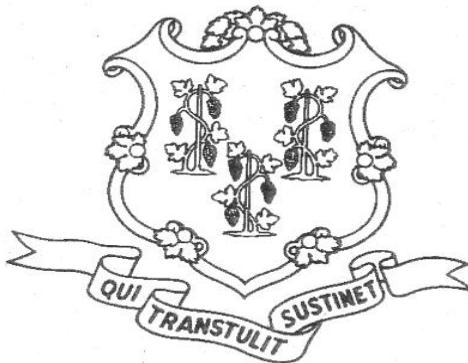


# State of Connecticut



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

Name of Facility (as licensed) Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehabilitation Center					
Address (No. & Street, City, State, Zip Code) 745 Highland Avenue, Cheshire, CT, 06410					
Type of Facility					
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)		Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2021		Report for Year Ending 9/30/2022			

License Numbers:	CCNH 2407	RHNS	(Specify)	Medicare Provider 07-5222
------------------	--------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 10454	RHNS	ICF-IID
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### For Department Use Only

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

**General Information**

Name of Facility (as licensed) Senior Philanthropy of Cheshire, LLC d/b/a Cheshire I	License No. 2407	Report for Year Ended 9/30/2022	Page 1	of 37
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**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehabilitation Center [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

(a) Subject to Desk Audit review

Signed (Administrator)	Date	Signed (Owner)	Date	
Printed Name (Administrator) Julian Bogues		Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public) Comm. Expires / /	
Address of Notary Public				

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>		Page 1A	of 37
Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehabilitation Center	Period Covered: From 10/1/2021 To 9/30/2022		
Address of Facility 745 Highland Avenue, Cheshire, CT, 06410			
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 2/22/2023	
Item	Total	CCNH	RHNS (Specify)
1. Dietary wages paid	\$		
2. Laundry wages paid	\$		
3. Housekeeping wages paid	\$		
4. Nursing wages paid	\$		
5. All other wages paid	\$		
6. <b>Total Wages Paid</b>	\$		
7. Total salaries paid	\$		
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$		

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility	Report for Year Ended	Page	of
203-329-4026	9/30/2022	2	37

Name of Facility (as shown on license) Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional		Address (No. & Street, City, State, Zip) 745 Highland Avenue, Cheshire, CT, 06410		
License Numbers:	CCNH 2407	RHNS	(Specify)	Medicare Provider No. 07-5222
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 <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input 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.
New Governance				
<b>Administrator</b>				
Name of Administrator Julian Bogues		Nursing Home Administrator's License No.:		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

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

**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a	License No. 2407	Report for Year Ended 9/30/2022	Page 3A	of 37
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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	
CT OPCO Holding, LLC	710 Long Ridge Rd, Stamford, CT 06902	CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Shlomo Zalman Scheinbaum	5 Oasis Court, Lakewood, NJ 08701	Partner	0.333
Matisyahu Herzka	922 Madison Ave, Lakewood, NJ 08701	Partner	0.333
Abraham K Schreiber	1454 Canterbury Rd, Lakewood, NJ 08701	Partner	0.333
Names of Stockholders Owning at Least 10% of Shares			
N/A			

**General Information and Questionnaire  
Individual Proprietorship**

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a Cheshire	License No. 2407	Report for Year Ended 9/30/2022	Page of 3B   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 Senior Philanthropy of Cheshire, LLC d/b/a Cheshire R	License No. 2407	Report for Year Ended 9/30/2022	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	<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	%**				
Oasis Healthcare Group	19999 Cedarbridge Ave, Suite 3B, Lakewood, NJ 08701	<input type="radio"/>	<input checked="" type="radio"/>		Consulting Fee	Pg 16/Line m11	124,869	124,869
Leading Edge Administrators	14 Wall St., Suite 5B, New York, NY 10005	<input type="radio"/>	<input checked="" type="radio"/>		Health Insurance	Pg 15/Ln 1a5	37,181	37,181
Intercompany Liabilities	N/A	<input type="radio"/>	<input checked="" type="radio"/>		Due To/From	Pg 34/ Line B3	Var	
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.

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

## **General Information and Questionnaire**

### **Basis for Allocation of Costs**

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a Cheshire	License No. 2407	Report for Year Ended 9/30/2022	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

## General Information and Questionnaire

### Leases (Excluding Real Property)

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

Name of Facility		License No.		Report for Year Ended			Page <span style="border-left: 1px solid black; padding: 0 5px;"> </span> of
Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Region		2407		9/30/2022			6 <span style="border-left: 1px solid black; padding: 0 5px;"> </span> 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					
Cisco Systems Capital Corp, POB 825736, Philadelphia PA 19182-5736	<input type="radio"/>	<input checked="" type="radio"/>	Meraki Wireless access & software	01/22/20	On-going	669	669
Canon Financial Services, 14904 Collections Center Drive, Chicago IL 60693-0149	<input type="radio"/>	<input checked="" type="radio"/>	Copier	11/08/19	On-going	2,074	2,074
Quadient Inc.	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	Various	On-going	270	270
	<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> <span style="border-left: 1px solid black; padding: 0 5px;"> </span> 3,013

\* 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 Senior Philanthropy of Cheshire, LLC	License No. 2407	Report for Year Ended 9/30/2022	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

⊕ Accrual      ○ Cash      ○ Modified Cash

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

## **Independent Accounting Firm**

Name of Accounting Firm 1 CJLC LLC 2 3 4	Address (No. & Street, City, State, Zip Code) 225 Pitkin St., East Hartford, CT 06108
--	--

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

1	Medicaid Cost Report Preparation	\$ 7,200
2		\$
3		\$
4		\$
		Charge for Services Provided
		\$ 7,200

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

Yes  No

## Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Goldman Gruder & Woods, LLC	203-899-8900
2 Various Conservators	
3	
4	
5	

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

1 200 Connecticut Ave, Norwalk, CT 06854  
2  
3  
4  
5

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

1	Conservatorship, Probate, Review of legal letters/files(Disallow \$193 on Page 28)	\$	658
2	Conservator Fees(Disallowed on Page 28)	\$	510
3	General Legal Matters(Disallowed on Page 28)	\$	17,009
4		\$	
5		\$	
		Charge for Services Provided	
		\$	18,177

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

© V. © N. Page 15 Line 1e

## Schedule of Resident Statistics

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehabili			License No. 2407				Report for Year Ended 9/30/2022				Page 8 of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity					85	85						
A. On last day of PREVIOUS report period	85	85										
B. On last day of THIS report period	85	85							85	85		
2. Number of Residents					78	78						
A. As of midnight of PREVIOUS report period	78	78										
B. As of midnight of THIS report period	79	79							79	79		
3. Total Number of Days Care Provided During Period					1,827	1,827						
A. Medicare	2,496	2,496							669	669		
B. Medicaid (Conn.)	20,702	20,702			15,599	15,599			5,103	5,103		
C. Medicaid (other states)												
D. Private Pay	2,024	2,024			1,416	1,416			608	608		
E. State SSI for RCH												
F. Other (Specify) HMO, Hospice, Insurance, VA	3,146	3,146			2,374	2,374			772	772		
G. Total Care Days During Period (3A thru F)	28,368	28,368			21,216	21,216			7,152	7,152		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	16	16							16	16		
B. Other Bed Reserve Days												
5. <b>Total Resident Days (3G + 4A + 4B)</b>	<b>28,384</b>	<b>28,384</b>			<b>21,216</b>	<b>21,216</b>			<b>7,168</b>	<b>7,168</b>		

## Schedule of Resident Statistics (Cont'd)

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a C	License No. 2407	Report for Year Ended 9/30/2022	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	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)		
				(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	(Specify)
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	(Specify)	R.C.H.	ICF-MR
No. of Residents	8	56		15				
Per Diem Rate								
a. One bed rm.	Various	292.00		554.00				
b. Two bed rms.	Various	292.00		554.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	402	402		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	832	832		
2. Restorative Treatments				
C. Other	5,790	5,790		
D. <b>Total Physical Therapy Treatments</b>	7,024	7,024		

8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	92	92		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	205	205		
2. Restorative Treatments				
C. Other	771	771		
D. <b>Total Speech Therapy Treatments</b>	1,068	1,068		

9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	320	320		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	738	738		
2. Restorative Treatments				
C. Other	5,975	5,975		
D. <b>Total Occupational Therapy Treatments</b>	7,033	7,033		

## Report of Expenditures - Salaries &amp; Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		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	(Specify) Hours
<b>A. Salaries and Wages*</b>					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	143,102	2,082			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	57,209	2,105			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor					
c. Dietary Workers	339,263	17,852			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers	206,910	10,795			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance					
b. Other Maintenance Workers	133,811	5,423			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	45,394	2,874			
9. Barber and Beautician Services					
10. Protective Services					
11. Accounting Services					
a. Head Accountant					
b. Other Accountants					
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	224,040	3,023			
b. RN					
1. Direct Care	604,884	8,785			
2. Administrative**	158,313	4,107			
c. LPN					
1. Direct Care	926,333	24,653			
2. Administrative**	15,012	503			
d. Aides and Attendants	1,213,112	49,325			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	66,596	2,555			
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	69,051	2,487			
n. Marketing					
o. Other (Specify)					
See Attached Schedule	141,912	4,147			
<b>A-13. Total Salary Expenditures</b>	<b>4,344,942</b>	<b>140,716</b>			

\* 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 Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehab				License No. 2407		Report for Year Ended 9/30/2022			Page 11	of 37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

State of Connecticut

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

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehab				2407		9/30/2022			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Julian Bogues	38,993			Non-Discriminatory	7-1-22 thru 9-30-22	616	A2			
John Horstman	104,109			Non-Discriminatory	10-1-21 thru 6-30-22	1,466	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
	2407	9/30/2022		13	37
	Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
<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	59,366	444			
2. Dentist	8,307	41			
3. Pharmacist	12,896	160			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	174,658	Contract			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	30,000	204			
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	46,550	Contract			
b. Other					
10. Occupational Therapist					
a. Resident Care	185,237	Contract			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	9,508	137			
2. Administrative***					
b. LPN					
1. Direct Care	244,271	2,820			
2. Administrative***					
c. Aides	164,181	3,344			
d. Other					
12. Other (Specify)					
See Attached Schedule					
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	934,974	7,150			

\* 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	License No.	Report for Year Ended		Page	of
		9/30/2022		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
SMS Cleaning & Housekeeping Services, 4547 US Highway 9 N, Suite Q, Howell NJ 07731	Dietician	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Horatiu Cosmin Balas, 609 Coleman Rd., Cheshire, CT 06410	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Partners Pharmacy, PO Box 9689, Uniondale, NY 11555	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Vicarah, LLC, 945 East Main Street Bridgeport, CT 06608	RN, LPN, Aides	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Worldwide Staffing, LLC 175 Dwight Rd #202, Longmeadow, MA 01106	RN, LPN, Aides	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
The Nurse Network, LLC 653 Main St. Plantsville, CT 06479	RN, LPN, Aides	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Norton and Associates, Inc, 34 Elm Street Cohasset, MA 02025	RN, LPN, Aides	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Shining Star Staffing, LLC, 67 Burnside Avenue East Hartford, CT 06108	RN, LPN, Aides	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Grandison Management, 1413 38th Street, Brooklyn NY 11218	RNs, LPNs, Aides	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Gale Healthcare Solutions, POB 4729, Winter Park, FL 32793-4729	RNs, LPNs, Aides	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
All American Healthcare Services, 494 Broad St, 4th Flr, Newark NJ 07102	RN, LPN, Aides	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Encore Rehabilitation Services, 33533 W 12 Mile Rd., Suite 290, Farmington Hills, MI 48331	PT, ST, OT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Trinity Rehabilitation Services, LLC 72640 Fairpoint New Athens Road Saint Clairsville, OH	PT, ST, OT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
HealthDrive Dental Group, 01 Centerpoint Dr Suite 215 Middletown, CT 06457	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

\* 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
Senior Philanthropy of Cheshire, LLC d/b/a Ches	2407	9/30/2022	15	37
Item		Total	CCNH	RHNS
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 16,251	16,251		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 62,904	62,904		
4. Social Security (F.I.C.A.)	\$ 332,522	332,522		
5. Health Insurance	\$ 157,716	157,716		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 2,034	2,034		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$ 3,538	3,538		
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 4,495	4,495		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 962,307	962,307		
d. Accounting and Auditing	\$ 7,200	7,200		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 18,177	18,177		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 21,081	21,081		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 51,496	51,496		
2. Cellular Phones	\$ 944	944		
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	\$ 492,247	492,247		
<b>Subtotal</b>	\$ 2,132,912	2,132,912		

\* 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**

## Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	0		
<b>Total</b>	\$ -	\$ -	\$ -

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

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a Cheshire	License No. 2407	Report for Year Ended 9/30/2022		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
<b><i>Subtotals Brought Forward:</i></b>		2,132,912	2,132,912		
I. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 18,187	18,187			
2. Holiday Parties for Staff	\$ 605	605			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 1,517	1,517			
5. Education Expenses Related to Seminars and Conventions	\$ 9,836	9,836			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 573	573			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 5,712	5,712			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 6,125	6,125			
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	\$ 1,201	1,201			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 1,318	1,318			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 712	712			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 328,356	328,356			
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 64,564	64,564			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 2,571,618	2,571,618			

\* 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	(Specify)
	0		
<b>Total Other Travel and Entertainment</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Promotional Advertising(Disallowed on Pg 28)	0		
	\$ 6,125		
<b>Total Other Advertising</b>	<b>\$ 6,125</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CAHCF	0		
Amex Membership	\$ 1,276		
	\$ 42		
<b>Total Dues</b>	<b>\$ 1,318</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
	0		
<b>Total Contributions</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Licene/Permits	0		
Promo Items(Disallowed on Pg 28a)	\$ 1,949		
Resident Reimbursement Lost/Stolen Items(Disallowed on Pg 28a)	\$ 766		
Overnight Service	\$ 423		
Overnight Service	\$ 1,589		
Collection Fees(Disallowed on Pg 28a)	\$ 556		
Late Fees/Fines/Finance Charges(Disallowed on Pg 28a)	\$ 11,911		
Bank Service Charges(All Routine)	\$ 3,414		
Financing Costs(Disallowed on Pg 28a)	\$ 812		
Background Checks	\$ 6,379		
Startup Costs(Disallowed on Pg 28a)	\$ 36,765		
<b>Total Other Administrative and General</b>	<b>\$ 64,564</b>	<b>\$ -</b>	<b>\$ -</b>

State of Connecticut

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

CSP-17 Rev. 10/97

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

Name of Facility Senior Philanthropy of Cheshire, LLC d/b	License No. 2407	Report for Year Ended 9/30/2022	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 #

**\* 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
		9/30/2022		18   37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 264,481	264,481		
2. Non-Food Supplies	\$ 15,151	15,151		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 153,247	153,247		
c. Other (Specify) _____	\$ _____			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 432,879</b>	<b>432,879</b>		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
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 type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

## C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs

(See Note on Page 5)

Name of Facility	License No.	Report for Year Ended		Page of	
	2407	9/30/2022		19   37	
Item		Total	CCNH	RHNS	(Specify)
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. \$	1,293	1,293		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	\$				
c. Other (Specify) Laundry Supplies	\$	3,347	3,347		
<b>3D. Total Laundry Expenditures (3a + b + c )</b>	\$	4,640	4,640		
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 Senior Philanthropy of Cheshire, LLC d/b/a Ch	License No. 2407	Report for Year Ended 9/30/2022		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt. \$				
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )					
b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	Sq. Ft. Serviced by Personnel				
	Amt. \$	19,239	19,239		
C. Other ( <i>Specify</i> ) Housekeeping Supplies	\$	16,550	16,550		
<b>4D. Total Housekeeping Expenditures (4a + b + c )</b>	\$	<b>35,789</b>	<b>35,789</b>		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Partners Pharmacy/Specialty Rx	\$	180,988	180,988		
b. Medicine Cabinet Drugs	\$	18,115	18,115		
c. Medical and Therapeutic Supplies	\$	161,907	161,907		
d. Ambulance/Limousine***	\$	908	908		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	7,320	7,320		
f. X-rays and Related Radiological Procedures***	\$	9,876	9,876		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	36,735	36,735		
i. Recreation	\$	13,218	13,218		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other ( <i>Specify</i> )**** See Attached Schedule	\$	67,675	67,675		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	<b>496,742</b>	<b>496,742</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	(Specify)
	0		
Drug Free Expenses	\$ 374		
IV Supplies-Other(Disallowed on Pg 29a)	\$ 576		
IV Supplies-Medicaid	\$ 4,740		
COVID Testing	\$ 20,926		
IV Drugs-Medicare(Disallowed on Pg 29a)	\$ 25,603		
IV Drugs-Managed Care(Disallowed on Pg 29a)	\$ 1,915		
Medical Waste Disposal	\$ 3,041		
Nursing Rental Expense	\$ 4,638		
Nursing Expense>Minor Equip & Supplies	\$ 5,035		
Nursing Expense>Repairs & Maint	\$ 462		
Speech Therapy Expense	\$ 365		
<b>Total Other Resident Care</b>	<b>\$ 67,675</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehabilitation				License No. 2407	Report for Year Ended 9/30/2022				Page of 21   37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
SMS Services	Suite Q, Howell NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Housekeeping/Dietary Services	70,548			Var	Var
Healthcare Group Services	Suite 300, Bensalem PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Dietary Services	96,505			18	2b
CWPM LLC	25 Norton Place, Plainsville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Trash Removal	23,501			22	6f
Land Solutions LLC	PO Box 120478, East Haven, CT 06512	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Ground Maintenance	21,032			22	6a
Paychex	Rochester, NY	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Payroll Processing	22,861			16	m11
Southridge Technology	246 Federal Rd, Brookfield, CT 06804	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Computer Maintenance	13,087			16	m11
MatrixCare	PO Box 1414 Minneapolis, MN 55480	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Software Maintenance	38,060			16	m11
Oasis Healthcare Group	Suite 3B, Lakewood, NJ 08701	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Consulting Fee	124,869			16	m11
		<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"/>							

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

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

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

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

Name of Facility	License No.	Report for Year Ended		Page of
		9/30/2022		22   37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 60,417	60,417		
b. Heat	\$ 18,715	18,715		
c. Light & Power	\$ 102,884	102,884		
d. Water	\$ 43,908	43,908		
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 3,013	3,013		
f. Other ( <i>itemize</i> )	\$ 92,870	92,870		
See Attached Schedule				
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 321,807	321,807		
7. Depreciation ( <i>complete schedule page 23*</i> )				
a. Land Improvements	\$ 771	771		
b. Building & Building Improvements	\$ 38,403	38,403		
c. Non-Movable Equipment	\$			
d. Movable Equipment	\$ 46,426	46,426		
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 85,600	85,600		
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )				
a. Organization Expense	\$			
b. Mortgage Expense	\$			
c. Leasehold Improvements	\$			
d. Other ( <i>Specify</i> )	\$			
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 810,167	810,167		
10. Property Taxes				
a. Real estate taxes paid by owner	\$			
b. Real estate taxes paid by lessor	\$ 34,608	34,608		
c. Personal property taxes	\$ 7,906	7,906		
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 938,281	938,281		

\* 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)
	0		
Equipment Rental	\$ 20,000		
Equipment Minor	\$ 10,419		
Small Tools	\$ 998		
Pest Control	\$ 1,324		
Maintenance Contracts	\$ 7,785		
Waste Disposal	\$ 28,648		
Building Inspection Fees	\$ 904		
Copier Lease	\$ 3,270		
Maintenance Expense>Supplies	\$ 1,228		
Maintenance Expense>Minor Equip & Supplies	\$ 1,529		
Maintenance Expense>Sanitation & Incineration	\$ 9,247		
Maintenance Expense>Extermination	\$ 463		
Maintenance Expense>Landscaping	\$ 7,055		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 92,870</b>	<b>\$ -</b>	<b>\$ -</b>

## Depreciation Schedule

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

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

\*Ties to Page 23, Line A3

**\*\*Ties to Page 23, Line A2**

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

\*Ties to Page 23, Line B3

**\*\*Ties to Page 23, Line B2**

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

**\*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	Pick One	Useful Life		
		Movable Category	Cost	Depreciation	
<b>Additions:</b>					
7/12/2022	Computer Software - Matrixcare	Administrative	\$ 867	3	\$ 63
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
<b>Total additions for Movable Equipment</b>			\$ 867		\$ 63
<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	Useful Life		
		Cost	Depreciation	
<b>Additions:</b>				
<b>Total additions for Leasehold Improvement</b>		\$ -		\$ -
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ -

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Region			License No. 2407		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. <b>Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
B. <b>Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
C. <b>Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

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

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

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

Name of Facility Senior Philanthropy of Cheshire, LLC	License No. 2407	Report for Year Ended 9/30/2022	Page 25	of 37
--	---------------------	------------------------------------	------------	----------

#### 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	85			
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)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				

**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
745 Highland Ave, LLC, 745 Highland Avenue, Cheshire, CT 06410	Building	04/01/15	123 mos.	663,792

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

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

Name of Facility	License No.	Report for Year Ended			Page of
		9/30/2022			26   37
Item		Total	CCNH	RHNS	(Specify)
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	\$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
<b>12 B7. Total Building Interest Expense (A1 - A4 + B5)</b>	\$				

(Carry Subtotals forward to next page )

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

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
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)	\$	(218,795)	(218,795)			
Interest Expense						
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>	\$	(218,795)	(218,795)			
14. Insurance						
a. Insurance on Property (buildings only)	\$	19,377	19,377			
b. Insurance on Automobiles	\$	4,324	4,324			
c. Insurance other than Property (as specified above)						
1. Umbrella ( <i>Blanket Coverage</i> )	\$					
2. Fire and Extended Coverage	\$					
3. Other (Specify)	\$	76,385	76,385			
General Liability/Crime/ Other Insurance/Patient Trust						
14d. <b>Total Insurance Expenditures (14a + b + c)</b>	\$	100,086	100,086			
15. <b>Total All Expenditures (A-13 thru C-14)</b>	\$	9,962,963	9,962,963			

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

Name of Facility			License No.	Report for Year Ended		Page of
Item No.	Page No.	Line No.	2407	9/30/2022		28   37
				Total Amount of Decrease	CCNH	RHNS
						(Specify)
<b>Page 10 - Salaries and Wages</b>						
1.			Outpatient Service Costs	\$		
2.			Salaries not related to Resident Care	\$		
3.			Occupational Therapy	\$		
4.			Other - See attached Schedule	\$		
<b>Page 13 - Professional Fees</b>						
5.			Resident Care Physicians **	\$		
6.	13	B10a	Occupational Therapy	\$	185,237	185,237
7.			Other - See attached Schedule	\$		
<b>Pages 15 &amp; 16 - Administrative and General</b>						
8.			Discriminatory Benefits	\$		
9.	15	1c	Bad Debts	\$	962,307	962,307
10.			Accounting	\$		
10a.			Legal	\$	17,712	17,712
11.			Telephone	\$		
12.			Cellular Telephone	\$		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$		
14.			Gifts, flowers and coffee shops	\$		
15.			Education expenditures to colleges or universities for tuition and related costs 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.	16	m2/3	Unallowable Advertising *	\$	6,125	6,125
19.			Income Tax / Corporate Business Tax	\$		
20.	16	m10	Fund Raising / Contributions	\$		
21.			Unallowable Management Fees	\$		
22.			Barber and Beauty	\$		
23.			Other - See attached Schedule	\$	51,504	51,504
<b>Page 18 - Dietary Expenditures</b>						
24.			Meals to employees, guests and others who are not residents	\$		
<b>Page 19 - Laundry Expenditures</b>						
25.			Laundry services to employees, guests and others who are not residents	\$		
<b>Page 20 - Housekeeping Expenditures</b>						
26.			Housekeeping services to employees, guests and others who are not residents	\$		
Subtotal (Items 1 - 26)			\$ 1,222,885		1,222,885	

\* 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	(Specify)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Fees Adjustments</b>			\$ -	\$ -	\$ -

## **Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Promo Items	\$ 766		
16	m13	Resident Reimbursement Lost/Stolen Items	\$ 423		
16	m13	Collection Fees	\$ 556		
16	m13	Late Fees/Fines/Finance Charges	\$ 11,911		
16	m13	Financing Costs	\$ 812		
16	m13	Startup Costs	\$ 36,765		
15	1a9	Other Benefits - Miscellaneous	\$ 271		
<b>Total Other A&amp;G Adjustments</b>			\$ 51,504	\$ -	\$ -

State of Connecticut

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

CSP-29 Rev. 9/2018

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

Name of Facility				License No.	Report for Year Ended		Page of
Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Region				2407	9/30/2022		29   37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,222,885	1,222,885		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 180,988	180,988		
28.	20	5d	Ambulance/Limousine	\$ 908	908		
29.	20	5f	X-rays, etc	\$ 9,876	9,876		
30.	20	5h	Laboratory	\$ 36,735	36,735		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 7,320	7,320		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 34,065	34,065		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation				
			See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ (218,711)	(218,711)		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation				
			Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,274,066	1,274,066		

\*\*\* 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	5i	Cable TV Disallowance(See Attached)	\$ 5,971		
20	5l	IV Supplies-Other	\$ 576		
20	5l	IV Drugs-Medicare	\$ 25,603		
20	5l	IV Drugs-Managed Care	\$ 1,915		
<b>Total Other Ancillary Costs</b>			\$ 34,065	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ -

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Property Adjustments</b>			\$ -	\$ -	\$ -

## **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	License No.	Report for Year Ended 9/30/2022			Page 30	of 37
		Item	Total	CCNH	RHNS	(Specify)
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )		\$ 9,264,170	9,264,170			
b. Medicaid Room and Board Contractual Allowance **		\$ (3,359,943)	(3,359,943)			
2. a. Medicaid ( <i>All other states</i> )		\$				
b. Other States Room and Board Contractual Allowance **		\$				
3. a. Medicare Residents ( <i>all inclusive</i> )		\$ 1,608,975	1,608,975			
b. Medicare Room and Board Contractual Allowance **		\$				
4. a. Private-Pay Residents and Other		\$ 2,941,128	2,941,128			
b. Private-Pay Room and Board Contractual Allowance **		\$ (405,316)	(405,316)			
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare		\$ 111,365	111,365			
b. Prescription Drugs - Medicare Contractual Allowance **		\$ (37,418)	(37,418)			
c. Prescription Drugs - Non-Medicare		\$ 90,475	90,475			
d. Prescription Drugs - Non-Medicare Contractual Allowance **		\$				
2. a. Medical Supplies - Medicare		\$				
b. Medical Supplies - Medicare Contractual Allowance **		\$				
c. Medical Supplies - Non-Medicare		\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **		\$				
3. a. Physical Therapy - Medicare		\$ 276,239	276,239			
b. Physical Therapy - Medicare Contractual Allowance **		\$ (25,046)	(25,046)			
c. Physical Therapy - Non-Medicare		\$ 350,837	350,837			
d. Physical Therapy - Non-Medicare Contractual Allowance **		\$ (23,656)	(23,656)			
4. a. Speech Therapy - Medicare		\$ 80,173	80,173			
b. Speech Therapy - Medicare Contractual Allowance **		\$ (17,927)	(17,927)			
c. Speech Therapy - Non-Medicare		\$ 109,159	109,159			
d. Speech Therapy - Non-Medicare Contractual Allowance **		\$ (20,283)	(20,283)			
5. a. Occupational Therapy - Medicare		\$ 298,052	298,052			
b. Occupational Therapy - Medicare Contractual Allowance **		\$ (27,265)	(27,265)			
c. Occupational Therapy - Non-Medicare		\$ 360,554	360,554			
d. Occupational Therapy - Non-Medicare Contractual Allowance **		\$ (4,363)	(4,363)			
6. a. Other ( <i>Specify</i> ) - Medicare		\$ (602,164)	(602,164)			
b. Other ( <i>Specify</i> ) - Non-Medicare		\$ (588,655)	(588,655)			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)		\$ 10,379,091	10,379,091			
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others		\$				
2. Rental of rooms to non-residents		\$				
3. Telephone		\$				
4. Rental of Television and Cable Services		\$				
5. Interest Income ( <i>Specify</i> )		\$ 527	527			
6. Private Duty Nurses' Fees		\$				
7. Barber, Coffee, Beauty and Gift shops		\$				
8. Other ( <i>Specify</i> )		\$ (189,474)	(189,474)			
<b>V. Total Other Revenue</b> (1 thru 8)		\$ (188,947)	(188,947)			
<b>VI. Total All Revenue</b> (III +V)		\$ 10,190,144	10,190,144			

\* 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	Laboratory Medicare A	\$ 40,059		
30 II 6a	IV Therapy Medicare A	\$ 38,404		
30 II 6a	X-Ray Medicare A	\$ 9,465		
30 II 6a	Sequestration Medicare A	\$ (2,454)		
30 II 6a	Contract Adj-Ancillary Medicare A	\$ (610,944)		
30 II 6a	Flu Shots Medicare B	\$ 980		
30 II 6a	Sequestration Medicare B	\$ (92)		
30 II 6a	Contract Adj-Ancillary Medicare B	\$ (77,514)		
30 II 6a	Other Ancillary Rev>Part B>Sequester	\$ (68)		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ (602,164)</b>	<b>\$ -</b>	<b>\$ -</b>

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

Page Ref	Description	CCNH	RHNS	(Specify)
30 II 6b	Laboratory Private	\$ 141		
30 II 6b	Laboratory Medicaid	\$ 894		
30 II 6b	IV Therapy Medicaid	\$ 7,020		
30 II 6b	X-Ray Medicaid	\$ 1,330		
30 II 6b	Contract Adj-Ancillary Hospice	\$ (218)		
30 II 6b	Laboratory Insurance	\$ 598		
30 II 6b	X-Ray Insurance	\$ 170		
30 II 6b	Contract Adj-Ancillary Insurance	\$ (11,968)		
30 II 6b	Laboratory HMO	\$ 40,922		
30 II 6b	IV Therapy HMO	\$ 2,963		
30 II 6b	X-Ray HMO	\$ 6,230		
30 II 6b	Evercare Revenue HMO	\$ 28,575		
30 II 6b	Contract Adj-Ancillary HMO	\$ (685,562)		
30 II 6b	Other Ancillary Rev>Medicare HMO	\$ 20,250		
<b>Total Other Resident Revenue</b>		<b>\$ (588,655)</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income****Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV 5	Interest Income	N/A	\$ 527		
<b>Total Interest Income</b>		<b>\$ 527</b>	<b>\$ -</b>	<b>\$ -</b>	

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Other Rev>Miscellaneous(Disallowed on Pg 29a)	\$ 2		
30 IV 8	Forgiveness of Debt(Need to confirm with Manuel what this is)	\$ (228,176)		
30 IV 8	Covid Relief Income	\$ 38,618		
30 IV 8	Refunds & Rebates(Disallowed on Pg 29a)	\$ 82		
<b>Total Other Revenue</b>		<b>\$ (189,474)</b>	<b>\$ -</b>	<b>\$ -</b>

**G. Balance Sheet**

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Cheshire, LLC d	2407	9/30/2022	31	37
<b>Account</b>				<b>Amount</b>
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )				\$ (8,012)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				\$ 1,308,627
3. Other Accounts Receivable (Excluding Owners or Related Parties)				\$
4. Inventories				\$
5. Prepaid Expenses				\$ 175,408
a. _____				
b. _____				
c. _____				
d. See Schedule				175,408
6. Interest Receivable				\$
7. Medicare Final Settlement Receivable				\$
8. Other Current Assets ( <i>itemize</i> )				\$
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)				\$ 1,476,023
B. Fixed Assets				
1. Land				\$
2. Land Improvements	*Historical Cost	16,350	\$	10,471
	Accum. Depreciation	5,879	Net	
3. Buildings	*Historical Cost	517,201	\$	291,674
	Accum. Depreciation	225,527	Net	
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____	Net	
5. Non-Movable Equipment	*Historical Cost	_____	\$	
	Accum. Depreciation	_____	Net	
6. Movable Equipment	*Historical Cost	584,376	\$	130,205
	Accum. Depreciation	454,171	Net	
7. Motor Vehicles	*Historical Cost	57,362	\$	54,848
	Accum. Depreciation	2,514	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	(431,061)
F/S vs C/R NBV		(431,061)		
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)				\$ 56,137

\* 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	
31	A5	Financing Costs	\$ 11,571
31	A5	RE Taxes	\$ 16,817
31	A5	Insurance - General & Liability	\$ 87,370
31	A5	Insurance - Auto	\$ 4,839
31	A5	Workers Comp	\$ 51,279
31	A5	Prepaid Expenses	\$ 3,532
<b>Total Prepaid Expenses</b>			<b>\$ 175,408</b>

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

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

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

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

## Schedule of Other Assets Page 32 Line D7

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

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

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

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

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

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

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

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

Name of Facility Senior Philanthropy of Cheshire, LLC d	License No. 2407	Report for Year Ended 9/30/2022	Page of 32   37
Account			Amount
Total Brought Forward:			\$ 1,532,160
C. Leasehold or like property recorded for Equity Purposes.			
1. Land			\$
2. Land Improvements	*Historical Cost	Accum. Depreciation	Net
3. Buildings	*Historical Cost	Accum. Depreciation	Net
4. Non-Movable Equipment	*Historical Cost	Accum. Depreciation	Net
5. Movable Equipment	*Historical Cost	Accum. Depreciation	Net
6. Motor Vehicles	*Historical Cost	Accum. Depreciation	Net
7. Minor Equipment-Not Depreciable			\$
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$
D. Investment and Other Assets			
1. Deferred Deposits			\$
2. Escrow Deposits			\$
3. Organization Expense	*Historical Cost	Accum. Depreciation	Net
4. Goodwill (Purchased Only)			\$
5. Investments Related to Resident Care ( <i>itemize</i> )			\$
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$ (458)
Name and Address	Amount	Loan Date	
Due From>Old Owner	(458)	Var	
7. Other Assets ( <i>itemize</i> )			\$
See Schedule			
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$ (458)
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$ 1,531,702

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

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

Name of Facility	License No.	Report for Year Ended	Page of								
Senior Philanthropy of Cheshire, LLC d/b/a C	2407	9/30/2022	33   37								
Account			Amount								
<b>Liabilities</b>											
A. Current Liabilities											
1. Trade Accounts Payable			\$ 491,691								
2. Notes Payable ( <i>itemize</i> )			\$ 441								
Current Payable>Employee>Other			100								
Current Payable>Misc. PR Deduction			100								
Current Payable>Insurance			241								
See Schedule											
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )			\$								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name of Lender</th> <th>Purpose</th> <th>Amount</th> <th>Date Due</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name of Lender	Purpose	Amount	Date Due				
Name of Lender	Purpose	Amount	Date Due								
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )			\$ 74,861								
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )			\$								
6. Accrued Payroll Taxes Payable			\$ 6,198								
7. Medicare Final Settlement Payable			\$								
8. Medicare Current Financing Payable			\$								
9. Mortgage Payable ( <i>Current Portion</i> )			\$								
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )			\$								
11. Accrued Income Taxes*			\$								
12. Other Current Liabilities ( <i>itemize</i> )			\$ 294,300								
Accrued Expenses			8,894 Accrued Expenses>Work 45,913								
Accrued Expense>Medicaid>Bed Ta			(462) Accrued Expenses>Healt 37,903								
Accrued Expenses>Insurance - Gene			70,767 Accrued Wages & Relate 61,008								
Accrued Expenses>Management Fee			70,277 See Schedule								
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)			<b>\$ 867,491</b>								

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

(Carry Total forward to next page)

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

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a	License No. 2407	Report for Year Ended 9/30/2022	Page 34	of 37		
Account				Amount		
Total Brought Forward:				867,491		
<b>Liabilities (cont'd)</b>						
B. Long-Term Liabilities						
1. Loans Payable-Equipment ( <i>itemize</i> )				\$		
Name of Lender	Purpose	Amount	Date Due			
2. Mortgages Payable				\$		
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ 515,125		
Name and Address of Lender	Amount	Loan Date				
Due To/From>Various	515,125	Various				
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 65,050		
Long Term Debt>Capital Lease				65,050		
See Schedule						
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 580,175		
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 1,447,666		

## G. Balance Sheet (cont'd)

### Reserves and Net Worth

Name of Facility Senior Philanthropy of Cheshire, LLC	License No. 2407	Report for Year Ended 9/30/2022	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				\$ 84
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ (192,583)
6. Gain or Loss for Period	10/1/2021	thru	9/30/2022	\$ 276,535
7. Total Net Worth				\$ 84,036
<b>C. Total Reserves and Net Worth</b>				\$ 84,036
<b>D. Total Liabilities, Reserves, and Net Worth</b>				\$ 1,531,702

## **H. Changes in Total Net Worth**

Name of Facility Senior Philanthropy of Cheshire, LLC d/	License No. 2407	Report for Year Ended 9/30/2022	Page 36	of 37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$ (7,285,599)		
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )				\$ 10,190,144		
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )				\$ 9,913,609		
D. Net Income or Deficit				\$ 276,535		
E. Balance				\$ (7,009,064)		
F. Additions						
1. Additional Capital Contributed ( <i>itemize</i> )						
Total Expenditures Per Pg 27				\$ 9,962,963		
F/S vs C/R Depreciation				(49,354)		
Total Expenses				\$ 9,913,609		
2. Other ( <i>itemize</i> )						
Reconciling Variance to Correct PY Ending Bala				\$ 1,969,662		
Prior Period Adjustment				\$ 5,123,438		
F-3. Total Additions				\$ 7,093,100		
G. Deductions						
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )				\$		
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount			
2. Other Withdrawals ( <i>Specify</i> )				\$		
Purpose		Amount				
3. Total Deductions				\$		
H. <b>Balance at End of Period</b>				\$ 84,036		
				09/30/22		

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

Name of Facility Senior Philanthropy of Cheshire, LLC	License No. 2407	Report for Year Ended 9/30/2022	Page 37	of 37
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*Check appropriate category*

<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)
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### 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
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Printed Name of Preparer
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Matthew S. Bavolack
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Address Address 555 Long Wharf Dr 8th Floor, New Haven, CT, 06511	Phone Number 203-781-9600
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Contacted Person Regarding Additional Information Needed Regarding This Report Chani Licht	Phone Number 732-276-4140
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Contact Email Address chanil@ltcally.com
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