
2. Restorative Treatments		
C. Other D. Total Physical Therapy Treatments		
8. Total Number of Speech Therapy Treatments	1240) 50	
A. Medicare - Part B		NOTE OF THE PARTY.
B. Medicaid (Exclusive of Part B)	HI SON WAS	100
Maintenance Treatments		
2. Restorative Treatments		
C. Other D. Total Speech Therapy Treatments		
9. Total Number of Occupational Therapy Treatments		SO E DINOR
A, Medicare - Part B	SIGNAS	0.000
B. Medicaid (Exclusive of Part B)	No. of Street, or other party of the last	III-SE-HALLS
1. Maintenance Treatments		
2. Restorative Treatments		
C. Other D. Total Occupational Therapy Treatments		

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility Meridian Manor Corporation	License No. 778C		Report for Yea	ar Ended	Page 10	of 37
re time records maintained by all individuals receiving co	npensation?	•	Yes	0	No	
e time records maintained by an individual records			Total Cost	and Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
Salaries and Wages*		A7 L0				
Operators/Owners (Complete also Sec. 1 of Schedule A1)		4 870) H	(VARIE 128)			
Administrator(s) (Complete also Sec. III of Schedule A1)						
 Assistant Administrator (Complete also Sec. IV of Schedule A1) 		KILLWID.	JEWEL KAN			Constitution of the Consti
Other Administrative Salaries (telephone	#### (F. 57 PM)				Margaro Ave	(Nerrealt)
operator, clerks, receptionists, etc.)	30,779	1,476				
Dietary Service a. Head Dietitian	Esiphisware		NUMBER OF			Diferrebo
b. Food Service Supervisor	52,912	4,187		1		
c. Dietary Workers 6. Housekeeping Service	32,712	1,107	Home A Rock			Charles and
a. Head Housekeeper						
b. Other Housekeeping Workers	12,533	1,115				
7. Repairs & Maintenance Services	75 8		MCME ISTER			STATE OF THE PARTY
Engineer or Chief of Maintenance	474			-		_
b. Other Maintenance Workers	-474		SA STATE OF	III CAN DESIGNATE	10000000000000000000000000000000000000	//special
8. Laundry Service			A PARTY PROPERTY.	ST CITY COLUMN		
a. Supervisor b. Other Laundry Workers						
Other Laundry Workers Barber and Beautician Services						
10. Protective Services						
11. Accounting Services		THE STATE OF	NE SAVESUR	THE MAN STATE		LE TO TO
a. Head Accountant						
b. Other Accountants					CHARLES ALLS	
12. Professional Care of Residents			in mesticani	MINISTRUMENT OF STREET	W 21 - 12 15 A 16 A	-
a. Directors and Assistant Director of Nurses	21,123	589	9	1 00000	POLICE STATE OF THE PARTY OF TH	
b. RN	SUMP TO SUMP	2.05	Con leven	278250		DOI DE LA COLOR
1. Direct Care	135,058	3,850)		1	
2. Administrative**		E BOOK	The second second	N 50 100 100	I In to the Real	
c. LPN	45,537	1,81	R			
1 Direct Care 2 Administrative**	45,053	1,000				
d. Aides and Attendants	87,758	7,79	4			
e. Physical Therapists	10,329	69				
f. Speech Therapists					4	
g. Occupational Therapists	2,289	12				-
h. Recreation Workers	10,472	84	1			N COLUMNS OF
i. Physicians	My TO MINIT D	ADS PIES	S. S. Hardenson	THE PARTY OF	III JESS ILVINIUS	
Medical Director					1	
2. Utilization Review	_		1			
3. Resident Care***	DATE OF THE PARTY	March Street	A Property of the Party of the		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
I. Podiatrists	15,688	60	2			
m. Social Workers/Case Management n. Marketing	1,5,500					
n. Marketing o. Other (Specify)	W 100 (N. 1)(4)		IN LIGHTONIES			MIDDLE ST
See Attached Schedule	7,139					
A-13. Total Salary Expenditures	431,143	23,54	9			4

^{*} 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)

CCN	H	K	INS	(Spec	(HIV)
S	Hours	\$	Hours	\$	Hours
•					
\$ 7,139	456				
				-	
			-	e -	
	•	\$ 7,139 456	\$ 7,139 456	\$ 7,139 456	\$ 7,139 456

Schedule of Other Fees (Page 13)

	C	CNH	R	HNS		(Specify)	
Service	\$	Hours	\$	Hours	\$		Hours
ETVICE							_
						_	
						_	
					-		
					-		
					-		
				-	-		
			+		-		
				_			
					_		
			-				
			\$ -		\$		- 1
Total	\$ -	7.5	\$ -		. 40		

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

Name of Facility				License No.	itors and other		Year Ended		Page	of
Meridian Manor Corporation				778C		1/7/2021			11	37
		Salary Paid	1	Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where Claimed on	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHNS	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section I - Operators/Owners										
									el e	4 3 = =
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).								is 2		

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

^{**} Include all employment worked during the cost year.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.	torb and o drei	Report for Y			Page	of
Meridian Manor Corporation				778C		1/7/2021			12	37
NOTO CONTO C		Salary Pai	d	Fringe Benefits						
Name	CCNH	RHNS	(Specify)	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
Section III - Administrators***										
No Administrator- Resigned 9/25/2020										
Section IV - Assistant Administrators										
				-						
										1

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

^{**} Include <u>all</u> other employment worked during the cost year.

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

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility Meridian Manor Corporation	License No. 7780	С	Report for Y 1/7/2021		Page 13	of 37
			Total Cost	and Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
B. Direct care consultants paid on a fee	MARKAN ELIT	E SHE IN	B 77			
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	815	20				
3. Pharmacist	884	6				
4. Podiatrist						CONTRACTOR OF THE
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians			Transfer 7			
a. Medical Director (entire facility)	7,500	42				
b. Utilization Review		WEST WEST				Sept Miles
(Title 18 and 19 only) monthly meeting					-	
c. Resident Care**						
d. Administrative Services facility I. Infection Control Committee (Quarterly meetings)				(A=5)(A=5)(A		69.78.413
2. Pharmaceutical Committee						
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually) e. Other (Specify)	8.8 12 BV	OKATE SA				
	arreses and		NAME OF TAXABLE PARTY.	A THE RESERVE OF	The Name of Street	0.0000
9. Speech Therapist	and the second				A STATE OF THE PARTY OF	
a. Resident Care						
b. Other	ne venda		ON PASSED			02/11/03/01
10. Occupational Therapist						
a. Resident Care b. Other						
11. Nurses and aides and attendants				SYPHERE		25
a. RN						
1. Direct Care	100000000000000000000000000000000000000					
2. Administrative***						
b. LPN				A DATE RO	HASD VEN	1200
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)		15185 No				8 4 100
See Attached Schedule						_
B-13 Total Fees Paid in Lieu of Salaries	9,199	68	M-12 and supported			

^{*} Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

^{**} This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

^{***} Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

Report of Expenditures Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility Meridian Manor Corporation	License No. 778C		Report for \(1/7/2021	Year Ended	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** Operato Yes	to Owners, rs, Officers		nation of Re	lationship
HealthDrive Dental, 888 Worcester St, Wellesly, MA	Dentist	0	•	N/A		
Partners Pharmacy, 70 Jackson Dr, Cranford NJ	Pharmacist	0	0	N/A		
Dr K Jeganthesan, 2271 E Main St, Waterbury CT	Med Director	0	•	N/A		
Or. E Quinn, 78 Reservor Ridge Rd, Southington	Med Director	0	•	N/A		
		0	0			
		0	0			
		0	0			
		0	•			
		0	0			
		0	0			
		0	0			
		0	•			
		0	•			
		0	•			
		0	0			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			

^{*} Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

rante of Facility	se No.	Report for Ye	ear Ended	Page 15	of 37
Meridian Manor Corporation 7	778C	1///2021		13	37
T-		Total	CCNH	RHNS	(Specify)
ltem		Total	CCIVII	enting steel	(Specify)
. Administrative and General					11.575
a. Employee Health & Welfare Benefits		32,442	32,442		
Workmen's Compensation		32,442	32,772		
2. Disability Insurance		9,901	9,901		
3. Unemployment Insurance		31,539	31,539		
4. Social Security (F.I.C.A.)		\$ 28,227	28,227		
5. Health Insurance		20,221	20,227	U.D. C 103	ENDT ROW
6. Life Insurance (employees only)					
(not-owners and not-operators)		\$			
7. Pensions (Non-Discriminatory)			NS B STREET	1100	NO THE REAL PROPERTY.
(not-owners and not-operators)		¢			
8. Uniform Allowance		\$ \$			
9. Other (Specify)	-	D (0500,430,650,600,600,600,600,600,600,600,600,60	Sec. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	UVA FIRMINA	THE THE PLAN
See Attached Schedule		\$	AND PURE STATE		
b. Personal Retirement Plans, Pensions, and		DESCRIPTION OF THE PROPERTY OF	rigis subjided		
Profit Sharing Plans for Owners and					TURS / LO
Operators (Discriminatory)*				Total Constitution	
c. Bad Debts*		\$	10.000		
d. Accounting and Auditing		\$ 10,000	10,000		
e. Legal (Services should be fully described on Pa	ge 7)	\$ 11,820	11,820		
f. Insurance on Lives of Owners and		\$	INTERNITY OF LITTER	01 1000-1-531	NOT THE WORK
Operators (Specify)*					
g. Office Supplies		\$ 1,084	1,084	1 1000 1000	
h. Telephone and Cellular Phones					A CONTRACTOR
1. Telephone & Pagers		\$ 4,733	4,733		.
2. Cellular Phones		\$			-
i. Appraisal (Specify purpose and		\$		OHIOLESSA AND AND	MINKINIWARKI
attach copy)*					
j. Corporation Business Taxes (franchise tax)		\$			
k. Other Taxes (Not related to property - See Pag	e 22)				
1. Income*		\$			
2. Other (Specify)		\$			
See Attached Schedule				S'SISISI	
Resident Day User Fee		\$ 109,041	109,041		
Subtotal		\$ 238,787	238,787		

^{*} Facility should self-disallow the expense on Page 28 of the Cost Report.

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
71- 1	24		
			ļ
otal	\$ -	\$	\$ -

Schedule of Other Taxes

Description	C	CNH	R	HNS	(Spe	ecify)
Description.		=				
					Φ.	
Total	\$				1 2	

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

Name of	Facility Lie	cense No.	Report for Y	ear Ended	Page	of
Meridian	Manor Corporation	778C	1/7/2021		16	37
	I		Total	CCNH	RHNS	(Specify)
	Item Subtatala I	Daniels Commands	238,787	238,787	Kinto	(Specify)
		Brought Forward:	236,767	230,707	IN TO SHOULD	
	avel and Entertainment	\$	12121 DAY	A DELINEY		
1.	Resident Travel and Entertainment	\$				
2.	Holiday Parties for Staff	\$				
3.	Gifts to Staff and Residents			122		
4.	Employee Travel	\$				
5.	Education Expenses Related to Seminars and C	Conventions \$		1,050		
6.	Automobile Expense (not purchase or deprecia	tion) \$		275		
7.	Other (Specify)	\$	Sec. 10.11.00	NATION NAMED IN	1510 P2W015	e constituit e
	See Attached Schedule		25,000,000		N. Comp.	211/2000
m. Otl	her Administrative and General Expenses		us Asympton		THE THE PERSON	
1.	Advertising Help Wanted (all such expenses)	\$				
2.	Advertising Telephone Directory (all such expe	nses)*** \$				
3.	Advertising Other (Specify)***	\$			-	
1	See Attached Schedule				IST SERVICE	
4.	Fund-Raising***	\$				
5.	Medical Records	\$				
6.	Barber and Beauty Supplies (if this service is s	upplied \$				
	directly and not by contract or fee for service)*	***		SUSTINCT:	N PENGINS	
7.	Postage	\$	95	95		
* 8.	Dues and Membership Fees to Professional	\$	1,024	1,024		
0.	Associations (<i>Specify</i>)		517 0 18 19 74			
	See Attached Schedule					THE REAL
80	. Dues to Chamber of Commerce & Other Non-Allo	wable Org.***				
9.		\$				
	Contributions***	\$				
10	See Attached Schedule	7	N. S. Land	STATE OF STA	9-1282 84	
11	Services Provided by Contract Specify and Co	mplete \$	10,818	10,818		
''	Schedule C-2, Page 21 for each firm or individ	mprere +		45 KU 589	in the	
12	. Administrative Management Services**	\$				
		9		357		
13	Other (Specify)	ч			01 1 1 1 1 1 1	TASSES FOR
0.115	See Attached Schedule	9	252,528	252,528		
C-14 To	tal Administrative & General Expenditures		202,020		<u> </u>	

^{*} 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	CCN	H	RI	INS	(Spe	cify)
And the second s		21				
						_
		-	-	-	-	
		_	_			_
Fotal Other Travel and Entertainment	\$		\$	*	\$	

Schedule of Other Advertising

Description	CC	NH	RI	INS	(Spe	ecify)
To the second se						
Total Other Advertising	S		\$	-	\$	

Schedule of Dues

CCNH	RHNS	(Specify)
\$ 1,024		
		-
\$ 1,024	\$	\$ -
	\$ 1,024	\$ 1,024

Schedule of Contributions

Description	CCNII		RIINS		(Specify)
Washington (1999)		5			
		_		_	
				-	
Total Contributions	\$	-	\$ -	\$	

Schedule of Other Administrative and General

Description	CCNH		RI	INS	(Spe	ecify)
		+				
OSHA	\$	220				
Service Charges - Bank	\$	137	_	_	-	
		-			-	
Total Other Administrative and General	\$	357	\$	140	\$	*

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of 17 37
Meridian Manor Corporation	778C	1/7/2021	
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 #

^{*} 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)

				Page 5)					
Name of Facility			License				ear Ended	Page	of
Mer	idian Manor Corporation			778C	1/	7/2021		18	37
	Item			Total	CC	ENH	RHNS	(S	specify)
2.	Dietary a. In-House Preparation & Service 1. Raw Food 2. Non-Food Supplies 3. Other (Specify)		\$ \$ \$	3,789		14,647 3,789			
	 b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify) Other Dietary Supplies 		\$						
2D.	Total Dietary Expenditures (2a + b + c + d)		\$	18,436	1000000000	18,436	Man 13		
2E. F. G.	Dietary Questionnaire Resident Meals: Total no. of meals served per ls cost of employee meals included in 2D?	r day:		Total	No	CNH	RHNS	(8	Specify)
Н.	Did you receive revenue from employees?	0			No		If yes, specify amt.		
I.	Where is the revenue received reported in the	Cost	Repor	t? (Page/Line	Item)				
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	0			No		If yes, specify cost.		
K.	Is any revenue collected from these people?	0	Yes	0	No		If yes, specify amt.		
L.	Where is the revenue received reported in the	Cost	Repor	t? (Page/Line	Item)				
М.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?		Yes		No		If yes, specify cost.		
N.	Is any revenue collected from employees?	0	Yes	•	No		If yes, specify amt.		
O.	Where is the revenue received reported in the	e Cost	t Repoi	t? (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		e No.	Report for Y	'ear Ended	Page of
Meridian Manor Corporation	778C	1/7/2021		19 37	
Item		Total	CCNH	RHNS	(Specify)
Laundrya. In-House Processing*1. Bed linens, cubicle curtains, draperies,	Lbs.				
gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	796	796		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.				
processed.***	Amt. §				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. S				
4. Repair and/or purchase of linens.***	Amt. 9				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	9				
c. Other (Specify) Supplies	9				
3D. Total Laundry Expenditures (3a + b + c)	3	796	796		
3E. Laundry Questionnaire				10	
F. Is cost of employee laundry included in 3D?) Yes	•	No	If yes, specify cost.	
G. Did you receive tevenue from employees.) Yes		No	If yes, specify amt.	
H. Where is the revenue received reported in the Co	st Report	?	(Page/Line	e Item)	
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?) Yes	•	No	If yes, specify cost.	
) Yes	•	No	If yes, specify amt.	
K. Where is the revenue received reported in the Co	st Report	?	(Page/Line	e 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)

Nam	e of Facility	License No.	Repo	rt for Year E	nded	Page	of
Mer	idian Manor Corporation	778C		1/7/2021		20	37
	Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (Mops,	Amt.	\$				
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$				
	Page 21)						
	C. Other (Specify)		\$	870	870	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Supplies						
4D.	Total Housekeeping Expenditures (4a+	b+c)	\$	870	870		
5.	Resident Care (Supplies)**		2				
	a. Prescription Drugs***						Toka S. Street
	Own Pharmacy		\$				
	2. Purchased from		\$	488	488	and the green	
	Supplies						
	b. Medicine Cabinet Drugs		\$	13,529	13,529		
	c. Medical and Therapeutic Supplies		\$	1,490	1,490		
	d. Ambulance/Limousine***		\$				
	e. Oxygen		0				
	1. For Emergency Use		\$				
	2. Other***		\$				
	f. X-rays and Related Radiological		\$	136	136		A COLOR STATE OF STAT
	Procedures***			A CONTRACTOR			
	g. Dental (Not dentists who should be inc	luded under	\$				THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TO THE PERS
	salaries or fees)						
	h. Laboratory***		\$	253	253		
	i. Recreation		\$	3,335	3,335		
	j. Direct Management Services*		\$				
	k. Indirect Management Services*		\$				
	1. Other (Specify)****		\$	2,847	2,847		
	See Attached Schedule						
5M.	Total Resident Care Expenditures (5a -	5j)	\$	22,078	22,078		

^{*} 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	(Specify)
Diapers/Briefs	\$ 2,32	2	
Stockroom IV Supplies(Disallowed on Pg 28a)	\$ 52	5	
Total Other Resident Care	\$ 2,84	7 \$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-21 Rev. 10/2001

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

Name of Facility Meridian Manor Corporation		License No. 778C	Report for Year Ended 1/7/2021	ed				of 37		
		Related ** t					Total Cost	Page Ref.**	*	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
		0	•							
		0	0							
		0	•							
		0	•							
		0	•							
		0	0							
		0	•							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							

^{*} 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

i tame of tability	License No.	Report for Ye		Page	of	
Meridian Manor Corporation	778C	1/7/2021			22	37
Item		Total	CCNH	RHNS	(Speci	fy)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	8,090	8,090			
b. Heat	\$	5,234	5,234			
c. Light & Power	\$	13,588	13,588			
d. Water	\$	1,882	1,882			
e. Equipment Lease (Provide detail on pa	ge 6) \$	762	762			
f. Other (itemize)	\$	16,125	16,125			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a -	6f) \$	45,681	45,681			
7. Depreciation (complete schedule page 23*						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	36,525	36,525			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	7,681	7,681			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	44,206	44,206			
8. Amortization (Complete att. Schedule Pag						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	11,283	11,283			
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + d) \$	11,283	11,283			
9. Rental payments on leased real property le						
real estate taxes included in item 10b	\$	52,500	52,500			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. <i>Total Property Expenses</i> (7e + 8e + 9 + 1	10) \$	107,989	107,989			

^{*} 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

Description	CCNH	RHNS	(Specify)
	-		
Refuse Removal	\$ 6,050		
Plant Supplies	\$ 968	8	1
Plant Purchase Service	\$ 6,590		
Equipment Rental	\$ 1,617	7	
Storage Rental Expense	\$ 900)	-
· ·			
Total Other Repairs and Maintenance	\$ 16,12.	5 \$ -	\$ -

Depreciation Schedule

Name of Facility		License No.			Report for Year Ended			Page	of			
Meridian Manor Corporation			7780	<u> </u>		1/7/2021			23	37		
Property Item					Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements									•			
Acquired prior to this report period					9,530		9,530	9,350				
Disposals (attach schedule)												
3. Acquired during this report period (attac	h sched	dule)										
A-4. Subtotal					V=321 5 55	2X () () () ()		Sale Alekson	SYCAL LA	S. S. S. S.	- 2. F. C. F. O.	
B. Building and Building Improvements												S. A. S. W. R.
Acquired prior to this report period					3,320,068		3,320,068	981,022	S/L	Various	36,525	
Disposals (attach schedule)												
Acquired during this report period (attact	h sche	dule)										
B-4. Subtotal							1 1 1 2 S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2 71 601	2000000	M b mes es	36,525
C. Non-Movable Equipment												
Acquired prior to this report period					62,505		62,505	62,505	S/L	Various		
Disposals (attach schedule)												
Acquired during this report period (attack)	h sche	dule)										
C-4. Subtotal					NEW ST							
	logt			Acquisition Year	n Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a. Box Truck b. Box Truck			8	3 2014 5 2009	4,049 11,344		4,049	4,049		4 4		
c. d. 2. Movable Equipment	Della Control			2009				1,00				
a. Acquired prior to this report period b. Disposals (attach schedule) c. Acquired during this report period (attach schedule)			Var	Var	1,050,844		1,050,844	1,013,958	S/L	Various	7,457	
	1	1800	-	OFFICE	THE STREET	RELEVE .			MIN SO		(C - C - C - C - C - C - C - C - C - C	7,68
D-3. Subtotal	The Part of the Pa	The Person Lines			The second second second							

Schedule of Land Improvements Acquired during this report period

chedule of thing the processing	ts Acquired during this report period		Useful		
Acquisition Date	Description of Item	Cost	Life	Depreciation	
Additions:					
Total additions for Land Impro	ovement	\$ -		\$ -	
Deletions:					
Total deletions for Land Impro	vement	S -		\$ -	

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Schedule of Building Improveme	nts Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
				\$ -
Total additions for Building Imp	rovement	\$ -		2 -
Deletions:				
				•
Total deletions for Building Imp	rovement	\$ -		\$ -

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report periods

Acquisition Date	Description of Item	Cost	Useful Life	Depre	ciation
Additions:	•				
Total additions for Non-Movabl	e Equipmen	\$		\$	
Deletions:					_
					_
Total deletions for Non-Movable	e Equipmen	\$		\$	- 34

^{**}Ties to Page 23, Line A2

^{**&#}x27;Ties to Page 23, Line B2

^{*}Ties to Page 23, Line C3
**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquired during this report period		Useful	
Description of Item	Cost	Life	Depreciation
			_
pmen	\$		\$ -
pmen	\$		\$ -
	Description of Item	Description of Item Cost	Description of Item Cost Life Description of Item S -

^{*}Ties to Page 23, Line D2c
**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report periods

Acquisition Date	nents Acquired during this report perioders. Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Leasehold Ir	nprovemer	\$ -		\$
Deletions:				
				_
Total deletions for Leasehold In	n n royamari	\$ -		\$ -

^{*}Ties to Page 24, Line C3
**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility				License No.		Report for Year Ended			Page	of
Meridian Manor Corporation			1		1/7/2021			24	37	
TVICING	nun manor corporation	Date Acqui				Accumulated Amort. to Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing		Amortization for This Year	Totals
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for this year	Totals
Α.	Organization Expense 1.									
	2.									
	3.									
A-4.	Subtotal								STEDNIS.	
B.	Mortgage Expense 1.									
	2.									
	3.									
B-4.	Subtotal									
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period	Var	Var	Various	776,912	613,358	S/L	Vario	11,283	
	2. Disposals (attach schedule)									
	3. Acquired during this report period (attach schedule)									
C-4.	Subtotal		181					1		11,283
D.	Total Amortization		BANG					Part.		11,283

^{*} Straight-line method must be 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.

^{**} Specify which of the following bases were used:

Hulding & Hulding Improvem Building & Hulliding Improvem Building & Hulliding Imp Building & Hulliding Imp Building Improvem Realty & Building Improvement & Realty & Building & Improvement & Realty & Realty & Building & Improvement & Realty & Building & Improvement & Real	Prior to 2015 Total 2015 Prior to 2015 Prior to 2015 Prior Foundation* General Conditions Permit Schewick Demolition Concrete Massury Structural Steel Rough Carpently Architectural Milwork Dampproofing EIPS Reofing	N/A N/A 9.702/915 9.702/915 9.702/915 9.702/915 9.702/915 9.702/915 9.702/915 9.702/915	9,530 9,530 681,359 579,061 181,452 22,482 11,769 44,135 31,947	N/A N/A 30 20 20	12,379	200.129	12,379	212 508	12,379	224.887	12,379		3,358	240,623,59	9,530 9,530
Building & Building Imp 2015 Addition Dudding & Building Imp Building Improv - Realty	Prior to 2015 Prior Foundation* General Conditions Ivernal Silework Selective Demolition Controle Massury Structural Steel Rough Carpentry Architectural Milwork Dampproofing EES	N/A 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015	579,064 181,452 22,482 11,769 44,135	30 20 20	19,302		12,379	212 508	12,379	224.887	12 170	200.000	3.359	2-10,623,59	
Building & Building Imp 2013 Achdriu aus Building ke Building Imp Building Improv - Realty Building Burgov - Realty - Building Burgov	Prior to 2015 Prior Foundation* General Conditions Ivernal Silework Selective Demolition Controle Massury Structural Steel Rough Carpentry Architectural Milwork Dampproofing EES	N/A 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015	579,064 181,452 22,482 11,769 44,135	30 20 20	19,302		12,379	212 508	12,379	224.887	12 170			240,623.59	
Dadding ke Huilding Imp Building Impro- Realty	General Conditions Permit Sticework Selective Demolition Controle Massury Structural Steel Rough Carpentry Architectural Milwork Dampproofing EEPS	9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015	183,452 22,482 11,769 44,135	20						22 (1111)	14/3/7	2.37,266	.,	12, 27	440,735
Diahlia Improv - Realty 5 Budding Improv - Realty 6 Budding Improv - Realty 6 Budding Improv - Realty 7 Budding Improv - Realty 8 Budding Improv - Realty 9 Budding 9 Budding - Realty - Realty 9 Budding 9	General Conditions Permit Sticework Selective Demolition Controle Massury Structural Steel Rough Carpentry Architectural Milwork Dampproofing EEPS	9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015	183,452 22,482 11,769 44,135	20		37,906	10,302	27,20s.	19,302	96,310	19,362	3.65,812	5,233	121,047,34	458,017
Budding Improv Realty	Pernat Sitiework Selective Demolitum Concrete Massury Structural Steel Rough Carpentry Architectural Milwork Dampproofing EES	9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015	11,769 44,135		9,223	27,669	17,223	16,3772	4.225	40, 1.7.5	9.723	55,338	2,502	57,830.58	126,612
Budding Improv Realty Standing Improv Realty Imiding Improv Realty Imiding Improv Realty Imiding Improv Realty Imiding Improv Realty Standing Improv Realty	Sitework Selective Denotition Concrete Masonry Structural Steel Rough Carpentry Architectural Milssork Dampproofing EES	9/30/2015 9/30/2015 9/30/2015 9/30/2015	44,135		1,124	3,572	1,124	1,196	1.124	5,620	1,12.1	6,744	159	1.687.48	8.082
Hudding Insprov - Realty - Building - Realty - Realty - Realty - Building - Realty - Realty - Realty - Realty - Realty - Realty - Building - Realty - R	Concrete Masoury Structural Steel Rough Carpentry Architectural Milwork Dampproofing EBS	9/30/2015 9/30/2015 9/30/2015		20	588	1.764	588	2.332	2,207	2,940	2.207	13.242	599	13,3663.61	30,294
Inakling Improx - Realty Sondrig Improx -	Masonry Structural Steel Rough Carpentry Architectural Milwork Dampproofing EIFS	9/30/2015 9/30/2015		20	2.207	4.785	2,207	6 384	1.595	7,975	1,395	9,570	433	10,002.62	21,904
Huidding Improv - Realty 5 Huidding Improv - Realty 5 Huidding Improv - Realty 6 Huidding Improv - Realty 7 Huidding Improv - Realty 1 Huidding Improv - Realty 1 Huidding Improv - Realty 5 Huidding Improv - Realty 6 Huidding Improv - Realty 7 1	Structural Steel Rough Carpentry Architectural Milwork Dampproofing EIFS	9/30/2015	14.435	20	1,595	2.100	722	2.884	722	3,540	722	4,372	196	4,527.83	9,900
Huilding Improv - Realty - - Rea	Rough Carpentry Architectural Milwork Dampproofing EIFS		69,458	20	3,473	10,419	1.471	13,892	3.473	17.365	3,473	20,838	0.15	21,779.59	47,678
Heidfing Improv Realty Dialding Improv Realty Dialding Improv Realty Dialding Improv Realty Bidding Improv Realty Bidding Improv Realty Bidding Improv Realty Dialding Improv Realty - Realt	Architectural Milwork Dampproofing EHS		8,040	20	402	1.286	402	1,00%	402	2,010	402	2.412	109	2,521.04	3,519
Hudding Improv - Realty 1	Dampproofing EIFS	9/30/2015	23,254	20	1,163	3.489	1.103	4,652	1,163	5.815	1.163	6,978	115	7,293.44	5.603
Duilding Improv - Realty 1 1 1 1 1 1 1 1 1	EIF8	9/30/2015	8,164	20	4119	1,224	408	1,632	-41FK	2,040	773	2.44R 4.650	210	4.860.21	10.640
Hadding Improv Really Huiding Improv Really	Randium	9/30/2015	15,508	20	775	2.325	775	3,100	375	3.875	1,624	9,744	440	10.184.48	22.299
Huilding Improx - Realty Duilding Improx - Realty Building Improx - Rea		9/30/2015	32,483	20	1.624	4,872	1,624	6,496	1.621	1,770	554	2,124	96,	2,220.02	4.850
Duilding Improv - Realty Duilding Improv - Realty Duilding Improv - Realty Muilding Improv - Realty Building Improv - Realty Duilding Improv - Realty Building Improv - Realty Building Improv - Realty Huilding Improv - Realty Building Improv - Realty Building Improv - Realty Building Improv - Realty	Caulking	9/30/2015	7,078	20	1.603	1,662	1,603	6.412	1,600	90,015	1,603	9.618	435	10.052.79	21,996
Duilding Improv Realty Building Improv Realty	Doors-Frames-Hardware	9/30/2015	32 051	20 20	1.603	204	68	272	6.86	340	68	400	18	425.44	92
Duilding Improv - Realty Building Improv - Realty	Access Punels	9/30/2015	25.286	20	1,204	A,792	1,264	3.036	1,263	6,320	1.264	7,584	343	7,9/20:M4	5,29
Huilding Improv - Realty Duilding Improv - Realty Building Improv - Realty Building Improv - Realty Huilding Improv - Realty Huilding Improv - Realty Huilding Improv - Realty	Skylights	9/30/2015	7,714	20	100	V.15%	.750	1.544	3365	1.950	396	2,316	105	2,420,70	6,20
Building Improv - Realty Building Improv - Realty Building Improv - Realty Building Improv - Realty Building Improv - Realty	Windows Automatic Doors	9/30/2015	9,135	20	457	1,371	457	1.828	437	2.285	457	2,742	124	2,715.44	5.935
Building Improv - Realty Building Improv - Realty Building Improv - Realty Building Improv - Realty	Glazmu	9/30/2015	8,650	20	493	1.297	43.8	1,732	4.83	2.165	6.261	32.566	1,698	39.264.19	85.950
Building Improv Realty Building Improv Realty Building Improv Realty	GWB Systems	9/30/2015	125,222	20	6,251	18.783	6,261	25,044	6,264	10.955	3,391	20.346	1020	21,265.75	40.56
Building Improv - Realty Building Improv - Realty	Flooring	9/30/2015	67,828	20	3,391	10,123	3,391	8,540	2,135	10,675	2.133	12.810	579	13.389,08	29.31
,	Acoustical Ceilings	9/30/2015	42,704	20	2.135	1,019	1.013	4.052	1.003	3.063	1,013	0.078	275	0.332.76	13,90
Duitting Improv Paults	Ponting	9/30/2015	20,251	20	1,03.5	297	199	396	99	1495	99	594	22	420.85	1,35
	Signage	9/30/2015	1,975 8,104	20	-103	1.215	405	1,620	405	2,025	405	2,430	310	2.539.83	5,50
	Cubicle track and Curtain	9/30/2015	17,925	20	896	2,688	Non	1,5004	Militia.	4,400	896	5,376	243	5,619.02	12.30
	Toilet Accessories Wall Protection	9/30/2015	20.029	20	1.001	4,003	1,001	4,004	1.001	5,005	1,003	4,3000	272	6,277.50	5,40
Dimentify military - recently	Appliances	9/30/2015	7,965	20	1996	3,194	544	1.592	3200	1,990	ANA	2,388	256	5,920.04	12,95
	Fire Protection	9:30/2015	18.877	20	944	2,832	944	1,726	944	4,720	8 8 8 1	52,986	2,395	55,381.20	121.24
	1IVAC	9/30/2015	176,625	20	N.834	36,493	8,831	35,324	8.841 8.257	41.285	× 257	49.542	2.240	51,781.57	113,359
	Plumbing	9/30/2015	165,138	2(1	N.257	24,771	8,257	33,028	6,935	34,675	6.935	41.610	1.881	43,491.00	95.21
	Electrical	9/30/2015	138,703	20	4,935	20,803	5,507	22,028	5.507	27.535	5.507	33,042	1,494	34,535.68	75,610
	Contingency	9/30/2015	110.146	20	5,507 5,888	12.004	5,888	23.152	5.888	29,440	5,888	35.72N	1,597	36.925.412	BUCH-S
Building Improv - Realty	Contraction Management Fee	9/30/2015	117,767 22,802	20	1,140	3,420	1.440	4,560	1,140	5,700	1,340	6.840	109	7,149.21	15.65
Diffigure Brighton - records	CO#1 Asbestos Removal	9/30/2015	118,360	20	5.918	17,754	5,913	23,672	5,918	29,599	5,918	3.50K	1,605	37,113.16	81.24
	CO#2 January 2015 Drawing CO#2 Adjusted Contract Amount	9/30/2015	(122,088)	20	(6,104)	(18.312)	(6,104)	124,410)	(6.104)	(30,520).	(6,304)	(36,624)	(1,656)	(38.279.61)	183,900
transmitte militari	CO#3 Added Sandary Lines	9/30/2015	7_05B	20	353	1,059	0.53	1,412	353	1,765	353	54.252	2,457	56,794.49	124.12
	CO#4: Paving and PT Entry	9/30/2015	180,830	20	9,4122	22,126	9.042	36,163	93142	1.260	9,042	1.512	68	1,580.35	3.45
	CO24: Silling Area Revisions	9/30/2015	5,032	20	252	756	252	Linkin	252	3,340	008	4,000	1161	4.189.18	9,18
Building Improv - Realty	CObil: Nourishment Station	9/30/2015	13,369	20	668	2,004	150	2,672	1744	750	150	906	41	940,68	2.00
Building Improv - Realty	CO#4 Reception Area Revision	9/30/2015	3,007	20	150	450	265	1.100	295	1.475	295	1.770	80	1,850.01	4.05
	CO/4: Alcove and Office 127	9/30/2015	5,905	20	756	2.250	790	5.000	750	3.750	750	4,500	2913	4,703,42	10,30
	E. Lobby, L.L. Samtury, & GP's	9/30/2015	15,009	20	6605	2,007	669	2,676	609	3,345	669	4.911-1	1341	4,195.45	9.19
Differential malatare presents.	CO#5 Lower Level Doors HW CO#5 Lannige Double Door	9/30/2015	5:160	20	258	274	25N	1,032	254	1,290	25%	1,548	70	1.617.98 802.72	1,75
	CO#5 Replace Reception Windows	9/30/2015	2.555	20	128	384	128	512	128	640	128	768 216	35	225.76	40
Building Improv - Realty	CO#5 Paint Exterior Wall	9/10/2015	725	20	Mi	108	36	144	340	19.980	7,996	47,976	2,169	50,141.78	109,77
	Achitectural Fees	Var	159,916	20	7,596	23,068	7.9%	31.984	7,996	N2H_102	133,062	961,364	36,091	997,455	2,290,60
	Total 2015		3,280,061		133,062	562,178	133,062	698,240	1,135,1114	0.40000	recentra.	Streether	1294000		
2016_lahlumay	Market of the Company of the Company	12/17/2016	22 357	20	1,118	2.236	6.118	3,35-1	6118	4,472	13118	5,590	303	5,893,24	16.40
	CO46 Corridor 108.1 Auto Door CO47 Provided Storage Trailer	12/17/2016	2 111	20	106	212	106	318	106	424	106	53/1	29	558.75	1,55
	CO17 Provided Storage Franci CO17 Plooring Revisions	12/17/2016	7,539	20	377	754	377	1,131	177	1,50%	1,601	1,883 8,005	434	8,439	23,50
	Tutal 2016	_	32,007		1,601	3,2112	1,601	4,860,1	1,681	6,404	177-25	01			
	Total Railding		3,320,068		134,663	565,390	134,665	700,043	1,14,663	834,706	134,663	969,169	36,535	1,605,894	2,314,17
Mosable Equipment				10	5,060	15(100)	5.000	20.240	5,000	25,300	5,860	30,360	1,172	31,732:44	1838
Movable Equip - Realty	Furniture - Resident Rooms Total 2015	9 30:2015	50,597 50,597	10	5,868	15,180	5,060	20,240	5,060	25,300	5,060	30,360	1,372	31,732	18,86
															410.00
	Total Mayable	102	50,597	47	2,000	15,180	5,060	20,240	5,000	25,300	5,060	30,360	1,377	31,732	18,86

9,530 18,865 2,314,174 (55,490)

Page 35, Line AI - Reserve for Value of Leased as Land Page 35, Line A3 - Reserve for Leasehold Peoperty Page 35, Line A4 - Reserve for Leasehold Real Property Page 36, Line F1 - PS vs CTR Deprectation *See attached letter for Prior Foundation

Meridian Manor Health & Rehabilitation Center Depreciation Schedule January 7, 2021

Account Description	Ocsamplion	Date	Amount	Useful Life	2017 Ассени Берг	2018 Depressation	2018 Assum Depr.	2019 Дерекцийния	2019 Ассии Перг.	2020 Depreciation	2020 Асенц Гали	2021 Depreciation	2021 Дестин. Depr.	NBV
Movable Equipment Movable Equip Realiy	obby Furniture* Total 2015	9/4/2015	5,063 5,863	10	1,012	506 506	1,518	506 506	2,924 2,924	506 506	2,530 2,530	137	2,667 2,667	2,396 2,396

Page 31, Line D9 - F/S vs C/R NBV

2,396 **

*Reclass from P&1, for capitalization purposes from Cost Yeur 2015

**Amount is new included on Facility Depreciation Schedule, no need to add to page 36

Page 31, Line 119 - F/S va C/R MBV

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2102779 ni 3108 amiirm 9 yolo winn e	ZFE'11				Eta'tt		r		62F 99F	990 0	ese	P24'99	SZKT#	015,71		
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lo+	£4.646.1		978,816,1	892'18	1.199,784	780'84								#		SCIET.
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										3010	6102	2020	0707			

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

Name of Facility	License No.	Report for Year Er	nded		Page	of
Meridian Manor Corporation	778C	1/7/2021			25	37
11. Property Questionnaire						
Part A						
Is the property either owned by the	he Facility	O Yes	•	NIA	If "Yes," comple	
or leased from a Related Party?*					If "No," complet	te Part C.
*If any owner or operator of this fa	cility is related by family,	marriage, ownership, abil	ity to control or			
business association to any person	or organization from whor	n buildings are leased, the	en it is considered a			
related party transaction. Description		Total			YELVI TOWN	
Date Land Purchased		05/19/05				
2. Date Structure Completed						
3. If NOT Original Owner, Dat	e of Purchase					
4. Date of Initial Licensure						
Total Licensed Bed Capacity		94	CHARLES STATE			
6. Square Footage		19,005				
7. Acquisition Cost			BENEFIE			
a. Land b. Building						
Part B - Owner and Related Pa	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	gage
1. Financing	11 (163	Tot Moregago	190 (2/40			
a. Type of Financing (e.g.,	fixed, variable)	I I I I I I I I I I I I I I I I I I I				
b. Date Mortgage Obtained						
c. Interest Rate for the Cost	Year					
d. Term of Mortgage (numb	per of years)					
e. Amount of Principal Bor						
f. Principal balance outstan				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State of the State	90 00000
Complete if Mortgage was						
During Current Cost Y		Entry and the Section				
g. Type of Financing (e.g.,	nixed, variable)					
h. Date of Refinancing i. New Interest Rate			7			
j. New Interest Rate	per of years)					
k. Amount of Principal Bor						
 Principal Outstanding on 	Note Paid-Off					
Part C - Arms-Length Lea	ses for Real Property				1	
Name and Address of Less		roperty Leased	Date of Lease	Term of Lease	Annual Amour	nt 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 Ye	ar Ended		Page	of
Meridian Manor Corporation	778C		1/7/2021			26	37
Ite	m		Total	CCNH	RHNS	(Specif	y)
12. Interest							
A. Building, Land Impro	vement & Non-Movab	le					
Equipment							
1. First Mortgage		\$					- 34
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$	ni Misson Marsha ata				
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$	HINTER CITALISATION				umme.
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Inform	ation						
1. Original Loan Am	ount	\$	8				
2. Loan Origination I	Date					AVADOR	
3. Interest Rate %							
4. Term							TO SE
5. CHEFA Interest E	xpense						
12 B7. Total Building Interest E.	xpense (A1 - A4 + B5) \$	8				

(Carry Subtotals forward to next page)

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

Name of Facility Meridian Manor Corporation	License No. 778C		Report for Yes	ar Ended		Page of 27 37
mortulati manor corporation					51010	(0 :0)
lte-		The second second second	Total	CCNH	RHNS	(Specify)
	Subtotals Bro	ught Forward:				
C. Movable Equipment						
1. Automotive Equipme		\$			255	New Halville
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 Equip	oment Interest	\$				
Expense (C1 + 2) 12. D. Other Interest Expense ((Spacify)	\$				
Misc Interest	рресцу)	~				
13. Total All Interest Expense (12B7 + 12C3 + 12D) \$				
14. Insurance			27.720	37,728		
a. Insurance on Property (<u> </u>		31,140		
b. Insurance on Automobi	ies		,			
c. Insurance other than Pro	operty (as specified a	bove)				
1. Umbrella (Blanket C		9				
2. Fire and Extended C 3. Other (Specify)	overage	\$		SMESS IN THE	MUNICIPAL TIPE	ASSESSED S
14d. Total Insurance Expenditus	res(14a+b+c)	5	37,728	37,728		
15. Total All Expenditures (A-1	3 thru C-14)			926,448		

D. Adjustments to Statement of Expenditures

	e of Fa		Corporation	Lic	ense No. 778C	Report for Year 1/7/2021	r Ended	Page of 28 37
vierio	alan iv	lanor	Corporation	1	Total	17772021		
	D .				Amount of			
	Page		Itana Dagarintian	- 1	Decrease	CCNH	RHNS	(Specify)
No.			Item Description	-	Decrease	CCIVII	TO THE	
	10 - S	alarie	es and Wages	•	I I VE LEEDER			
1.			Outpatient Service Costs	\$		7.		
2.			Salaries not related to Resident Care		2,289	2,289		
3.	10	12g	Occupational Therapy	\$	2,289	2,209		
4.			Other - See attached Schedule	\$	STATE OF STATE OF	EL PROPERTIES I	TRAINS TO	Nels systems
	13 - F	rofes	sional Fees	•		We see state on		The state of the s
5.			Resident Care Physicians **	\$		-		
6.			Occupational Therapy	\$		-		
7.			Other - See attached Schedule	\$	The state of the s			
Page	s 15 &	16 -	Administrative and General				A STATE OF THE STA	
8.			Discriminatory Benefits	\$				-
9.	15	1c	Bad Debts	\$				
10.			Accounting	\$	220	220		
10a.			Legal	\$	220	220		
11.			Telephone	\$				
12.	15	1h2	Cellular Telephone	\$	The second second		of Charles and Charles	
13.			Life insurance premiums on the life					and the state of the state of
			of Owners, Partners, Operators	\$				
14.	16	3	Gifts, flowers and coffee shops	\$				10-24-00-00-00-00-00-00-00-00-00-00-00-00-00
15.			Education expenditures to colleges or					
			universities for tuition and related costs				No.	A CONTRACTOR ASSESSMENT
			for owners and employees	\$				
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			Fund Raising / Contributions	\$				
21			Unallowable Management Fees	\$				
22.			Barber and Beauty	\$				
23			Other - See attached Schedule	\$	525	525		
		Dietar	ry Expenditures		of (Velocial)			
24		T	Meals to employees, guests and others					13513456.08503
2.			who are not residents	\$				
Pag	19-	Launa	dry Expenditures					
25		1	Laundry services to employees, guests					
43			and others who are not residents	\$				
Par	20 -	House	ekeeping Expenditures				-	
	_	Touse	Housekeeping services to employees, guests					
26			and others who are not residents	\$				
	1		Subtotal (Items 1 - 26		3,034	3,034		

* 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	CC	NH	RI	INS	(Spe	ecify)
uge ite.	Line 110							
							ф.	
Total Othe	r Salaries	djustment	\$	*	\$	180	1 \$	-

Schedule of Fees Adjustments

Page Ref	Line Ref D	scription		CCNH	RHN	IS	(Spec	ify)
age iter	Eine ite.							
					_			
					-			
								_
					<u></u>		¢.	
Total Othe	er Fees Adjus	ments	_ \$	190	2	•	D	

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CC	NII	RHN	S	(Spec	ify)
20		Stockroom IV Supplies	\$	525				-
			¢	525	\$		S	100
Total Othe	r A&G Ac	justments	<u> </u>	323	ΙΨ	_	-	

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

			D. Adjustments to Statemer			itures (co	nt a)		
Name	e of Fa	cility	*	Lic	ense No.	Report for Y	ear Ended	Page	of
			Corporation		778C	1/7/2021		29	37
			A		Total				
Item	Page	Line			Amount of				
No.	No.		Item Description		Decrease	CCNH	RHNS	(Sp	ecify)
			Subtotals Brought Forward	\$	3,034	3,034			
Page	20 - 1	Reside	nt Care Supplies***			dina legitati			ithicy
27.		5a2	Prescription Drugs	\$	488	488			
28.	20	5d	Ambulance/Limousine	\$					
29.	20	5f	X-rays, etc	\$	136	136			
30.	20	5h	Laboratory	\$	253	253			
31.			Medical Supplies	\$					
32.	20	5e2	Oxygen (non emergency)	\$					
33.			Occupational Therapy	\$					
34.	1		Other - See Attached Schedule	\$	2,859	2,859			
Page	22 - /	Maint	enance and Property			MERCHEN			
35.			Excess Movable Equipment Depreciation		AN HEW WAY	E STATE	e Karo a run		
50			See Attached Schedule	\$	121	121			
36.			Depreciation on Unallowable			AND AUGUS	Miss Street		
			Motor Vehicles	\$					III III III III III III III III III II
37.			Unallowable Property and Real						
			Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$				-	
39.			Other - See Attached Schedule	\$	2,279	2,279			The second
Page	27 -	Insura	ınce		20 E H. 111918	MARKET SOME			
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
Othe	er - M	scella	neous			No tent topolite		The state of	oowiii#d
42.			Other - Indirect	\$		19,204		-	
43			Interest Income on Account Rec.	\$					
44.			Other - Miscellaneous Administrative	\$				-	
45.			Management Fees Direct	\$					
46			Management Fees Indirect	\$					
47			Other - Direct	\$					Car market and
		rofit I	Providers Only				Tech Sile by		
48		ľ	Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -					MISIEM	
			See Attached Schedule	\$					
49	Tota	l Amo	ount of Decrease (Items 1 - 48)	\$	28,374	28,374			

^{***} 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		(Specify)
20		Cable TV Disallowance (See Attached)	\$	2,859			
						_	
						_	
			Φ.	2.950	•	•	-
Fotal Othe	r Ancillary	Costs	2	2,859	1 D	. J.D.	

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	C	CNII	RHN	S	(Spec	rify)
Var		We Care Distributors Asset Markup Allowance (See Attached)	\$	121				
Total Exce	ess Movable	Equipment Depreciation	\$	121	\$		\$	

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNIL	RHNS		(Specify)
	8c	Sprinkler System Depreciation Adjustment	\$ 2,279			
					-	
					-	
Fotal Othe	r Property	Adjustments	\$ 2,279	\$	- \$	

Page Ref	Line Ref	Description	CCNII	RIINS	(Specify)
		Medical Records Income	\$		
	IV 8	Vending Income	\$ 26	6	
30	IV 8	Misc. Income	\$ 18,93	8	
					-
				+	
Total Othe	r Adiustme	nts	\$ 19,20	4 \$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNII	RHNS	(Specify)
Total Otho	r Adjustme	nts	\$ -	\$ -	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
age Kei	Dille Ker	Description			
					+
Cotal Othe	r Adjustme	nts	\$	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref Description	CCNII	RHNS	(Specify)
age Kei	Talle Ker Description			
				-
		9	\$ -	S -
otal Unal	lowable Building Interest	J.	ΙΨ	1.*

Meridian Manor Health & Rehabilitation Center Sprinkler System Depreciation Adjustment January 7, 2021

PURPOSE: The State will allow these additions to be depreciated on an accelerated basis over 5 years. Meridian Manor also received \$41,644 as a \$1.28 increase in the rate for 7/1/05 - 6/30/06 for these additions. Depreciation for cost reporting purposes will be reduced by this amount, over a 5 year period. The depreciation for financial statement purposes will not be affected by this.

Underground Piping Sprinkler System	<u>F/S Life</u> 20 25	<u>C/R Life</u> 5 5	Acquired 6/13/2006 3/1/2007	<u>Cost</u> 158,205 12,290	<u>Revenue</u> (41,644)	2016	2017	2018	2019	2020	<u>2021</u>	2022	2023	2024	2025	2026	2027	2028	2029	2030	<u>2031</u>	2032
Depreciation C/R Depreciation F/S						8,402	8,402	8,402	8,402	8_402	2,279	8,402	8,402	8,402	8,402	6,095	- 492	- 492	- 492	- 492	- 492	199
Variance for Page 29, Line	: 39				-		8,402		8,402	8,402	2,279	8,402	8,402	8,402	8,402	6,095	492	492	492	492	492	199

Meridian Manor Health & Rehabilitation Center We Care Distributions Movable AssetDeprecation Schedule January 7, 2021

	F/S Life	C/R Life	Acquired	Cost	Act	tual Cost	Dis	allowed	2	<u>017</u>	2	<u>018</u>	<u>2</u>	<u>019</u>	2	<u>020</u>	2	2021
Movable Equipment	5	5	9/30/2016 \$	24,510	\$	22,282	\$	2,228										
Disallowed on Page 29, Li	ne 35								\$	446	\$	446	\$	446	\$	446	\$	121

Meridian Manor Health & Rehabilitation Center Cable TV Disallowance January 7, 2021

Total Cable TV Expense Total Cable TV Revenue **Disallowed Expense**

\$ 2,859	 {a}
864	
\$ 2,859	

Tickmark

{a}

Due to the revenue for cable television being greater, the entire expense is to be disallowed. The cable TV disallowance calculation does not apply.

F. Statement of Revenue

Name of Facility	F. Statement of Rev		Report for Yes	ar Ended		Page	of
Icridian Manor Corporation	778C	1	./7/2021			30	37
	- 1					40000000	OWET TO LE
	Item	_	Total	CCNH	RHNS	(Speci	ty)
Resident Room, Board & Routin	ne Care Revenue	Š				TOW TANK	7.0°
1. a. Medicaid Residents (CT or		\$	355,122	355,122			_
b. Medicaid Room and Board	Contractual Allowance **	\$	227,205	227,205			
2. a. Medicaid (All other states)		\$				<u> </u>	
b. Other States Room and Bo	ard Contractual Allowance **	\$					-
3. a. Medicare Residents (all inc	clusive)	\$	5,385	5,385			_
b. Medicare Room and Board	Contractual Allowance **	\$	15,845	15,845			
4. a. Private-Pay Residents and	Other	\$	55,990	55,990		<u> </u>	_
b. Private-Pay Room and Boa	rd Contractual Allowance **	\$	(4,894)	(4,894)			-
l. Other Resident Revenue				and the state of		3 340 100	
1. a. Prescription Drugs - Medic	care	\$	7	7			_
b. Prescription Drugs - Medic		\$					
c. Prescription Drugs - Non-N		\$	1,425	1,425			
	Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medica		\$					
b. Medical Supplies - Medica		\$					
c. Medical Supplies - Non-M		\$					
	edicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medica		- \$	5,540	5,540			
b. Physical Therapy - Medica	re Contractual Allowance **	\$					_
c. Physical Therapy - Non-M		\$	1,850	1,850			
d. Physical Therapy - Non-M	edicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicar		\$					
b. Speech Therapy - Medicar		\$					_
c. Speech Therapy - Non-Me		\$					
d. Speech Therapy - Non-Me	dicare Contractual Allowance **	\$					_
5. a. Occupational Therapy - M		\$	1,804	1,804			
b Occupational Therapy - N	1edicare Contractual Allowance **	\$					
c. Occupational Therapy - N		\$					
d Occupational Therapy - N	Ion-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare		\$	(3,336)	(3,336)			
b. Other (Specify) - Non-Me		\$	(3,276)	(3,276)			
II. Total Resident Revenue (Secti		\$	658,667	658,667			
V. Other Revenue*	,						
Meals sold to guests, employer	me Prothers	\$	THE ST. P. LEWIS CO., LANSING.				
Rental of rooms to non-reside		\$					
	onto.	\$					
3. Telephone4. Rental of Television and Cab	le Services	S					
	IC SCI YICCS	\$					
5. Interest Income (Specify)		\$					
6. Private Duty Nurses' Fees	Sift shape	\$					
7. Barber, Coffee, Beauty and C	itt suops	\$	12,133	12,133			
8. Other (Specify)		\$	12,133	12,133			
V. Total Other Revenue (1 thru 8)			22277222				
VI. Total All Revenue (III +V)	_	\$	670,800	670,800			

^{*} 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	(Specify)
		¥		
30 II 6a	Medicare A - Lab	137		
30 II 6a	Medicare A - Ancillary Contractual Adjustment	(2,843)		
30 II 6a	Medicare B - Vaccines			
30 II 6a	Medicare B - Contractual Adjustment	(630)		-
Total Other	er Resident Revenue - Medicare	\$ (3,336)	\$ -	\$

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
10 II 6b	Medicaid - Oxygen	\$ 229		
10 II 6b	Medicaid - Equipment Rental	\$ 402		
10 [] 6b	Medicard - IV Therapy	\$ 136		
00 II 6b	Medicaid - Xray			
30 II 6b	Medicaid - Lab	\$ 938		
30 II 6b	Medicaid - Ancillary - Contractual Adjustment	\$ (4,981)		
Fotal Oth	r Resident Revenue	\$ (3,276)	\$ -	\$ -

Interest Income

Account

Page Ref Account	Balance	CC	ONH	RI	INS	(Spe	ecify)
			14.5				
			_11				
Total Interest Income		\$		\$		\$	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Cable/TV/Phone Revenue (Cable TV Expenses are capped do not disallow)	\$ 864		
30 IV 8	Misc. Income(Disallowed)	\$ 18,938		
30 IV 8	Vending Income (Disallowed)	\$ 266		
30 IV 8	Prior Period Adjustments (DSS Retro Payment do not disallow)	\$ (7,156)		
30 IV 8	Small Balance Adjustments	\$ (779)		
Total Othe	er Revenue	\$ 12,133	\$	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page 31	of 37
Meridian Manor Corporation	778C	1/7/2021		Amount
	Account		-	Amount
Assets				
A. Current Assets	7 1		\$	914,126
1. Cash (on hand and in	banks)	for Rad Debts)	\$	521,161
2. Resident Accounts R	eceivable (Less Allowance	or Related Parties)	\$	
	ivable (Excluding Owners	of Related Farties)	\$	1,500
4 Inventories			\$	176,432
5. Prepaid Expenses		176,432		
a. <u>Prepaid - Insuranc</u>				
D				
c. d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settle	ment Receivable		\$	
8. Other Current Assets			\$	
8. Other Current Assets	(ttemize)			
N = = = = = = = = = = = = = = = = = = =				
See Schedule				
A-9. Total Current Assets (L	ines A1 thru 8)		\$	1,613,219
B. Fixed Assets	mes AT and by			
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
2. Land Improvements	Accum. Deprecia	ntion Net		
3. Buildings	*Historical Cost		\$	
3. Buildings	Accum, Deprecia	ntion Net		
4. Leasehold Improven		776,912	\$	152,271
The Bouseman Improves	Accum. Deprecia	ation 624,641 Net		
5. Non-Movable Equip			\$	
5. Item metaers =qurp	Accum. Deprecia	ation Net		
6. Movable Equipment			\$	11,207
o, metast zquipmen	Accum. Deprecia	ation 989,040 Net		
7. Motor Vehicles	*Historical Cost	15,393	\$	9,466
7. Motor vometes	Accum. Deprecia	ation 5,927 Net		
8. Minor Equipment-N			\$	
9. Other Fixed Assets (itemize)		\$	68,408
C/R vs. F/S		68,408		
See Schedule				
B-10. Total Fixed Assets	(Lines B1 thru 9)		\$	241,352

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

	repaid Expenses Page 31 Line A5	
age Ref	inv Ref Description	
otal Prepair	V. Augusta	1 · ·
otal r repair	ES (MINE)	
chedule of C	ther Current Assets (Itemized) Page 31 Line AB	
ige Ref	inc Ref Description	
-		
atal Other	Current Assets (Itemize)	S
otal Other	APPEND ASSAULT (TOURISM)	
dandade e e e	ther Fixed Assets (Hemize) Page 31 Line B9	
age Ref	ine Ref Description	
-		
otal Other	Other Fixed Assets (Hemize)	5 -
chedule of	Other Assets Page 32 Line D7	
age Ref	Line Ref Description	
140	A STATE OF THE PARTY OF THE PAR	
otal Other	rooms.	\$ -
mar Other	, man	
	Notes Payable (Itemize) Page 33 Line A2	
scheijule of	dates (ayanie (nemine) i age 55 Sint 112	
age Ref	Line Ref. Description	
-		
		\$
otal Notes	Payable Payable	3
Schedule of	Other Current Liabilities (Itemize) Page 33 Line A12	
Page Ref	Line Ref Description	5 52.4
	A12 Accrued Expenses - Other A12 Workman's Compensation Liability	\$ 4
33	A12 Werkman's Compensation Liability A12 Resident Refunds	\$. (1,0
	A42 Due to Suttlement	\$ (29.6)
	A12 Resident Trust	\$ 12,8
	A12 CT Corporate Taxes Payable	\$ (1
33	A12 CT User Fee Payable	\$ 38,9 \$ 455,3
33	A12 Due to Medicard	5 752,5
	A12 Accraed Run	
	Constant Lightillian (Territor)	\$ 1,281,7
Total Othe	Current Liabilities (Itemise)	. 10. 11.0.0
Schedule o	Other Long-Term Liabilities (Itemize) Page 34 Line B4	
	Line Ref Description	
	Lanvicer Description	
Page Ref		
Page Ref		
Page Ref		
age Ref		
Page Ref		\$

G. Balance Sheet (cont'd)

		Facility	License No.	Report for Year	Ended		Page	of 37
Meri	idiar	Manor Corporation	778C	1/7/2021			32	
			Account			Ф	Amo	
				Total Broug	ht Forward:	\$		1,854,571
C.		asehold or like property record	ded for Equity Purpose	S.		φ.		0.520
		Land				\$		9,530
	2.	Land Improvements	*Historical Cost		-	φ.		
			Accum. Depreciation		Net	\$		
	3.	Buildings	*Historical Cost	3,320,068	4	φ.		0.214.174
			Accum. Depreciation	1,005,894	Net	\$		2,314,174
	4.	Non-Movable Equipment	*Historical Cost		-			
			Accum. Depreciation		Net	\$		
	5.	Movable Equipment	*Historical Cost	50,597	-			
			Accum. Depreciation	n 31,732	Net	\$		18,865
	6.	Motor Vehicles	*Historical Cost	7	_			
			Accum. Depreciation	n	Net	\$		
	7,	Minor Equipment-Not Depre	eciable			\$		
C-8		tal Leasehold or Like Proper				\$		2,342,569
D.		vestment and Other Assets						
1,5%		Deferred Deposits				\$		
		Escrow Deposits				\$		
		Organization Expense	*Historical Cost					
			Accum. Depreciation	n	Net	\$		
	4.	Goodwill (Purchased Only)				\$		
		Investments Related to Resid	dent Care (temize)			\$		
			·					
		-				9		
	6.	Loans to Owners or Related	Parties (itemize)			\$		109,454
		Name and Address	Amount	Loan D	ate			
						S.		
		JE Cleary Jr.	109,454					ALT Y
	7.	Other Assets (itemize)				\$		5
		Rounding		5				
		See Schedule				P	di mingrati i	
D-8	To	otal Investments and Other As	ssets (Lines D1 thru 7)	r		\$		109,459
D-9	To	otal All Assets (Lines A9 + B1	0 + C8 + D8			\$		4,306,599

^{*} 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 Fac			License No.	Report for Year	Ended	Page 33	of 37
Meridian Ma	anor (Corporation	778C	1/7/2021			
			Account				Amount
Liabilities							
A.		rrent Liabilities				•	231,299
	1.	Trade Accounts Payable				\$	231,299
	2.	Notes Payable (itemize)			1		
							
		0 0 1 11					
		See Schedule Loans Payable for Equipr	ant Camput noution	(itamira)		\$	
	3.	Name of Lender	Purpose	Amount	Date Due	IS DELICATED	
		Name of Lender	ruipose	Amount	Bate Bae	Course All	
				4			
						472	
						25 Je 200	
	4.	Accrued Payroll (Fyclusin	ve of Owners and/or	Stockholders only)		\$	70,604
	5.	Accrued Payroll (Exclusive of Owners and/or Stockholders only) Accrued Payroll (Owners and/or Stockholders only)					
	6.	Accrued Payroll Taxes Pa		, omy		\$	
	7.	Medicare Final Settlemen				\$	
	8.	Medicare Current Financi				\$	
	9.	Mortgage Payable (Curre				\$	
		. Interest Payable (Exclusive	e of Owner and/or l	Related Parties)		\$	144,583
		. Accrued Income Taxes*	re of Owner analor 1	terareur i ur rres y		\$	
		Other Current Liabilities	(itamiza)			\$	1,281,766
	12	. Other Current Liabilities	(HEIIHZE)			E PER LINE	Ultracificación
I .				0 01 11	1,281,766		
				See Schedule	1.201.700		

^{*} 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	License No.	Report for Year	Ended	Page 34	of 37
Meridian Manor Corporation	778C	1/7/2021			
	Account	T., 1D	lat Dames and	An	1,728,252
		Total Broug	nt Forward:		1,120,232
Liabilities (cont'd)					
B. Long-Term Liabilities	it and a		\$	2	
Loans Payable-Equipment (Name of London	Purpose	Amount	Date Due	EXIT DILL SOLD	
Name of Lender	Purpose	Amount	Date Due		
			1 1		
			1 1		
			1		
Mortgages Payable				<u> </u>	1 802 100
3. Loans from Owners or Rela		T		5	1,823,100
Name and Address of Lender	Amount	Loan D	Date		
			1		
James Cleary, Wolcott,					
Beach Blding	1,823,100		1		
),5					
	(4			\$	HZSZ HIRZDSSOWN
4. Other Long-Term Liabilities	es (itemize)				
Long Term Liabilities					
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$	1,823,100
C. Total All Liabilities (Lines A-	13 + B-5)			\$	3,551,352

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

Name of Facility	License No. 778C	Report for Year	Ended	Page 35	of 37
Meridian Manor Corporation	Account	1/1/2021			mount
A. Reserves					
1. Reserve for value of leased	I land			\$	9,530
Reserve for depreciation va to be amortized	alue of leased buildi	ngs and appurtenan	ces	\$	
3. Reserve for depreciation v	alue of leased person	nal property (Equity)	\$	18,865
4. Reserve for leasehold real	properties on which	fair rental value is	based	\$	2,314,174
5. Reserve for funds set aside	as donor restricted			\$	
6. Total Reserves				\$	2,342,569
B. Net Worth				\$	
Owner's Capital Capital Stock				\$	20,000
3. Paid-in Surplus				\$	
4. Treasury Stock				\$	
5. Cumulated Earnings				\$	(1,407,164
6. Gain or Loss for Period	10/1/2	2020 thru	1/7/2021	\$	(200,158
7. Total Net Worth				\$	(1,587,322
C. Total Reserves and Net Wort.	h			\$	755,247
D. Total Liabilities, Reserves, an	nd Net Worth			\$	4,306,599

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year	Ended	Page	of
Meridian Manor Corporation	778C	1/7/2021		36	37
	Account			At	nount
A. Balance at End of Prior Period as		f 09/30/2020		\$	(2,470,617)
B. Total Revenue (From Statement				\$	670,800
C. Total Expenditures (From Statem	ent of Expenditures	Page 27)		\$	870,958
D. Net Income or Deficit				\$	(200,158)
E. Balance				\$	(2,670,775)
F. Additions					
Additional Capital Contribute Expense Per Page 27 F/S vs C/R Depreciation Expense Per F/S Other (itemize) Prior Period Adjustment	\$926,448	1,083,453			
F-3. Total Additions				\$	1,083,453
G. Deductions					
Drawings of Owners/Operate	ors/Partners (Specify)		\$	
Name and Address (No., Cit		Title	Amount		
2. Other Withdrawings (Specify)			\$	ESVADE IN STREET
Purpose		Amo	ount		
3. Total Deductions				\$	
H. Balance at End of Period	01/0	7/21		\$	(1,587,322)
n. Butance at End of Feriod	0170	1 (1, 40 A			

I. Preparer's/Reviewer's Certification

Name	Name of Facility License No. Report for Year Ended Page									
Merid	ian Manor Corporation	778C		1/7/2021	37	37				
		Check appropriate category								
Ø	Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)		☐ (Specify)						
		Preparer/Reviewer Certificat	ion							
	I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. 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.									
Signat	ure of Preparer	Title		Date Signed						
Printe	d Name of Preparer									
Matth	ew S. Bavolack									
Addre	s Address			Phone Number						
555 L	ong Wharf Drive, New Haven, CT 065	11		203-781-9600						
Conta	cted Person Regarding Additional Info	rmation Needed Regarding This Report		Phone Number						
Mary	Pedane			203-879-8066						
Conta	ct Email Address ane@wolcottviewmanor.com									
mped	measworcouviewmanor.com									



ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Meridian Manor Corporation for the period of October 01, 2020 through January 07, 2021, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Meridian Manor Corporation. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of Meridian Manor Corporation and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT August 24, 2021





Workpaper Index: Prepared By:

Reviewed By:

Workpaper Date:

8/23/2021

Run Date:

8/23/2021

Meridian Manor Health & Rehabilitation Center

Provider Name: Provider Number: Period Ended:

000007781

1/7/21

VEHICLE COMPLIANCE CHECKLIST

VHCL CKLST Name of Workpaper:

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? Request insurance cards and current vehicle registration.				
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?				
5	Was personal use of the facility vehicles determined?				
6	Has the maximum cost allowed for depreciation purposes or the maximum allowablemonthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?				
8	Were all motor vehicle additions physically inspected?				

Conclusion: