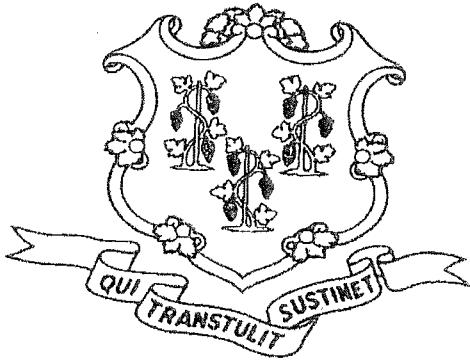


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehab Center		
Address (No. & Street, City, State, Zip Code) 745 Highland Avenue, Cheshire, CT 06410		
Type of Facility		
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS)	<input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019	

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

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General Information

Name of Facility (as licensed) Senior Philanthropy of Cheshire, LLC d/b/a Cheshire R	License No. 2407	Report for Year Ended 9/30/2019	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 Rehab Center [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, 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.

(1) Subject to desk audit review

Signed (Administrator)	Date	Signed (Owner)	Date
Printed Name (Administrator) Brett Stewart		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 Rehab Center	Period Covered: From 10/1/2018 To 9/30/2019			
Address of Facility 745 Highland Avenue, Cheshire, CT 06410				
Report Prepared By Marcum LLP	Phone Number 203-781-9600		Date 1/26/2020	
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 877-311-2675	Report for Year Ended 9/30/2019	Page 2	of 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: Type of Facility (Check appropriate box(es))	CCNH 2407	RHNS	(Specify) Medicare Provider No. 07-5222
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing 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. N/A
Administrator Name of Administrator Brett Stewart			
		Nursing Home Administrator's License No.: 1706	
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 C	License No. 2407	Report for Year Ended 9/30/2019	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	
Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehab Center	745 Highland Avenue, Cheshire, CT 06410	Florida	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Ben Atkins	24641 US Hwy 19 N., Clearwater, FL 33763-5007	Chairman	
Joseph A Garff	24641 US Hwy 19 N., Clearwater, FL 33763-5007	VP, Director	
Gene Rensch	24641 US Hwy 19 N., Clearwater, FL 33763-5007	VP, Secretary	
Chris Pape	24641 US Hwy 19 N., Clearwater, FL 33763-5007	CFO, Treasurer	
RB Bridges	24641 US Hwy 19 N., Clearwater, FL 33763-5007	CEO	
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	9/30/2019	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 9/30/2019	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 33763-5007	<input type="radio"/>	<input checked="" type="radio"/>		AHT Fees, Health Insurance, Accounting Fee	Various	469,382	469,382
Senior Philanthropy of Milford B, LLC dba Golden	2028 Bridgeport Ave, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff - Respiratory Therapist	Various	13,148	13,148
Senior Philanthropy of Stamford, LLC dba Long	710 Long Ridge Rd, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Shared Legal Fees	Various	49	49
Senior Philanthropy of Newington, LLC dba	240 Church St, Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>		Loan Interest, MDS Shared Staff, Bank Fees,	Various	1,346,827	1,346,827
Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	<input type="radio"/>	<input checked="" type="radio"/>		Internet, Recruitment, IT Support	Various	333,916	333,916
Senior Philanthropy of Danbury, LLC dba Western	107 Osborne St. Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff - Maint	Various	11,499	11,499
Senior Philanthropy of Milford O, LLC dba West	245 Orange Ave, Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff - Regional Educator	Various	18,590	18,590
Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	<input type="radio"/>	<input checked="" type="radio"/>		Management company	Page 16/ Line m12	228,174	228,168
Senior Philanthropy of Westport, LLC dba Westport	1 Burr Rd, Westport, CT 06880	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff - MDS	Various	1,855	1,855

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a Cheshire	License No. 2407	Report for Year Ended 9/30/2019	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?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "No," explain fully why such allocation was not made.
N/A			
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.			
N/A			
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.)			
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.			

N/A

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-6 Rev. 9/2002

**General Information and Questionnaire
Leases (Excluding Real Property)**

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

Name of Facility		License No.		Report for Year Ended			Page	of
Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Region		2407		9/30/2019			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						

Is a Mileage Log Book Maintained for All Leased Vehicles ?

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 9/30/2019	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.

N/A

Independent Accounting Firm

Name of Accounting Firm 1 Marcum LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, 12th Floor, New Haven, CT 06511
---	--

Services Provided by This Firm (*describe fully*)

1 Postage	\$ 9
2 Accrued Accounting Expense (provider will provide detail during audit)	\$ 51,122
3	\$
4	\$
	Charge for Services Provided \$ 51,131

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

Yes No Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 See Attached Page 7a 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	\$ 43,057
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 43,057

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

Yes No Page 15, Line 1e

Name of Legal Firm or Independent Attorney	Address	Telephone Number
1 Goldman Gruder & Woods	200 Connecticut Ave, Norwalk, CT 06854	
2 Eagle Lake Foundation	24641 US HWY 19, Clearwater, FL 33763	
3 Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	

Services Provided by This Firm	Charge for Service Provided
1 Resident lawsuits (Self-disallow)	8,507
2 Loan Renewal Legal Fees (Self-disallow)	219
3 No description (Self-Disallow)	41
4 Accrued Legal Fees (provider will provide detail during audit)	34,000
5 Conservator Fees (Self-Disallow)	290
Total	43,057

Schedule of Resident Statistics

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehab C			License No. 2407				Report for Year Ended 9/30/2019				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					95	95			85	85		
A. On last day of PREVIOUS report period	95	95			95	95			85	85		
B. On last day of THIS report period	85	85			85	85			85	85		
2. Number of Residents					89	89			71	71		
A. As of midnight of PREVIOUS report period	89	89			89	89			71	71		
B. As of midnight of THIS report period	78	78			71	71			78	78		
3. Total Number of Days Care Provided During Period					669	669			263	263		
A. Medicare	932	932			669	669			263	263		
B. Medicaid (Conn.)	23,232	23,232			17,878	17,878			5,354	5,354		
C. Medicaid (other states)												
D. Private Pay	1,554	1,554			1,030	1,030			524	524		
E. State SSI for RCH												
F. Other (Specify)	3,162	3,162			2,378	2,378			784	784		
G. Total Care Days During Period (3A thru F)	28,880	28,880			21,955	21,955			6,925	6,925		
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. Total Resident Days (3G + 4A + 4B)	28,880	28,880			21,955	21,955			6,925	6,925		

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 9/30/2019	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)		
				(1)	(2)	(3)	(1)	(2)	(3)					

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

	Change in Resident Days			CCNH	RHNS	(Specify)
	1st change	2nd change	3rd change			
1st change						
2nd change						
3rd change						
4th change						

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	2	60		16				
Per Diem Rate								
a. One bed rm.	Various	250.00		583.43				
b. Two bed rms.	Various	250.00		512.68				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
		1,243	1,243	
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	444	444		
2. Restorative Treatments				
C. Other	4,086	4,086		
D. Total Physical Therapy Treatments	5,773	5,773		

8. Total Number of Speech Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
		1,072	1,072	
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	375	375		
2. Restorative Treatments				
C. Other	3,540	3,540		
D. Total Speech Therapy Treatments	4,987	4,987		

9. Total Number of Occupational Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
		324	324	
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	274	274		
2. Restorative Treatments				
C. Other	1,551	1,551		
D. Total Occupational Therapy Treatments	2,149	2,149		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of		
		9/30/2019		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)		
A. Salaries and Wages*							
1. Operators/Owners (Complete also Sec. I of Schedule A1)							
2. Administrator(s) (Complete also Sec. III of Schedule A1)	107,248	1,819					
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)							
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	11,027	3,270					
5. Dietary Service							
a. Head Dietitian							
b. Food Service Supervisor							
c. Dietary Workers							
6. Housekeeping Service							
a. Head Housekeeper							
b. Other Housekeeping Workers	220,291	12,914					
7. Repairs & Maintenance Services							
a. Engineer or Chief of Maintenance							
b. Other Maintenance Workers	80,819	3,657					
8. Laundry Service							
a. Supervisor							
b. Other Laundry Workers	52,154	3,274					
9. Barber and Beautician Services							
10. Protective Services	32,801	1,519					
11. Accounting Services							
a. Head Accountant							
b. Other Accountants							
12. Professional Care of Residents							
a. Directors and Assistant Director of Nurses	100,128	1,869					
b. RN							
1. Direct Care	700,375	11,706					
2. Administrative**	128,991	2,601					
c. LPN							
1. Direct Care	904,584	24,122					
2. Administrative**							
d. Aides and Attendants	1,166,786	56,456					
e. Physical Therapists	7,134	919					
f. Speech Therapists	6,162	59					
g. Occupational Therapists	15,784	451					
h. Recreation Workers	80,442	3,705					
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	51,595	1,728					
n. Marketing							
o. Other (Specify)							
See Attached Schedule	146,503	3,760					
<i>A-13. Total Salary Expenditures</i>	3,812,824	133,829					

* 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 Reha			License No. 2407		Report for Year Ended 9/30/2019			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		9/30/2019			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***										
Sher, Chaim (1/17/18-2/8/19)	50,407			Non-Discrim.	Administrator	863	A2			
Mortenson, Carol (3/4/19-7/23/19)	48,262			Non-Discrim.	Administrator	816	A2			
Panicek, John (7/24/19-9/5/19)	8,579			Non-Discrim.	Administrator	140	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.

Line

Please fill out the following information for all Operators/Owners, Administrators, Assistant Administrators and other relatives of Owners employed in and paid by facility.

	Name	CCNH	RHNS	(Specify)	Total Hours Worked	Line Where Claimed on Page 10	Fringe Benefits and/or Other Payments (describe fully)		Full Description of Services Rendered	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I- Operators/Owners												
Section II- Other Related Parties												
Section III- Administrators	Stewart, Brett (9/5/19-Current)					A2	Non-Discrim.	Administrator				
Section IV-Assistant Administrators												

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended		Page	of
	2407	9/30/2019		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	94,129	588			
2. Dentist	11,076	55			
3. Pharmacist	23,210	192			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	99,939	1,420			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	30,100	132			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**	7,529	28			
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	86,345	1,138			
b. Other					
10. Occupational Therapist					
a. Resident Care	115,875	1,682			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	24,803	852			
2. Administrative***	70,277	963			
b. LPN					
1. Direct Care	37,922	638			
2. Administrative***					
c. Aides	20,689	623			
d. Other					
12. Other (Specify)					
See Attached Schedule	175	1			
B-13 Total Fees Paid in Lieu of Salaries	622,069	8,312			

* 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	Page	of
Senior Philanthropy of Cheshire, LLC d/b/a Chesh	2407	9/30/2019	15	37
Item		Total	CCNH	RHNS
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 18,049	18,049		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 87,418	87,418		
4. Social Security (F.I.C.A.)	\$ 290,269	290,269		
5. Health Insurance	\$ 544,798	544,798		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 2,616	2,616		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$ 14,296	14,296		
9. Other (<i>Specify</i>)	\$ 9,459	9,459		
See Attached Schedule				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 919,720	919,720		
d. Accounting and Auditing	\$ 51,131	51,131		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 43,057	43,057		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 12,296	12,296		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 54,857	54,857		
2. Cellular Phones	\$ 1,988	1,988		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>)	\$			
See Attached Schedule				
3. Resident Day User Fee	\$ 568,550	568,550		
Subtotal	\$ 2,618,504	2,618,504		

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

(Carry Subtotals forward to next page)

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

Attachment Page 15

Schedule of Other Employee Benefits

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2019		16	37
Item		Total	CCNH	RHNS	(Specify)
	<i>Subtotals Brought Forward:</i>	2,618,504	2,618,504		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	122	122		
3. Gifts to Staff and Residents	\$	74	74		
4. Employee Travel	\$	3,988	3,988		
5. Education Expenses Related to Seminars and Conventions	\$	256	256		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	719	719		
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	67,762	67,762		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	441	441		
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	1,904	1,904		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	6,967	6,967		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	9,522	9,522		
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>)	\$	218,487	218,487		
12. Administrative Management Services**	\$	228,174	228,174		
13. Other (<i>Specify</i>) See Attached Schedule	\$	59,575	59,575		
<i>C-14 Total Administrative & General Expenditures</i>	\$	3,216,495	3,216,495		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	0		
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
Media Advertising - Mkt	\$ 150		
Special Events - Mkt	\$ 291		
Total Other Advertising	\$ 441	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CT Association of Health Care Facilities	\$ 6,204		
Subscriptions	\$ 763		
Total Dues	\$ 6,967	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
Software Expense - Nursing Adm	\$ 6,296		
Licenses/Permits-Nursing Admn	\$ 453		
Background Checks-Nursing	\$ 1,486		
Background Checks- Dietary	\$ 105		
Licenses/Permits-Dietary	\$ 625		
Background Checks-Trans	\$ 28		
Background Checks-Activities SNF	\$ 28		
Background Checks- Admin	\$ 212		
Licenses/Permits	\$ 320		
Non-Reimbursable Expense	\$ 4		
Patient Trust Bond	\$ 1,248		
Resident Reimburse on Lost/Stolen Items (Self-disallow)	\$ 401		
Equipment Minor	\$ 2,642		
Internet Access-Adm	\$ 7,322		
Records Storage-Adm	\$ 6,229		
Equipment Rental - Adm	\$ 3,215		
Collection of Fees/Credit Card Fees (Self-Disallow)	\$ 2,295		
Late Fees/Fines/Finance Charges Adm (Self-Disallow)	\$ 21,039		
Bank Service Charges	\$ 4,498		
Guest Meals (Self-Disallow)	\$ 1,129		
Total Other Administrative and General	\$ 59,575	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a	License No. 2407	Report for Year Ended 9/30/2019	Page 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 Highway 19 North - Clearwater FL, 33763	228,174	Handles all the operations and financial functions directly related to the facility.	Page 16/Line 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
		9/30/2019		18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 328,738	328,738		
2. Non-Food Supplies	\$ 34,131	34,131		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 456,177	456,177		
c. Other (Specify) _____ Other Dietary Supplies	\$ 2,033	2,033		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 821,079	821,079		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Re	License No. 2407	Report for Year Ended 9/30/2019	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. \$	876	876	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$			
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify)	\$	9,976	9,976	
3D. Total Laundry Expenditures (3a + b + c)	\$	10,852	10,852	
3E. Laundry Questionnaire				
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H. Where is the revenue received reported in the Cost Report?			(Page/Line Item)	
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K. Where is the revenue received reported in the Cost Report?			(Page/Line Item)	

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a Che	License No. 2407	Report for Year Ended 9/30/2019		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$			
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	Sq. Ft. Serviced by Personnel				
	Amt.	\$			
C. Other (Specify)		\$ 12,176	12,176		
4D. Total Housekeeping Expenditures (4a + b + c)		\$ 12,176	12,176		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy		\$			
2. Purchased from		\$ 75,424	75,424		
b. Medicine Cabinet Drugs		\$ 19,797	19,797		
c. Medical and Therapeutic Supplies		\$ 101,373	101,373		
d. Ambulance/Limousine***		\$ 1,557	1,557		
e. Oxygen					
1. For Emergency Use		\$			
2. Other***		\$ 9,776	9,776		
f. X-rays and Related Radiological Procedures***		\$ 4,044	4,044		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)					
h. Laboratory***		\$ 21,057	21,057		
i. Recreation		\$ 14,334	14,334		
j. Direct Management Services*					
k. Indirect Management Services*					
l. Other (Specify)****		\$ 60,343	60,343		
See Attached Schedule					
5M. Total Resident Care Expenditures (5a - 5j)		\$ 307,705	307,705		

* 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

Report of Expenditures

* 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 Ch	License No. 2407	Report for Year Ended 9/30/2019			Page 22 37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 36,307	36,307			
b. Heat	\$ 22,151	22,151			
c. Light & Power	\$ 123,292	123,292			
d. Water	\$ 65,473	65,473			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$				
f. Other (<i>itemize</i>)	\$ 119,942	119,942			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 367,165	367,165			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$ 771	771			
b. Building & Building Improvements	\$ 27,544	27,544			
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$ 86,603	86,603			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 114,918	114,918			
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	\$ 799,556	799,556			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 51,875	51,875			
c. Personal property taxes	\$ 4,126	4,126			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 970,475	970,475			

* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
	0		
Interco Contracted Services-Maint	\$ 11,498		
Electrical-Maint	\$ 2,499		
Plumbing-Maint	\$ 3,178		
HVAC/Boiler Maint	\$ 5,533		
Paint-Maint	\$ 832		
Alarm Inspection-Maint	\$ 3,265		
Alarm Repairs-Maint	\$ 727		
Grounds Maintenance-Maint	\$ 32,086		
Elevator-Maint	\$ 7,303		
Pest Control-Maint	\$ 2,013		
Maint Contracts- Generator	\$ 6,683		
Equipment Rental-Maint	\$ 5,112		
Waste Disposal -Grease/Trash	\$ 34,789		
Copier- Maintenance Agreement	\$ 4,424		
Total Other Repairs and Maintenance	\$ 119,942	\$ -	\$ -

Depreciation Schedule

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

*Ties to Page 23, Line C3

**Ties to Page 23, Line C3

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	Copier Lease	\$ 33,804	5	\$ 6,761
	Water Heater	\$ 16,860	10	\$ 1,686
	Video System	\$ 6,370	5	\$ 1,274
Total additions for Movable Equipment		\$ 57,034		\$ 9,721 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional			License No. 2407		Report for Year Ended 9/30/2019			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.

Senior Philanthropy of Cheshire, LLC

Cost Report Year 2019

Medicaid Cost Report - Depreciation Summary

		Historical Cost	Date Acquired	Method	Life	9/30/2017 Expense	9/30/2017 Accum Deprec.	9/30/2018 Expense	9/30/2018 Accum Deprec.	9/30/2019 Expense	9/30/2019 Accum Deprec.	Net Book Value
Land Improvements												
	Asset Additions 10/1/2014-3/31/2015	2,850	VAR	S/L	VAR	96	336	96	432	96	528	2,322
Total Prior to 2015		<u>2,850</u>				<u>96</u>	<u>336</u>	<u>96</u>	<u>432</u>	<u>96</u>	<u>528</u>	<u>2,322</u>
	2015 Additions											
	Sidewalks	13,500	6/15/2015	S/L	20	675	1,688	675	2,363	675	3,038	10,462
Total Land Improvements		<u>16,350</u>				<u>771</u>	<u>2,024</u>	<u>771</u>	<u>2,795</u>	<u>771</u>	<u>3,566</u>	<u>12,784</u>
Building Improvements												
	2015 Additions											
	Gazebo	11,180	7/22/2015	S/L	20	559	1,398	559	1,957	559	2,516	8,664
	Awning	4,908	9/9/2015	S/L	10	491	1,227	491	1,718	491	2,209	2,699
	Fence	2,887	9/24/2015	S/L	15	192	481	192	673	192	865	2,022
	Fire Alarm	31,998	9/17/2015	S/L	10	3200	8,000	3,200	11,200	3,200	14,400	17,598
	HVAC	5,700	7/1/2015	S/L	10	570	1,425	570	1,995	570	2,565	3,135
	Move Generator	13,744	6/10/2015	S/L	15	916	2,291	916	3,207	916	4,123	9,621
	<i>Total 2015 Additions</i>	<u>70,417</u>				<u>5,928</u>	<u>14,821</u>	<u>5,928</u>	<u>20,749</u>	<u>5,928</u>	<u>26,677</u>	<u>43,740</u>
	2016 Additions											
	Floor Renovations	39,804	9/4/2015	S/L	20	1,990	3,980	1,990	5,970	1,990	7,960	31,844
	Replace Keypad	1,779	2/12/2016	S/L	5	356	711	356	1,067	356	1,423	355
	Elevator Repair	840	2/9/2016	S/L	15	56	112	56	168	56	224	616
	Bldg Reno- Draw 1	44,132	2/12/2016	S/L	15	2,942	5,884	2,942	8,826	2,942	11,768	32,364
	Bldg Reno- Draw 2	35,000	3/31/2016	S/L	15	2,333	4,667	2,333	7,000	2,333	9,333	25,667
	Bldg Reno- Draw 3	60,000	5/4/2016	S/L	15	4,000	8,000	4,000	12,000	4,000	16,000	44,000
	Bldg Reno- Draw 4	50,000	5/27/2016	S/L	15	3,333	6,667	3,333	10,000	3,333	13,333	36,667
	Bldg Reno- Draw 5	60,935	6/28/2016	S/L	15	4,062	8,125	4,062	12,187	4,062	16,249	44,686
	5 Call Cords in Showers	2,074	5/31/2016	S/L	10	207	415	207	622	207	829	1,245
	Multiple Elevator Part Repairs	9,127	8/9/2016	S/L	15	608	1,217	608	1,825	608	2,433	6,694
	Fire Doors	17,786	8/23/2016	S/L	15	1,186	2,371	1,186	3,557	1,186	4,743	13,042
	<i>Total 2016 Additions</i>	<u>321,476</u>				<u>21,075</u>	<u>42,149</u>	<u>21,073</u>	<u>63,222</u>	<u>21,073</u>	<u>84,295</u>	<u>237,181</u>
	2019 Additions											
	Doors	5,426	1/15/2019	S/L	10	-	-	-	-	543	543	4,883
	<i>Total 2019 Additions</i>	<u>5,426</u>				<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>543</u>	<u>543</u>	<u>4,883</u>
Total Building Improvements		397,319				27,003	56,970	27,001	83,971	27,544	111,515	285,804
Vehicles												
	2015 Additions											
	2015 Ford Transit 250 -10 Passenger Wagon	40,257	7/3/2015	S/L	5	8,051	20,129	8,051	28,180	8,051	36,231	4,026
		<u>40,257</u>				<u>8,051</u>	<u>20,129</u>	<u>8,051</u>	<u>28,180</u>	<u>8,051</u>	<u>36,231</u>	<u>4,026</u>
	2016 Additions											
	Corporate Fleet - taxable sales tax	1,110	5/16/2016	S/L	5	222	444	222	666	222	888	222
		<u>1,110</u>				<u>222</u>	<u>444</u>	<u>222</u>	<u>666</u>	<u>222</u>	<u>888</u>	<u>222</u>
	2017 Additions											
	Corporate Fleet - taxable sales tax	1,693	4/1/2017	S/L	5	339	339	339	678	339	1,017	676
		<u>1,693</u>				<u>339</u>	<u>339</u>	<u>339</u>	<u>678</u>	<u>339</u>	<u>1,017</u>	<u>676</u>
Total Vehicles		43,060				8,612	20,911	8,612	29,523	8,612	38,135	4,925
Movable Equipment												
	Asset Additions 10/1/2014-3/31/2015	45,767	Various	S/L	Various	1,066	3,731	1,066	4,797	1,066	5,863	39,904

Senior Philanthropy of Cheshire, LLC

Cost Report Year 2019

Medicaid Cost Report - Depreciation Summary

							9/30/2017	Accum Deprec.		9/30/2018	Accum Deprec.		9/30/2019	Accum Deprec.	Net Book Value
							9/30/2017	Expense		9/30/2018	Expense		9/30/2019	Expense	
							Historical Cost	Acquired	Method	Life					
<i>2015 Additions</i>															
Sonic Wall	3,609	4/30/2015	S/L	15	241	601	241	842		241	1,083		2,526		
Canon Copiers @2	26,978	5/30/2015	S/L	5	5,396	13,489	5,396	18,885		5,396	24,281		2,697		
Slings	14,356	6/1/2015	S/L	5	2,871	7,178	2,871	10,049		2,871	12,920		1,436		
Slings	2,194	6/1/2015	S/L	5	439	1,097	439	1,536		439	1,975		219		
Patio Furniture	2,779	5/29/2015	S/L	5	556	1,390	556	1,946		556	2,502		277		
AHT Software	3,022	7/1/2015	S/L	3	1,007	2,519	503	3,022		-	3,022		0		
<i>Total 2015 Additions</i>	52,938					10,509	26,274	10,006		36,280	9,503		45,783	7,155	
<i>2016 Additions</i>															
Cards & Card Printer	1,142	1/15/2015	S/L	5	228	457	228	685		228	913		229		
Computers	1,275	1/14/2015	S/L	5	255	510	255	765		255	1,020		255		
Food Processor	1,951	2/12/2015	S/L	5	390	780	390	1,170		390	1,560		391		
Computers	1,745	2/9/2015	S/L	5	349	698	349	1,047		349	1,396		349		
Wheelchair Ramp	1,216	4/29/2015	S/L	10	122	243	122	365		122	487		729		
TVs	916	5/6/2016	S/L	5	183	366	183	549		183	732		184		
Ipads & Cases	1,322	6/16/2015	S/L	5	264	529	264	793		264	1,057		265		
TVs	458	6/22/2015	S/L	5	92	183	92	275		92	367		91		
TVs	458	7/2/2015	S/L	5	92	183	92	275		92	367		91		
Patio Furniture	117	6/4/2015	S/L	5	23	47	23	70		23	93		24		
Pressure Reducing Mattress	536	7/1/2015	S/L	5	107	214	107	321		107	428		108		
TVs	907	8/12/2015	S/L	5	181	363	181	544		181	725		182		
Transmitter	549	7/17/2015	S/L	5	110	219	110	329		110	439		109		
Entertainment Credenza	893	7/17/2015	S/L	5	179	357	179	536		179	715		178		
TVs	458	8/17/2015	S/L	5	92	183	92	275		92	367		91		
Lift	2,331	9/17/2015	S/L	10	233	466	233	699		233	932		1,398		
TVs	458	9/16/2015	S/L	5	92	183	92	275		92	367		91		
TVs	458	10/30/2015	S/L	5	92	183	92	275		92	367		91		
Laptop Computer Cart	2,048	11/12/2015	S/L	5	410	819	410	1,229		410	1,639		409		
Floor Buffer	898	11/9/2015	S/L	5	180	359	180	539		180	719		179		
Mattresses, Wheelchair	37,042	10/1/2015	S/L	5	7,408	14,817	7,408	22,225		7,408	29,633		7,409		
Mattress Wanderguard	1,790	12/9/2015	S/L	5	358	716	358	1,074		358	1,432		358		
Computers & Kiosks	2,765	5/30/2015	S/L	5	553	1,106	553	1,659		553	2,212		553		
Therapy Equipment	14,680	1/25/2016	S/L	5	2,936	5,872	2,936	8,808		2,936	11,744		2,936		
HVAC Burner	3,225	7/6/2015	S/L	10	323	645	323	968		323	1,291		1,934		
Notebook Computer	513	10/29/2015	S/L	5	103	205	103	308		103	411		102		
Bed Trapeze	1,191	9/2/2015	S/L	5	238	476	238	714		238	952		238		
Scales	3,300	6/1/2015	S/L	10	330	660	330	990		330	1,320		1,980		
UMAC Washer Loan	14,368	5/5/2015	S/L	10	1,437	2,874	1,437	4,311		1,437	5,748		8,621		
Plate Warmer	2,444	5/12/2016	S/L	5	489	977	489	1,466		489	1,955		488		
6 Drawer Cart/Shelf	1,408	5/1/2016	S/L	5	282	563	282	845		282	1,127		281		
Billboard	1,500	4/27/2016	S/L	5	300	600	300	900		300	1,200		300		
LaserJet Printer	550	6/1/2016	S/L	5	110	220	110	330		110	440		110		
Hand Sinks	1,266	6/17/2016	S/L	10	127	253	127	380		127	507		759		
Telephone Equipment	9,060	6/23/2016	S/L	5	1,812	3,624	1,812	5,436		1,812	7,248		1,812		
Billboard	1,500	4/27/2016	S/L	5	300	600	300	900		300	1,200		300		
Bulletins	3,250	5/2/2016	S/L	5	650	1,300	650	1,950		650	2,600		650		
Timer on steamer	508	2/20/2015	S/L	5	102	203	102	305		102	407		101		
Warmer elements	522	2/20/2015	S/L	5	104	209	104	313		104	417		105		
Door Gaskets	1,044	4/24/2015	S/L	10	104	209	104	313		104	417		627		
Dishwasher Parts	1,137	4/30/2015	S/L	5	227	455	227	682		227	909		228		
Dishwasher Parts	1,137	5/30/2015	S/L	5	227	455	227	682		227	909		228		
Generator emergency stop	2,235	8/28/2015	S/L	10	224	447	224	671		224	895		1,340		
New Sprinklers & Installation	1,112	4/30/2015	S/L	15	74	148	74	222		74	296		816		
Door Holders (Rehab and Dietary)	978	8/27/2015	S/L	10	98	196	98	294		98	392		586		
Heat & Smoke Detectors	984	8/27/2015	S/L	15	66	131	66	197		66	263		721		

Senior Philanthropy of Cheshire, LLC

Cost Report Year 2019

Medicaid Cost Report - Depreciation Summary

	Historical Cost	Date Acquired	Method	Life	9/30/2017 Expense	9/30/2017 Accum Deprec.	9/30/2018 Expense	9/30/2018 Accum Deprec.	9/30/2019 Expense	9/30/2019 Accum Deprec.	Net Book Value
Plumberex shield ADA cover	1,997	4/9/2015	S/L	10	200	399	200	599	200	799	1,198
Plumberex shield ADA cover	1,036	4/20/2015	S/L	10	104	207	104	311	104	415	621
Locks	1,778	7/9/2015	S/L	10	178	356	178	534	178	712	1,066
Faucet	598	9/1/2015	S/L	10	60	120	60	180	60	240	358
Faucet	717	12/8/2015	S/L	10	72	143	72	215	72	287	430
Fix/Replace Rada 40 valves	919	3/17/2015	S/L	5	184	367	184	551	184	735	183
C Cord Pneumatic Air bulb	668	2/17/2015	S/L	5	134	267	134	401	134	535	133
4 Mattresses	744	8/24/2016	S/L	5	149	298	149	447	149	596	149
Facility Furniture	63,276	6/7/2016	S/L	5	12,655	25,310	12,655	37,965	12,655	50,620	12,656
2nd Floor Room Signs	1,197	7/7/2016	S/L	5	239	479	239	718	239	957	240
Washer	633	9/1/2016	S/L	5	127	253	127	380	127	507	126
<i>Total 2016 Additions</i>	203,205				36,753	73,505	36,758	110,263	36,758	147,021	56,184
<i>2017 Additions</i>											
Bladder Scanner	7,179	10/13/2016	S/L	5	1,436	1,436	1,436	2,872	1,436	4,308	2,871
Mattresses	6,045	2/1/2017	S/L	5	1,209	1,209	1,209	2,418	1,209	3,627	2,418
2nd Floor Nurse Call System	5,970	3/3/2017	S/L	15	398	398	398	796	398	1,194	4,776
Facility Lighting	50,937	12/1/2016	S/L	10	5,094	5,094	5,094	10,188	5,094	15,282	35,655
Washing Machine	15,322	4/28/2017	S/L	5	3,064	3,064	3,064	6,128	3,064	9,192	6,130
<i>Total 2017 Additions</i>	85,453				11,201	11,201	11,201	22,402	11,201	33,603	51,851
<i>2018 Additions</i>											
Ring Central Telephones Cabling	5,158	11/1/2017	S/L	5	-	-	1,032	1,032	1,032	2,064	3,094
Facility Lighting	52,231	12/1/2017	S/L	10	-	-	5,223	5,223	5,223	10,446	41,785
Vital Monitors	5,309	2/12/2018	S/L	5	-	-	1,062	1,062	1,062	2,124	3,185
Elevator Rollers	12,124	6/7/2018	S/L	5	-	-	2,425	2,425	2,425	4,850	7,274
<i>Total 2018 Additions</i>	74,822				-	-	9,741	9,741	9,742	19,483	55,339
<i>2019 Additions</i>											
Copier Lease	33,804	2015		5	-	-	-	18,735	6,761	25,496	8,308
Water Heater	16,860	1/10/2019		10	-	-	-	-	1,686	1,686	15,174
Video System	6,370	4/11/2019		5	-	-	-	-	1,274	1,274	5,096
<i>Total 2019 Additions</i>	57,034				-	-	-	18,735	9,721	28,456	28,578
Total Moveable Equipment	519,219				59,529	114,711	68,772	202,218	77,991	280,209	239,010
Total for 2019	975,949				95,915	194,616	105,156	318,508	114,918	433,426	542,523

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

Name of Facility Senior Philanthropy of Cheshire, LLC	License No. 2407	Report for Year Ended 9/30/2019	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					
6. Square Footage					
7. Acquisition Cost a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased		Date of Lease	Term of Lease	Annual Amount of Lease
745 Highland Ave LLC	Building		04/01/15	123 mo.	799,556

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 9/30/2019			Page of 26 37
Item		Total	CCNH	RHNS	(Specify)
12. Interest					
A. Building, Land Improvement & Non-Movable Equipment					
1. First Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
2. Second Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
3. Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount	\$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
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 9/30/2019			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) Interest Line of Credit		354,143	354,143			
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	354,143	354,143			
14. Insurance						
a. Insurance on Property (buildings only)	\$	12,591	12,591			
b. Insurance on Automobiles	\$	3,711	3,711			
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)	\$	55,335	55,335			
2. Fire and Extended Coverage	\$					
3. Other (Specify)	\$	19,489	19,489			
D& O and Crime Policy						
14d. Total Insurance Expenditures (14a + b + c)	\$	91,126	91,126			
15. Total All Expenditures (A-13 thru C-14)	\$	10,586,109	10,586,109			

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page	of
Item No.	Page No.	Line No.		2407	9/30/2019	28	37
Page 10 - Salaries and Wages				Total Amount of Decrease	CCNH	RHNS	(Specify)
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 15,784	15,784		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 7,529	7,529		
6.	13	B10a	Occupational Therapy	\$ 115,875	115,875		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 919,720	919,720		
10.			Accounting	\$			
10a.			Legal	\$ 9,057	9,057		
11.			Telephone	\$			
12.	15	h2	Cellular Telephone	\$ 908	908		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 441	441		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 31,612	31,612		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 33,076	33,076		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$ 1,134,002	\$ 1,134,002			

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a9	Petty Cash (Self-Disallow)	\$ 19		
15	1a9	Staff Appreciation Awards (Self-Disallow)	\$ 4,687		
15	1a9	Employee Food (Self-Disallow)	\$ 2,887		
15	1a9	Holiday Fund (Self-Disallow)	\$ 615		
16	m13	Resident Reimburse on Lost/Stolen Items (Self-disallow)	\$ 401		
16	m13	Collection of Fees/Credit Card Fees (Self-Disallow)	\$ 2,295		
16	m13	Late Fees/Fines/Finance Charges Admn (Self-Disallow)	\$ 21,039		
16	m13	Guest Meals (Self-Disallow)	\$ 1,129		
16	m13	Non-Reimbursable Expense	\$ 4		
Total Other A&G Adjustments			\$ 33,076	\$ -	\$ -

<u>Description</u>	<u>Amount</u>
Management fees Charged	228,174
Patient Days	<u>28,880</u> Page 8 of C/R
Amount Per Patient Day	\$ 7.9008
PPD Allowance Per Rate Agreement	6.74
2018 CPI Increase	<u>0.07</u>
PPD Allowance 9/30/2018	<u>6.81</u>
Amount over (Under)	\$ 1.0946
Total Days	28,880 Page 8 of C/R
Part 1 Disallowed Management Fee	\$ 31,612
Management fees Charged (Pg. 16 / Line m12)	228,174
Actual Costs to the Related Party - Allowable Expense	<u>228,174</u>
Part 2 Disallowed Management Fee	\$ -
Total Disallowed Mangement Fee	<u>\$ 31,612</u> Pg. 28 / line 21

Senior Philanthropy of Cheshire, LLC
Calculation of Allowable Cell Phone Expense
September 30, 2019

Beds	# of Allowable Cell Phones
1-100	3
101-200	4
201-300	5
301-400	6

Total Bed Capacity	85
# of Allowable Cell Phones	3

<u>Allowable Cell Phone Expense (per cell phone):</u>		
per month	\$	30
per year	\$	360

Page 15 Line 1h2	Amount
Cell Phone expense per TB	\$ 1,988
Allowable Cell Phone expense	\$ 1,080
Disallowed Cell Phone expense	\$ <u>908</u> Page 28 Line 12

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-29 Rev. 9/2018

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

Name of Facility				License No.	Report for Year Ended		Page of
Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional				2407	9/30/2019		29 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 1,134,002	1,134,002		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 75,424	75,424		
28.	20	5d	Ambulance/Limousine	\$ 1,557	1,557		
29.	20	5f	X-rays, etc	\$ 4,044	4,044		
30.	20	5h	Laboratory	\$ 21,057	21,057		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 9,776	9,776		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 16,090	16,090		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 21,886	21,886		
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)			\$ 1,283,836	1,283,836		

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Schedule of Other Ancillary Costs

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

	<u>Amount</u>
Total Cable TV Expense acct #560717	\$ 9,038 TB Linked
Monthly Allowable amount	\$ 300
Months in Cost Report Year	<u>12</u>
Total Allowable Cost	\$ 3,600
 Disallowed Cable TV	 <u>\$ 5,438</u>

Total Other Adjustments	\$ -	\$ -	\$ -	

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

Attachment Page 29

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2019			Page 30	of 37
		Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)		\$ 10,981,715	10,981,715			
b. Medicaid Room and Board Contractual Allowance **		\$ (5,134,528)	(5,134,528)			
2. a. Medicaid (<i>All other states</i>)		\$				
b. Other States Room and Board Contractual Allowance **		\$				
3. a. Medicare Residents (<i>all inclusive</i>)		\$ 421,214	421,214			
b. Medicare Room and Board Contractual Allowance **		\$ 101,634	101,634			
4. a. Private-Pay Residents and Other		\$ 2,381,844	2,381,844			
b. Private-Pay Room and Board Contractual Allowance **		\$ (548,353)	(548,353)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare		\$ 36,470	36,470			
b. Prescription Drugs - Medicare Contractual Allowance **		\$				
c. Prescription Drugs - Non-Medicare		\$ 58,553	58,553			
d. Prescription Drugs - Non-Medicare Contractual Allowance **		\$				
2. a. Medical Supplies - Medicare		\$ 2,030	2,030			
b. Medical Supplies - Medicare Contractual Allowance **		\$				
c. Medical Supplies - Non-Medicare		\$ 3,080	3,080			
d. Medical Supplies - Non-Medicare Contractual Allowance **		\$				
3. a. Physical Therapy - Medicare		\$ 174,170	174,170			
b. Physical Therapy - Medicare Contractual Allowance **		\$				
c. Physical Therapy - Non-Medicare		\$ 191,447	191,447			
d. Physical Therapy - Non-Medicare Contractual Allowance **		\$				
4. a. Speech Therapy - Medicare		\$ 146,780	146,780			
b. Speech Therapy - Medicare Contractual Allowance **		\$				
c. Speech Therapy - Non-Medicare		\$ 279,375	279,375			
d. Speech Therapy - Non-Medicare Contractual Allowance **		\$				
5. a. Occupational Therapy - Medicare		\$ 198,391	198,391			
b. Occupational Therapy - Medicare Contractual Allowance **		\$				
c. Occupational Therapy - Non-Medicare		\$ 216,233	216,233			
d. Occupational Therapy - Non-Medicare Contractual Allowance **		\$				
6. a. Other (<i>Specify</i>) - Medicare		\$ (448,628)	(448,628)			
b. Other (<i>Specify</i>) - Non-Medicare		\$ (624,723)	(624,723)			
III. Total Resident Revenue (Section I. thru Section II.)		\$ 8,436,704	8,436,704			
IV. Other Revenue*						
1. Meals sold to guests, employees & others		\$				
2. Rental of rooms to non-residents		\$				
3. Telephone		\$				
4. Rental of Television and Cable Services		\$				
5. Interest Income (<i>Specify</i>)		\$				
6. Private Duty Nurses' Fees		\$				
7. Barber, Coffee, Beauty and Gift shops		\$				
8. Other (<i>Specify</i>)		\$ 232,546	232,546			
V. Total Other Revenue (1 thru 8)		\$ 232,546	232,546			
VI. Total All Revenue (III+V)		\$ 8,669,250	8,669,250			

* 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)
30II6a	Laboratory- MCR A-SNF	\$ 10,843		
30II6a	IV Therapy-MCR A-SNF	\$ 3,105		
30II6a	XRay MRA	\$ 2,124		
30II6a	VBP - Medicare A	\$ (6,530)		
30II6a	Contractual Adj-Ancill-MCR A-SNF	\$ (338,131)		
30II6a	Sequestration - MCR B	\$ (1,821)		
30II6a	Contractual Adj- Ancill- MCR B-SNF	\$ (118,218)		
Total Other Resident Revenue - Medicare		\$ (448,628)	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	(Specify)
30II6b	Routine Revenue Adjustment-SNF PVT	\$ (10,577)		
30II6b	Laboratory- MCD- SNF	\$ 1,356		
30II6b	IV Therapy-MCD-SNF	\$ 6,878		
30II6b	Contractual Adj- Ancillaries- MCD-SNF	\$ (157,796)		
30II6b	Contractual Adj- Ancill- Hospice-SNF	\$ (698)		
30II6b	Lab HMO	\$ 40		
30II6b	Contractual Allowance - Ins. R/S	\$ 3,262		
30II6b	Contractual Allowance Ancillary INS	\$ (2,200)		
30II6b	Lab HMO	\$ 14,288		
30II6b	IV Therapy	\$ 13,714		
30II6b	Radiology HMO	\$ 2,574		
30II6b	Sequestration - HMO	\$ (60)		
30II6b	Contractual Adj Ancillary HMO	\$ (495,504)		
Total Other Resident Revenue		\$ (624,723)	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			0		
Total Interest Income		\$ -	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30IV8	Vending Machine Revenue	\$ 650		
30IV8	Miscellaneous Operating Income - Admin	\$ (4,604)		
30IV8	Employee Expense - Nursing	\$ 20,125		
30IV8	Foreign Exchange Profit/Loss	\$ 202,733		
30IV8	Credit for Prior Year Copier Expense - No Current Disallowance	\$ 6,030		
30IV8	Credit for Prior Year Legal Expense - No Current Disallowance	\$ 7,612		
Total Other Revenue		\$ 232,546	\$ -	\$ -

G. Balance Sheet

Name of Facility Senior Philanthropy of Cheshire, LLC d	License No. 2407	Report for Year Ended 9/30/2019	Page 31	of 37
Account		Amount		
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)		\$ 215,008		
2. Resident Accounts Receivable (Less Allowance for Bad Debts)		\$ 1,157,794		
3. Other Accounts Receivable (Excluding Owners or Related Parties)		\$		
4. Inventories		\$		
5. Prepaid Expenses		\$ 38,814		
a. Prepaid Insurance	3,018			
b. Prepaid Taxes and Licenses	23,644			
c. Prepaid Uniforms	3,450			
d. See Schedule	8,702			
6. Interest Receivable		\$		
7. Medicare Final Settlement Receivable		\$		
8. Other Current Assets (<i>itemize</i>)		\$ 4,384		
See Schedule		4,384		
A-9. Total Current Assets (Lines A1 thru 8)		\$ 1,416,000		
B. Fixed Assets				
1. Land		\$		
2. Land Improvements	*Historical Cost 16,350	\$ 12,784		
	Accum. Depreciation 3,566 Net			
3. Buildings	*Historical Cost 397,319	\$ 285,804		
	Accum. Depreciation 111,515 Net			
4. Leasehold Improvements	*Historical Cost	\$		
	Accum. Depreciation Net			
5. Non-Movable Equipment	*Historical Cost	\$		
	Accum. Depreciation Net			
6. Movable Equipment	*Historical Cost 519,219	\$ 239,010		
	Accum. Depreciation 280,209 Net			
7. Motor Vehicles	*Historical Cost 43,060	\$ 4,925		
	Accum. Depreciation 38,135 Net			
8. Minor Equipment-Not Depreciable		\$		
9. Other Fixed Assets (<i>itemize</i>)		\$ 21,555		
F/S vs. C/R 21,555				
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)		\$ 564,078		

* 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

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

Schedule of Other Assets Page 32 Line D7

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

Page Ref	Line Ref	Description	
33	A12	Employee Deductions	\$ 6,754
33	A12	Resident Trust	\$ 54,801
33	A12	Uncleared Checks	\$ 293,226
33	A12	Accrued Workers Comp	\$ 236,883
33	A12	Accrued Vacation/Holiday Pay	\$ 22,721
33	A12	Accrued Insurance	\$ 60,105
33	A12	Accrued Legal Fees	\$ 20,279
33	A12	Accrued Accounting/Audit Fees	\$ 41,477
33	A12	Accrued Personal Property Taxes	\$ 4,307
33	A12	Due to Eagle Lake Foundation	\$ 122,689
33	A12	Due to - Novington	\$ 711,840
33	A12	Due to - West River	\$ 441,904
33	A12	Due to - Western	\$ 2,474,215
33	A12	Due to Subaru	\$ 76,030
33	A12	Due to Medicaid - Bed Fees	\$ 135,159
33	A12	Due to Medicaid - Copays	\$ 2,403
Total Other Current Liabilities (Itemize)			\$ 4,704,793

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

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Cheshire, LLC d/b/a	2407	9/30/2019	32	37
Account		Amount		
		Total Brought Forward:		
C. Leasehold or like property recorded for Equity Purposes.				\$ 1,980,078
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				\$ 417,525
3. Organization Expense	*Historical Cost _____	Accum. Depreciation _____	Net	\$
4. Goodwill (Purchased Only)				\$
5. Investments Related to Resident Care (itemize)				\$
6. Loans to Owners or Related Parties (itemize)				\$
Name and Address	Amount	Loan Date		
7. Other Assets (itemize)				\$
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$ 417,525
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$ 2,397,603

* 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								
Senior Philanthropy of Cheshire, LLC d/b/a Ch	2407	9/30/2019	33 37								
Account			Amount								
Liabilities											
A. Current Liabilities											
1. Trade Accounts Payable			\$ 3,354,156								
2. Notes Payable (<i>itemize</i>)			\$ 654,960								
See Schedule			654,960								
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> </tr> </thead> <tbody> <tr><td style="height: 150px; vertical-align: top; padding: 2px;"></td><td style="height: 150px; vertical-align: top; padding: 2px;"></td><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>)			\$ 144,892								
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$								
6. Accrued Payroll Taxes Payable			\$ 49,489								
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>)			\$ 4,704,793								
See Schedule			4,704,793								
A-13. Total Current Liabilities (Lines A1 thru 12)			\$ 8,908,290								

* 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	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Cheshire, LLC d/b/a	2407	9/30/2019	34	37
Account				Amount
Total Brought Forward:				8,908,290
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>)				\$ 3,809
Long Term Capital Lease				
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 3,809
C. Total All Liabilities (Lines A-13 + B-5)				\$ 8,912,099

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Cheshire, LLC	2407	9/30/2019	35	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				\$ (4,609,345)
6. Gain or Loss for Period		10/1/2018	thru	9/30/2019
				\$ (1,905,151)
7. Total Net Worth				\$ (6,514,496)
C. Total Reserves and Net Worth				\$ (6,514,496)
D. Total Liabilities, Reserves, and Net Worth				\$ 2,397,603

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H. Changes in Total Net Worth

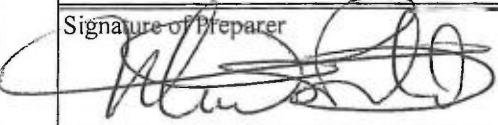
Name of Facility	License No.	Report for Year Ended	Page	of		
Senior Philanthropy of Cheshire, LLC d/b	2407	9/30/2019	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2018				\$ (4,698,892)		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 8,669,250		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 10,574,401		
D. Net Income or Deficit				\$ (1,905,151)		
E. Balance				\$ (6,604,043)		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
Total Expenditures Pg. 27				\$ 10,586,104		
Depreciation Adjustment				(\$11,708)		
Rounding				\$5		
Total Expenses				\$ 10,574,401		
2. Other (<i>itemize</i>)						
Prior Period Adjustment				\$ 89,547		
F-3. Total Additions				\$ 89,547		
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				\$ (6,514,496)		

I. Preparer's/Reviewer's Certification

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a	License No. 2407	Report for Year Ended 9/30/2019	Page of 37 37
<i>Check appropriate category</i>			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)	

Preparer/Reviewer Certification

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

Signature of Preparer 	Title Principal	Date Signed 2/3/20
Printed Name of Preparer Matthew S. Bavolack		
Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600
Contacted Person Regarding Additional Information Needed Regarding This Report Manuel Lemus		Phone Number 727-210-0781
Contact Email Address mlemus@Traditionsmanagement.net		