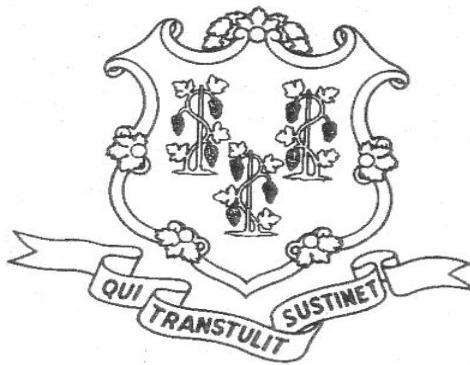


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed)					
Senior Philanthropy of Danbury, LLC d/b/a Western Rehab Care Center					
Address (No. & Street, City, State, Zip Code)					
107 Osborne St., Danbury, CT 06810					
Type of Facility					
Chronic and Convalescent		Rest Home with Nursing			
<input checked="" type="checkbox"/> Nursing Home only		<input type="checkbox"/> Supervision only		<input type="checkbox"/> (Specify)	
(CCNH)		(RHNS)			
Report for Year Beginning 10/1/2021		Report for Year Ending 9/30/2022			

License Numbers:	CCNH 2409	RHNS	(Specify)	Medicare Provider 07-5274
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Medicaid Provider Numbers:	CCNH 10389	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 Danbury, LLC d/b/a Western R	License No. 2409	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 Danbury, LLC d/b/a Western Rehab Care 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) Chioma Thomas		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

Data Required for Real Wage Adjustment		Page 1A	of 37
Name of Facility Senior Philanthropy of Danbury, LLC d/b/a Western Rehab Care Center	Period Covered: From 10/1/2021 To 9/30/2022		
Address of Facility 107 Osborne St., Danbury, CT 06810			
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. 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

Phone No. of Facility	Report for Year Ended	Page	of
203-792-8102	9/30/2022	2	37

Name of Facility (as shown on license) Senior Philanthropy of Danbury, LLC d/b/a Western Rehab Ca		Address (No. & Street, City, State, Zip) 107 Osborne St., Danbury, CT 06810		
License Numbers:	CCNH 2409	RHNS	(Specify)	Medicare Provider No. 07-5274
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent <input 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				
Administrator				
Name of Administrator Chioma Thomas		Nursing Home Administrator's License No.:	2149	
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 Danbury, LLC d/b/a	License No. 2409	Report for Year Ended 9/30/2022	Page of 3A 37
If this facility is owned or operated as a corporation, provide the following information:			
Legal Name of Corporation	Business Address	State(s) in Which Incorporated	
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

General Information and Questionnaire

Related Parties*

Name of Facility Senior Philanthropy of Danbury, LLC d/b/a Western Re		License No. 2409	Report for Year Ended 9/30/2022			Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?				<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.				
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?				<input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," provide the following information:				
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Oasis Healthcare Group	19999 Cedarbridge Ave, Suite 3B, Lakewood, NJ 08701	<input type="radio"/>	<input checked="" type="radio"/>		Consulting Fee	Pg 16/Line m11	124,592	124,592
Intercompany Liabilities	N/A	<input type="radio"/>	<input checked="" type="radio"/>		Due To/From	Pg 34/Ln B3	Var	Var
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	249,902	249,902
		<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 Danbury, LLC d/b/a We	License No. 2409	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	of
Senior Philanthropy of Danbury, LLC d/b/a Western Rehab		2409		9/30/2022			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Canon Financial Services, 14904 Collections Center Drive, Chicago IL 60693-0149	<input type="radio"/>	<input checked="" type="radio"/>	Copier	11/08/19	On-going	2,286	2,286	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?		<input type="radio"/> Yes		<input checked="" type="radio"/> No		Total ***	2,286	

* 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 Danbury, LLC	License No. 2409	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?

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	\$	7,791
2	General Accounting Services(Disallowed on Page 28)	\$	3,009
3		\$	
4		\$	
			Charge for Services Provided
			\$ 10,800

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

Yes No | Page 15 Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Goldman Gruder & Woods, LLC	203-899-8900
2 Aaron Bloom, Esq.	
3 CT Corporation	
4 Murtha Cullina, LLP	203-772-7700
5 Various	

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

1 200 Connecticut Ave, Norwalk, CT 06854
2 3312 W. Dorchester St. Tampa, FL 33611
3 PO Box 4349, Carol Stream, IL 60197
4 265 Church St, New Haven, CT 06510
5

Services Provided by This Firm (*describe fully*)

1	Resident Lawsuits(pending)	\$	387
2	Claims Management	\$	9,000
3	Domestic Representation(Disallowed on Pg 28)	\$	235
4	Retainer Fee	\$	3,109
5	General Legal Matters(Disallowed on Pg 28)	\$	6,016
			Charge for Services Provided

Are These Charges Reflected in the Expenditure Portion of This
Page 15 Line 1e
② Yes ③ No

Schedule of Resident Statistics

Name of Facility Senior Philanthropy of Danbury, LLC d/b/a Western Rehab Care Center			License No. 2409			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					120	120						
A. On last day of PREVIOUS report period	120	120										
B. On last day of THIS report period	120	120							120	120		
2. Number of Residents					76	76						
A. As of midnight of PREVIOUS report period	76	76				76	76					
B. As of midnight of THIS report period	77	77							77	77		
3. Total Number of Days Care Provided During Period					1,335	1,335			539	539		
A. Medicare	1,874	1,874										
B. Medicaid (Conn.)	22,668	22,668			17,213	17,213			5,455	5,455		
C. Medicaid (other states)												
D. Private Pay	496	496			138	138			358	358		
E. State SSI for RCH												
F. Other (Specify) HMO, Hospice, Insurance, VA	2,205	2,205			1,650	1,650			555	555		
G. Total Care Days During Period (3A thru F)	27,243	27,243			20,336	20,336			6,907	6,907		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	67	67							67	67		
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	27,310	27,310			20,336	20,336			6,974	6,974		

Schedule of Resident Statistics (Cont'd)

Name of Facility Senior Philanthropy of Danbury, LLC d/b/a V	License No. 2409	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.

1st change	Change in Resident Days			CCNH	RHNS	(Specify)
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	6	64		7				
Per Diem Rate								
a. One bed rm.	Various	316.00		748.00				
b. Two bed rms.	Various	316.00		764.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B	760	760	(Specify)
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments	4,271	4,271	
2. Restorative Treatments			
C. Other	6,824	6,824	
D. Total Physical Therapy Treatments	11,855	11,855	

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	526	526	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments	666	666	
2. Restorative Treatments			
C. Other	524	524	
D. Total Speech Therapy Treatments	1,716	1,716	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	749	749	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments	3,938	3,938	
2. Restorative Treatments			
C. Other	5,906	5,906	
D. Total Occupational Therapy Treatments	10,593	10,593	

Report of Expenditures - Salaries & 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
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	130,809	2,333			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	449,199	11,393			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor					
c. Dietary Workers	422,703	22,337			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers	287,262	16,681			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	57,482	2,092			
b. Other Maintenance Workers	104,662	6,243			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	40,133	2,132			
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	188,472	2,875			
b. RN					
1. Direct Care	505,356	5,657			
2. Administrative**	198,422	7,533			
c. LPN					
1. Direct Care	606,596	18,120			
2. Administrative**					
d. Aides and Attendants	1,053,988	48,382			
e. Physical Therapists	225,951	5,982			
f. Speech Therapists	123,333	1,605			
g. Occupational Therapists	163,556	4,106			
h. Recreation Workers	97,268	4,084			
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	54,191	1,701			
n. Marketing					
o. Other (Specify) See Attached Schedule	128,589	2,616			
<i>A-13. Total Salary Expenditures</i>	4,837,972	165,872			

* 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 Danbury, LLC d/b/a Western Rehab Care Cen			License No. 2409		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)							
Section I - Operators/Owners										
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).										

* 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 Danbury, LLC d/b/a Western Rehab Care Cent				2409		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)							
Section III - Administrators***										
Chioma Thomas	130,809			Non-Discriminatory	10-1-21 thru 9-30-22	2,333	A2			
Section IV - Assistant Administrators										

*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
	2409	9/30/2022		13	37
	Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian	61,969	775			
2. Dentist	9,695	48			
3. Pharmacist	4,967	15			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	83,778	Contract			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	27,000	140			
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) Other Physician Fees	220	Disallow			
9. Speech Therapist					
a. Resident Care	360	Contract			
b. Other					
10. Occupational Therapist					
a. Resident Care					
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	364,486	3,359			
2. Administrative***	12,180	Contract			
b. LPN					
1. Direct Care	400,508	4,972			
2. Administrative***					
c. Aides	214,602	5,304			
d. Other					
12. Other (Specify) See Attached Schedule	63,652	514			
B-13 Total Fees Paid in Lieu of Salaries	1,243,417	15,127			

* 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		
Healthcare Service Group, 3220 Tillman Dr Suite 300, Bensalem, PA 19020	Dietician	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Marc N. Raad MD, 300 Wolcott Road Wolcott, CT 06716	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	
The Rehab Department LLC 24641 US Highway 19 N Clearwater, FL 33763	PT, ST	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Amidon Nurse Staffing, POB 436, Malverne NY 11565	RN, LPN, 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	
Norton and Associates, Inc, 34 Elm Street Cohasset, MA 02025	RN, LPN, Aides	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Gale Healthcare, POB 4729, Winter Park, FL 32793-4729	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	
HealthDrive Dental Group, 01 Centerpoint Dr Suite 215 Middletown, CT 06457	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Topnotch Care Services, LLC, 892 Stillson Rd Fairfield, CT 06824	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	
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	162,624	162,624		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	36,397	36,397		
4. Social Security (F.I.C.A.)	\$	371,736	371,736		
5. Health Insurance	\$	912,798	912,798		
6. Life Insurance (employees only) (not-owners and not-operators)	\$	2,411	2,411		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$	192,936	192,936		
8. Uniform Allowance	\$	30,499	30,499		
9. Other (<i>Specify</i>) See Attached Schedule	\$	102,088	102,088		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	206,682	206,682		
d. Accounting and Auditing	\$	10,800	10,800		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$	18,747	18,747		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$	28,736	28,736		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	34,789	34,789		
2. Cellular Phones	\$	1,338	1,338		
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	\$	511,879	511,879		
Subtotal	\$	2,624,460	2,624,460		

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

(Carry Subtotals forward to next page)

***** DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	0		
Employee Expense	\$ 6,217		
Other Benefits - Miscellaneous(Disallowed on Pg 28a)	\$ 1,821		
Other Benefits - Food(Disallowed on Pg 28a)	\$ 80		
Other Benefits - Union Funds	\$ 93,545		
Other Benefits - Background Checks	\$ 425		
Total	\$ 102,088	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	0		
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Danbury, LLC d/b/a Western R	2409	9/30/2022	16	37
Item	Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>	2,624,460	2,624,460		
I. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 1,767	1,767		
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 2,254	2,254		
5. Education Expenses Related to Seminars and Conventions	\$ 24,420	24,420		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 224	224		
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 395	395		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)**** See Attached Schedule	\$ 5,500	5,500		
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	\$ 1,524	1,524		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 1,969	1,969		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 408	408		
9. Subscriptions	\$ 3,830	3,830		
10. Contributions*** See Attached Schedule	\$ 50	50		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 313,545	313,545		
12. Administrative Management Services**	\$			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 65,053	65,053		
C-14 Total Administrative & General Expenditures	\$ 3,045,399	3,045,399		

* 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		
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
Promotional Advertising(Disallowed on Pg 28)	\$ 5,500		
Total Other Advertising	\$ 5,500	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CAHCF	\$ 877		
Amex Membership	\$ 42		
AHCA	\$ 1,050		
Total Dues	\$ 1,969	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	0		
Contributions(Disallowed on Pg 28)	\$ 50		
Total Contributions	\$ 50	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
Licene/Permits	\$ 2,467		
Background Checks	\$ 1,702		
Resident Reimbusement Lost/Stolen Items(Disallowed on Pg 28a)	\$ 103		
Promo Items	\$ (238)		
Collection Fees(Disallowed on Pg 28a)	\$ 391		
Late Fees/Fines/Finance Charges(Disallowed on Pg 28a)	\$ 12,539		
Bank Service Charges(All Routine)	\$ 4,141		
Financing Costs(Disallowed on Pg 28a)	\$ 730		
Startup Costs(Disallowed on Pg 28a)	\$ 43,114		
Miscellaneous Décor(Disallowed on Pg 28a)	\$ 104		
Total Other Administrative and General	\$ 65,053	\$ -	\$ -

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 Danbury, LLC d/b	License No. 2409	Report for Year Ended 9/30/2022	Page 17 37 of
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	\$ 249,197	249,197		
2. Non-Food Supplies	\$ 11,326	11,326		
3. Other (Specify) _____	\$			
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 157,915	157,915		
c. Other (Specify) _____	\$			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 418,438	418,438		
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 Senior Philanthropy of Danbury, LLC d/b/a Western Rel	License No. 2409	Report for Year Ended 9/30/2022		Page 19	of 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. \$	704	704		
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)	\$	164,855	164,855		
c. Other (<i>Specify</i>) Laundry Supplies	\$	18	18		
3D. Total Laundry Expenditures (3a + b + c)	\$	165,577	165,577		
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

*** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		20	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>) <i>(Complete Schedule C-2 att. Page 21)</i>	Sq. Ft. Serviced by Personnel				
	Amt.	\$	93,627	93,627	
C. Other (<i>Specify</i>)	\$	2,678	2,678		
Housekeeping Supplies					
4D. Total Housekeeping Expenditures (4a + b + c)	\$	96,305	96,305		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	132,663	132,663		
Partners Pharmacy/Specialty Rx					
b. Medicine Cabinet Drugs	\$	18,483	18,483		
c. Medical and Therapeutic Supplies	\$	100,337	100,337		
d. Ambulance/Limousine***	\$	101	101		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	13,475	13,475		
f. X-rays and Related Radiological Procedures***	\$	5,189	5,189		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	16,743	16,743		
i. Recreation	\$	36,658	36,658		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)****	\$	23,251	23,251		
See Attached Schedule					
5M. Total Resident Care Expenditures (5a - 5j)	\$	346,900	346,900		

* 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		
Data Processing	250		
IV Supplies-Medicaid	\$ 1,755		
COVID Testing	\$ 5,827		
IV Supplies-Managed Care(Disallowed on Pg 29a)	\$ 585		
Medical Waste Disposal	\$ 2,949		
Nursing Rental Expense	\$ 11,779		
Nursing Expense>Sanitation & Incineration	\$ 106		
Total Other Resident Care	\$ 23,251	\$ -	\$ -

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

Name of Facility Senior Philanthropy of Danbury, LLC d/b/a Western Rehab Care Center				License No. 2409	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.***				Pg	Line
		Yes	No			CCNH	RHNS	(Specify)			
SMS Services	Suite Q, Howell NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Housekeeping/Dietary Services	65,404				Var	Var
Healthcare Group Services	Suite 300, Bensalem PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Dietary/Housekeeping/Laundry	211,557				Var	Var
Oak Ridge Hauling, LLC	307 White St, Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Trash Removal	29,335				22	6f
Rinaldi Linen Service	47 Commons Court, Waterbury, CT 06704	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Linen Service	127,230				19	3B
Paychex	Rochester, NY	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Payroll Processing	21,275				16	m11
Kronos	900 Chelmsford St, Lowell, MA 01851	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Timeclock Software	10,021				16	m11
Oasis Healthcare Group	Suite 3B, Lakewood, NJ 08701	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Consulting Fee	124,592				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"/>								
		<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 Senior Philanthropy of Danbury, LLC d/b/a W	License No. 2409	Report for Year Ended 9/30/2022			Page 22 37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 74,480	74,480			
b. Heat	\$ 32,168	32,168			
c. Light & Power	\$ 103,863	103,863			
d. Water	\$ 50,763	50,763			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 2,286	2,286			
f. Other (<i>itemize</i>)	\$ 124,743	124,743			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 388,303	388,303			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$ 45,444	45,444			
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$ 70,845	70,845			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 116,289	116,289			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 909,806	909,806			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 34,567	34,567			
c. Personal property taxes	\$ 11,835	11,835			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,072,497	1,072,497			

* 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 Minor	\$ 37,038		
Equipment Rental	\$ 30,422		
Small Tools	\$ 35		
Pest Control	\$ 1,792		
Waste Disposal	\$ 32,207		
Copier Lease	\$ 2,477		
Maintenance Expense>Supplies	\$ 937		
Maintenance Expense>Sanitation & Incineration	\$ 10,607		
Maintenance Expense>Extermination	\$ 702		
Maintenance Expense>Landscaping	\$ 3,759		
Maintenance Expense>Contracted Service	\$ 4,217		
Water Cooler	\$ 550		
Total Other Repairs and Maintenance	\$ 124,743	\$ -	\$ -

Depreciation Schedule

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life		Depreciation
			Cost	Useful Life	
Additions:					
Total additions for Leasehold Improvement		\$ -		\$ -	*
Deletions:					
Total deletions for Leasehold Improvement		\$ -		\$ -	**

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Senior Philanthropy of Danbury, LLC d/b/a Western Rehab C			License No. 2409		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. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* 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 Danbury, LLC	License No. 2409	Report for Year Ended 9/30/2022	Page 25	of 37
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11. Property Questionnaire

Part A

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

Yes

No

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

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

Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	120			
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				

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
107 Osborne Street LLC, 107 Osborne St., Danbury, CT 06810	Building	04/01/15	123 mos.	703,160

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

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

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 26	of 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						
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$				

(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)		\$	(64,810)	(64,810)		
Interest Expense						
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	(64,810)	(64,810)		
14. Insurance						
a. Insurance on Property (buildings only)		\$	24,494	24,494		
b. Insurance on Automobiles		\$	4,204	4,204		
c. Insurance other than Property (as specified above)						
1. Umbrella (<i>Blanket Coverage</i>)		\$				
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$	73,632	73,632		
General Liability/Crime/ Other Insurance/Patient Trust						
14d. Total Insurance Expenditures (14a + b + c)		\$	102,330	102,330		
15. Total All Expenditures (A-13 thru C-14)		\$	11,652,328	11,652,328		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended		Page of
Senior Philanthropy of Danbury, LLC d/b/a Western Rehab Care				2409	9/30/2022		28 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	12g	Occupational Therapy	\$ 163,556	163,556		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 220	220		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 206,682	206,682		
10.	15	1d	Accounting	\$ 3,009	3,009		
10a.			Legal	\$ 6,251	6,251		
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 *	\$ 5,500	5,500		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 50	50		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 58,882	58,882		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 444,150	444,150		

* 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)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Resident Reimbursement Lost/Stolen Items	\$ 103		
16	m13	Collection Fees	\$ 391		
16	m13	Late Fees/Fines/Finance Charges	\$ 12,539		
16	m13	Financing Costs	\$ 730		
16	m13	Startup Costs	\$ 43,114		
16	m13	Miscellaneous Décor	\$ 104		
15	1a9	Other Benefits - Miscellaneous	\$ 1,821		
15	1a9	Other Benefits - Food	\$ 80		
Total Other A&G Adjustments			\$ 58,882	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

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

Name of Facility				License No.	Report for Year Ended		Page	of
Senior Philanthropy of Danbury, LLC d/b/a Western Rehab C				2409	9/30/2022		29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)	
			Subtotals Brought Forward	\$ 444,150	444,150			
Page 20 - Resident Care Supplies***								
27.	20	5a2	Prescription Drugs	\$ 132,663	132,663			
28.	20	5d	Ambulance/Limousine	\$ 101	101			
29.	20	5f	X-rays, etc	\$ 5,189	5,189			
30.	20	5h	Laboratory	\$ 16,743	16,743			
31.			Medical Supplies	\$				
32.	20	5e2	Oxygen (non emergency)	\$ 13,475	13,475			
33.			Occupational Therapy	\$				
34.			Other - See Attached Schedule	\$ 31,541	31,541			
Page 22 - Maintenance and Property								
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	\$				
Page 27 - Insurance								
40.			Mortgage Insurance	\$				
41.			Property Insurance	\$				
Other - Miscellaneous								
42.			Other - Indirect	\$				
43.			Interest Income on Account Rec.	\$				
44.			Other - Miscellaneous Administrative	\$ (64,532)	(64,532)			
45.			Management Fees Direct	\$				
46.			Management Fees Indirect	\$				
47.			Other - Direct	\$				
Not For Profit Providers Only								
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$				
49. Total Amount of Decrease (Items 1 - 48)				\$ 579,330	579,330			

*** 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

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

Attachment Page 29

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 30 37
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 10,846,914	10,846,914			
b. Medicaid Room and Board Contractual Allowance **	\$ (4,212,495)	(4,212,495)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,179,385	1,179,385			
b. Medicare Room and Board Contractual Allowance **	\$ (3,840)	(3,840)			
4. a. Private-Pay Residents and Other	\$ 1,316,599	1,316,599			
b. Private-Pay Room and Board Contractual Allowance **	\$ (297,178)	(297,178)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 61,820	61,820			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (13,744)	(13,744)			
c. Prescription Drugs - Non-Medicare	\$ 52,825	52,825			
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	\$ 233,233	233,233			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (16,540)	(16,540)			
c. Physical Therapy - Non-Medicare	\$ 564,128	564,128			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (42,043)	(42,043)			
4. a. Speech Therapy - Medicare	\$ 65,248	65,248			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (1,631)	(1,631)			
c. Speech Therapy - Non-Medicare	\$ 160,020	160,020			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (19,775)	(19,775)			
5. a. Occupational Therapy - Medicare	\$ 176,174	176,174			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (12,974)	(12,974)			
c. Occupational Therapy - Non-Medicare	\$ 514,839	514,839			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (18,404)	(18,404)			
6. a. Other (<i>Specify</i>) - Medicare	\$ (416,906)	(416,906)			
b. Other (<i>Specify</i>) - Non-Medicare	\$ (519,107)	(519,107)			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 9,596,548	9,596,548			
IV. Other Revenue*					
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>)	\$ 117	117			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 794,108	794,108			
V. Total Other Revenue (1 thru 8)	\$ 794,225	794,225			
VI. Total All Revenue (III +V)	\$ 10,390,773	10,390,773			

* 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	\$ -		
30 II 6a	X-Ray Medicare A	\$ 13,448		
30 II 6a	Sequestration Medicare A	\$ 3,892		
30 II 6a	Contract Adj-Ancillary Medicare A	\$ (1,854)		
30 II 6a	Contract Adj-Ancillary Medicare B	\$ (370,566)		
30 II 6a	Sequestration Medicare B	\$ (138)		
30 II 6a	Other Ancillary Rev>Part B>Sequester	\$ (61,041)		
30 II 6a	Revenue Adjustments>Medicare A	\$ (163)		
30 II 6a	Revenue Adjustments>Part B	\$ (486)		
Total Other Resident Revenue - Medicare		\$ (416,906)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 II 6b	Laboratory Private	\$ -		
30 II 6b	Laboratory Medicaid	\$ 153		
30 II 6b	IV Therapy Medicaid	\$ 3,817		
30 II 6b	X-Ray Medicaid	\$ 1,800		
30 II 6b	Contract Adj-Retro Adj Medicaid	\$ 850		
30 II 6b	Contract Adj-Ancillary Hospice	\$ (3)		
30 II 6b	IV Therapy Hospice	\$ 570		
30 II 6b	Other Ancillary Rev>Medicare HMO	\$ (5,199)		
30 II 6b	Laboratory Insurance	\$ 832		
30 II 6b	X-Ray Insurance	\$ 263		
30 II 6b	Contract Adj-Ancillary Insurance	\$ (64,083)		
30 II 6b	Laboratory HMO	\$ 7,179		
30 II 6b	IV Therapy HMO	\$ 878		
30 II 6b	X-Ray HMO	\$ 1,395		
30 II 6b	Evercare Revenue HMO	\$ 20,955		
30 II 6b	Contract Adj-Ancillary HMO	\$ (507,864)		
30 II 6b	Other Ancillary Rev>Medicare HMO	\$ 19,350		
Total Other Resident Revenue		\$ (519,107)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV 5	Interest Income	N/A	\$ 117		
Total Interest Income		\$ 117	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Other Rev>Miscellaneous(Disallowed on Pg 29a)	\$ -		
30 IV 8	Gain/Loss on Forgiven Debt(Need to confirm what this is)	\$ 220		
30 IV 8	Covid Relief Income	\$ 728,287		
30 IV 8	Other Rev>Medical Records(Disallowed on Pg 29a)	\$ 65,543		
		\$ 58		
Total Other Revenue		\$ 794,108	\$ -	\$ -

G. Balance Sheet

Name of Facility Senior Philanthropy of Danbury, LLC d	License No. 2409	Report for Year Ended 9/30/2022	Page 31	of 37
Account		Amount		
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$ 17,000	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 1,197,930	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$ 201,624	
a. _____				
b. _____				
c. _____				
d. See Schedule		201,624		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$ 1,416,554	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	831,246	\$ 533,934	
	Accum. Depreciation	297,312	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation	Net		
6. Movable Equipment	*Historical Cost	1,255,078	\$ 56,200	
	Accum. Depreciation	1,198,878	Net	
7. Motor Vehicles	*Historical Cost	62,826	\$ 60,072	
	Accum. Depreciation	2,754	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
F/S vs C/R NBV		(588,800)		
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 61,406	

* 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	\$ 7,879
31	A5	Insurance - General & Liability	\$ 116,592
31	A5	Insurance - Auto	\$ 4,759
31	A5	Workers Comp	\$ 72,394
Total Prepaid Expenses			\$ 201,624

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

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

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

Schedule of Other Assets Page 32 Line D7

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
Senior Philanthropy of Danbury, LLC d	2409	9/30/2022	32 37
Account			Amount
Total Brought Forward:			\$ 1,477,960
C. Leasehold or like property recorded for Equity Purposes.			
1. Land			\$
2. Land Improvements	*Historical Cost	Accum. Depreciation	Net
3. Buildings	*Historical Cost	Accum. Depreciation	Net
4. Non-Movable Equipment	*Historical Cost	Accum. Depreciation	Net
5. Movable Equipment	*Historical Cost	Accum. Depreciation	Net
6. Motor Vehicles	*Historical Cost	Accum. Depreciation	Net
7. Minor Equipment-Not Depreciable			\$
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$
D. Investment and Other Assets			
1. Deferred Deposits			\$
2. Escrow Deposits			\$
3. Organization Expense	*Historical Cost	Accum. Depreciation	Net
4. Goodwill (Purchased Only)			\$
5. Investments Related to Resident Care (<i>itemize</i>)			\$
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$
Name and Address	Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$
See Schedule			
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 1,477,960

* 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
		9/30/2022	33	37
Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 686,308
2. Notes Payable (<i>itemize</i>)				\$ (3,277)
Current Payable>Employee>Other				(1,174)
Current Payable>Misc. PR Deduction				107
Current Payable>Insurance				(2,210)
See Schedule				
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$ 163,825
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$
6. Accrued Payroll Taxes Payable				\$ 30,002
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>)				\$ 305,742
Accrued Expense>Medicaid>Bed Ta	(1,450)	Accrued Expenses>Benef	2,805	
Accrued Expense>Insurance	229,563	Accrued Expenses	23,781	
Accrued Expenses>Management Fee	(13,773)			
Accrued Expenses>Workers Comp	64,816	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 1,182,600

* 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 Danbury, LLC d/b/a	License No. 2409	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount
Total Brought Forward:				1,182,600
Liabilities (cont'd)				
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>)				\$ 588,904
Name and Address of Lender	Amount	Loan Date		
Due To/From>Various	588,904	Various		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 65,995
Long Term Debt>Capital Lease				65,995
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 654,899
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,837,499

G. Balance Sheet (cont'd)

Reserves and Net Worth

Name of Facility Senior Philanthropy of Danbury, LLC	License No. 2409	Report for Year Ended 9/30/2022	Page 35	of 37
Account				Amount
A. Reserves				
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. Net Worth				
1. Owner's Capital			\$	120
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	810,305
6. Gain or Loss for Period	10/1/2021	thru	9/30/2022	\$ (1,169,964)
7. Total Net Worth			\$	(359,539)
C. Total Reserves and Net Worth			\$	(359,539)
D. Total Liabilities, Reserves, and Net Worth			\$	1,477,960

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Danbury, LLC d/b/a	2409	9/30/2022	36	37
Account				Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$ (12,054,604)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 10,390,773
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 11,560,737
D. Net Income or Deficit				\$ (1,169,964)
E. Balance				\$ (13,224,568)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Total Expenditures Per Pg 27				\$ 11,652,328
F/S vs C/R Depreciation				(91,591)
Total Expenses				\$ 11,560,737
2. Other (<i>itemize</i>)				
Reconciling Variance to Correct PY Ending Bala				\$ 1,301,460
Prior Period Adjustment				\$ 11,563,569
F-3. Total Additions				\$ 12,865,029
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$
Name and Address (No., City, State, Zip)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)				\$
Purpose		Amount		
3. Total Deductions				\$
H. Balance at End of Period				\$ (359,539)

I. Preparer's/Reviewer's Certification

Name of Facility Senior Philanthropy of Danbury, LLC	License No. 2409	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		

Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer	Title	Date Signed
Printed Name of Preparer		
Matthew S. Bavolack		
Address Address 555 Long Wharf Dr 8th Floor, New Haven, CT, 06511		Phone Number 203-781-9600
Contacted Person Regarding Additional Information Needed Regarding This Report Chani Licht		Phone Number 732-276-4140
Contact Email Address chani@ltcally.com		