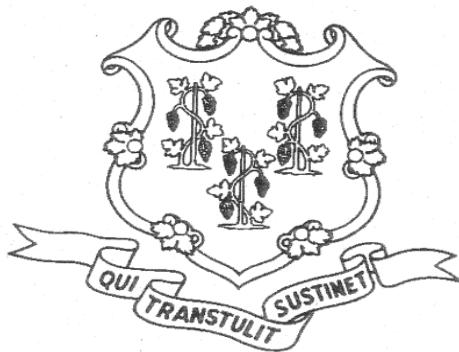


# State of Connecticut



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

Name of Facility (as licensed) Senior Philanthropy of Newington, LLC d/b/a Newington Rapid Recovery Rehab Center	
Address (No. & Street, City, State, Zip Code) 240 Church St., Newington, CT 06111	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH 2406	RHNS	(Specify)	Medicare Provider 07-5286
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Medicaid Provider Numbers:	CCNH 10397	RHNS	ICF-IID
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### For Department Use Only

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

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## General Information

Name of Facility (as licensed) Senior Philanthropy of Newington, LLC d/b/a Newingt	License No. 2406	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 Newington, LLC d/b/a Newington Rapid Recovery Rehab 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) Thomas Walkuski		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**

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Senior Philanthropy of Newington, LLC d/b/a Newington Rapid Recovery Rehab Center	Period Covered: From 10/1/2020 To 9/30/2021			
Address of Facility 240 Church St., Newington, CT 06111				
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility	Report for Year Ended	Page	of
860-667-2256	9/30/2021	2	37

Name of Facility (as shown on license) Senior Philanthropy of Newington, LLC d/b/a Newington Rap		Address (No. & Street, City, State, Zip) 240 Church St., Newington, CT 06111		
License Numbers:	CCNH 2406	RHNS	(Specify)	Medicare Provider No. 07-5286
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.

<b>Administrator</b>		
Name of Administrator Thomas Walkuski	Nursing Home Administrator's License No.:	1812
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 Newington, LLC d/b/	License No. 2406	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			

State of Connecticut

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

CSP-3B Rev. 10/2005

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Newington, LLC d/b/a New	2406	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 Newington, LLC d/b/a Newington	License No. 2406	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	2,387	2,387
Golden Hill Rehab	2028 Bridgeport Avenue, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff – Respiratory Therapist, COVID	Various	26,720	26,720
Cheshire Regional Rehab Center	745 Highland Ave., Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff - Regional Admissions	Various	135,417	135,417
Stamford, LLC d/b/a/Long Ridge Post Acute Care	710 Long Ridge Rd., Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Shared Legal Fees	Various		
Traditions Senior Management	24641 US Hwy 19 N., Clearwater, FL 33763-8007	<input type="radio"/>	<input checked="" type="radio"/>		Internet, Recruitment, IT Support	Various	193,755	193,755
Western Rehab Care Center	107 Osborne Street, Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Shared Legal Fees	Various	928	928
West River Rehab Center	245 Orange Avenue, Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff – Regional Educator	Various	20,303	20,303
Traditions Senior Management	24641 US Hwy 19 N., Clearwater, FL 33763-8007	<input type="radio"/>	<input checked="" type="radio"/>		Management Company	16/m12	99,951	99,951
		<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 Newington, LLC d/b/a N	License No. 2406	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 Newington,	License No. 2406	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	\$ 13,491
2 Accrued Accounting Expenses	\$ 825
3 2019 Partnership Returns	\$ 8,210
4 Reduction of Liability Accrual	\$ (27,480)
	Charge for Services Provided \$ (4,954)

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	\$ 29,385
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 29,385

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

Yes     No    Pg 15/1e

Newington Rapid  
 Legal Sch  
 9/20/2021

VENDOR	DESCR	AMT
Ct Corporation	2/01/21 -1/31/22 Coverage	234.58
Florida Department of State		130.00
Goldman, Gruder & Woods, LLC	File# 10185-014	\$ 2,177.50
Goldman, Gruder & Woods, LLC	File 10185-014	162.50
Goldman, Gruder & Woods, LLC	file 10185-009	165.00
Goldman, Gruder & Woods, LLC	file 10185-014	195.00
Goldman, Gruder & Woods, LLC	newington v. whistnant, bernice	525.00
Goldman, Gruder & Woods, LLC	newington v wojtkiewicz, wladyslawa	590.00
Goldman, Gruder & Woods, LLC	Newington v. Wojtkiewicz, Wladyslawa	580.56
Goldman, Gruder & Woods, LLC	File#10185-015 - Newington Vs Wojtkiewics, Wladyslawa	1,017.50
Goldman, Gruder & Woods, LLC	newington v. wojtkiewicz, wladyslawa file # 10185-015	1,072.50
Goldman, Gruder & Woods, LLC	newington vs. wojtkiewicz, wladyslawa	137.50
Goldman, Gruder & Woods, LLC	newington vs. wojtkiewicz, wladyslawa	632.50
Goldman, Gruder & Woods, LLC	newington vs. wojtkiewicz, wladyslawa	247.50
Goldman, Gruder & Woods, LLC	Newington vs Annmarie Darius	565.00
GOLDMAN, GRUDER & WOODS, LLC	File#10185-014	975.00
GOLDMAN, GRUDER & WOODS, LLC	File# 10185-009	325.00
GOLDMAN, GRUDER & WOODS, LLC	File# 10185-014	1,430.00
GOLDMAN, GRUDER & WOODS, LLC	File# 10185-009	550.00
Littler Mendelson, P.c.	Client Matter Number: 092683.1000	394.89
Littler Mendelson, P.c.		969.00
Littler Mendelson, P.c.	client matter number: 092683.1000	320.63
Littler Mendelson, P.c.	client matter number: 092717.1003	433.50
Littler Mendelson, P.c.	draft and revise mandatory vaccination policy, employee FAQ's, and religious/medical exemption f...	2,244.38
Littler Mendelson, P.c.	Client#092717.1000	\$ 102.38
Murtha Cullina	review 2567	260.00
Murtha Cullina	Client Matter 010646.0001	832.00
TRADITIONS SENIOR MANAGEMENT	Littler #5313346	\$ 67.66
Waterfall Capital Investments	Call multiplier (7) State of CT business filing (7)	560.00
210215	INCREASE OF LIABILITY ACCRUAL	\$ 10,322.50
560842 · Conservator Fees		1,165.00
		**disallow
		29,384.58

## Schedule of Resident Statistics

Name of Facility Senior Philanthropy of Newington, LLC d/b/a Newington Rapid Recovery			License No. 2406				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					180	180			180	180		
A. On last day of PREVIOUS report period	180	180			180	180			180	180		
B. On last day of THIS report period	180	180			180	180			180	180		
2. Number of Residents					126	126			139	139		
A. As of midnight of PREVIOUS report period	126	126			126	126			139	139		
B. As of midnight of THIS report period	126	126			139	139			126	126		
3. Total Number of Days Care Provided During Period					2,029	2,029			526	526		
A. Medicare	2,555	2,555			2,029	2,029			526	526		
B. Medicaid (Conn.)	38,034	38,034			28,949	28,949			9,085	9,085		
C. Medicaid (other states)												
D. Private Pay	2,418	2,418			1,657	1,657			761	761		
E. State SSI for RCH												
F. Other (Specify) HMO,HOS,INS,VA,HMA	4,667	4,667			3,592	3,592			1,075	1,075		
G. Total Care Days During Period (3A thru F)	47,674	47,674			36,227	36,227			11,447	11,447		
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												
5. <b>Total Resident Days (3G + 4A + 4B)</b>	47,674	47,674			36,227	36,227			11,447	11,447		

## Schedule of Resident Statistics (Cont'd)

Name of Facility Senior Philanthropy of Newington, LLC d/b/a			License No. 2406			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	7	99		9				11			
Per Diem Rate											
a. One bed rm.		268.78		550.45							
b. Two bed rms.				504.10							
c. Three or more bed rms.											
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)
								792	792		
A. Medicare - Part B											
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments								1,167	1,167		
2. Restorative Treatments											
C. Other								10,727	10,727		
D. <b>Total Physical Therapy Treatments</b>								12,686	12,686		
8. Total Number of Speech Therapy Treatments											
A. Medicare - Part B								251	251		
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments								248	248		
2. Restorative Treatments											
C. Other								1,519	1,519		
D. <b>Total Speech Therapy Treatments</b>								2,018	2,018		
9. Total Number of Occupational Therapy Treatments											
A. Medicare - Part B								658	658		
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments								1,339	1,339		
2. Restorative Treatments											
C. Other								11,621	11,621		
D. <b>Total Occupational Therapy Treatments</b>								13,618	13,618		

## Report of Expenditures - Salaries &amp; 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)	136,312	1,920			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	151,800	13,125			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor					
c. Dietary Workers	463,699	23,639			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers	312,419	16,353			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance					
b. Other Maintenance Workers	59,247	2,823			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	48,208	2,015			
9. Barber and Beautician Services					
10. Protective Services	91,751	4,658			
11. Accounting Services					
a. Head Accountant					
b. Other Accountants					
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	231,825	3,887			
b. RN					
1. Direct Care	1,238,323	19,777			
2. Administrative**	323,443	13,829			
c. LPN					
1. Direct Care	1,063,019	37,577			
2. Administrative**					
d. Aides and Attendants	1,841,067	101,534			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	122,224	6,105			
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	105,723	3,893			
n. Marketing					
o. Other (Specify)					
See Attached Schedule	72,344	2,167			
<i>A-13. Total Salary Expenditures</i>	<i>6,261,404</i>	<i>253,302</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 Newington, LLC d/b/a Newington Rapid Recov				License No. 2406	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)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

State of Connecticut

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

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Senior Philanthropy of Newington, LLC d/b/a Newington Rapid Reco				2406		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)							
<b>Section III - Administrators***</b>										
Renata Cocozza (10/1/20 to 3/28/21)	56,865			Non-Discrim.	Administrator	840	A2			
Thomas Walkuski (3/29/21 to 9/30/21)	79,447			Non-Discrim.	Administrator	1,080	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
	2406	9/30/2021		13	37
	Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)					
1. Dietitian	108,230	2,004			
2. Dentist	17,448	87			
3. Pharmacist	17,559	116			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	242,936	Contract			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	43,300	530			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**	4,500	18			
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	71,429	Contract			
b. Other					
10. Occupational Therapist					
a. Resident Care	271,364	Contract			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	103,827	1,635			
2. Administrative***	1,176	29			
b. LPN					
1. Direct Care	240,176	3,752			
2. Administrative***					
c. Aides	109,884	3,148			
d. Other					
12. Other (Specify)					
See Attached Schedule					
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	1,231,828	11,320			

\* 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
		9/30/2021		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Newington Internal Medican, 365 Willard Ave., Suite 2-D, Newington, CT 06111	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Partners Pharmacy, PO Box 9689, Uniondale, NY 11555	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Health Drive Dental Group, 888 Worcester St. #130, Wellesley, MA 02482	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Jeffrey Kagan, 365 Willard Ave., Newington, CT 06111	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Consulting Cardiologists, 305 Western Boulevard, Glastonbury, CT 06033	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Stephen Milewski, MD, 50 Market Square, Newington, CT 06111	PHY Consulting	<input type="radio"/>	<input checked="" type="radio"/>		
Angelina Jacobs, MD, 15 Two Buck Ring, Burlington, CT 06031	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Healthcare Services Group, 3220 Tillman Dr., Suite 300, Bensalem, PA 19020	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Encore Rehabilitation Services, 33533 W 12 Mile Rd., Suite 290, Farmington Hills, MI 48331	PT/OT/ST	<input type="radio"/>	<input checked="" type="radio"/>		
Ready Nurse Staffing, PO Box 301076, Dallas, TX 75303-1076	RN/LPN/Aides	<input type="radio"/>	<input checked="" type="radio"/>		
Maxim Staffing Solutions, 12558 Collections Center Dr., Chicago, IL 60693	RN/LPN/Aides	<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"/>		
		<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
		9/30/2021		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	138,240	138,240		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	47,241	47,241		
4. Social Security (F.I.C.A.)	\$	466,599	466,599		
5. Health Insurance	\$	1,520,355	1,520,355		
6. Life Insurance (employees only) (not-owners and not-operators)	\$	5,041	5,041		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$	366,943	366,943		
8. Uniform Allowance	\$	26,717	26,717		
9. Other (Specify) See Attached Schedule	\$	11,559	11,559		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	890,631	890,631		
d. Accounting and Auditing	\$	(4,954)	(4,954)		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$	29,385	29,385		
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$	21,493	21,493		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	53,078	53,078		
2. Cellular Phones	\$	4,284	4,284		
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	\$	1,736	1,736		
3. Resident Day User Fee	\$	886,960	886,960		
<b>Subtotal</b>	\$	4,465,310	4,465,310		

\* 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 Newington, LLC d/b/a Newington Rapid Recovery Rehab C Attachment Page 15  
9/30/2021

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	(Specify)
Employee Expense	\$ 9,795		
Drug Free Expense	\$ 1,764		
<b>Total</b>	<b>\$ 11,559</b>	<b>\$ -</b>	<b>\$ -</b>

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**Schedule of Other Taxes**

Description	CCNH	RHNS	(Specify)
Taxes - Other	\$ 1,736		
<b>Total</b>	<b>\$ 1,736</b>	<b>\$ -</b>	<b>\$ -</b>

---

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

Name of Facility Senior Philanthropy of Newington, LLC d/b/a Newing	License No. 2406	Report for Year Ended 9/30/2021		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
	<b><i>Subtotals Brought Forward:</i></b>	4,465,310	4,465,310		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	15,674	15,674		
5. Education Expenses Related to Seminars and Conventions	\$	17,050	17,050		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$	625	625		
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$	8,934	8,934		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	3,287	3,287		
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	\$	8,954	8,954		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	12,197	12,197		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	11,740	11,740		
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> )	\$	605,025	605,025		
12. Administrative Management Services**	\$	99,951	99,951		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	103,783	103,783		
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$	<b>5,352,529</b>	<b>5,352,529</b>		

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

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

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

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	(Specify)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Media Advertising-Mkt	\$ 2,802		
Special Events-Mkt	\$ 95		
Promo Items-Mkt	\$ 391		
<b>Total Other Advertising</b>	\$ 3,287	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CT Association of Health Care Facilities	\$ 12,197		
<b>Total Dues</b>	\$ 12,197	\$ -	\$ -

**Schedule of Contributions**

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

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Software	\$ 10,798		
Licenses/Permits	\$ 670		
Background Checks	\$ 2,233		
Licenses/Permits	\$ 425		
Licenses/Permits	\$ 75		
Licenses/Permits	\$ 2,680		
Patient Trust Bond	\$ 3,334		
Res Reimburse Lost/Stolen Items	\$ 250		
Emergency Costs	\$ 282		
Equipment Minor	\$ 7,597		
Internet	\$ 30,054		
Records Storage	\$ 3,656		
Equipment Rental	\$ 1,438		
Miscellaneous Decor	\$ 21		
Collection Fees/Credit Card Fee	\$ 633		
Late fees/Fines/Finance Charges	\$ 12,887		
Bank Service Charges	\$ 14,138		
Strike Period Costs	\$ 12,612		
<b>Total Other Administrative and General</b>	\$ 103,783	\$ -	\$ -

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

Name of Facility Senior Philanthropy of Newington, LLC d	License No. 2406	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	99,951	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 Newington, LLC d/b/a Newingt	2406	9/30/2021		18   37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 482,532	482,532		
2. Non-Food Supplies	\$ 37,052	37,052		
3. Other (Specify) _____	\$			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 89,657	89,657		
c. Other (Specify) _____	\$			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 609,240</b>	<b>609,240</b>		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
	2406	9/30/2021		19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
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>	\$	245,154	245,154		
c. Other (Specify) Supplies	\$	986	986		
<b>3D. Total Laundry Expenditures (3a + b + c )</b>	\$	<b>246,140</b>	<b>246,140</b>		
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility Senior Philanthropy of Newington, LLC d/b/a	License No. 2406	Report for Year Ended 9/30/2021		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt. \$				
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )					
b. Purchased Services ( <i>by contract other than through Management Services</i> ) <i>(Complete Schedule C-2 att. Page 21)</i>	Sq. Ft. Serviced by Personnel				
	Amt. \$	81,568	81,568		
C. Other ( <i>Specify</i> ) Supplies	\$	1,096	1,096		
<b>4D. Total Housekeeping Expenditures (4a + b + c )</b>	\$	82,664	82,664		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	243,763	243,763		
b. Medicine Cabinet Drugs	\$	33,855	33,855		
c. Medical and Therapeutic Supplies	\$	292,624	292,624		
d. Ambulance/Limousine***	\$	9,464	9,464		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	23,916	23,916		
f. X-rays and Related Radiological Procedures***	\$	13,353	13,353		
g. Dental ( <i>Not dentists who should be included under         salaries or fees</i> )	\$				
h. Laboratory***	\$	68,946	68,946		
i. Recreation	\$	3,704	3,704		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other ( <i>Specify</i> )**** See Attached Schedule	\$	104,027	104,027		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	793,652	793,652		

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Equipment Minor	\$ 5,935		
Equipment & Supplies - Therapy	\$ 1,262		
IV Supplies-Medicaid	\$ 1,148		
IV Drugs-Medicare	\$ 390		
Equipment Rental	\$ 39,237		
Equipment Minor	\$ 32,973		
IV Drugs-Managed Care	\$ 4,417		
IV Drugs-Medicaid	\$ 2,375		
Medical Waste Disposal	\$ 2,856		
Cable	\$ 13,435		
<b>Total Other Resident Care</b>	<b>\$ 104,027</b>	<b>\$ -</b>	<b>\$ -</b>

**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 Newington, LLC d/b/a	License No. 2406	Report for Year Ended 9/30/2021			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 40,376	40,376				
b. Heat	\$ 37,615	37,615				
c. Light & Power	\$ 103,958	103,958				
d. Water	\$ 135,917	135,917				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 11,281	11,281				
f. Other ( <i>itemize</i> )	\$ 192,392	192,392				
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 521,539	521,539				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 61,306	61,306				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 78,434	78,434				
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 139,740	139,740				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,305,138	1,305,138				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 144,089	144,089				
c. Personal property taxes	\$ 11,616	11,616				
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 1,600,583	1,600,583				

\* 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)
Contracted Maintenance	\$ 33,603		
Electrical	\$ 8,359		
Plumbing	\$ 15,269		
HVAC/Boiler	\$ 15,982		
Paint	\$ 474		
Alarm Inspection-Maint	\$ 240		
Alarm Maintenance & Repairs	\$ 7,193		
Ground Maintenance	\$ 38,605		
Elevator	\$ 11,752		
Pest Control	\$ 4,043		
Maint Contracts- Generator	\$ 243		
Equipment Minor	\$ 4,253		
Equipment Rental	\$ 1,371		
Waste Disposal	\$ 43,104		
Copier Maintenance	\$ 7,900		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 192,392</b>	<b>\$ -</b>	<b>\$ -</b>

## Depreciation Schedule

Name of Facility Senior Philanthropy of Newington, LLC d/b/a Newington Rapid Recovery				License No. 2406			Report for Year Ended 9/30/2021				Page 23	of 37	
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
<b>A. Land Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
<b>A-4. Subtotal</b>													
<b>B. Building and Building Improvements</b>				810,158		810,158	240,863	S/L	Various	59,232			
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				20,738						2,074			
<b>B-4. Subtotal</b>													
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
<b>C-4. Subtotal</b>													
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year		
	Yes	No	Month	Year									
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)			5	15	40,257		40,257	40,257	S/L	5			
a. 2015 Ford Transit 250 - 10 Passeng			5	16	1,110		1,110	1,110	S/L	5			
b. Corporate Fleet - taxable value			4	17	1,693		1,693	1,356	S/L	5	337		
c. Corporate Fleet - taxable value													
d.													
2. Movable Equipment													
a. Acquired prior to this report period			Var	Var	1,181,786		1,181,786	832,600	S/L	Various	75,258		
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)					14,198						2,840		
<b>D-3. Subtotal</b>												78,434	
<b>E. Total Depreciation</b>												139,740	

Senior Philanthropy of Newington, LLC d/b/a Newington Rapid Recovery Rehab Center  
9/30/2021

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

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

**\*Ties to Page 23, Line A3**

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

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
7/27/2021	Parking Lot Paved	\$ 20,738	10	\$ 2,074
<b>Total additions for Building Improvements</b>		\$ 20,738		\$ 2,074 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ -

\*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	Cost	Useful Life	Depreciation
<b>Additions:</b>				
6/9/2021	Fire Alarm Panel Upgrade	\$ 7,285	5	\$ 1,457
9/2/2021	Exhaust Hood-Dish Machine	\$ 6,913	5	\$ 1,383
<b>Total additions for Movable Equipment</b>		\$ 14,198		\$ 2,840 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*\*Ties to Page 23, Line D2b

**Ties to Page 25, Line D2b**

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**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 Newington, LLC d/b/a Newington Ra			License No. 2406		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. <b>Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
B. <b>Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
C. <b>Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. <b>Total Amortization</b>									

\* Straight-line method must be used.

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

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

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

Name of Facility Senior Philanthropy of Newington, LL	License No. 2406	Report for Year Ended 9/30/2021	Page 25	of 37
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#### 11. Property Questionnaire

##### Part A

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

Yes

No

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

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

Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	180			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				

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

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				

##### Complete if Mortgage was Refinanced During Current Cost Year

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

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

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
240 Church Street LLC, 240 Church St., Newington, CT 06111	Building	04/01/15	123 mos.	1,206,785

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. <b>Total Building Interest Expense</b> (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 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)		\$	12,621	12,621		
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>		\$	12,621	12,621		
14. Insurance						
a. Insurance on Property (buildings only)		\$	27,629	27,629		
b. Insurance on Automobiles		\$	3,646	3,646		
c. Insurance other than Property (as specified above)						
1. Umbrella ( <i>Blanket Coverage</i> )		\$	70,433	70,433		
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. <b>Total Insurance Expenditures (14a + b + c)</b>		\$	101,708	101,708		
15. <b>Total All Expenditures (A-13 thru C-14)</b>		\$	16,813,909	16,813,909		

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

Name of Facility			License No.	Report for Year Ended		Page of	
Item No.	Page No.	Line No.		2406	9/30/2021	28   37	
			Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.	13	B8c	Resident Care Physicians **	\$ 4,500	4,500		
6.	13	10a	Occupational Therapy	\$ 271,364	271,364		
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 890,631	890,631		
10.			Accounting	\$			
10a.			Legal	\$ 1,165	1,165		
11.			Telephone	\$			
12.	15	h2	Cellular Telephone	\$ 1,484	1,484		
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 *	\$ 3,287	3,287		
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	\$ 13,770	13,770		
<b>Page 18 - Dietary Expenditures</b>							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$ 1,186,201	\$ 1,186,201			

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

## **Schedule of Other Salaries Adjustment**

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

### **Schedule of Fees Adjustments**

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

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Res Reimburse Lost/Stolen Items	\$ 250		
16	m13	Collection Fees/Credit Card Fee	\$ 633		
16	m13	Late fees/Fines/Finance Charges	\$ 12,887		
<b>Total Other A&amp;G Adjustments</b>			\$ 13,770	\$ -	\$ -

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
Item No.	Page No.	Line No.		2406	9/30/2021	29	37
						Total Amount of Decrease	
						CCNH	RHNS
						(Specify)	
			Subtotals Brought Forward			\$ 1,186,201	1,186,201
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 243,763	243,763		
28.	20	5d	Ambulance/Limousine	\$ 9,464	9,464		
29.	20	5f	X-rays, etc	\$ 13,353	13,353		
30.	20	5h	Laboratory	\$ 68,946	68,946		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 23,916	23,916		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 8,330	8,330		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation				
			See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation				
			Unallowable Building Interest -				
			See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>			\$ 1,553,973		1,553,973		

\*\*\* 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 Newington, LLC d/b/a Newington Rapid Recovery Rehab Center  
9/30/2021

### **Schedule of Other Ancillary Costs**

### 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)
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 18,539,933	18,539,933				
b. Medicaid Room and Board Contractual Allowance **	\$ (8,464,214)	(8,464,214)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,261,291	1,261,291				
b. Medicare Room and Board Contractual Allowance **	\$ 467,813	467,813				
4. a. Private-Pay Residents and Other	\$ 3,310,208	3,310,208				
b. Private-Pay Room and Board Contractual Allowance **	\$ (375,649)	(375,649)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 104,942	104,942				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 238,302	238,302				
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	\$ 399,120	399,120				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 634,320	634,320				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 131,175	131,175				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 193,300	193,300				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 424,920	424,920				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 684,680	684,680				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (967,735)	(967,735)				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (1,439,091)	(1,439,091)				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)		\$ 15,143,315	15,143,315			
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 1,051	1,051				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 2,340,805	2,340,805				
<b>V. Total Other Revenue</b> (1 thru 8)		\$ 2,341,856	2,341,856			
<b>VI. Total All Revenue</b> (III +V)		\$ 17,485,171	17,485,171			

\* 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	\$ 93,545		
30/II6a	IV Therapy	\$ 590		
30/II6a	X-Ray	\$ 15,454		
30/II6a	Contract Adj-Ancillary	\$ (1,011,652)		
30/II6a	Flu Shots	\$ 2,310		
30/II6a	Sequestration - MCR B	\$ 14		
30/II6a	Contract Adj-Ancillary	\$ (91,868)		
30/II6a	Evercare Revenue	\$ 23,870		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ (967,735)</b>	<b>\$ -</b>	<b>\$ -</b>

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30/II6b	Laboratory	\$ 1,757		
30/II6b	Other Services	\$ 293		
30/II6b	Laboratory	\$ 23,992		
30/II6b	IV Therapy	\$ 1,447		
30/II6b	Prior Yr-Contract Adj	\$ 185,173		
30/II6b	Contract Adj-Ancillary	\$ (345,516)		
30/II6b	Laboratory	\$ 482		
30/II6b	X-Ray	\$ 985		
30/II6b	Contract Adj-Ancillary	\$ (11,729)		
30/II6b	Laboratory	\$ 115,033		
30/II6b	IV Therapy	\$ 10,143		
30/II6b	X-Ray	\$ 19,893		
30/II6b	Sequestration	\$ (1,058)		
30/II6b	Contract Adj-Ancillary	\$ (1,439,986)		
<b>Total Other Resident Revenue</b>		<b>\$ (1,439,091)</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income**

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
30/IV5	Interest Income		\$ 1,051		
<b>Total Interest Income</b>		<b>\$ 1,051</b>	<b>\$ -</b>	<b>\$ -</b>	

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30/IV8	Covid Relief Income	\$ 2,340,805		
<b>Total Other Revenue</b>		<b>\$ 2,340,805</b>	<b>\$ -</b>	<b>\$ -</b>

**G. Balance Sheet**

Name of Facility Senior Philanthropy of Newington, LLC	License No. 2406	Report for Year Ended 9/30/2021	Page 31	of 37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$ 267,423	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 3,095,362	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$ 85,252	
a. _____				
b. _____				
c. _____				
d. See Schedule		85,252		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$ 5,743,033	
See Schedule		5,743,033		
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$ 9,191,070	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	830,896	\$ 528,727	
	Accum. Depreciation	302,169 Net		
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	Net		
5. Non-Movable Equipment	*Historical Cost	_____	\$	
	Accum. Depreciation	Net		
6. Movable Equipment	*Historical Cost	1,195,984	\$ 285,286	
	Accum. Depreciation	910,698 Net		
7. Motor Vehicles	*Historical Cost	43,060	\$	
	Accum. Depreciation	43,060 Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$ (176,175)	
See Schedule		(176,175)		
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$ 637,838	

\* 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**

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

Page Ref	Line Ref	Description	
31	A8	Due from Members	\$ 34,470
31	A8	Due from Cheshire	\$ 2,875,316
31	A8	Due from Golden Hill	\$ 117,445
31	A8	Due from Long Ridge	\$ 428,978
31	A8	Due from West River	\$ 588,049
31	A8	Due from Western	\$ 1,199,804
31	A8	Due from Westport	\$ 493,745
31	A8	Due from Buildings	\$ 3,635
31	A8	Due from Cottages	\$ 1,591
<b>Total Other Current Assets (Itemize)</b>			<b>\$ 5,743,033</b>

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

**Schedule of Other Assets Page 32 Line D7**

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

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

Schedule of Other Current Liabilities (Itemize) Page 33 Line A13

Page Ref	Line Ref	Description	
33	A12	Medicaid Remittance Adj	\$ (32,504)
33	A12	Medicare Remittance Adj	\$ 49,912
33	A12	Employee Deductions-Garnishment	\$ 43
33	A12	Employee Deductions-ST/Life	\$ 2,359
33	A12	Employee Deductions-Child Sup	\$ 214
33	A12	Employee Deductions-AFLAC	\$ 626
33	A12	Employee Deductions-Union Dues	\$ 2,330
33	A12	Resident Trust	\$ 168,153
33	A12	Accrued Workers Comp	\$ 176,140
33	A12	Accrued Insurance	\$ 1,439,329
33	A12	Unclaimed Property	\$ 81
33	A12	Accrued Legal Fees	\$ 62,961
33	A12	Accrued Accounting/Audit Fees	\$ 14,118
33	A12	Accrued Personal Property Tax	\$ 3,945
33	A12	Due to Eagle Lake Foundation	\$ 1,784,603
33	A12	Due to Golden Hill	\$ 50,000
33	A12	Due to West River	\$ 4,262,004
33	A12	Due to TSM	\$ 2,098,717
33	A12	Due to Medicaid-Bed Fees	\$ 214,026
33	A12	Due to Medicaid-Long Term	\$ 395,053
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 10,692,109</b>

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

## G. Balance Sheet (cont'd)

Name of Facility Senior Philanthropy of Newington, LLC	License No. 2406	Report for Year Ended 9/30/2021	Page 32	of 37
Account		Amount		
		Total Brought Forward:		\$ 9,828,908
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements	*Historical Cost Accum. Depreciation	Net	\$	
3. Buildings	*Historical Cost Accum. Depreciation	Net	\$	
4. Non-Movable Equipment	*Historical Cost Accum. Depreciation	Net	\$	
5. Movable Equipment	*Historical Cost Accum. Depreciation	Net	\$	
6. Motor Vehicles	*Historical Cost Accum. Depreciation	Net	\$	
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	540,584
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				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	540,584
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	10,369,492

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Newington, LLC d/b/a	2406	9/30/2021	33	37
Account				Amount
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 643,407
2. Notes Payable ( <i>itemize</i> )				\$
See Schedule				
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$ 252,192
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$
6. Accrued Payroll Taxes Payable				\$ 67,944
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> )				\$ 10,692,109
See Schedule				10,692,109
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)				\$ 11,655,652

\* 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 Newington, LLC d/b/a	License No. 2406	Report for Year Ended 9/30/2021	Page 34	of 37
Account				Amount
Total Brought Forward:				11,655,652
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 3,140
See Schedule				3,140
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 3,140
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 11,658,792

## G. Balance Sheet (cont'd)

### Reserves and Net Worth

Name of Facility Senior Philanthropy of Newington, LI	License No. 2406	Report for Year Ended 9/30/2021	Page 35	of 37
Account				Amount
<b>A. Reserves</b>				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
<b>B. Net Worth</b>				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ (1,960,563)
6. Gain or Loss for Period	10/1/2020	thru	9/30/2021	\$ 671,262
7. Total Net Worth				\$ (1,289,300)
<b>C. Total Reserves and Net Worth</b>				\$ (1,289,300)
<b>D. Total Liabilities, Reserves, and Net Worth</b>				\$ 10,369,492

## H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Newington, LLC	2406	9/30/2021	36	37
Account				Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2020				\$ (3,318,363)
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )				\$ 17,485,171
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )				\$ 16,813,909
D. Net Income or Deficit				\$ 671,262
E. Balance				\$ (2,647,101)
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. <b>Balance at End of Period</b>				\$ (2,647,101)

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

Name of Facility Senior Philanthropy of Newington, LLC	License No. 2406	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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