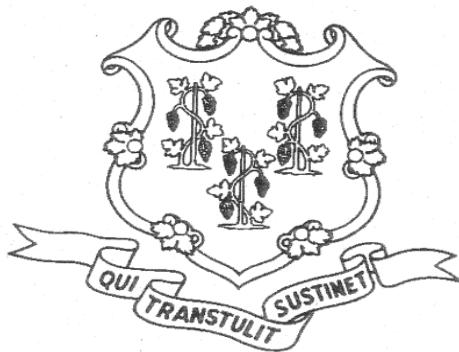


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

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	
<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)
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

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

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

General Information

Name of Facility (as licensed) Senior Philanthropy of Cheshire, LLC d/b/a Cheshire R	License No. 2407	Report for Year Ended 9/30/2021	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehabilitation Center [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

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

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehabilitation Center	Period Covered: From 10/1/2020 To 9/30/2021			
Address of Facility 745 Highland Avenue, Cheshire, CT 06410				
Report Prepared By CJLC LLC	Phone Number 860-610-9009		Date	
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
203-272-7285	9/30/2021	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 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 type="radio"/> LLC <input type="radio"/> Partnership <input checked="" 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.

Administrator		
Name of Administrator John Horstman	Nursing Home Administrator's License No.:	359
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 9/30/2021	Page of 3A 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	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
RB Bridges (until 12/2020)	24641 US Hwy 19 N., Clearwater, FL 33763-5007	CEO	
Gene Rensch	24641 US Hwy 19 N., Clearwater, FL 33763-5007	VP, Secretary	
Kimberly Justiniano (until 12/2020)	24641 US Hwy 19 N., Clearwater, FL 33763-5007	CFO	
Melissa Reynaud	2433 Gulf to Bay Blvd., Clearwater, FL 33765	CFO	
Denise Quarles	107 Osborne St., Danbury, CT 06810	SVP	
Names of Stockholders Owning at Least 10% of Shares			
N/A			

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Cheshire, LLC d/b/a Chesh	2407	9/30/2021	3B	37

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 9/30/2021			Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?			<input type="radio"/> Yes <input checked="" type="radio"/> No		If "Yes," provide the Name/Address and complete the information on Page 11 of the report.			
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?			<input checked="" type="radio"/> Yes <input type="radio"/> No		If "Yes," provide the following information:			
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Eagle Lake Foundation, Inc.	24641 US Hwy 19 N., Clearwater, FL 33763-8007	<input type="radio"/>	<input checked="" type="radio"/>		AHT Fees, Health Insurance, Accounting Fee	Various	1,260	1,260
Golden Hill Rehab	2028 Bridgeport Avenue, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff – Respiratory Therapist, COVID	Various	2,855	2,855
Newington Rapid Recovery	240 Church Street, Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>		Loan Interest, MDS Shared Staff, Bank Fees,	Various	995,940	995,940
Traditions Senior Management	24641 US Hwy 19 N., Clearwater, FL 33763-8007	<input type="radio"/>	<input checked="" type="radio"/>		Internet, Recruitment, IT Support	Various	99,355	99,355
Western Rehab Care Center	107 Osborne Street, Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff – Maint.	Various	3,452	3,452
West River Rehab Center	245 Orange Avenue, Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff – HR & Regional Educator	Various	4,527	4,527
Traditions Senior Management	24641 US Hwy 19 N., Clearwater, FL 33763-8007	<input type="radio"/>	<input checked="" type="radio"/>		Management Company	16/m12	53,372	53,372
		<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 Ch	License No. 2407	Report for Year Ended 9/30/2021	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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.

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

○ No

Total ***

* 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, L	License No. 2407	Report for Year Ended 9/30/2021	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 CJLC LLC 2 Marcum, LLP 3 Roy & Pape LLC 4	Address (No. & Street, City, State, Zip Code) 225 Pitkin St., East Hartford, CT 06108 555 Long Wharf Drive, 8th Fl., New Haven, CT 06511
---	--

Services Provided by This Firm (*describe fully*)

1 Medicaid Cost Report Preparation	\$ 6,654
2 Accrued Accounting Expenses	\$ 1,102
3 2019 Federal/State Partnership Returns	\$ 8,210
4 Reduction of Liability Accrual	\$ (27,032)
	Charge for Services Provided \$ (11,066)

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

Yes No Pg 15/1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 See schedule. 2 3 4 5	Telephone Number
---	------------------

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

1	
2	
3	
4	
5	

Services Provided by This Firm (*describe fully*)

1	\$ 23,232
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 23,232

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

Yes No Pg 15/1e

Schedule of Resident Statistics

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehabilit			License No. 2407				Report for Year Ended 9/30/2021				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			85	85		
A. On last day of PREVIOUS report period	85	85										
B. On last day of THIS report period	85	85			85	85			85	85		
2. Number of Residents					73	73			73	73		
A. As of midnight of PREVIOUS report period	73	73										
B. As of midnight of THIS report period	78	78			73	73			78	78		
3. Total Number of Days Care Provided During Period					1,943	1,943			665	665		
A. Medicare	2,608	2,608										
B. Medicaid (Conn.)	19,609	19,609			14,153	14,153			5,456	5,456		
C. Medicaid (other states)												
D. Private Pay	454	454			407	407			47	47		
E. State SSI for RCH												
F. Other (Specify) HMO,HOS,INS,VA,HMA	3,941	3,941			3,073	3,073			868	868		
G. Total Care Days During Period (3A thru F)	26,612	26,612			19,576	19,576			7,036	7,036		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	660	660			480	480			180	180		
5. Total Resident Days (3G + 4A + 4B)	27,272	27,272			20,056	20,056			7,216	7,216		

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 9/30/2021			Page 9	of 37	
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> 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)	(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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR		
No. of Residents	5	59		1				13			
Per Diem Rate											
a. One bed rm.		278.05		553.32							
b. Two bed rms.				486.23							
c. Three or more bed rms.											
7. Total Number of Physical Therapy Treatments											
A. Medicare - Part B						TOTAL	CCNH	RHNS	(Specify)		
						781	781				
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments						1,051	1,051				
2. Restorative Treatments											
C. Other						6,578	6,578				
D. Total Physical Therapy Treatments						8,410	8,410				
8. Total Number of Speech Therapy Treatments											
A. Medicare - Part B						58	58				
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments						123	123				
2. Restorative Treatments											
C. Other						741	741				
D. Total Speech Therapy Treatments						922	922				
9. Total Number of Occupational Therapy Treatments											
A. Medicare - Part B						862	862				
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments						1,124	1,124				
2. Restorative Treatments											
C. Other						6,870	6,870				
D. Total Occupational Therapy Treatments						8,856	8,856				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2021		10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(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)	136,430	2,137			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	113,993	2,590			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor					
c. Dietary Workers	268,978	16,087			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers	211,055	11,984			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance					
b. Other Maintenance Workers	90,290	4,165			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	52,073	3,332			
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	123,840	3,355			
b. RN					
1. Direct Care	741,616	9,949			
2. Administrative**	185,004	8,577			
c. LPN					
1. Direct Care	1,131,584	26,043			
2. Administrative**					
d. Aides and Attendants	1,170,576	42,845			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	71,093	3,155			
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	50,175	2,070			
n. Marketing					
o. Other (Specify)					
See Attached Schedule	83,932	2,890			
<i>A-13. Total Salary Expenditures</i>	<i>4,430,639</i>	<i>139,179</i>			

* 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 Rehabi				License No. 2407		Report for Year Ended 9/30/2021			Page 11	of 37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(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 Cheshire, LLC d/b/a Cheshire Regional Rehab				2407		9/30/2021			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Brett Stewart (10/1/20 to 3/30/21)	61,371			Non-Discrim.	Administrator	1,057	A2			
John Horstman (3/30/21 to 9/30/21)	75,059			Non-Discrim.	Administrator	1,080	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
	2407	9/30/2021		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	73,612	550			
2. Dentist	11,076	55			
3. Pharmacist	20,708	271			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	184,240	Contract			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	27,500	220			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**	(2,036)	(12)			
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	34,162	Contract			
b. Other					
10. Occupational Therapist					
a. Resident Care	199,929	Contract			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care					
2. Administrative***	22,259	284			
b. LPN					
1. Direct Care					
2. Administrative***					
c. Aides					
d. Other					
12. Other (Specify)					
See Attached Schedule					
B-13 Total Fees Paid in Lieu of Salaries	571,451	1,369			

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

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

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

Report of Expenditures

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

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended 9/30/2021		Page 15	of 37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	49,442	49,442		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	70,572	70,572		
4. Social Security (F.I.C.A.)	\$	279,433	279,433		
5. Health Insurance	\$	281,242	281,242		
6. Life Insurance (employees only) (not-owners and not-operators)	\$	2,408	2,408		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$	14,800	14,800		
9. Other (Specify) See Attached Schedule	\$	5,613	5,613		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	554,716	554,716		
d. Accounting and Auditing	\$	(11,066)	(11,066)		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$	23,232	23,232		
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$	11,658	11,658		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	69,406	69,406		
2. Cellular Phones	\$	1,763	1,763		
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 (Specify) See Attached Schedule	\$				
3. Resident Day User Fee	\$	459,077	459,077		
Subtotal	\$	1,812,295	1,812,295		

* 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**

Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehabilitation Center Attachment Page 15
9/30/2021

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Drug Free Expense	\$ 441		
Employee Expense	\$ 2,454		
Employee Benefits/Expense	\$ 1,405		
COVID Testing	\$ 1,312		
Total	\$ 5,613	\$ -	\$ -

Schedule of Other Taxes

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

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 9/30/2021		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>		1,812,295	1,812,295		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	(73)	(73)		
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	1,650	1,650		
5. Education Expenses Related to Seminars and Conventions	\$	10,660	10,660		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	1,801	1,801		
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	7,111	7,111		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	1,153	1,153		
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	\$	2,798	2,798		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	6,134	6,134		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	4,507	4,507		
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>)	\$	139,982	139,982		
12. Administrative Management Services**	\$	53,372	53,372		
13. Other (<i>Specify</i>) See Attached Schedule	\$	41,264	41,264		
<i>C-14 Total Administrative & General Expenditures</i>	\$	2,082,655	2,082,655		

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Special Events-Mkt	\$ 56		
Promo Items-Mkt	\$ 1,096		
Total Other Advertising	\$ 1,153	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CT Association of Health Care	\$ 6,134		
Total Dues	\$ 6,134	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Background Checks	\$ 4,679		
Software	\$ 4,635		
Licesnes/Permits	\$ 3,825		
Patient Trust Bond	\$ 1,344		
Res Reimburse Lost/Stolen Items	\$ 9		
Equipment Minor	\$ 651		
Internet	\$ 7,434		
Records Storage	\$ 6,278		
Equipment Rental	\$ 893		
Floral-Adm	\$ 75		
Collection Fees/Credit Card Fee	\$ 901		
Late fess/Fines/Finance Charges	\$ 5,706		
Bank Service Charges	\$ 4,836		
Total Other Administrative and General	\$ 41,264	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Senior Philanthropy of Cheshire, LLC d/b	License No. 2407	Report for Year Ended 9/30/2021	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Traditions Senior Management, 24641 US Hwy 19 N, Clearwater, FL, 33763	53,372	Handles all the operations and financial functions directly related to the facility.	16/m12

*** 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
Senior Philanthropy of Cheshire, LLC d/b/a Cheshire R	2407	9/30/2021		18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 257,713	257,713		
2. Non-Food Supplies	\$ 34,351	34,351		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 71,786	71,786		
c. Other (Specify) _____ Supplies	\$ 3,989	3,989		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 367,838	367,838		
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 checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify amt. (\$135)
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				30/IV1
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 Cheshire, LLC d/b/a Cheshire Re	License No. 2407	Report for Year Ended 9/30/2021		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. \$	712	712		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$				
c. Other (<i>Specify</i>) Supplies	\$	10,909	10,909		
3D. Total Laundry Expenditures (3a + b + c)	\$	11,621	11,621		
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
		9/30/2021		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.	\$				
C. Other (<i>Specify</i>) Supplies		\$ 17,003	17,003		
4D. Total Housekeeping Expenditures (4a + b + c)		\$ 17,003	17,003		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	174,715	174,715		
b. Medicine Cabinet Drugs	\$	23,158	23,158		
c. Medical and Therapeutic Supplies	\$	152,993	152,993		
d. Ambulance/Limousine***	\$	3,112	3,112		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	10,693	10,693		
f. X-rays and Related Radiological Procedures***	\$	5,475	5,475		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	33,302	33,302		
i. Recreation	\$	2,138	2,138		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	90,097	90,097		
5M. Total Resident Care Expenditures (5a - 5j)		\$ 495,683	495,683		

* 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)
Minor Equipment & Supplies - Therapy	\$ 1,262		
IV Supplies-Other	\$ 93		
IV Supplies-Medicaid	\$ 3,780		
IV Drugs-Medicare	\$ 10,121		
Equipment Rental	\$ 44,117		
Equipment Minor	\$ 11,123		
IV Drugs-Managed Care	\$ 4,140		
IV Supplies-Managed Care	\$ 300		
IV Drugs-Medicaid	\$ 2,733		
Medical Waste Disposal	\$ 3,484		
Cable	\$ 8,944		
Total Other Resident Care	\$ 90,097	\$ -	\$ -

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

* 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 Cheshire, LLC d/b/a C	License No. 2407	Report for Year Ended 9/30/2021			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 16,871	16,871				
b. Heat	\$ 12,400	12,400				
c. Light & Power	\$ 113,938	113,938				
d. Water	\$ 50,621	50,621				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 96,646	96,646				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 290,476	290,476				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 771	771				
b. Building & Building Improvements	\$ 37,627	37,627				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 44,186	44,186				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 82,584	82,584				
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	\$ 850,270	850,270				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 91,877	91,877				
c. Personal property taxes	\$ 5,023	5,023				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,029,753	1,029,753				

* 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)
Interco Contracted Services-Maint	\$ 3,452		
Electrical	\$ 2,493		
Plumbing	\$ 3,090		
HVAC/Boiler	\$ 8,500		
Paint	\$ 511		
Small Tools	\$ 587		
Alarm Inspection-Maint	\$ 771		
Alarm Maintenance & Repairs	\$ 3,727		
Ground Maintenance	\$ 28,005		
Elevator	\$ 1,519		
Pest Control	\$ 1,797		
Maintenance Contracts	\$ 4,737		
Equipment Minor	\$ 1,796		
Waste Disposal	\$ 34,836		
Copier- Maintenance Agreement	\$ 824		
Total Other Repairs and Maintenance	\$ 96,646	\$ -	\$ -

Depreciation Schedule

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehabilita				License No. 2407			Report for Year Ended 9/30/2021				Page 23	of 37	
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements													
1. Acquired prior to this report period				16,350		16,350	4,337	S/L	Various	771			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal											771		
B. Building and Building Improvements													
1. Acquired prior to this report period				501,687		501,687	149,497	S/L	Various	37,627			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal											37,627		
C. Non-Movable Equipment													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year		
	Yes	No	Month	Year									
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. 2015 Ford Transit 250 - 10 Passeng			7	15	40,257		40,257	40,255	S/L	5			
b. Corporate Fleet - taxable sales taxes			5	16	1,110		1,110	1,110	S/L	5			
c. Corporate Fleet - taxable sales taxes			4	17	1,693		1,693	1,356	S/L	5	337		
d.													
2. Movable Equipment													
a. Acquired prior to this report period													
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)													
D-3. Subtotal												44,186	
E. Total Depreciation												82,584	

Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehabilitation Center
9/30/2021

Schedule of Land Improvements Acquired during this report period

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

***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

Total deletions for Non-Movable Equipment		\$ -	\$ -	**

Attachment Pages 23 24

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

*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 9/30/2021			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
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 Cheshire, LLC	License No. 2407	Report for Year Ended 9/30/2021	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed					
3. If 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 745 Highland Ave. LLC, 745 Highland Avenue, Cheshire, CT 06410	Property Leased Building	Date of Lease 04/01/15	Term of Lease 123 mos.	Annual Amount of Lease 779,556	

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

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

Name of Facility	License No.	Report for Year Ended 9/30/2021			Page 26	of 37
Item		Total	CCNH	RHNS	(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 9/30/2021			Page	of
					27	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)		\$	307,908	307,908		
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	307,908	307,908		
14. Insurance						
a. Insurance on Property (buildings only)		\$	21,382	21,382		
b. Insurance on Automobiles		\$	3,584	3,584		
c. Insurance other than Property (as specified above)						
1. Umbrella (<i>Blanket Coverage</i>)		\$	85,926	85,926		
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. Total Insurance Expenditures (14a + b + c)		\$	110,893	110,893		
15. Total All Expenditures (A-13 thru C-14)		\$	9,715,921	9,715,921		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of	
Item No.	Page No.	Line No.		2407	9/30/2021	28 37	
			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.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ (2,036)	(2,036)		
6.	13	10a	Occupational Therapy	\$ 199,929	199,929		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 554,716	554,716		
10.			Accounting	\$			
10a.			Legal	\$ 620	620		
11.			Telephone	\$			
12.	15	h2	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	m3	Unallowable Advertising *	\$ 1,153	1,153		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 6,615	6,615		
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ (135)	(135)		
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)			\$ 760,861	\$ 760,861			

* 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

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Res Reimburse Lost/Stolen Items	\$ 9		
16	m13	Late fess/Fines/Finance Charges	\$ 5,706		
16	m13	Collection Fees/Credit Card Fee	\$ 901		
Total Other A&G Adjustments			\$ 6,615	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-29 Rev. 10/2006

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

Name of Facility			License No.	Report for Year Ended		Page of
Item No.	Page No.	Line No.	2407	9/30/2021		29 37
				Total Amount of Decrease	CCNH	RHNS
			Subtotals Brought Forward	\$ 760,861	760,861	
Page 20 - Resident Care Supplies***						
27.	20	5a2	Prescription Drugs	\$ 174,715	174,715	
28.	20	5d	Ambulance/Limousine	\$ 3,112	3,112	
29.	20	5f	X-rays, etc	\$ 5,475	5,475	
30.	20	5h	Laboratory	\$ 33,302	33,302	
31.			Medical Supplies	\$		
32.	20	5e	Oxygen (non emergency)	\$ 10,693	10,693	
33.			Occupational Therapy	\$		
34.			Other - See Attached Schedule	\$ 21,167	21,167	
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.	30	IV8	Other - Miscellaneous Administrative	\$ 158	158	
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)		\$ 1,009,483	1,009,483		

*** 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.

Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehabilitation Center
9/30/2021

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Supplies-Medicaid	\$ 3,780		
20	5j	IV Drugs-Medicare	\$ 10,121		
20	5j	IV Drugs-Managed Care	\$ 4,140		
20	5j	IV Supplies-Managed Care	\$ 300		
20	5j	IV Drugs-Medicaid	\$ 2,733		
20	5j	IV Supplies-Other	\$ 93		
Total Other Ancillary Costs			\$ 21,167	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2021			Page 30	of 37
		Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)		\$ 10,020,022	10,020,022			
b. Medicaid Room and Board Contractual Allowance **		\$ (4,355,145)	(4,355,145)			
2. a. Medicaid (<i>All other states</i>)		\$				
b. Other States Room and Board Contractual Allowance **		\$				
3. a. Medicare Residents (<i>all inclusive</i>)		\$ 1,328,754	1,328,754			
b. Medicare Room and Board Contractual Allowance **		\$ 434,154	434,154			
4. a. Private-Pay Residents and Other		\$ 2,265,971	2,265,971			
b. Private-Pay Room and Board Contractual Allowance **		\$ (654,630)	(654,630)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare		\$ 98,367	98,367			
b. Prescription Drugs - Medicare Contractual Allowance **		\$				
c. Prescription Drugs - Non-Medicare		\$ 122,732	122,732			
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		\$ 343,440	343,440			
b. Physical Therapy - Medicare Contractual Allowance **		\$				
c. Physical Therapy - Non-Medicare		\$ 340,400	340,400			
d. Physical Therapy - Non-Medicare Contractual Allowance **		\$				
4. a. Speech Therapy - Medicare		\$ 90,595	90,595			
b. Speech Therapy - Medicare Contractual Allowance **		\$				
c. Speech Therapy - Non-Medicare		\$ 117,795	117,795			
d. Speech Therapy - Non-Medicare Contractual Allowance **		\$				
5. a. Occupational Therapy - Medicare		\$ 364,040	364,040			
b. Occupational Therapy - Medicare Contractual Allowance **		\$				
c. Occupational Therapy - Non-Medicare		\$ 357,680	357,680			
d. Occupational Therapy - Non-Medicare Contractual Allowance **		\$				
6. a. Other (<i>Specify</i>) - Medicare		\$ (837,058)	(837,058)			
b. Other (<i>Specify</i>) - Non-Medicare		\$ (773,536)	(773,536)			
III. Total Resident Revenue (Section I. thru Section II.)		\$ 9,263,582	9,263,582			
IV. Other Revenue*						
1. Meals sold to guests, employees & others		\$ (135)	(135)			
2. Rental of rooms to non-residents		\$				
3. Telephone		\$				
4. Rental of Television and Cable Services		\$				
5. Interest Income (<i>Specify</i>)		\$ 390	390			
6. Private Duty Nurses' Fees		\$				
7. Barber, Coffee, Beauty and Gift shops		\$				
8. Other (<i>Specify</i>)		\$ 1,148,656	1,148,656			
V. Total Other Revenue (1 thru 8)		\$ 1,148,910	1,148,910			
VI. Total All Revenue (III +V)		\$ 10,412,492	10,412,492			

* 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/II6a	Laboratory	\$ 60,283		
30/II6a	IV Therapy	\$ 15,181		
30/II6a	X-Ray	\$ 15,714		
30/II6a	Contract Adj-Ancillary	\$ (838,295)		
30/II6a	Flu Shots - MCR B - SNF	\$ 70		
30/II6a	Contract Adj-Ancillary	\$ (90,011)		
Total Other Resident Revenue - Medicare		\$ (837,058)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30/II6b	Laboratory	\$ 7,788		
30/II6b	IV Therapy	\$ 7,919		
30/II6b	X-Ray	\$ 3,382		
30/II6b	Prior Yr-Contract Adj	\$ 86,880		
30/II6b	Contract Adj-Ancillary	\$ (230,571)		
30/II6b	Laboratory	\$ 810		
30/II6b	IV Therapy	\$ 405		
30/II6b	Contract Adj-Ancillary	\$ (3,553)		
30/II6b	Laboratory	\$ 2,329		
30/II6b	X-Ray	\$ 566		
30/II6b	Contract Adj-Room	\$ 19,842		
30/II6b	Contract Adj-Ancillary	\$ (30,481)		
30/II6b	Laboratory	\$ 58,668		
30/II6b	IV Therapy	\$ 8,061		
30/II6b	X-Ray	\$ 11,496		
30/II6b	Evercare Revenue	\$ 9,095		
30/II6b	Sequestration	\$ (1,286)		
30/II6b	Contract Adj-Ancillary	\$ (724,886)		
Total Other Resident Revenue		\$ (773,536)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30/IV5	Interest Income	\$ 390			
Total Interest Income		\$ 390	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30/IV8	Vending Machine Revenue	\$ 158		
30/IV8	Copier Lease	\$ (2,753)		
30/IV8	COVID Relief Income	\$ 1,151,251		
Total Other Revenue		\$ 1,148,656	\$ -	\$ -

G. Balance Sheet

Name of Facility Senior Philanthropy of Cheshire, LLC d	License No. 2407	Report for Year Ended 9/30/2021	Page 31	of 37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$ 277,198	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 2,254,818	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$ 368,460	
a. _____				
b. _____				
c. _____				
d. See Schedule		368,460		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$ 111,433	
See Schedule		111,433		
A-9. Total Current Assets (Lines A1 thru 8)			\$ 3,011,909	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost Accum. Depreciation	16,350 5,108 Net	\$ 11,242	
3. Buildings	*Historical Cost Accum. Depreciation	501,687 187,125 Net	\$ 314,562	
4. Leasehold Improvements	*Historical Cost Accum. Depreciation	Net	\$	
5. Non-Movable Equipment	*Historical Cost Accum. Depreciation	Net	\$	
6. Movable Equipment	*Historical Cost Accum. Depreciation	583,510 410,266 Net	\$ 173,245	
7. Motor Vehicles	*Historical Cost Accum. Depreciation	43,060 43,060 Net	\$	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$ (5,834)	
See Schedule		(5,834)		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 493,215	

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

(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 9/30/2021	Page 32	of 37
Account		Amount		
		Total Brought Forward:		\$ 3,505,124
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			\$	391,124
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)			\$	391,124
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	3,896,248

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Insurance	\$ 3,860
31	A5	Prepaid Taxes and Licenses	\$ 351,462
31	A5	Prepaid Uniforms	\$ 3,538
31	A5	Prepaid Other	\$ 9,601
Total Prepaid Expenses			\$ 368,460

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

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

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

Page Ref	Line Ref	Description	
	34 B4	Capital Lease-Current Portion	\$ 13,446
	34 B4	Notes Payable-Long Term	\$ 1,000,000
	34 B4	Capital Lease-Long Term	\$ 2,863
	34 B4	Due to Medicaid-Long Term	\$ 262,077
Total Other Current Liabilities (Itemize)			\$ 1,278,386

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	9/30/2021	33	37										
Account				Amount										
Liabilities														
A. Current Liabilities														
1. Trade Accounts Payable				\$ 812,642										
2. Notes Payable (<i>itemize</i>)				\$ 2,539,708										
See Schedule				2,539,708										
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Name of Lender</th> <th style="text-align: left; padding: 2px;">Purpose</th> <th style="text-align: left; padding: 2px;">Amount</th> <th style="text-align: left; padding: 2px;">Date Due</th> <th style="text-align: left; padding: 2px;"></th> </tr> </thead> <tbody> <tr><td style="height: 150px; vertical-align: top; padding: 2px;"></td><td style="height: 150px; vertical-align: top; padding: 2px;"></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>)				\$ 70,960										
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$										
6. Accrued Payroll Taxes Payable				\$ 62,659										
7. Medicare Final Settlement Payable				\$										
8. Medicare Current Financing Payable				\$										
9. Mortgage Payable (<i>Current Portion</i>)				\$										
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$										
11. Accrued Income Taxes*				\$										
12. Other Current Liabilities (<i>itemize</i>)				\$ 4,447,829										
See Schedule				4,447,829										
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 7,933,799										

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

G. Balance Sheet (cont'd)

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a	License No. 2407	Report for Year Ended 9/30/2021	Page 34	of 37
Account				Amount
Total Brought Forward:				7,933,799
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>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 1,278,386
See Schedule		1,278,386		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)		\$ 1,278,386		
C. Total All Liabilities (Lines A-13 + B-5)		\$ 9,212,185		

G. Balance Sheet (cont'd)

Reserves and Net Worth

Name of Facility Senior Philanthropy of Cheshire, LLC	License No. 2407	Report for Year Ended 9/30/2021	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				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ (6,012,508)
6. Gain or Loss for Period	10/1/2020	thru	9/30/2021	\$ 696,572
7. Total Net Worth				\$ (5,315,937)
C. Total Reserves and Net Worth				\$ (5,315,937)
D. Total Liabilities, Reserves, and Net Worth				\$ 3,896,248

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Cheshire, LLC d/	2407	9/30/2021	36	37
Account				Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2020				\$ (7,982,171)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 10,412,492
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 9,715,921
D. Net Income or Deficit				\$ 696,572
E. Balance				\$ (7,285,599)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions				\$
G. Deductions				\$
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$
Name and Address (No., City, State, Zip)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)				\$
Purpose		Amount		
3. Total Deductions				\$
H. Balance at End of Period				\$ (7,285,599)

I. Preparer's/Reviewer's Certification

Name of Facility Senior Philanthropy of Cheshire, LLC	License No. 2407	Report for Year Ended 9/30/2021	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

CJLC LLC

Address	Phone Number
225 Pitkin Street, East Hartford, CT 06108	860-610-9009

Annual Report Contact

CJLC	Phone Number
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Annual Report Contact Email Address

annualreports@cjlc.com