State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as I	icensed)						* **********		
Senior Philanthropy o	f Newington, L	LC dba Newi	ngton Rapid Reco	very Rel	nab Center				
Address (No. & Stree	me								
240 Church St, Newin	ngton, CT 0611	1			_				
Type of Facility									
./	Nursing Home only (CCNH)			Rest Home with Nursing Supervision only (RHNS)					
Report for Year Begin	nning		Report for Year	Report for Year Ending					
10/1/2017			9/30/2018						
License Numbers: CCNH 2406		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RHNS	(Specify)			Medicare Provider 075286		
Medicaid Provider Nu	umbers:	Co 10397			INS		ICF-IID		
For Department Use Sequence Number	Only Signed and	Date	Sequence No	ımber					
Assigned Notarized		Received	Assigne		Signed and	l Notarized	Date Received		

Table of Contents

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

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Newington, LLC dba Newington	2406	9/30/2018	1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT 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 dba Newington Rapid Recovery Rehab Center [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, 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.{a}

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

{a} Subject to Desk Audit Review

Signed (Administrator)		nistrator) Date Signed (Owner)		Date
Printed Name (Administrator) Renata Cocozza			Printed Name (Owner)	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires

(Notary Seal)

State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page	. of			
				1A	37
Name of Facility		Period Cov	ered:	From	То
Senior Philanthropy of Newington, LLC dba Newington Rapid Re	ecov	ery Rehab (Center	10/1/2017	9/30/2018
Address of Facility					
240 Church St, Newington, CT 06111					
Report Prepared By		Phone Nun		Date	
Marcum LLP		203-781-96	500	10/23/2018	3
Item	-	Total	CCNH	RHNS	(Specify)
Dietary wages paid	\$			-	
Laundry wages paid	\$				120.00
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

			ne No. of Fac -667-2256	ility	Report for Ye 9/30/2018	ar Ended	Page 2	of 37
Name of Facility (as shown on license)		300		0. & S	Street, City, Sta	te, Zip)		
Senior Philanthropy of Newington, LLC db	a Newington	Rapi						
	CCNH		RHNS		(Specify)		Medicare I	rovider No
License Numbers:	2406)-3 · · · · · · ·	075286	
Type of Facility (Check appropriate box(es)))							
Chronic and Convalescent Nursing Home only (CCNH)			t Home with I ervision only			(Specify))	
Type of Ownership (Check appropriate box)	2-20/4						
O Proprietorship O LLC O	Partnership	0	Profit Corp.	0	Non-Profit Cor	р. О	Government	O Trust
If this facility opened or closed during report	rt year provid	e:		Date	Opened	Date Clo	sed	
Has there been any change in ownership								
or operation during this report year?		0	Yes	0	No	If "Yes,"	explain full	<u>y.</u>
Administrator								4.000.000
Administrator Name of Administrator					Nursing Ho	ome		
Renata Cocozza					Administrat		1533	
Noticial COCOLLA					License	250000		Sec.
Other Operators/Owners who are assistant a	administrators	s (ful	l or part time) of tl	his facility.			N. See
Name N/A					License 1	No.:		
	112 12							
				195				
		×		-				

General Information and Questionnaire Partners/Members

Name of Facility			Report for Y	ear Ended	Page of
Senior Philanthropy of Newing	ton, LLC dba Newington	2406	9/30/2018		3 37
The state of the s		Max 122 D			or Town(s) in
Legal Name of Parts	nership/LLC	Business A	Address	Which R	egistered
N/A					
					i
Name of Partners/Members	Business Ad	ddress		Γitle	% Owned
N/A) []				
13/1					
				45,000	
0.000.000	6 111 12 - 13 - 13 - 13 - 13 - 13 -				
			Į.		
	£) 		Ì		
		B			
			1		
		S V S	7777	AWWA -	
					La grande
			1		

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year End	ded	Page	of
Senior Philanthropy of Newington, LLC dba	2406	9/30/2018		3A	37
If this facility is owned or operated as a corpo	ration, provide the	following information	on:	o resu	
Legal Name of Corporation	Busines	s Address	State(s) in Which	ch Incorp	orated
Senior Philanthropy of	240 Church St, No	ewington, CT 06111	Florida		
Newington, LLC dba Newington					
Rapid Recovery Rehab Center					
Name of Directors, Officers	Busines	s Address	Title	No. Sh Held by	
Ben Atkins	24641 US Hwy 19 33763-5007	N., Clearwater, FL	Chairman		
Joseph A Garff	24641 US Hwy 19 33763-5007	N., Clearwater, FL	VP, Director	SH 1 14 4 16 1 1 16	
Gene Rensch	24641 US Hwy 19 33763-5007	N., Clearwater, FL	VP, Secretary		
Chris Pape	24641 US Hwy 19 33763-5007	N., Clearwater, FL	CFO, Treasurer		
RB Bridges	24641 US Hwy 19 33763-5007	N., Clearwater, FL	COO		- 14 Di
Names of Stockholders Owning at Least 10%		*			
of Shares					
N/A					
					8
					eti .

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility Senior Philanthropy of Newington, LLC dba New	License No.	Report for Year Ended 9/30/2018	Page 3B	of 37
If this facility is owned or operated as an individual	al proprietorship,			
Ow	vner(s) of Facility			
N/A			20.00	N.F-2.37
		all carriers to		
		1. 44.01.01.1		
##\$F				1.000
				210103011
		- 100 (100 miles)		
	180-80	17/1		
		- 1	E EUNIOS.	

General Information and Questionnaire Related Parties*

Name of Facility	(1. 1995) - 1995	License			Report for Year Ended		Page	of
Senior Philanthropy of N	Newington, LLC dba Newingto		2406		9/30/2018		4	37
_	iving compensation from the fa				Yes ⊙ No	If "Yes," provide the		
marriage, ability to cont	roi, ownership, family or busine	ess asso	Clation?	0	res 6 No	complete the inform	lation on Fa	ige if of the repor
	ompanies which provide goods roperty or the loaning of funds							
and the contract of the contra	ssociation, common ownership owners, operators, or officials			ness	⊙ Yes O No	If "Yes," provide th	e following	information:
71.		Good	so Provid s/Servic	es to		Indicate Where Costs are Included		
Name of Related Individual or Company	Business Address	Non-I Yes	Related F	Parties %**	Description of Goods/Services Provided	in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
Eagle Lake Foundation, Inc.		0	0		AHT Fees, Health Ins, Acctg Fees	Various	146,860	146,86
Regional Rehab Center	745 Highland Ave, Cheshire, CT 06410	0	0		Shared Staff - Regional Admissions	Various	15,780	15,78
Stamford, LLC dba Long Ridge Post Acute Care	710 Long Ridge Rd, Stamford, CT 06902	0	0		Zirmed Billing Software	Various	186	18
Milford, B, LLC dba Golden Hill Rehab	2028 Bridgeport Ave, Milford, CT 06460	0	0		Shared Staff - Respiratory Therapist	Various	7,781	7,78
Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	0	0		Internet, recruitment, IT support	Various	238,469	238,46
Danbury, LLC dba Western Rehab Care Center	107 Osborne St. Danbury, CT 06810	0	0		Shared Consulting Fees	Various	166	16
Milford O, LLC dba West River Rehab Center	245 Orange Ave, Milford, CT 06461	0	0		Shared Staff - Admin, Nursing	Various	16,887	16,88
Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	0	0		Management Fees	Page 16/ Line m12	469,688	398,29
		0	0					

^{*} 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

			•	Page	of		
Senior Philanthropy of Newington, LLC dba New	2406		9/30/2018	5	37		
If the facility is licensed as CDH and/or RCH or	provides AI	DS or TBI	services with special Medicai	d rates, co	sts		
must be allocated to CCNH and RHNS as follow	/s:						
Item			Method of Allocatio	n			
Dietary		Number of	meals served to residents				
Laundry		Number of	pounds processed				
Housekeeping		Number of	square feet serviced				
		Number of	hours of routine care provide	d by EAC	H		
Nursing		employee c	classification, i.e., Director (or	r Charge N	Jurse),		
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Registered	Nurses, Licensed Practical N	urses, Aid	es and		
		Attendants					
Maintenance and operation of plant Property costs (depreciation) Employee health and welfare Management services All other General Administrative expenses		Number of	hours of resident care provide	ed by EAC	CH		
		specialist (See listing page 13)				
Maintenance and operation of plant		Square feet					
Property costs (depreciation)		Square feet					
Employee health and welfare		Gross salar	ies				
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 follo	wing question	ons applical	ole to the cost information pro	ovided.			
1. In the preparation of this Report, were all	O V	O N-	If "No," explain fully why su	ich allocat	ion was not		
	O Yes	O No	made.				
N/A - One Level of Care				500			
Control of the Contro					Ī		
2. Explain the allocation of related company exp	penses and a	ttach copy	of appropriate supporting data	ì.			
			11 1 11 0				
[5:X5:5]							
					1		
3. Did the Facility appropriately allocate and se	lf-disallow d	lirect and in	direct costs to non-nursing ho	me cost c	enters?		
			anggan ng ganakangga masa masa anggan at ato at a				
Dietary Number of meals served to resident Number of pounds processed Number of square feet serviced Number of hours of routine care proposed employee classification, i.e., Direct Registered Nurses, Licensed Practice Attendants Direct Resident Care Consultants Direct Resident Care Consultants Number of hours of resident care proposed employee classification, i.e., Direct Registered Nurses, Licensed Practice Attendants Number of hours of resident care proposed entering page 13) Maintenance and operation of plant Square feet Property costs (depreciation) Square feet Employee health and welfare Management services Appropriate cost center involved All other General Administrative expenses Total of Direct and Allocated Cost The preparer of this report must answer the following questions applicable to the cost information of this Report, were all costs allocated as required? O Yes Number of hours of routine care proposed employee classification, i.e., Direct Registered Nurses, Licensed Practice Attendants Number of hours of routine care proposed employee classification, i.e., Direct Registered Nurses, Licensed Practice Attendants Number of hours of routine care proposed employee classification, i.e., Direct Registered Nurses, Licensed Practice Attendants Number of hours of routine care proposed employee classification, i.e., Direct Registered Nurses, Licensed Practice Attendants Number of hours of routine care proposed employee classification, i.e., Direct Registered Nurses, Licensed Practice Attendants Number of hours of routine care proposed employee classification, i.e., Direct Registered Nurses, Licensed Practice Attendants Number of hours of routine care proposed employee classification, i.e., Direct Registered Nurses, Licensed Practice Attendants Number of hours of routine care proposed employee classification, i.e., Direct Registered Nurses, Licensed Practice Attendants Number of hours of routine care proposed employee classification, i.e., Direct Registered Nurses, Licensed Practice		1 11					
	O Yes	⊙ No		ich allocai	tion was not		
N/A One Level of Core			made.				
IN/A - One Level of Care							
		TAV					

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 Newington, LLC	dba Newin	gton Ra	2406	9/30/2018	6 37			
Name and Address of Lessor	Own	ed * to ners, ators, cers	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	2007.200.000.000	ount
Canon Financial Services	0	0	Copier Copier					
	0	0		02/01/16	60 months	9,559	9,559	
	0	0						0.0000000000000000000000000000000000000
M	0	0						
	0	0				22.		773%
	0	0						
	0	0						
	0	0						
	0	•						
	0	0						

Is a Mileage Log Book Maintained for All Leased Vehicles?

^{*} 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	License No.	Report for Year Ended		Page	of
Senior Philanthropy of Newington,		9/30/2018		7	37
The records of this facility for the p	eriod covered by this report	were maintained on the following basis:			
	Modified Cash				
Is the accounting basis for this	035				
	Yes	If "No," explain.			
previous period?	No				
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)	2052		
1 RX Audit		6001 SW County Road 141, Jasper, FL 33	2032		
2 3					
4					
Services Provided by This Firm (de	escribe fully)	Mark Control (A)			
I Pharmacy Bill Audits			\$	1,200	
2 Accrued Accouting Expense (provide	r will provide detail during audit)		s	55,584	
3		1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	s	1.00	1000
4		794 7-2500 07-	s		
No. 1 15.50 15.50 15.50			Charge for	Services Pr	rovided
			\$	56,784	
Are These Charges Reflected in the Expend	diture Portion of This Report? If Yo	es, Specify Expense Classification and Line No.			
⊙ Yes O No	Page 15, Line 1d	evilus et a AXA			
Legal Services Information			1		
Name of Legal Firm or Independen	nt Attorney		Telephone	Number	
1 See Attached pg. 7a					
2 3 4					
3					
5					
Address (No. & Street, City, State,	Zip Code)				
1 2 3 4					
3					
5	:1 (1)	100 100 100 100 100 100 100 100 100 100		WW.	
Services Provided by This Firm (de	escribe fully)				
1	- 112		\$	27,293	
2			\$		
3		The second second	\$_		
4			\$		
5		PA 21 34 4	\$		
			Charge fo	r Services P	rovided
			\$	27,293	
Are These Charges Reflected in the Expen		es, Specify Expense Classification and Line No.			
⊙ Yes O No	Page 15, Line 1e				

Senior Philanthropy of Newington, LLC Pg. 7 Legal Services Attachment September 30, 2018

Name of Legal Firm or Independent Attorney	Address	Telephone Number
1 Littler Mendelson PC	PO Box 45547, San Francisco, CA 94145	
2 Kaufman, Borgeest & Ryan, LLP	200 Summit Lake Drive, Valhalla, NY 10595	
3 CT Corporation	PO Box 4349, Carol Stream, IL 60197	
4 Goldman, Gruder & Woods	200 Connecticut Ave, Norwalk CT 06854	
5 Ryan Ryan Deluca, LLP	707 Summer St, Stamford, CT 06901	
6 Eagle Lake Foundation	24641 US HWY 19, Clearwater, FL 33763	
8 N/A	N/A	
9 State of Connecticut		

Services Provided by This Firm	Charge for Service Provided
1 Ongoing Employee Legal Dispute - case is ongoing	2,010
2 Employee Legal Dispute - case settled (Self-disallow 50%)	2,618
3 Domestic Representation (Self-disallow)	235
4 General Legal	1,555
5 Employee Legal Dispute - case settled (Self-disallow 50%)	9,716
6 Loan Renewal Legal Fees (Self-disallow)	85
8 Accrued Legal Fees	10,075
9 Conservator Fees (Self-disallow)	999
Total	27,293

State of Connecticut Annual Report of Long-Term Care Facility CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility		_	License N		*			r Year Ende	ed		Page 8	of
Senior Philanthropy of Newington, LLC dba Newing	gton Rapid Recovery 2406					9/30/2018						37
		Period 10/1 Thru 6/30						Period 7/1 Thru 9/30				
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
Certified Bed Capacity 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		
Number of Residents A. As of midnight of PREVIOUS report period	152	152			152	152			166	166		
B. As of midnight of THIS report period	163	163			166	166			163	163		
Total Number of Days Care Provided During Period A. Medicare	3,576	3,576			3,033	3,033			543	543		
B. Medicaid (Conn.)	48,112	48,112			35,787	35,787			12,325	12,325		61, 3349
C. Medicaid (other states)									Ports			
D. Private Pay	3,192	3,192			2,247	2,247			945	945		
E. State SSI for RCH												
F. Other (Specify)	4,577	4,577			3,205	3,205			1,372	1,372		
G. Total Care Days During Period (3A thru F)	59,457	59,457			44,272	44,272			15,185	15,185		
Total Number of Days Not Included in Figures in 4. 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)	59,457	59,457	-	-	44,272	44,272			15,185	15,185		

Schedule of Resident Statistics (Cont'd)

Nam	e of Facil	ity			Licer	se No.			-	Report	for Year	Ended		Page	of
Senio	or Philant	hropy o	f Newin	gton, LLC dba l	1	2406					9/30/201	8		9	37
						pacity dur	ring th	ne repoi	t year	?	0	Yes	0	No	
	II ILS			Change	1011.	C	ange	in Red	e		Ca	nacity Afte	er Change		
Т			RHNS		\vdash	97 195	lange		O-2-10-11-11	j.	Ca	pacity And	a Change		7
D	ate of	CCNH	KHNS	(Specify)	-	Lost			Jaine	1					
C	hange	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason fo	or Change
	9623	(1)	(2)	(3)	certified bed capacity during the report year? O Yes g information: ge			(Specify)	ixeason i	or Change					
					\vdash									-0111111	
						77.a						7.555 		Talling D	
						700				0.00					
5.		V			75.00	\$1 Sales	the re	port ye	ar (as	reporte	ed in item	4 above) p	provide the num	ber of	
_	KLSIDL	MIDA	13 101 3	o days tollowii.	g uic	change.	_	****							
				Change in D	eciden	t Dave					CC	TNH	RHNS	(Sne	cify)
	1st chang	re.		Change in K	csidei	it Days					-	J1111	KINS	(орс	ony)
EVI_U	2nd chan											<u> </u>			
	3rd chan														
	4th chan														100000000000000000000000000000000000000
6.	Number	of Resid	dents and		mber			ır		- 173					400
				Medicare		Medi	caid				Se	elf-Pay		Other Sta	e Assisted
			- 1						1				100		8
		Item		CCNH	C	CNH	RI	HNS	CO	CNH	RF	INS	(Specify)	R.C.H.	ICF-MR
	No. of R			2		125			100272000	36	· ·	740			S. 10
	Per Dien			ar ti s III		K		32.00 m						31	
	a. One b		- 4	Various Various	-	510.000	\vdash		-		1				
	c. Three			various	-	243.62			-	331.34					
	bed r										1				
	bed i	1115.			_		Ь	_							
											1				
7.	Total Nu	imber of	f Physica	I Therapy Treat	ments						ТО	TAL	CCNH	RHNS	(Specify)
5000			are - Part									3,356	3,356		
	B.	Medica	aid (Excl	usive of Part B)							3	. 4. 3	174 Sac.		
				e Treatments								1,650	1,650		
			torative	Treatments	(4)										
		Other	n	TI T							-		14,767		
0						1					9	19,773	19,773		
٥.			are - Part		nents							773	772		
_				usive of Part B)								25-1	1/2		
	υ.			e Treatments							200000000000000000000000000000000000000	410	410	Billion Co.	3.22.00 Marine Bull
				Treatments											
	C.	Other		2-9					87.			2,119	2,119		
				herapy Treatm					26.0000			3,301	3,301		
					Treati	nents							The same		量
9.	A		are - Par									4,074	4,074		
9.			- 1 /TT 1	CD (D)							ESSENTIAL STREET	36	(100) (A) (A)	1 10 th 10 t	1.48.85 P.
9.					ļ.						100	Salester.	STATE OF THE PARTY	and the same of th	
9.		1. Ma	intenanc	e Treatments							D. J. G. F 16.	1,996	1,996		
9.	В.	1. Ma	intenanc							-	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1,996	1,996		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Yea	r Ended	Page	of
Senior Philanthropy of Newington, LLC dba Newington Ra	2406		9/30/2018		10	37
Are time records maintained by all individuals receiving cor	npensation?	0	Yes	0	No	
All the second of the second o	1		Total Cost	and Hours		
N #200704		New Posses			(0.10.)	
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
Salaries and Wages* Operators/Owners (Complete also Sec. I	- 8 1 1	基础			从 上海上海	
of Schedule A1)		NAME OF TAXABLE PARTY.		The state of the s		
Administrator(s) (Complete also Sec. III	(* t 25 %	金 縣 岩	100 E	1.0	Maria I	\$2.916
of Schedule A1)	130,935	2,000				
Assistant Administrator (Complete also Sec. IV	滋 整洲	会。2	企业5	1995	A A	13 July 1
of Schedule A1)	- No.		TANK TANK TANK TANK TANK	N IMMONTHANISM HINNEY	× 100 × 100	VS00motorous 700a
4. Other Administrative Salaries (telephone	140 579	5,850	4 120	F		1
operator, clerks, receptionists, etc.) 5. Dietary Service	140,578	3,830	28. 1863S	1 23		1-102 - 39
a. Head Dietitian	15,608	741	See Student	70		No. of Street,
b. Food Service Supervisor						
c. Dietary Workers	456,172	25,324				
6. Housekeeping Service	\$. S . A.	A A A		1835 · · ·		EPIE!
a. Head Housekeeper b. Other Housekeeping Workers	268,333	16,495		1		-
7. Repairs & Maintenance Services	208,333	10,493	in the	f Se	1000	E
a. Engineer or Chief of Maintenance	Date of the State	A STATE OF THE STA	in the second second	T	1734	1927
b. Other Maintenance Workers	107,522	4,685				
Laundry Service		2000年		21-1 1 X - 1	Maria :	1 2
a. Supervisor						
b. Other Laundry Workers	156,287	8,036				-
Barber and Beautician Services Protective Services	79,546	4,264	-			_
11. Accounting Services	79,340	4,204	15			3 1 3
a. Head Accountant			525		2 1000	LA COLOR DE
b. Other Accountants						
Professional Care of Residents	- B				120	
Directors and Assistant Director of Nurses	187,459	3,685				
b. RN		i de l	1.3.00			113
Direct Care Administrative**	1,199,728	24,536		-	-	_
c. LPN	391,150	7,080	8		a a said	
Direct Care	1,697,768	55,521	Maria Para	1	iller and a silker She	F-100 F-
2. Administrative**						
d. Aides and Attendants	2,188,951	134,812				
e. Physical Therapists	8,698	617				_
f. Speech Therapists	1,452	103 710				-
g. Occupational Therapists h. Recreation Workers	18,092 141,026	7,660		+	 	+
i. Physicians	141,020	7,000	6 1	1 333	A Section 1	H. Turki
Medical Director				1	Jan and the state of the state	
2. Utilization Review	1	11.0				
3. Resident Care***						
4. Other (Specify)				TAKEN	787	13.00
j. Dentists						+
k. Pharmacists				1		
I. Podiatrists						
m. Social Workers/Case Management	138,187	4,830				
n. Marketing	3,736	320				
o. Other (Specify)	101000	A 12				
See Attached Schedule A-13. Total Salary Expenditures	124,980 7,456,208					

^{*} 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)

		CCN	H		RI	INS	(Specify)		
Position	18.54	s	Hours	5	3	Hours	S	Hours	
Salaries - Admissions Coordinator	\$	124,980	3,560		1			1.0	
								166 257	
ENTITION OF THE STATE OF	3		<u>*</u>						
《春點學學歷過 記》 第一字 "我因为我主义		業数	計畫 聲	翻		自制工	· 是主 :	13600	
用数别的"政士"。		糖	数据 五	用版。 《	器型	是	小事 多	36	
		基础					泰巴基:	100	
	<u>t. </u>						20504HE		
	糕	314	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	sed.	EW1		35 MAR	F	
	100							5 <u>6</u>	
								Belling to	
					2				
				4		777		生 後 3	
							100 12	BULLET 188	
THE RESERVE OF THE BUSINESS OF	8.3		1000000			A sec	1 1 1 1 1	Shake .	
						14.26.27			
					100		1 6 6 7		
					E	0.23			
				The Par	1 1		4		
Potal State of the	\$	124,980	3,560	\$			\$ -		

Schedule of Other Fees (Page 13)

		CCNH		RH	NS	(Specify)			
Service			ours	S	Hours	S	Hours		
	印用品额提供信	- 18 Million				水製業			
						1 THE 1	6.42		
ERROR AND THE STATE OF THE STATE OF	THE REST OF STREET			维不正义学	40430	49	E-1766		
	建	36		B 8	April 1	AL 量 由			
	沙路 概	26			10000	18 3 A			
A STATE OF THE PARTY OF THE PAR		100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	305					
							7.8		
			162						
							<u> </u>		
					1346				
						7852 H. C.	24 (98 7°)		
		A STATE OF THE STA		8.00	7 20 20 20 20 20 20 20 20 20 20 20 20 20	· · · · · · · · · · · · · · · · · · ·	K CONTROL		
	CONTROL CONTRO	等等 粉点	## ##						
	Control of the Contro	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 10	1	Tandberry ((9)T	. 4.447.1.151		
		311		型台 第二與新		· 集 · 集 · 集			
		182	PER S	- (Eta)					
	Min and the second	20 Tel	162	3 E 154					
		27 EBB -	order for	nertenta con	12.16	100			
Total	\$	- 10	- \$	基础 -	1985	\$ 180-	F # 3K		

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			7	License No.		Report for	Year Ended		Page	of
Senior Philanthropy of Newington,	LLC dba N	ewington R	apid Recover	2406		9/30/2018		324	11	37
N	CCNH	Salary Pai	d (Specify)	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
Name Section I - Operators/Owners	CCNH	KHINS	(Specify)	(describe fully)	Services Rendered	Worked	rage to	Other Employment	Worked	Received
								¥ 12	-	
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).										
							33-3-0-0			
			18111	-33						
							200	V 100 V		

^{*} 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.

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

Name of Facility (as licensed)				License No.		Report for Y	ear Ended		Page	of
Senior Philanthropy of Newington,	LLC dba N	lewington l	Rapid Recov	2406		9/30/2018			12	37
		Salary Pai	d	Fringe Benefits and/or Other			Line Where		Total	
Name	CCNH	RHNS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section III - Administrators***										
Renata Cocozza (10/6//16 - current)	130,935			Non-Discrim	Administrator	2,000	A2			
			- 192							
Section IV - Assistant Administrators										

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

^{**} Include all other employment worked during the cost year.

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

B. Report of Expenditures - Professional Fees

B. Report of E	License No.		Report for Y		Page	of
Senior Philanthropy of Newington, LLC dba Newington,	240)6	9/30/2018		13	37
19 (4.19) 4 (4.19)			Total Cost	and Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
B. Direct care consultants paid on a fee	1.4%					
for service basis in lieu of salary			17 : 18 18 18 18 18 18 18 18	10 Table		35
(For all such services complete Schedule B1)	100				ne talient	
1. Dietitian	108,792	1,948		The second secon	O MINISTERNATION OF THE PARTY O	S HARMAN MANAGEMENT AND ADDRESS OF THE PARTY
2. Dentist	17,448	87				
3. Pharmacist	33,310	180				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	359,822	4,943	Estimate			
b. Other					35 25 25 25 25	
6. Social Worker					AADAGERMIN	
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	49,481	480				
b. Utilization Review						
(Title 18 and 19 only) monthly meeting	3					
c. Resident Care**	79,725	300				
d. Administrative Services facility						
Infection Control Committee						
(Quarterly meetings) 2. Pharmaceutical Committee						
(Quarterly meetings)						
Staff Development Committee	1 -					
(Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	140,802	825	Estimate		Charles the solution of the solution of	
b. Other	140,002	023	Batimate	 		
10. Occupational Therapist			Mark Acti			
a. Resident Care	421,599	5.690	Estimate	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	demokrativi stor
b. Other	1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
11. Nurses and aides and attendants			Water Committee			
a. RN			1,500			
1. Direct Care	31,938	487	CONTRACTOR PROPERTY OF THE PARTY OF THE PART	L-SCHOOL STATE OF THE STATE OF	7-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
2. Administrative***						
b. LPN				4.11		
1. Direct Care	32,793	761				
2. Administrative***						
c. Aides				1		
d. Other						
12. Other (Specify)		1.8				
See Attached Schedule						
3-13 Total Fees Paid in Lieu of Salaries	1,275,710	15,700				

^{*} 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 Ye	ar Ended	Page	of		
Senior Philanthropy of Newington, LLC dba	Newington 2406		9/30/2018		14	37		
Name & Address of Individual	Full Explanation of Service		Related** to Owners, Operators, Officers Yes No		Explanation of Relationship			
Newington Internal Medican 365 Willard Ave, Suite 2-D Newington CT 06111	Medical Director	0	0	1	######################################	5 (HO23 - 27 V)		
Partners Pharmacy P.O.Box 9689 Uniondale, NY 11555	Pharmacist	0	0					
Health Drive Dental Group 888 Worcester St #130, Wellesley, MA 02482	Dentist	0	0		2300020			
DR Jeffrey Kagan 365 Willard Ave, Newington CT 06111	Medical Director	0	0					
Consulting Cardiologists 305 Western Boulevard Glastonbury CT 06033	Medical Director	0	0					
Stephen Milewski, MD 50 Market Square, Newington CT 06111	PHY Consulting	0	0					
Angelina Jacobs, MD, 15 Two Buck Ring, Burlington, CT 06031	Medical Director	0	0		210			
Healthcare Services Group, Inc., 3220 Tillman Drive, Suite 300, Bensalem, PA 19020	Dietician	0	0		2			
Encore Rehabilitation Services, 33533 W 12 Mile Road, Suite 290, Farmington Hills, MI 48331	PT, ST, & OT	0	0			3000		
ReadyNurse Staffing, PO Box 301076, Dallas, TX 75303	RN, LPN, & Aides	0	0					
Maxim Staffing Solutions, 12558 Collections Center Drive, Chicago IL 60693	RN, LPN & Aides	0	0					
		0	0					
		0	0					
		0	0					
		0	0					
	0.000	0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0	14.7				
	17 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -	0	0					

^{*} 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. Senior Philanthropy of Newington, LLC dba Nev 2406		Report for Ye	ear Ended	Page 15	of 37
oner i manager, et i venager, et e acarre,					
Item		Total	CCNH	RHNS	(Specify
. Administrative and General	Ĭ	推 雅川	推 推动	上 中国	
 Employee Health & Welfare Benefits 				基本学事 体	被引起。 是
Workmen's Compensation	\$	532,133	532,133	nacon can be as	
2. Disability Insurance	\$	- 248		110-40	
3. Unemployment Insurance	\$	197,903	197,903		
4. Social Security (F.I.C.A.)	\$	526,043	526,043		
5. Health Insurance	\$	962,040	962,040	110-0	
6. Life Insurance (employees only)		* 1			新生物
(not-owners and not-operators)	\$	212	212		
7. Pensions (Non-Discriminatory)	\$	419,875	419,875	227	
(not-owners and not-operators)	ž.	· 唯一		集 霍	第十五 一
8. Uniform Allowance	\$	23,280	23,280		
9. Other (Specify)	\$	6,936	6,936		
See Attached Schedule		· 秦 · 秦 · · · ·	\$ 186	1 100	
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					1 1 1 1 1
c. Bad Debts*	\$	53,203	53,203		
d. Accounting and Auditing	\$	56,784	56,784		
e. Legal (Services should be fully described on Page 7)	\$	27,293	27,293	1000	
f. Insurance on Lives of Owners and	\$	21,273	21,275		
Operators (Specify)*	"			美 美	1- 1-34
g. Office Supplies	\$	16,841	16,841	2.44	A Section of Section
h. Telephone and Cellular Phones	Ψ.	10,641	10,041		45 86.
Telephone & Pagers	\$	46,832	46,832	2.0802.49	1. S. #/C
Cellular Phones	\$	2,913	2,913		
i. Appraisal (Specify purpose and	\$	2,715	2,713		
attach copy)*		* * *	Were Target		
anden copy)					
j. Corporation Business Taxes (franchise tax)	\$	210	210	esservice assuming	
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$				7
2. Other (Specify)	\$		2-28	Lawyevine.	
See Attached Schedule		10000000000000000000000000000000000000		· **	1
3. Resident Day User Fee	\$	1,117,550	1,117,550		
Subtotal	\$	3,990,048	3,990,048		

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

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

Senior Philanthropy of Newington, LLC dba Newington Rapid Recovery Rehab Cel Attachment Page 15 9/30/2018

Schedule of Other Employee Benefits

Description		CCNH	RHNS	(Specify)		
		製	T. Salahar	119 100		
Employee Benefits - Marketing (Self-disallow)	\$	455		3140 549		
Employee Food (Self-disallow)	\$	1,511				
Holiday Fund (Self-disallow)	\$	1,725		建 植 5%		
Employee Gifts/Nurses Appreciation (Self-disallow)	\$	752	发展			
Employee Drug Testing	\$	521				
Employee Assistance Program	\$	961				
Petty Cash (Self-disallow)	\$	1,011	1 传统着点			
				五名字 難》		
			Marie A			
				10000000000000000000000000000000000000		
				基本基		
	- 3 B. T.					
		alle Sarrag				
				一直		
Total	\$	6,936	\$ -	\$ -		

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
		100	A TO STEEL
	18 18		
Total	\$	\$	\$ -

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

Name of Facility License No.		Report for Y	ear Ended	Page	of
Senior Philanthropy of Newington, LLC dba Newingto 2406		9/30/2018		16	37
-					(0 10)
Item	-	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forwa	ard:	3,990,048	3,990,048		
Travel and Entertainment		製 協	15		注册 基
Resident Travel and Entertainment	\$				
Holiday Parties for Staff	\$				
Gifts to Staff and Residents	\$	18	18		
Employee Travel	\$	1,299	1,299		
Education Expenses Related to Seminars and Conventions	\$	2,877	2,877		
6. Automobile Expense (not purchase or depreciation)	\$	903	903		
7. Other (Specify)	\$				
See Attached Schedule		等 4	· 基。	174	
m. Other Administrative and General Expenses		**	第二条字	1	
1. Advertising Help Wanted (all such expenses)	\$	7,533	7,533		
2. Advertising Telephone Directory (all such expenses)***	\$		17.02.0		
3. Advertising Other (Specify)***	\$	21,025	21,025		
See Attached Schedule					300 KM 20
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)***				S52	Y
7. Postage	\$	5,812	5,812		
* 8. Dues and Membership Fees to Professional	\$	13,342	13,342		
Associations (Specify)		M			9. 300
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	235	235	3.20.42	in the second se
9. Subscriptions	\$	5,420	5,420		
10. Contributions***	\$	5,			
See Attached Schedule	4				
11. Services Provided by Contract Specify and Complete	\$	217,928	217,928		
Schedule C-2, Page 21 for each firm or individual)	4	秦			
12. Administrative Management Services**	\$	469,688	469,688		700
13. Other (Specify)	\$	66,018	66,018		<u> </u>
See Attached Schedule	φ	50,018	00,010		
C-14 Total Administrative & General Expenditures	\$	4,802,146	4,802,146		

^{*} 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)
	3000			
		9 9	15.00	6.9
		10 199		1 32
	10000000	Phi 52	Edition .	
		erie .		15.0
		LOGIC .		
		109		
Total Other Travel and Entertainment	and the second	\$	\$	\$ 1002

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	1000	6.0	district to
Media Advertising-Mkt	\$ 8,795	6	37
Special Events-Mkt	\$ 11,765		-
Promo Items-Mkt	\$ 465	96.	210
Total Other Advertising	\$ 21,025	2 .	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
在 / 图 / 图 / 图 / 图 / 图 / 图 / 图 / 图 / 图 /	- 15 m-	174, 200 419	100
CT Association of Health Care Facilities - Membership Dues	\$ 13,207		
Traditions Senior Management - Membership Trademark	5 337		3,44
Dues/Subscriptions-Mkt (Self-disallow)	\$ (202)		2.1
	1998	Call Month	TENEST SE
The second of th	200 TO 100 TO 10	Self-territor	
response to the second design of the second	100		
MARKET STREET			
E AND A COLOR OF STREET	45000		Marie School
	- 提達	32 1903	THE STATE OF
Total Dues	\$ 13,342	s .	\$

Schedule of Contributions

Description		CCNH	RHNS	(Specify)
A HANDER OF THE STATE OF THE ST	55		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	76
	794	59a	3.2	EUZ
1.0 2.00 全国 2	1000	100	688	120/4
Total Contributions		5	\$ -	s -

Schedule of Other Administrative and General

Description		CNH	RHNS	(Specify)
沙里的	SEL SEL	- 500	45 y 100	(25)
Background Chocks-Nursing Admin	S	210		議
Software Expense - Nursing Adm	\$	9,079		10.04
Licenses/Permits-Nursing Admn	5	822		
Background Checks-Nursing	\$	1,050		3
Background Checks-Diotary	\$ 9	289		
Dues/Subscriptions-Dictary	S	414		
Licenses/Permits-Dictary	5	400		
Background Checks-Hskp	\$	448	- K	
Dues/Subscriptions-Maint	\$	7,500		
Licenses/Permits-Maint	S	480	100	
Licenses & Permits-Trans	\$	90	-	100
Holiday Decorations-Activities-SNF (Self-disallow)	5	782		
Background Checks-Admin	5	183		
Licenses/Permits	\$	220	0.00	366
Patient Trust Bond	5	2,250		
Resident Reimburse on Lost/Stolen Items (Self-disallow)	\$	3,581		
Equipment Minor-Adm	5	166		
Internet Access-Adm	S	16,889		
Records Storage - Adm	5	3,590	9.0	G-97
Equipment Rental-Adm	5	984		116
Misc Decor-Adm (Self-disallow)	S	757	100	192
Collection Fees/Credit Card Fees (Self-disallow)	2	2,985		
Late fees/Fines/Finance Charges-Adm (Self-disallow)	\$	5,242		
Bank Service Charges-Adm	\$	4,735		
Employee/Guest meals (Self-disallow)	5	2,872	East 1	16
Total Other Administrative and General	\$	66,018	s -	S

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Senior Philanthropy of Newington, LLC	2406	9/30/2018	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	469,688	All operational functions related to 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)

		1,		n Page 5)	Т.			1-		_
	e of Facility		Licens				ear Ended	Page		of
Seni	or Philanthropy of Newington, LLC dba Newi	ngto		2406	9/30)/2018		18		37
	Item			Total	CC	NH	RHNS		Speci	ify)
2.	Dietary							100		
	a. In-House Preparation & Service									
	1. Raw Food		5	476,202	47	6,202			SOLD TO HER P.	
	2. Non-Food Supplies		5	54,490	5	4,490				
*	3. Other (Specify)		- 5			*			1	
	b. Purchased Services (by contract other		5	94,670	9	4,670				
	than through Management Services)									
	(Complete Schedule C-2 att. Page 21)	_	,,,		1 756	nzera: 1	2000年			-03: 1
	c. Other (Specify)		- 5							
2D.	Total Dietary Expenditures (2a+b+c+d)			625,362	62	25,362				
2F.	Dietary Questionnaire			Total	СС	NH	RHNS		(Spec	ify)
G.	Resident Meals: Total no. of meals served pe	r day	y:*							
H.	Is cost of employee meals included in 2E?		Yes	0	No		No.			
I.	Did you receive revenue from employees?	0	Yes	0	No		If yes, specify amt.			
J.	Where is the revenue received reported in the	Cos	st Repo	rt? (Page/Line	Item)				-	
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	0	Yes	•	No		If yes, specify cost.			
L.	Is any revenue collected from these people?	0	Yes	•	No		If yes, specify amt.			
M.	Where is the revenue received reported in the	Cos	st Repo	rt? (Page/Line	Item)	5000				
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?		Yes		No		If yes, specify cost.			
Ο.	Is any revenue collected from employees?	0	Yes	•	No		If yes, specify amt.			

^{*} 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)

			No.	Report for Y	ear Ended	Page	of
Seni	or Philanthropy of Newington, LLC dba Newington	L	2406	9/30/2018		19	37
	Item		Total	CCNH	RHNS	(Spec	ify)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items	Lbs.	396	396			
	washed, ironed, and/or processed.*** 2. Employee items including uniforms,	Lbs.				* ****	
0	gowns, etc. washed, ironed and/or processed.***	Amt. \$					
	 Personal clothing of residents washed, ironed, and/or processed.*** 	Lbs.					
	4. Repair and/or purchase of linens.***	Lbs.					
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	77,550	77,550			李黛
20	c. Other (Specify) Equipment Minor	\$	27/2		域 潜		
3D. 3F.	Total Laundry Expenditures (3a + b + c) Laundry Questionnaire	7	78,500	78,500		J	
G.		Yes	0	No	If yes, specify cost.	<u>-</u>	
H.	Did you receive revenue from employees?	Yes	0	No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost	Report?	1000	(Page/Line	Item)		
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	•	No	If yes, specify cost.		
K.		Yes		No	If yes, specify amt.		
L.	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 3E.

^{***} 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)

Cleaning Supplies 4D. Total Housekeeping Expenditures (4a + b + c) \$ 80,7 5. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy \$ 221,5 b. Medicine Cabinet Drugs \$ 34,8 c. Medical and Therapeutic Supplies \$ 209,8	ear Ended	Page	of
4. Housekeeping a. In-House Care 1. Supplies - Cleaning (Mops, pails, brooms, etc.) b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) C. Other (Specify) Cleaning Supplies 4D. Total Housekeeping Expenditures (4a + b + c) S. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from S. 221,5 b. Medicine Cabinet Drugs c. Medical and Therapeutic Supplies 4. Ambulance/Limousine*** c. Oxygen 1. For Emergency Use 2. Other*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** k. Indirect Management Services* k. Indirect Management Services* sq. T. Serviced by Personnel Amt. \$ \$ april 24, 24, 24, 24, 24, 24, 24, 24, 24, 24,	2018	20	37
A. Housekeeping a. In-House Care 1. Supplies - Cleaning (Mops, pails, brooms, etc.) b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) C. Other (Specify) Cleaning Supplies AD. Total Housekeeping Expenditures (4a + b + c) S. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from S. Wedicine Cabinet Drugs c. Medical and Therapeutic Supplies 4. Ambulance/Limousine*** 8. Oxygen 1. For Emergency Use 2. Other*** 9. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** k. Indirect Management Services* k. Indirect Management Services* Sq. Ft. Serviced by Personnel Amt. \$ \$ 45,4 condition of the personnel Amt. \$ \$ 45,4 condition of t	i l		
Housekeeping	CCNH	RHNS	(Specify)
a. In-House Care 1. Supplies - Cleaning (Mops, pails, brooms, etc.) b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) C. Other (Specify) Cleaning Supplies Amt. \$80,0 Page 21) C. Other (Specify) Cleaning Supplies Amt. \$80,0 Page 21) C. Other (Specify) S. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy S. Purchased from S. 221,5 b. Medicine Cabinet Drugs S. Amt. \$80,0 Amt. \$9, Att. Amt. \$80,0 Amt. \$80,0 Amt. \$9, Att. Amt. \$80,0 Amt. \$	CCNII	KIIINS	(Specify)
1. Supplies - Cleaning (Mops, pails, brooms, etc.) b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) C. Other (Specify) Cleaning Supplies 4D. Total Housekeeping Expenditures (4a + b + c) 5. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from 5. Medicine Cabinet Drugs c. Medical and Therapeutic Supplies d. Ambulance/Limousine*** e. Oxygen 1. For Emergency Use 2. Other*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** k. Indirect Management Services* k. Indirect Management Services* sant. \$ant. \$ant. \$ant. \$ant. \$apt. Serviced by Personnel Amt. \$apt. Seq. The Serviced by Personnel Condition \$apt. Seq. The Serviced by Personnel Amt. \$apt. Seq. The Serviced by Personnel Condition \$apt. Seq. The Serviced by Personnel Amt. \$apt. Seq. The Serviced A			
pails, brooms, etc.) b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) C. Other (Specify) Cleaning Supplies D. Total Housekeeping Expenditures (4a + b + c) Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from \$ 221,5 b. Medicine Cabinet Drugs c. Medical and Therapeutic Supplies d. Ambulance/Limousine*** e. Oxygen 1. For Emergency Use 2. Other*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** i. Recreation j. Direct Management Services* k. Indirect Management Services* \$ 34,8 54,4 54,4 54,4 55. Sq. Ft. Serviced by Personnel Sq. Ft. Serviced by Personnel Amt. \$ 80,0 Amt. \$ 80,0 \$ 40.0 \$ 80,7 \$ 60.7 \$ 80,7 \$ 60.7 \$ 80.7 \$ 60.7 \$ 80.7 \$ 80.7 \$ 80.7 \$ 90.7 \$ 10.0		-	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) C. Other (Specify) Cleaning Supplies AD. Total Housekeeping Expenditures (4a + b + c) Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from b. Medicine Cabinet Drugs c. Medical and Therapeutic Supplies d. Ambulance/Limousine*** e. Oxygen 1. For Emergency Use 2. Other*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** i. Recreation j. Direct Management Services* k. Indirect Management Services* Sq. Ft. Serviced by Personnel Amt. \$ 80,0 Amt. \$ 80,0 Amt. \$ 80,0 Amt. \$ 80,0 \$ 20,7 \$ 80,7 \$ 221,5 \$	1		1
than through Management Services) (Complete Schedule C-2 att. Page 21) C. Other (Specify) Cleaning Supplies AD. Total Housekeeping Expenditures (4a + b + c) Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from b. Medicine Cabinet Drugs c. Medical and Therapeutic Supplies d. Ambulance/Limousine*** e. Oxygen 1. For Emergency Use 2. Other*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** i. Recreation j. Direct Management Services* k. Indirect Management Services* k. Indirect Management Services* second Amt. Supplies Amt. Amt. Supplies Amt. Supplies Amt. Supplies Amt. Supplies Amt. Amt. Supplies Amt. Supplies Amt. Supplies Amt. Amt. Amt. Supplies Amt. Amt. Amt. Amt. Amt. Amt. Amt. Amt.			+
(Complete Schedule C-2 att. Page 21) C. Other (Specify) Cleaning Supplies AD. Total Housekeeping Expenditures (4a + b + c) Sesident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from Sesident Cabinet Drugs Sesident Care (Supplies)** Sesi			
Page 21) C. Other (Specify) Cleaning Supplies D. Total Housekeeping Expenditures (4a + b + c) Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from \$ 221,5 b. Medicine Cabinet Drugs c. Medical and Therapeutic Supplies d. Ambulance/Limousine*** e. Oxygen 1. For Emergency Use 2. Other*** f. X-rays and Related Radiological Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** i. Recreation j. Direct Management Services* k. Indirect Management Services* \$ 36,7 8 66 8 76 8 80,7 8 221,5 8 34,8 9 221,5 8 14,8 9 221,5 9 34,8 9 209,8 9 34,8 9 34,8 9 34,8 9 34,8 9 35,3 9 34,8 9 34,8 9 34,8 9 35,3 9 34,8 9 34,8 9 34,8 9 35,3 9 34,8 9 34,8 9 34,8 9 35,3 9 34,8 9 34,8 9 34,8 9 35,3 9 34,8 9 34,8 9 34,8 9 34,8 9 34,8 9 34,8 9 34,8 9 35,3 9 34,8	076	13-3334-	
C. Other (Specify) Cleaning Supplies AD. Total Housekeeping Expenditures (4a + b + c) S. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from S. 221,5 b. Medicine Cabinet Drugs c. Medical and Therapeutic Supplies d. Ambulance/Limousine*** e. Oxygen 1. For Emergency Use 2. Other*** f. X-rays and Related Radiological Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** i. Recreation j. Direct Management Services* k. Indirect Management Services* \$ 80,7 8 20,7 8 221,5 8 221,5 8 34,8 9 209,8 9 34,8 9 209,8 9 34,	076 80,076		
Cleaning Supplies 4D. Total Housekeeping Expenditures (4a + b + c) \$ 80,7 5. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy \$ 221,5 b. Medicine Cabinet Drugs \$ 34,8 c. Medical and Therapeutic Supplies \$ 209,8 d. Ambulance/Limousine*** \$ 7,8 e. Oxygen 1. For Emergency Use \$ 35,3 f. X-rays and Related Radiological \$ 10,0 Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** \$ 45,4 i. Recreation \$ 21,3 j. Direct Management Services* \$ \$			
AD. Total Housekeeping Expenditures (4a + b + c) \$80,75 Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy \$221,5 b. Medicine Cabinet Drugs \$34,8 c. Medical and Therapeutic Supplies \$209,8 d. Ambulance/Limousine*** \$7,8 e. Oxygen 1. For Emergency Use \$2. Other*** \$35,3 f. X-rays and Related Radiological \$10,0 Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** \$45,4 i. Recreation \$21,3 j. Direct Management Services* \$	671 671	MERSON AND VIOLENCE	CHANGE CONTRACTOR
5. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from \$ 221,5 b. Medicine Cabinet Drugs c. Medical and Therapeutic Supplies d. Ambulance/Limousine*** e. Oxygen 1. For Emergency Use 2. Other*** 5. X-rays and Related Radiological Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** i. Recreation j. Direct Management Services* k. Indirect Management Services* \$ 221,5 \$ 34,8 \$ 221,5 \$ 34,8 \$ 209,8 \$ 45,4 \$ 10,0 \$ 34,8 \$ 10,0 \$ 20,0 \$ 10,0 \$ 21,3 \$ 21,3 \$ 21,3 \$ 21,3 \$ 34,8 \$ 35,3 \$ 45,4 \$ 45,4	超春 亲 特殊		计算 。种种
a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from \$ 221,5 b. Medicine Cabinet Drugs c. Medical and Therapeutic Supplies d. Ambulance/Limousine*** e. Oxygen 1. For Emergency Use 2. Other*** \$ 35,3 f. X-rays and Related Radiological Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** \$ 45,4 i. Recreation \$ 21,3 j. Direct Management Services* \$ \$ 34,8 221,5 \$ 34,8 209,8 \$ 7,8 \$ 10,0 \$ 35,3 \$ 10,0 \$ 21,3 \$ 21,3 \$ 35	747 80,747	7-1	
1. Own Pharmacy 2. Purchased from \$ 221,5 b. Medicine Cabinet Drugs \$ 34,8 c. Medical and Therapeutic Supplies \$ 209,8 d. Ambulance/Limousine*** \$ 7,8 e. Oxygen 1. For Emergency Use 2. Other*** \$ 35,3 f. X-rays and Related Radiological Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** \$ 45,4 i. Recreation			
2. Purchased from \$ 221,5 b. Medicine Cabinet Drugs \$ 34,8 c. Medical and Therapeutic Supplies \$ 209,8 d. Ambulance/Limousine*** \$ 7,8 e. Oxygen 1. For Emergency Use \$ 2. Other*** \$ 35,3 f. X-rays and Related Radiological Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** \$ 45,4 i. Recreation \$ 21,3 j. Direct Management Services* \$		F 18 18 3	
b. Medicine Cabinet Drugs \$ 34,8 c. Medical and Therapeutic Supplies \$ 209,8 d. Ambulance/Limousine*** \$ 7,8 e. Oxygen 1. For Emergency Use \$ 2. Other*** \$ 35,3 f. X-rays and Related Radiological Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** \$ 45,4 i. Recreation \$ 21,3 j. Direct Management Services* \$ k. Indirect Management Services*			ļ
c. Medical and Therapeutic Supplies \$ 209,8 d. Ambulance/Limousine*** \$ 7,8 e. Oxygen 1. For Emergency Use \$ 35,3 f. X-rays and Related Radiological Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** \$ 45,4 i. Recreation \$ 21,3 j. Direct Management Services* \$ k. Indirect Management Services*	510 221,510		
c. Medical and Therapeutic Supplies \$ 209,8 d. Ambulance/Limousine*** \$ 7,8 e. Oxygen 1. For Emergency Use \$ 35,3 f. X-rays and Related Radiological \$ 10,0 Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** \$ 45,4 i. Recreation \$ 21,3 j. Direct Management Services* \$ \$	A. 1995 A. C.	Mar. 1	
d. Ambulance/Limousine*** e. Oxygen 1. For Emergency Use 2. Other*** \$ 35,3 f. X-rays and Related Radiological \$ 10,0 Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** i. Recreation j. Direct Management Services* k. Indirect Management Services*	822 34,822		
e. Oxygen 1. For Emergency Use 2. Other*** \$ 35,3 f. X-rays and Related Radiological \$ 10,0 Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** i. Recreation \$ 21,3 j. Direct Management Services* k. Indirect Management Services*	850 209,850		
1. For Emergency Use 2. Other*** \$ 35,3 f. X-rays and Related Radiological Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** i. Recreation j. Direct Management Services* k. Indirect Management Services*	813 7,813		
1. For Emergency Use 2. Other*** \$ 35,3 f. X-rays and Related Radiological \$ 10,0 Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** i. Recreation \$ 21,3 j. Direct Management Services* k. Indirect Management Services*		The state of the	11
2. Other*** f. X-rays and Related Radiological Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** i. Recreation j. Direct Management Services* k. Indirect Management Services* \$ 35,3 \$ 10,0 \$ 40,0 \$ 21,3 \$ 21,3			
f. X-rays and Related Radiological Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** i. Recreation j. Direct Management Services* k. Indirect Management Services* \$ 10,0 \$ 45,0 \$ 21,3	373 35,373		
Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** i. Recreation j. Direct Management Services* k. Indirect Management Services* \$ 1,3			
g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** i. Recreation j. Direct Management Services* k. Indirect Management Services* \$ 15,45,45 \$ 21,35 \$ 21,35			
salaries or fees) h. Laboratory*** i. Recreation j. Direct Management Services* k. Indirect Management Services* \$ 345,4 21,3			
h. Laboratory*** i. Recreation j. Direct Management Services* k. Indirect Management Services* \$ 45,4 21,3	624 M. SEC.		1 2
i. Recreation \$ 21,3 j. Direct Management Services* \$ k. Indirect Management Services* \$	THE R. P. LEWIS CO., LANSING, MICH.		
j. Direct Management Services* \$ k. Indirect Management Services* \$			
k. Indirect Management Services* \$,		1
	383 130,383		+
See Attached Schedule	130,383	#	A Carrie
5M. Total Resident Care Expenditures (5a - 5j) \$ 716,6			220

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

^{**} Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

^{***} Facility should self-disallow the expense on Page 29 of the Cost Report.

^{****} ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
	第		1. 学到被选择
Minor Equipment & Supplies - Therapy	\$ 4,943	Toll By	· 學 學數學
IV Supplies - Medicaid	\$ 7,463	等 图像 3	第一等第1種
IV Drugs - Medicare (Self-disallow)	\$ 3,315	。麦雎 。红	10 to 14
Medical Equipment Rental	\$ 57,186	美洲	
Minor Equipment - Nursing	\$ 44,277		
IV Drugs - Managed Care (Self-disallow)	\$ 11,841		
IV Drugs - Medicaid	\$ 40		
Medical Waste Disposal	\$ 1,318		拉勒
	A Sec.		
(1) 13 (1) (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			
	一		
1里)。 意思特殊 自己 化二甲基二酚 医二甲基酚醛			
			1 2 1 2 2
(1) 建设计 (1) 数据	1.14 图像		方象 化强性
			100000
			1 · - E
			HE ST
enter and the control of the control			
Total Other Resident Care	\$ 130,383	S -	\$ -

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

Name of Facility Senior Philanthropy of Newi	ngton, LLC dba Newin	gton Rapid R		License No. 2406	Report for Year Ended 9/30/2018					of 37
		Related ** Operators	AND THE PROPERTY OF THE PARTY O				Total Cost	/Page Ref.**	*	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Lin
Healthcare Service Group	Suite 300, Bensalem, PA 19020	0	0		Dietary Services	94,670			18	3b
Healthcare Service Group	Suite 300, Bensalem, PA 19020	0	•	100	Housekeeping	80,076			20	4b
Healthcare Service Group	Suite 300, Bensalem, PA 19020	0	0		Laundry	77,550			19	3ъ
Lenares Landscaping & Design	398 Stamm Rd, Newington, CT 06111	0	0		Grounds Maintenance	52,393			22	6f
CWPM, LLC	25 Norton Pl, Plainville, CT 06062	0	0	441.5	Trash Removal Services	38,722			22	6f
		0	0		15%					
		0	0	Taxas : Assauce						
		0	0							
		0	0							L
		0	0		117.20					L
	230	0	0							L
200 lane - 1		0	0							L
		0	0	NUMBER OF THE PARTY						
- 1987 - 198 - 19		0	0							

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

^{**} Refer to Page 4 for definition of related.

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

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

Name of Facility License No.).	Report for Ye	ar Ended		Page	of
Senior Philanthropy of Newington, LLC dba N 2406		9/30/2018	et a manus		22	37
Item		Total	CCNH	RHNS	(Sp	ecify)
6. Maintenance & Operation of Plant			02-00			
a. Repairs & Maintenance	\$	59,754	59,754			
b. Heat	\$	43,469	43,469			
c. Light & Power	\$	122,519	122,519		1000	Paral Carte
d. Water	\$	85,107	85,107			
e. Equipment Lease (Provide detail on page 6)	\$	9,559	9,559			
f. Other (itemize)	\$	155,297	155,297			
See Attached Schedule					機能	* *
6g. Total Maint. & Operating Expense (6a - 6f)	\$	475,705	475,705		-	
7. Depreciation (complete schedule page 23*)						1
a. Land Improvements	\$					
b. Building & Building Improvements	\$	46,537	46,537			
c. Non-Movable Equipment	\$					35715
d. Movable Equipment	\$	98,768	98,768			Salit Share
*7e. Total Depreciation Costs (7a+b+c+d)	\$	145,305	145,305			
8. Amortization (Complete att. Schedule Page 24*)			W.C			
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$		0			
d. Other (Specify)	\$			1000		
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less						
real estate taxes included in item 10b	\$	1,174,427	1,174,427		1	
10. Property Taxes		invinto de de				
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	(5,588)	(5,588)			
c. Personal property taxes	\$	15,920	15,920			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,330,064	1,330,064			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Interco Contracted Services-Maint	\$ (714)		40000000000000000000000000000000000000
Electrical-Maint	\$ 3,957	NEW THIRD.	
Plumbing-Maint	\$ 7,199		
HVAC/Boiler Maint	\$ 16,733		10 文質學器
Paint-Maint	\$ 1,756		医原 电路
Alarm Inspection-Maint	\$ 435		計畫 場
Alarm Repairs-Maint	\$ 5,918		· 接触 数
Grounds Maintenance-Maint	\$ 55,231		
Elevator-Maint	\$ 10,851		
Pest Control-Maint	\$ 3,267		用数似版
Maint Contracts- Generator	\$ 4,393		
Waste Disposal -Grease/Trash	\$ 41,327		
Copier- Maintenance Agreement	\$ 4,944	1816	
全然里的是看见。 "我是我们		Marine.	
			学规模能量。
	hail history		新华 海
Total Other Repairs and Maintenance	\$ 155,297	\$ -	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2006

Depreciation Schedule

Name of Facility Senior Philanthropy of Newington, LLC dba	Newin	ngton F	Ranid R	ecover	License No.	6		Report for Year En	nded		Page 23	of 37
Property Item	NOWII	igtoii i	cupiu ic	000701	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements								1	•	3		THE SHOWING S.
Acquired prior to this report period					i l					28342		A PARTY
2. Disposals (attach schedule)		-				•	1		200			
3. Acquired during this report period (attac	h sche	dule)					Part of the state					Charles Lake
A-4. Subtotal			13	-1-					200	79%	and the second	
B. Building and Building Improvements	recomment.											100
1. Acquired prior to this report period			909		626,990		626,990	79,456	S/L	Various	40,988	
Disposals (attach schedule)			Colores									
3. Acquired during this report period (attack	h sche	dule)			83,229		83,229		S/L	Various	5,549	
B-4. Subtotal						12,1876	1900	Statem Sta	A CONTRACTOR			46,537
C. Non-Movable Equipment												
Acquired prior to this report period												
Disposals (attach schedule)	WOTE .			1								
Acquired during this report period (attack)	h sche	dule)			A A A A A A A A A A A A A A A A A A A				100		And University and American	
C-4. Subtotal							ACTO E	CANAL SERVICE	+450			
	logi	nileage book tained?		Acquisitio	Historical Cost	Less		Accumulated Depreciation to	Method of			
	Yes	No	Month	Year	Exclusive of Land	Salvage Value	Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment				3 7	4	A 44	\$4.50 m	PER SAME	100			
 Motor Vehicles (Specify name, model 			174 bass	夢	12360				- 48			
and year of each vehicle)		100	- 内侧片	Car attac	404	7 ₁₀	Table Asset	THE SHAPE STATE OF	S. P. S.	65100 100 100 100 100 100 100 100 100 100	0.051	
a. 2015 Ford Transit 250 -10 Passenger				15	40,257		40,257	20,128	S/L S/L	5		A MOSP
b. Corporate Fleet -taxable value	-	-		16 17	1,110 1,693	310.00 000	1,110 1,693	339		5		
c. Corporate Fleet -taxable value	-	-	4	117	1,093		1,093	337	O/L	1 -	337	
Movable Equipment	TO SAI	PP-VC II	4.0	F.	WWW.	1277		The same of the sa	100 Sept. 100 Se	1		
a. Acquired prior to this report period			Var.	Var.	1,116,198		1,116,198	548,852	S/L	Various	86,808	
b. Disposals (attach schedule)			T	7	1,110,170	72-	.,,.,0	,				
			1000			(2)	W4250 11 - 1	1845	100		- decide smith	A Proposition
a Agained during this report period		\$10000000000			The Color of the Color	33.36.5	Commence of the Commence of th	Company of the Compan	STREET, STREET	Name of the Party	2.2.10	THE PERSON NAMED IN
c. Acquired during this report period		100	Var	Var	19 791		19.791		IS/L	Various	3.348	
c. Acquired during this report period (attach schedule) D-3. Subtotal			Var.	Var.	19,791		19,791		S/L	Various	3,348	98,768

Heeful

TI--C.1

Senior Philanthropy of Newington, LLC dba Newington Rapid Recovery Rehab Center 9/30/2018

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
			Brillion .	3.
			N. C.	
		100 Marie 100		
		3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1073	
		第一位 对是一位	4.00	
TO SECURE			建 的规范	
Fotal additions for	r Land Improvement	S -	A REST	\$
Deletions:				
海		相解差别。	alian in	
			建設 以表示	42000
NAME OF				A 4 2 19 10
NAME OF				
			E Sheet of the	
Marille 18				Alexa.
otal deletions for	Land Improvement	\$ -	alle as	S -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
12/31/2017	Facility Lighting	\$ 83,229	15	\$ 5,549
74 7 V		16. K. A. A. E. A.		PARTY AND THE PA
10.05 12.15	THE PERSON OF A SECOND CO. NO. OF CO.			5
Contract of the	253A-30, 6004			
		B BLOCKEL S		Ed Sea 1
Total additions for	Building Improvement	\$ 83,229	400	\$ 5,549
Deletions:	A STATE OF THE STA	Contactor III Contactor	100120	
Defetions:		21 5 55 5 1 1 1 2 2 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	347.55	
			8600 S	266672753
Company of the Compan	Company of the Compan			
296				
	。在1000年的前期,1000年的1000年(5)。 1000年(1000年)		155	300
制力 凝				· 片字、微观题。"
建 4.00 年6				
Total deletions for	Building Improvement	S -		\$

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report perio

Additions: Total additions for Non-Movable Equipmen Deletions:	
Total additions for Non-Movable Equipmen \$.	
Total additions for Non-Movable Equipmen S .	922 1024 40.718 b - 2
Total additions for Non-Movable Equipmen S .	(基) 利用数
Total additions for Non-Movable Equipmen \$ -	。 6.知 第 5
Total additions for Non-Movable Equipmen \$ -	au alah
Total additions for Non-Movable Equipmen \$ -	
Total Auditors for 1 of the Park	
Deletions:	•
	- THE
	等 霉
	100000000000000000000000000000000000000
	- 1
Total deletions for Non-Movable Equipmen \$ -	•

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{*}Ties to Page 23, Line C3
**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report peric

Acquisition Date	Description of Item		Cost	Useful Life	Depreciation
Additions:				ji ji nil	
11/9/2017	Bed Package/mattress	S S	6,099	10	\$ 610
1/8/2018	Telephone Cabling	S	6,157	5	\$ 1,231
2/9/2018	34 PTAC Cord Sets		7535	5	1507
\$100 By		· · · · · · · · · · · · · · · · · · ·	E 119		
14.5			alar-		_ c
Total additions for	Movable Equipmen	S	19,791		\$ 3,348
Deletions:					
· 建学					
群。	经 自己基本信息 (1885年)		建		70000
	一直接到一种影响。2015年2015年11日 1000年11日		- 夏夷	15 5	
			· "我们"		
			No. of the		特待以 1000
			4.5		100
Total deletions for	Movable Equipmen	\$	-751		5 -

^{*}Ties to Page 23, Line D2c **Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report peri-

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
				是 在1000000000000000000000000000000000000
		190		
981.307.317		Till a		
		0.15		Will be to
18		HE K		· 學園
		940.00	ALC: NEWS	Maria
Total additions for	Leasehold Improvemer	S -	364 321	\$ -
Deletions:				
11968				
T TE			TO THE REAL PROPERTY.	
Et .		196		
ale:		1 6	1000	PARTY COLUMN
16 () () () () () () ()	Marie Salata			104
THE RESERVE	TO THE PERSON OF THE PARTY OF T		1. Salah	
Total deletions for	Leasehold Improvemen	\$ -		\$

^{*}Ties to Page 24, Line C3
**Ties to Page 24, Line C2

Newington Health Care Center
Senior Philanthropy of Newington, LLC
Cost Report Year 2016
Medicald Cost Report Properties Sur

Senior Philantinopy of Newington, LLC						9/30/2017		9/30/2018	Net
Cost Report Year 2016	Date				9/30/2017	Accum	9/30/2018	Accum	Book
Medicaid Cost Report - Depreciation Summary	Acquired	Life	Method	Historical Cost	Expense	Deprec.	Expense	Deprec.	Value
	* 500 × 500								
Building Improvements							125		46.004
Prior Owner's Assets	Various	Various	S/L	18,199	404	1,414	404	1,818	16,381
2015 Additions									
Lounge repairs	4/4/2105	15	S/L	1,565	104	261	104	365	1,200
New doors	4/6/2015	15	S/L	4,942	329	824	329	1,153	3,789
New doors	4/23/2015	15	S/L	7,200	480	1,200	480	1,680	5,520
New doors	5/8/2015	15	S/L	4,650	310	775	310	1,085	3,565
New doors	5/27/2015	15	S/L	24,514	1,634	4,085	1,634	5,719	18,794
Total 2015 Additions				42,871	2,858	7,145	2,857	10,002	32,869
2016 Additions									
New Doors	5/27/2015	15	S/L	(280)	(19)	(37)	(19)	(56)	(224)
New Doors	12/11/2015	15	S/L	3,064	204	409	204	613	2,451
New Flooring*	2/22/2016	15	S/L	4,452	297	594	297	891	3,561
Roof Maint*	6/24/2016	15	S/L	4,329	289	577	289	866	3,463
Glass Windows	6/15/2016	15	S/L	6,929	462	924	462	1,386	5,543
New Ceiling*	6/28/2016	15	S/L	3,256	217	434	217	651	2,605
LED Exit Lights*	7/8/2016	15	S/L	1,292	86	172	86	258	1,034
Entry Vestibule	8/29/2016	15	S/L	2,163	144	288	144	432	1,731
Main Lobby & Reception	8/29/2016	15	S/L	11,780	785	1,571	785	2,356	9,424
Main Entry Corridor	8/29/2016	15	S/L	15,684	1,046	2,091	1,046	3,137	12,547
Main Corridor	8/29/2016	15	S/L	35,452	2,363	4,727	2,363	7,090	28,362
Nurses Station (1 EA)	8/29/2016	15	S/L	3,124	208	417	208	625	2,499
Elevator Lobby	8/29/2016	15	S/L	2,808	187	374	187	561	2,247
Lounge (2 EA)	8/29/2016	15	S/L	36,505	2,434	4,867	2,434	7,301	29,204
Resident Room - 2 Bed (10 EA)	8/29/2016	15	S/L	54,489	3,633	7,265	3,633	10,898	43,591
ResidentBathroom (10 EA)	8/29/2016	15	S/L	17,425	1,162	2,323	1,162	3,485	13,940
Main Corridor 2	8/29/2016	15	S/L	81,046	5,403	10,806	5,403	16,209	64,837
Nurses Station (2 EA)	8/29/2016	15	S/L	9,427	628	1,257	628	1,885	7,542
Elevator Lobby	8/29/2016	15	S/L	1,079	72	144	72	216	863
Shower Room (2 EA)	8/29/2016	15	S/L	73,012	4,867	9,735	4,867	14,602	58,410
Door Refinishing	8/29/2016	15	S/L	48,411	3,227	6,455	3,227	9,682	38,729
Baseboard Heater Covers	8/29/2016	15	S/L	3,902	260	520	260	780	3,122
Window Blinds	8/29/2016	15	S/L	5,670	378	756	378	1,134	4,536
MedicationRoom	8/29/2016	15	S/L	12,188	813	1,625	813	2,438	9,750
Nourishment Room	8/29/2016	15	S/L	2,338	156	312	156	468	1,870
Nurses Station	8/29/2016	15	S/L	4,620	308	616	308	924	3,696
Soiled Utility Room	8/29/2016	15	S/L	4,185	279	558	279	837	3,348
MedicationRoom (2 EA)	8/29/2016	15	S/L	22,863	1,524	3,048	1,524	4,572	18,291
,	20 S		-						

Nourishment Room (2 EA)	8/29/2016	15	S/L	4,675	312	623	312	935	3,740
Nurses Station (2 EA)	8/29/2016	15	S/L	13,951	930	1,860	930	2,790	11,161
Soiled Utility Room (2 EA)	8/29/2016	15	S/L	8,369	558	1,116	558	1,674	6,695
Paint doors and frames	8/29/2016	15	S/L	8,910	594	1,188	594	1,782	7,128
Remove & replace base cabinet & sink	8/29/2016	15	S/L	3,763	251	502	251	753	3,010
Total 2016 Additions				510,881	34,059	68,117	34,058	102,175	408,705
2017 Additions									
New Flooring (Asset Expensed)	2/22/2016	15	S/L	(4,452)	(297)	(594)	(297)	(891)	(3,561)
Roof Maint (Asset Expensed)	6/24/2016	15	S/L	(4,329)	(289)	(577)	(289)	(866)	(3,463)
New Ceiling (Asset Expensed)	6/28/2016	15	S/L	(3,256)	(217)	(434)	(217)	(651)	(2,605)
LED Exit Lights (Asset Expensed)	7/8/2016	15	S/L	(1,292)	(86)	(172)	(86)	(258)	(1,034)
Paint Parking Lot	11/1/2016	15	S/L	5,674	378	378	378	756	4,918
Facility Lighting	1/1/2017	15	S/L	62,694	4,180	4,180	4,180	8,360	54,334
Total 2017 Additions	7.5 7.0			55,039	3,669	2,781	3,669	6,450	48,589
2018 Additions									
Facility Lighting	12/31/2017	15	S/L	83,229	120	27	5,549	5,549	77,680
Total 2018 Additions	12/31/201/	13	3/2	83,229			5,549	5,549	77,680
	filtori			marin and a second					
Total Building Improvements				710,218	40,990	79,457	46,537	125,994	584,224
Vehicles									
2015 Additions									
2015 Ford Transit 250 -10 Passenger Wagon	5/1/2015	5	S/L	40,257	8,051	20,128	8,051	28,179	12,078
2016 Additions									
Corporate Fleet -taxable value	5/16/2016	5	S/L	1,110	222	444	222	666	444
2017 Additions									
Corporate Fleet -taxable value	4/1/2017	5	S/L	1,693	339	339	339	678	1,015
Total Vehicles				43,060	8,612	20,911	8,612	29.523	13,537
Total Vehicles				45,000	0,012	20,511	GOLZ	23,025	10,001
Moveable Equipment Prior Owners Moveable Equipment (Fully			ection and	三二三公人 医角管 安全 经分		7.7.7.2.2.9138			22,000,000
Depreciation Assets Removed)	Various	Various	S/L	642,358	32,201	436,630	25,726	462,356	180,002
2010 100 100 100 100 100 100 100 100 100	Vodava	Various	S/L	20,891	3,274	11,459	3,274	14,733	6,158
Asset Additions 10/1/2014-3/31/2015	Various	Various	5/L	20,891	3,214	11,439	3,214	14,733	0,130
2015 Additions									
Sonic Wall	4/30/2015	15	S/L	3,609	241	601	241	842	2,767
Canon Copiers @2	5/30/2015	5	S/L	20,221	4,044	10,111	4,044	14,155	6,067
Signag	4/2/2015	15	S/L	2,950	197	491	197	688	2,262
Shields	4/20/2015	5	S/L	2,885	577	1,443	577	2,020	865

								10/1000	2000
Chairs	5/1/2015	5	S/L	3,819	764	1,910	764	2,674	1,145
HVAC	6/23/2015	10	S/L	2,700	270	675	270	945	1,755
AHT Software	7/1/2015	3	S/L	3,022	1,007	2,519	503	3,022	0
Tables	5/13/2015	5	S/L	1,685	337	843	337	1,180	505
Ice Machine	5/14/2015	5	S/L	4,072	814	2,036	814	2,850	1,222
Stove	7/29/2015	10	S/L	10,025	1,003	2,506	1,003	3,509	6,516
Gas Stove	9/1/2015	10	S/L	5,419	542	1,355	542	1,897	3,522
Total 2015 Additions				60,407	9,795	24,489	9,292	33,781	26,626
2016 Additions									
Cross trainer	10/13/2015	- 5	S/L	3,855	771	1,542	771	2,313	1,542
Washer and base	5/1/2015	5	S/L	14,368	2,874	5,747	2,874	8,621	5,747
Touch Screen Kiosk	10/31/2015	5	S/L	5,190	1,038	2,076	1,038	3,114	2,076
	2/4/2015	5	S/L	455	91	182	91	273	182
Printer	1/28/2015	5	S/L	996	199	398	199	597	399
Computer	1/15/2015	5	S/L	1,142	228	457	228	685	457
Cards & Card Printer	1/12/2015	5	S/L	1,275	255	510	255	765	510
Computer	TER 500	5	S/L	2,048	410	819	410	1,229	819
Laptop Computer Cart	11/17/2015	5	S/L	2,157	431	863	431	1,294	863
Housekeeping Equipment	5/29/2015			942	188	377	188	565	377
Converyor Toaster	7/30/2015	5	S/L	V-00-00	191	382	191	573	1,339
Patio Furniture	5/22/2015	10	S/L	1,912		200	100	300	200
32" TV	12/15/2015	5	S/L	500	100			395	263
32" TVs	12/22/2015	5	S/L	659	132	263	132		
Wall AC Units	6/23/2015	15	S/L	2,128	142	284	142	426	1,702
Shower Gurney	7/1/2015	15	S/L	1,359	91	181	91	272	1,087
Alternating Pressure Mattress	8/7/2015	10	S/L	1,243	124	249	124	373	870
Pulsation Blower Mattress	8/14/2015	10	S/L	2,434	243	487	243	730	1,704
Alternating Pressure Mattress	7/1/2015	10	S/L	6,116	612	1,223	612	1,835	4,280
Computers & Kiosks	5/30/2015	5	S/L	2,094	419	838	419	1,257	837
Sonic Wall	1/8/2016	15	S/L	4,421	295	589	295	884	3,537
Therapy Equipment	1/25/2016	5	S/L	14,680	2,936	5,872	2,936	8,808	5,872
Computer Equipment	1/29/2016	5	S/L	3,507	701	1,403	701	2,104	1,403
Rebuild Mixing Valve HVAC	12/8/2015	10	S/L	1,843	184	369	184	553	1,291
Bed Package	9/1/2015	10	S/L	2,278	228	456	228	684	1,595
Stand Up Lift	9/2/2015	10	S/L	2,674	267	535	267	802	1,872
Replace Mixing Valve HVAC	2/23/2016	10	S/L	4,587	459	917	459	1,376	3,211
6 Drawer Cart	5/1/2016	10	S/L	3,823	382	765	382	1,147	2,676
Pressure Mattress	5/1/2016	10	S/L	624	62	125	62	187	437
Pressure Mattress	5/9/2016	10	S/L	644	64	129	64	193	451
Valve/Safety Pilot in Oven	1/5/2015	15	S/L	706	47	94	47	141	565
Carpeting	5/4/2015	15	S/L	1,770	118	236	118	354	1,416
Ceiling Tiles	6/12/2015	15	S/L	1,490	99	199	99	298	1,192
Sink Fixtures	11/3/2015	15	S/L	1,470	98	196	98	294	1,176
PTAC Heat Pump	11/2/2015	15	S/L	3,445	230	459	230	689	2,756
	12/18/2015	10	S/L	800	80	160	80	240	560
5 button keypad	11/30/2015	10	S/L	1,350	135	270	135	405	945
Electromag Lock for door	11/30/2013	10	J/ L	2,550		-75:70	333		

for 2018				1,889,267	143,390	649,220	145,305	794,525	1,094,7
Moveable Equipment	ar.			1,135,989	93,788	548,852	90,156	639,008	496,9
Total 2018 Additions				19,790			3,348	3,348	16,4
34 PTAC Cord Sets	2/9/2018	5	S/L	7,535		-	1,507	1,507	6,0
Telephone Cabling	1/8/2018	5	S/L	6,157	2	2	1,231	1,231	4,
Bed Package/mattress	11/9/2017	10	S/L	6,099		*	610	610	5,
2018 Additions			102414	**************************************				-	_
Total 2017 Additions				153,825	20,760	20,760	20,760	41,520	112
Rooftop AC Unit	8/8/2017	15	S/L	12,214	814	814	814	1,628	10,
Bladder Scanner	5/1/2017	5	S/L	7,200	1,440	1,440	1,440	2,880	4,
2nd Fl Chateaux Nurse Call System	2/22/2017	10	S/L	25,418	2,542	2,542	2,542	5,084	20
2nd Fl Nurse Call System	2/22/2017	10	S/L	26,162	2,616	2,616	2,616	5,232	20
1st FI Nurse Call System completed in Apr	2/22/2017	10	S/L	26,375	2,638	2,638	2,638	5,276	21
Resident Room Chairs	10/1/2016	5	S/L	50,644	10,129	10,129	10,129	20,258	30
Boiler	12/12/2016	10	S/L	5,812	581	581	581	1,162	4
2017 Additions									
Total 2016 Additions				238,717	27,757	55,515	27,756	83,271	155
Resident Room Furniture	8/1/2016	15		81,270	5,418	10,836	5,418	16,254	65
Carpeting	9/7/2016	15	S/L	2,820	188	376	188	564	2
Workstation/Cubicles	8/22/2016	10	S/L	11,670	1,167	2,334	1,167	3,501	8
OEM Control Power Transformer	8/24/2016	10	S/L	3,580	358	716	358	1,074	- 1
Emergency Stop Switch on Generator	8/2/2016	10	S/L	1,170	117	234	117	351	
Magnetic Door Lock System	6/20/2016	10	S/L	4,254	425	851	425	1,276	2
Wander Tags	2/18/2016	10	S/L	1,430	143	286	143	429	1
Compressor	7/8/2016	10	S/L	3,970	397	794	397	1,191	2
Reliant Lift Battery Pack	7/8/2016	10	S/L	2,090	209	418	209	627	1
Generator Switch & Disconnect on Dishwasher	7/15/2016	5	S/L	3,065	613	1,226	613	1,839	1
PT/INR Monitoring System	7/8/2016	5	S/L	2,267	453	907	453	1,360	
Bariatric Bed	7/7/2016	10	S/L	3,376	338	675	338	1,013	2
Reclining Wheelchair	7/5/2016	5	S/L	2,096	419	838	419	1,257	
LAL Pressure Mattress	6/24/2016	10	S/L	1,359	136	272	136	408	
ID Card Printer	6/20/2016	5	S/L	1,048	210	419	210	629	
Telephone Set up/Equipment	6/23/2016	5	S/L	4,948	990	1,979	990	2,969	1
Telephone Set up/Equipment	3/31/2016	5	S/L	5,191	1,038	2,076	1,038	3,114	2
Radiator Covers	4/30/2015	10	S/L	1,050	105	210	105	315	
Radiator Covers	4/30/2015	10	S/L	1,080	108	216	108	324	

Amortization Schedule*

Nam	e of Facility		- 1	License No.		Report for Yea	r Ended		Page	of
	or Philanthropy of Newington, LLC dba?	Newingto	on Rap	240)6	9/30/2018			24	37
		Date Acqui	e of			Accumulated Amort. to Beginning of	Basis for	D		
	Item	Month	Year	Length of Amortization	Cost to Be Amortized	Year's Operations	Computing Amortization**		Amortization for This Year	
A.	Organization Expense 1.									
	2.									A PARTY OF THE PAR
	3.						Water to	Salara de Par		
A-4.	Subtotal	200			44.00	全线 相似。	a with		The state of the s	out of the second
B.	Mortgage Expense 1.									
	2.									
-543	3.							This control of a finance code		
B-4.	Subtotal		34			200				
C.	Leasehold Improvements and Other 1. Acquired prior to this report period									
	2. Disposals (attach schedule)					CONTRACTOR AND	902 - 303 GV		STORESTON OF THE PROPERTY OF	
	3. Acquired during this report period (attach schedule)								***************************************	
C-4.	Subtotal				100 mg				1	
D.	Total Amortization	1766 East	749	**************************************	*				W. 1988	

- * 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 License No		Report for Year En	ded		Page of 25 37
	06	9/30/2018			25 31
11. Property Questionnaire			-	1000-010	// CO 1992
Part A					If "Yes," complete Part B.
Is the property either owned by the Facility or leased from a Related Party?*	0	Yes	©		If "No," complete Part C.
*If any owner or operator of this facility is related	l by family, ma	arriage, ownership, abili	ty to control or		AC COUNTY OF S
business association to any person or organization					
related party transaction. Description	110	Total	W & 1 %		
Date Land Purchased					g Tree
Date Structure Completed					
If NOT Original Owner, Date of Purchas	se			A BAR	
4. Date of Initial Licensure		100			
Total Licensed Bed Capacity Square Footage		180			
Square Footage Acquisition Cost					
a. Land		SEE THE PARTY OF STREET STREET, ST.			
b. Building	1-151-150-150-150-15			《 医数 甲甲二	
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing	1000	150	is 数数。	· 化二键	The state of the state of the
a. Type of Financing (e.g., fixed, variab	ole)				
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				/p	
Complete if Mortgage was Refinanced		**	集 法定帐		A A A A A A A A A A A A A A A A A A A
During Current Cost Year	*	1984 PK			
g. Type of Financing (e.g., fixed, variab	ole)				
h. Date of Refinancing	(4)				
i. New Interest Rate					
j. Term of Mortgage (number of years) k. Amount of Principal Borrowed		0.000000			
Principal Outstanding on Note Paid-	Off				
Part C - Arms-Length Leases for Real		mprovements Onl	у		
Name and Address of Lessor		perty Leased			Annual Amount of Lease
240 Church Street LLC	Building		04/01/15	123 mo.	1,174,427
	-				
			-		
	25000				
76 1461					
	1		L		

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 Ye	ar Ended		Page of
Senior Philanthropy of Newington, Ll 2406		9/30/2018		76	26 37
Item		Total	CCNH	RHNS	(Specify)
 Interest A. Building, Land Improvement & Non-Movable Equipment First Mortgage 	\$				
Name of Lender	Rate				
Address of Lender					M.
2. Second Mortgage	\$	S		e2	
Name of Lender	Rate	(Table 1)			
Address of Lender					
3. Third Mortgage	9	B			TOTAL AND MONTH OF THE STREET
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage	5	6			
Name of Lender	Rate				
Address of Lender			新		
B. CHEFA Loan Information					
Original Loan Amount		\$			
2. Loan Origination Date					
3. Interest Rate %					1.5
4. Term					
5. CHEFA Interest Expense				TANK WAY	
12 B7. Total Building Interest Expense (A1 - A4 + B5)	:	\$			
		(Can	ry Subtotals	formand to	navt naga

(Carry Subtotals forward to next page)

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

Name of Facility Senior Philanthropy of Newington,	se No. 2406		Report for Ye 9/30/2018	ear Ended		Page 27	of 37
Item			Total	CCNH	RHNS	(Speci	fv)
	Subtotals Bro	ught Forward:		COLLI	Idino	(Special	3)
12. C. Movable Equipment	Suctomic Die	agner or ward.					******
Automotive Equipment		\$					
A. Item	Rate	Amount				W	
Lender		L	*				
Address of Lender							
2. Other (Specify)		\$				新黎美	議法
A. Item	Rate	Amount					
Lender		L					
Address of Lender	and a						
B. Item	Rate	Amount					
Lender		,	7			10000000000000000000000000000000000000	建业
Address of Lender							
12. C. 3. Total Movable Equipment Ir Expense (C1 + 2)	terest	\$	15				
12. D. Other Interest Expense (Specify))	\$		107,852			
Interest on line of credit and oth							
13. Total All Interest Expense (12B7 +	12C3 + 12D)	\$	107,852	107,852			.i.
14. Insurance	NO. 25	100					
a. Insurance on Property (building	s only)	\$		13,044			
b. Insurance on Automobiles		\$	2,925	2,925			
c. Insurance other than Property (a			Parties of	ganeties.			
Umbrella (Blanket Coverage		\$	76,593	76,593			
Fire and Extended Coverage		\$			ļ		
3. Other (Specify)		\$	9,882	9,882	A SE T		4
D&O and Crime Policy					11/	T.	
14d. Total Insurance Expenditures (14a	+b+c)	\$	102,444	102,444			
15. Total All Expenditures (A-13 thru		\$		17,051,355	200		

D. Adjustments to Statement of Expenditures

	of Fa	-	opy of Newington, LLC dba Newington Rapid	Lic	ense No. 2406	Report for Yes	ar Ended	Page 28	of 37
Item No.	Page No.	Line No.	Item Description		Total Amount of Decrease	CCNH	RHNS	40000	cify)
Page	10 - 5	alarie	es and Wages		(Mari	村 海山 養	影響 表	春 雅	多數
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.	10	A12g	Occupational Therapy	\$	18,092	18,092			17 - 1015
4.	100000000000000000000000000000000000000		Other - See attached Schedule	\$	3,736	3,736			
			sional Fees		****		明 全		<u> </u>
5.			Resident Care Physicians **	\$	79,725	79,725		_	
6.	13	B10a	Occupational Therapy	\$	421,599	421,599			
7.			Other - See attached Schedule	\$					Note the second distance of the second
Page	s 15 &	16 -	Administrative and General		138	自一篇	4 8 7		解便
8.			Discriminatory Benefits	\$	The state of the s	Mary Mary Mary Mary Manager Mary Mary	9 main and 1 main 1 mai		- double a raise
9.	15	1c	Bad Debts	\$	53,203	53,203			
10.	15	1d	Accounting	\$				A SALAN SE	
10a.			Legal	\$	7,486	7,486	area may an		
11.			Telephone	\$					
12.	15	1h2	Cellular Telephone	\$	1,473	1,473			
13.			Life insurance premiums on the life				4 東東		4
			of Owners, Partners, Operators	\$					
14.	16	L3	Gifts, flowers and coffee shops	\$	18	18			
15.			Education expenditures to colleges or		11.4		M. 1 11		100
			universities for tuition and related costs				職 生生物		
- 11			for owners and employees	\$					
16.		Į.	Travel for purposes of attending		· · · · · · · · · · · · · · · · · · ·		11年 第二表 1	12.786	1
			conferences or seminars outside the		程。 《数数		10000000000000000000000000000000000000		3.
			continental U.S. Other out-of-state						
			travel in excess of one representative	\$					and the same of the same of
17.			Automobile Expense (e.g. personal use)	\$					
18.	16	m2/3	Unallowable Advertising *	\$	21,025	21,025			
19.			Income Tax / Corporate Business Tax	\$					CONCORDIA
20.	16	m10	Fund Raising / Contributions	\$	4.7				
21.			Unallowable Management Fees	\$	69,075	69,075	S-X-197. SX		
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$	19,308	19,308	U 13 3C		
Page	18 - 1	Dietar	y Expenditures				赚 计量 .		
24.			Meals to employees, guests and others				1988 年 8 年		,
454.0(040)		3	who are not residents	\$	2,872	2,872			
Page	19 - 1	Launa	lry Expenditures		.		1 1 1		à. 19
25.			Laundry services to employees, guests			Part S			
			and others who are not residents	\$					
Page	20 - 1	House	keeping Expenditures			1.78.31.4			***
26.	[Housekeeping services to employees, guests	_			Mr. 4 8 4		
-1,7,1			and others who are not residents	\$	AVAIL STATE OF THE				- Andrew
			Subtotal (Items 1 - 26)	\$	697,612	697,612			Hallow Parkers

^{*} 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)
10		Marketing Salaries	\$ 3,736		
			4.7		
		图片 "在这个的是一个这个思想,我们还是一个一个			
			Milita .	alugar (176)	
			C. Parking	162 8	#18 #8977
Total Other	Salaries A	Adjustment	\$ 3,736	\$ 1.2	S -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
AB					建
	160				
	20 10		"" 接近		
	42				
				建 起	
			12.5	16 公司基	
Total Other	Fees Adju	istments AARTHUR AARTH	\$ -	\$ -	S

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
See	Attached	Marketing Disallowances	\$ 709		
- 15	1a9	Employee Benefits - Marketing (Self-disallow)	\$ 455		HERE LAND
15	1a9	Employee Food (Self-disallow)	\$ 1,511		建 ()
15	1a9	Holiday Fund (Self-disallow)	\$ 1,725		推荐的独立
15	1a9	Employee Gifts/Nurses Appreciation (Self-disallow)	\$ 752		
15	1a9	Petty Cash (Self-disallow)	\$ 1,011		
16	m8	Dues/Subscriptions-Mkt (Self-disallow)	\$ (202		
16	m13	Holiday Decorations-Activities-SNF (Self-disallow)	\$ 782		
16	m13	Resident Reimburse on Lost/Stolen Items (Self-disallow)	\$ 3,581		
16	m13	Misc Decor-Adm (Self-disallow)	\$ 757		
16	m13	Collection Fees/Credit Card Fees (Self-disallow)	\$ 2,985		
16	m13	Late fees/Fines/Finance Charges-Adm (Self-disallow)	\$ 5,242		
Total Othe	r A&G Ad		\$ 19,308	\$	\$ -

Senior Philanthropy of Newington, LLC Calculation of Allowable Cell Phone Expense September 30, 2018

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

Total Bed Capacity	180
# of Allowable Cell Phones	4

Allowable Cell Phone Exp	ense (per cell phone):	
per month	\$	30
per year	\$	360

Page 15 Line 1h2 Cell Phone expense per TB Allowable Cell Phone expense	A		
Cell Phone expense per TB	\$	2,913	
Allowable Cell Phone expense	\$	1,440	
Disallowed Cell Phone expense	\$	1,473	Page 28 Line 12

Senior Philanthropy of Newington, LLC Calculation of Allowable Management Fee 9/30/2018

Descrption	Amount				
Management fees Charged	398,295 **	*			
Patient Days	59,457 Pa	age 8 of C	C/R		
Amount Per Patient Day	s	\$	6.6989		
PPD Allowance Per Rate Agreement		Ash.	6.67		
2018 CPI Increase	<u> 20</u>		0.07		
PPD Allowance 9/30/2018	_		6.74		
Amount over (Under)		\$	(0.0390)		
Total Days			59,457	Page	8 of C/R
Part 1 Disallowed Management Fee				\$	(2,318)
Management fees Charged (Pg. 16 / Line m12)			469,688		
Actual Costs to the Related Party - Allowable Expense			398,295		
Part 2 Disallowed Management Fee	-			\$	71,393
Total Disallowed Mangement Fee				\$	69,075 Pg. 28 / line 21

^{**}Per as filed 12/31/17 Medicare cost report

Senior Philanthropy of Newington, LLC Marketing Disallowance September 30, 2018

Page		Line	Account	<u>Description</u>	Amo	ount
15	1.a.1		490123	Workers Comp-Mkt		14
15	1.a.3		490122	Payroll Taxes-Mkt-SUI		-
15	1.a.3		490124	Payroll Tax-Marketing Staff-FUTA		
15	1.a.4		490121	Payroll Taxes-Mkt-FICA		322
15	1.a.5		490125	Employee Health Insurance-Mkt		431
15	1.a.5		490127	Employee Dental Insurance-Mkt		27
15	1.a.5		490128	Employee Vision Insurance - Mkt		1
15	1.a.6		490126	Employee Life Insurance-Mkt		11
15	1.g		490901	Office Supplies-Mkt		·
15	1.g		490920	Forms/Printing-Mkt		-
			Tota	al Page 15 Marketing Disallowance		792
16	1.4		490950	Mileage Reimbursement-Mkt		(83)
			Tota	al Page 16 Marketing Disallowance		(83)
Disall	owed M	larketing Dep	oartment E	xpenses	\$	709

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

			D. Adjustments to Statement			itures (co	nt'a)	-000	
Name	of Fa	cility	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	Lic	ense No.	Report for Y	ear Ended	Page	of
Senio	r Phil	anthro	ppy of Newington, LLC dba Newington Rap		2406	9/30/2018		29	37
				\neg	Total		100-		
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(S	pecify)
		-	Subtotals Brought Forward	\$	697,612	697,612		WETTER AND PROPERTY.	
Page	20 - I	Reside	nt Care Supplies***		THE THE			16.0	表验。
27.			Prescription Drugs	\$	221,510	221,510			25.55
28.	20	5d	Ambulance/Limousine	\$	7,813	7,813			ileann.
29.	20	5f	X-rays, etc	\$	10,054	10,054			H. W.
30.	20	5h	Laboratory	\$	45,491	45,491			
31.	30	II2a/c	Medical Supplies	\$	12,954	12,954			
32.	20	5e2	Oxygen (non emergency)	\$	35,373	35,373			
33.			Occupational Therapy	\$					TO S
34.			Other - See Attached Schedule	\$	24,115	24,115	1-140	(a)	
Page	22 - 1	Maint	enance and Property		***	秦 李 战队		4	
35.			Excess Movable Equipment Depreciation		43 Table 1				
			See Attached Schedule	\$					
36.			Depreciation on Unallowable				100 6		· · · · · · · · · · · · · · · · · · ·
			Motor Vehicles	\$			eming specialists and second		
37.			Unallowable Property and Real					Harry 1	
			Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$					
Page	27 - 1	nsura	ince		非族 多句類			414	
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$	g 19 2 mganistangarawananananan	E1			
Othe	r - Mi	scella	neous						
42.			Other - Indirect	\$					
43.			Interest Income on Account Rec.	\$					
44.			Other - Miscellaneous Administrative	\$					
45.			Management Fees Direct	\$			762 2555		
46.			Management Fees Indirect	\$					-
47.			Other - Direct	\$	1,514	1,514			
Not	For P	rofit H	Providers Only			72 1			
48.			Building/Non Movable Eq. Depreciation			温		***	
			Unallowable Building Interest -						
			See Attached Schedule	\$				X catarian and	
49.	Total	Amo	ount of Decrease (Items 1 - 48)	\$	1,056,436	1,056,436	20		

^{***} 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 dba Newington Rapid Recovery Rehab Center 9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable TV in Excess (See Attached 29b)	\$ 8,959		
20	51	IV Drugs - Medicare (Self-disallow)	\$ 3,315		
20	51	IV Drugs - Managed Care (Self-disallow)	\$ 11,841		
- 4	注			3/E	
	装		LIES.		2.2
				ENERGIE:	
	1000				
					1.49
	· 斯斯敦		Elizabeth Control	· 编辑。	1 1 1
Total Other	Ancillary	Costs	\$ 24,115	\$	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
			为 人 整、维		
ale Some			1000000		APPENDED
				经产业	
	重数		Park III		
MET LA	- 種子	1. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
	100 15				建
			L. C.		- The state of the
	WALL.				
Total Exces	s Movable	Equipment Depreciation	\$ -	\$	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
74 1	. k 3		4 . 3		1
	4 1.4		4	1.795	
			122 14		. 3
			ALE I		1 × 11 11 11 11 11
	46.6		7315.2		
3000				district to	
	識的			BURE S	工产量
怪 差	18 BH			以源制 质量	
Total Other	Property	Adjustments	\$ -	S -	s -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27		D&O Insurance	\$ 1,514		
1 3					
			经验 公司表现	ir. Mikiliad	
4	100				
		是我国第八天, 三国XIII 联系 (1)	E.S.	1000000	
			The state of the s	E	
	1 26			Barra .	
M. A.					发展
Total Othe	r Adjustme	ents	\$ 1,514	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
200	ji i				
					自身 发 是 这
	Said R		April 1	2	
	100				lite in the second
	100		46		14. 李奎
	2 (A)				
	30	计 "我然后不是一种政治,一位在一定,我们不是一点。"	Kara and a second		
			76		1.74 Table
Total Unall	owable Bu	ilding Interest	\$ -	\$ -	\$ -

Senior Philanthropy of Newington, LLC Disallowance Schedule for Cable TV September 30, 2018

	Amount			
Total Cable TV Expense acct #560717	\$	12,559	TB Linked	
Monthly Allowable amount	\$	300		
Months in Cost Report Year		12		
Total Allowable Cost	\$	3,600	y.	
	-		- 0	
Disallowed Cable TV	\$	8,959	=	

F. Statement of Revenue

F. Statement of Rev						
Name of Facility License No.	- 1	Report for Year Ended			Page	of
Senior Philanthropy of Newington, LLC c 2406	_	9/30/2018		30	37	
Item		Total	CCNH	RHNS	(Spe	ecify)
I. Resident Room, Board & Routine Care Revenue				- 1	1 2 2 3	
1. a. Medicaid Residents (CT only)	\$	21,660,226	21,660,226			
b. Medicaid Room and Board Contractual Allowance **	\$	(9,829,397)	(9,829,397)	STAT		70.
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$	1,603,741	1,603,741			
b. Medicare Room and Board Contractual Allowance **	\$	437,624	437,624			ture e
4. a. Private-Pay Residents and Other	\$	3,627,864	3,627,864			
b. Private-Pay Room and Board Contractual Allowance **	\$	(523,787)	(523,787)			
I. Other Resident Revenue		建		k ·	潜	
a. Prescription Drugs - Medicare	\$	146,924	146,924		THE PERSON NAMED IN COLUMN 1	7/-
b. Prescription Drugs - Medicare Contractual Allowance **	\$					100.00
c. Prescription Drugs - Non-Medicare	\$	152,595	152,595			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				100	
2. a. Medical Supplies - Medicare	\$	3,430	3,430	100	- 1, + 1	
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$	9,524	9,524			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				1000	
3. a. Physical Therapy - Medicare	\$	642,180	642,180			
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$	473,875	473,875			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$	272,460	272,460			1-4/1
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$	303,160	303,160			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$	735,505	735,505			1000
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$		561,890			1000
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					0.00
6. a. Other (Specify) - Medicare	\$	(1,495,401)	(1,495,401)			111 11
b. Other (Specify) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$		17,563,988			
IV. Other Revenue*						H
Meals sold to guests, employees & others	\$				SHEEK COLUMN	Maria
Rental of rooms to non-residents	\$				1	
Telephone	\$		POSCO		1	
Rental of Television and Cable Services	\$		<u> </u>		+	
S. Interest Income (Specify)	\$		107			
6. Private Duty Nurses' Fees	\$		1.57			
7. Barber, Coffee, Beauty and Gift shops	\$	 			1	
8. Other (<i>Specify</i>)	\$		46,165		+	
V. Total Other Revenue (1 thru 8)	\$		46,272		+	
				 	1	
VI. Total All Revenue (III +V)	\$	17,610,260	17,610,260	1		

^{*} 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)	
		94.8		10000000000000000000000000000000000000	
30II6a	Laboratory- MCR A-SNF	\$ 34,548	2.5		
30Пба	IV Therapy-MCR A-SNF	\$ 5,751			
30П6а	XRay MRA	\$ 5,411			
30116a	Contractual Adj-Ancill-MCR A-SNF	\$ (1,281,387)		14.	
30II6a	Sequestration - MCR B	\$ (5,019)	2000		
30H6a	Contractual Adj- Ancill- MCR B-SNF	\$ (254,705)	70 100	10	
Total Oth	er Resident Revenue - Medicare	\$ (1,495,401)	s -	\$ -	

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
			September 1	100
30H6b	Laboratory- MCD- SNF	\$ 2,650		Sec.
30П6Ь	IV Therapy-MCD-SNF	\$ 9,432		No.
30116b	Contractual Adj- Ancillaries- MCD-SNF	\$ (277,865)		JUNE 1886
30H6b	Laboratory-Hospice-SNF	\$ 46		
30H6b	IV Therapy-Hospice-SNF	\$ 675		
30II6b	Contractual Adj- Ancill- Hospice-SNF	\$ (2,223)		
30II6b	Lab HMO	\$ 28,928	S77	ilia
30П6Ь	IV THERAPY	\$ 23,744		
30H6b	Radiology HMO	\$ 2,315		第
30П6ь	Sequestration - HMO	\$ (1,322)		1 1
30H6b	Contractual Adj Ancillary HMO	\$ (1,151,806)		
30II6b	Interco Contracted Services -Nurse Admin	\$ 147,001	* 講達和 18	
Total Oth	er Resident Revenue	\$ (1,218,425)	\$ -	S -

Interest Income

Account

Page Ref Account	Balance	CCNH	RHNS	(Specify)
		5 No. 1 19 -	17	19 1988
30IV5 Interest Income		\$ 107	1 1 1 1 1 1	34
				1000000
			30 P	79000000000000000000000000000000000000
Total Interest Income		\$ 107	\$ -	\$

Schedule of Other Revenue

Page Ref	Description	CCNH RHNS		(Specify)	
8		Eller -	1 Vila	5490000	
BOTV8	Flu Shots - MCR B - SNF	\$ 2,000			
80TV8	Lightin Income - no associated expense	\$ 87,005			
30IV8	Gain/Loss on Loan	\$ (42,840)	1		
		1988	3000		
14		分 條	美		
2.4					
		2000 C	发现意	8. Xu	
罗斯迪	ASSOCIATED TO THE RESIDENCE OF THE PARTY OF	建松 。14-17-1			
1	性情况 MM、现在是自己的一种主义的一种。		2		
1000		《解放器》	EXERT I		
100			1888 ·		
Total Oth	er Revenue	\$ 46,165	5 -	\$	

G. Balance Sheet

Name of Facility Senior Philanthropy of Newington	License No. 1, LLC 2406	Report for Year Ended 9/30/2018	Page 31	of 37
ocinor i intantanopy of iteminger	Account	3/30/2010		Amount
Assets				THE COURT OF
A. Current Assets				
1. Cash (on hand and in be	inks)		\$	173,733
2. Resident Accounts Rece	eivable (Less Allowance	for Bad Debts)	\$	2,030,116
3. Other Accounts Receiva	ble (Excluding Owners	or Related Parties)	\$	38 8 - 10
4 Inventories			\$	
5. Prepaid Expenses			\$	69,463
a	52000			
b				
d. See Schedule		69,463	To the same of	湖大棚上海。
6. Interest Receivable	200 D N	2000	\$	
Medicare Final Settleme	ent Receivable		\$	
Other Current Assets (it	emize)		\$	4,437,779
See Schedule		4,437,779	L\$4	
A-9. Total Current Assets (Line	s A1 thru 8)		\$	6,711,091
B. Fixed Assets				
1. Land			\$	
Land Improvements	*Historical Cost		\$	
	Accum. Deprecia			
3. Buildings	*Historical Cost	710,219	\$	584,226
	Accum. Deprecia	tion 125,993 Net		
 Leasehold Improvement 			\$	
	Accum. Deprecia	tion Net	Φ.	
Non-Movable Equipme			\$	
	Accum. Deprecia			216.076
Movable Equipment	*Historical Cost	493,631	\$	316,979
	Accum. Deprecia			10.505
7. Motor Vehicles	*Historical Cost	43,060	\$	13,537
	Accum. Deprecia	29,523 Net		0.200
8. Minor Equipment-Not l	Depreciable		\$	
9. Other Fixed Assets (iter	nize)		\$	(14,089
F/S vs. C/R Cost Ba		(14,087)	127	a 679 :
See Schedule		(2)		
B-10. Total Fixed Assets (Lin	nes B1 thru 9)		\$	900,653

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

G. Balance Sheet (cont'd)

		Facility	License No.	Report for Year Ended	Pag	
Senic	or P	hilanthropy of Newington, LI		9/30/2018	32	37
			Account	T + 1 D 1+ F 1	6	Amount
~	Ţ		1.10 E ' B	Total Brought Forward:	Э	7,611,744
C.		asehold or like property recor	ded for Equity Purpose	S.	d.	
		Land	***** 1.0		\$	
	2.	Land Improvements	*Historical Cost	N	6	
	_	7.11	Accum. Depreciation	n Net	\$	25/7
	3.	Buildings	*Historical Cost	N	d.	
	4	N W II E :	Accum. Depreciation	n Net	\$	
	4.	Non-Movable Equipment	*Historical Cost	No.	4	
	-	W. H. F.	Accum. Depreciation *Historical Cost		\$	
	٥.	Movable Equipment		642,358	d.	180,002
	_	M. M. I.	*Historical Cost	462,356 Net	\$	180,002
	6.	Motor Vehicles		N	er.	
		76 F : (37 / F	Accum. Depreciation	n Net	\$	
C 0		Minor Equipment-Not Depr			\$	180,002
C-8		tal Leasehold or Like Proper	rues (C1 thru /)		2	180,002
D.		vestment and Other Assets			φ.	
		Deferred Deposits			\$	470 117
		Escrow Deposits	*IT. 1 . 1 C - 1	22 <u>- 10 T </u>)	478,117
	3.	Organization Expense	*Historical Cost			
	_		Accum. Depreciation	n Net	\$	
		Goodwill (Purchased Only)	1 . 6 . 7 . 1	000 X	\$	
	5.	Investments Related to Resi	dent Care (temize)		\$	
	_	T	(D. 4) (14)		6	
	6.	Loans to Owners or Related		I Deta	\$	Ligera por
		Name and Address	Amount	Loan Date		
					500	
				1		
111 1111	7	Other Assets (itemize)			8	
	7.	Other Assets (nemize)			Ψ.	
				** * *** ***	1	
		See Schedule		THEORY - I		11年 《建物·斯·特
D 0	To	otal Investments and Other A	seate (Lines D1 thru 7)		\$	478,117
315.50 100000		otal All Assets (Lines A9 + B			\$	8,269,863

^{*} 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 Fac			License No.	Report for Year 9/30/2018	Ended	Page	of
Senior Phila	inthro	py of Newington, LLC dba N	2406	9/30/2018		33	37
T !-L:11/4!			Account			A	mount
Liabilities A.	C	rrent Liabilities					
Α.	1.					\$	3,120,657
		Notes Payable (itemize)				\$	538,708
		Trotes I dy dole (weimize)					
			UC2 - 11 - 302 E .	700000000000000000000000000000000000000			養 / 業態
		See Schedule		538,70	8	(4)	
	3.	Loans Payable for Equipme	ent Current portion			\$	
		Name of Lender	Purpose	Amount	Date Due		在 / 连续 代
		(1) (1)					建 建
				1			
							Yan in
	4.	Accrued Payroll (Exclusive	of Owners and/or	Stockholders only)		\$	160,751
	5.	Accrued Payroll (Owners as	\$				
	6.		Accrued Payroll Taxes Payable				
	7.	Medicare Final Settlement				\$	
	8.	Medicare Current Financing				\$	
	9.	Mortgage Payable (Current				\$	#2.M
	10	. Interest Payable (Exclusive		Related Parties)		\$	Visco
		. Accrued Income Taxes*			11-1-1-1-1	\$	-22.000
1 22	12	2. Other Current Liabilities (itemize)					4,352,935
			~ 500 cm to 1900 Z				
]							1 1 May 2 2
		Q 12 (12 (12 (12 (12 (12 (12 (12 (12 (12		See Schedule	4,352,935		
		otal Current Liabilities (Line		/ * * * * * * * * * * * * * * * * * * *		\$	8,215,903

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

G. Balance Sheet (cont'd)

Name of Facility Senior Philanthropy of Newington, LLC of	License No.	Report for Year 9/30/2018	Ended	Page 34	of 37
ound i maistropy of the magnetic party and the second party and the seco	Account	I I I I I I I I I I I I I I I I I I I			ount
y 1=0	2/2	Total Brou	ght Forward:	200000	8,215,903
Liabilities (cont'd) B. Long-Term Liabilities 1. Loans Payable-Equipment	nt (itemize)			\$	
Name of Lender	Purpose	Amount	Date Due	THE PARTY OF THE P	保 交换 6 种
Mortgages Payable				\$	
Loans from Owners or R		Loan 1		\$	
Name and Address of Lender	Amount	Dour	Jace		
4. Other Long-Term Liabil Long Term Capital Leas See Schedule	7.5	9,050		\$	9,050
B-5. Total Long-Term Liabilities	(Lines B1 thru 4)			\$	9,050
C. Total All Liabilities (Lines	A-13 + B-5)			\$	8,224,953

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref Line Ref Description

31	A5	Prepaid Insurance	\$ 4,746
31	A5	Prepaid Taxes and Licenses	\$ 34,361
31	A.5	Prepaid Uniforms	\$ 20,552
	A5	Prepaid Other	\$ 9,804
	2 6		
Fotal Prep	aid Expe	enses	\$ 69,463

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

Page Ref Line Ref Description

r age reer	Line Atox	Description		
31	A8	Due from TSM	\$	23,601
31	A8	Due from Cheshire	S	1,688,028
31	A8	Due from Golden Hill	\$	1,922,440
31	A8	Due from Long Ridge	\$	116,327
31	A8	Due from Western	\$	388,913
31	A8	Due from Westport	\$	281,237
31	A8	Due from Buildings - General	\$	17,233
Total Othe	r Current	Assets (Itemize)	\$	4,437,779
Total Othe	r Current	Assets (Itemize)	\$	4,437,77

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

Page Ref Line Ref Description

31 B9	Rounding	\$ (2)
型7.0普集: 3		
发展		No. of State
J. 78 - 55		
200		
Total Other Other F	ixed Assets (Itemize)	\$ (2)

Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

Total Othe	r Assets	\$ 0 -
	1 類	100
	1120	A SERVICE
	4	9.34
		是 是
		建 多量。
	16	

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

33	A2	Long Term Capital Lease - Current	\$	14,645
33	A2	Notes Payable - Current	\$	8,281
33	A2	Note Payable - HSG	\$	24,131
33	A2	Note Payable - TSM	\$	491,651
TEAC	V.E. 19		100	
al let	146			
Mary 4	7.5			
Total Note	s Payable		S	538,708

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

Page Ref Line Ref Description

I age Itel	201110	Description		
33	A12	Medicaid Remittance Adjustment	\$	5,954
33	A12	Medicare Remittance Adjustment	\$ 4	1,312
33	A12	Employee Deductions	\$:	5,990
33	A12	Resident Trust	\$ 9	3,625
33	A12	Uncleared Checks	\$ 27	5,989
33	A12	Accrued Workers Comp	\$ 26	4,638
33	A12	Accrued Legal Fees	\$	9,648
33	A12	Accrued Accounting/Audit Fees	\$ 2	1,461
33	A12	Accrued Personal Property Taxes	\$ 1	8,903
33	A12	Accrued Other	\$ 3	8,414
33	A12	Due to Eagle Lake Foundation	\$ 1,18	3,261
33	A12	Due to - West River	\$ 1,24	5,529
33	A12	Due to Sahara	\$ 44	3,074
Committee of the Commit	A12	Due to Medicaid - Bed Fees	\$ 28	6,608
33	A12	Due to Members	\$ 41	8,529
Total Othe	r Current	Liabilities (Itemize)	\$ 4,35	2,935

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

Page Ref Line Ref Description

age iter	A fam.		
- 特	一種		
	i i ka ma		
Total Othe	r Current	Liabilities (Itemize)	\$ -

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

		eport for Ye	ear Ended	Page	of
Sen		/30/2018		35	anount 37
A.	Reserves	Reserves			
	Reserve for value of leased land				
	Reserve for depreciation value of leased buildings are to be amortized	nd appurtena	nces	\$	
	3. Reserve for depreciation value of leased personal pro	operty (Equi	(ty)	\$	180,002
	4. Reserve for leasehold real properties on which fair re	ental value i	s based	\$	
	5. Reserve for funds set aside as donor restricted	10 (4)		\$	
-3-3	6. Total Reserves			\$	180,002
В.	Net Worth 1. Owner's Capital			\$	
	2. Capital Stock			\$	
	3. Paid-in Surplus			\$	
	4. Treasury Stock			\$	
	5. Cumulated Earnings			\$	(670,389)
	6. Gain or Loss for Period 10/1/2017	thru	9/30/2018	\$	535,297
	7. Total Net Worth		15-20-11-3-2	\$	(135,092)
C.	Total Reserves and Net Worth			\$	44,910
D.	Total Liabilities, Reserves, and Net Worth			\$	8,269,863

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year 9/30/2018	r Ended	Page	of	
Senior Philanthropy of Newington	, LLC 2406 Account	9/30/2018		36	37	
	-		mount			
A. Balance at End of Prior Perio		\$	(320,349)			
B. Total Revenue (From Statem				\$	17,610,260	
C. Total Expenditures (From St	atement of Expenditures	Page 27)		\$	17,074,963	
D. Net Income or Deficit		Ullin American		\$	535,297	
E. Balance				\$	214,948	
F. Additions 1. Additional Capital Contract Total Expenditures F. Depreciation Adjustrated Total Expenditures I. 2. Other (itemize) Prior Period Adjustrated Prior Period Prior Prior Period Prior P	PG 27 17,051,3 ment 23,6 Line C 17,074,	08)			
F-3. Total Additions				\$	(350,040)	
G. Deductions						
Drawings of Owners/Op	Drawings of Owners/Operators/Partners (Specify)					
Name and Address (No.	, City, State, Zip)	Title	Amount			
				\$	大编	
	2. Other Withdrawings (Specify)					
Purpos	Purpose Amount					
Total Deductions	/2002		17-78 - 17-11 - 17-78-2	\$		
H. Balance at End of Period	09/3	0/18	2	\$	(135,092)	

I. Preparer's/Reviewer's Certification

Name	of Facility	License No.	Report for Year Ended	Page of				
Senior	Philanthropy of Newington, LLC	2406	9/30/2018	37 37				
Check appropriate category								
Ø	Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (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.							
Signat	ture of Preparer	Title	Date Signed					
Henting 2/8/19								
Printe	d Name of Preparer		in the second se					
-	ew S. Bavolack	6.7.	Phone Number					
555 L	555 Long Wharf Drive, New Haven, CT 06511 203-781-9600							
Annua	al Report Contact	Phone Number						
Manuel Lemus 727-210-0781								
Annua	al Report Contact Email Address							
mlem	us@Traditionsmanagement.net							



ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Senior Philanthropy of Newington LLC for the year ended September 30, 2018, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Senior Philanthropy of Newington LLC. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of Senior Philanthropy of Newington LLC and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT January 28, 2019

