# State of Connecticut



# Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed)	al etc.		
Senior Philanthropy of Danbury, LLC dba	Western Re	hab Care Center	
Address (No. & Street, City, State, Zip Co	ode)		
107 Osborne St. Danbury, CT 06810			
Type of Facility			
Chronic and Convalescent Nursing Home only (CCNH)	🗆 Suj	st Home with Nursing pervision only HNS)	□ (Specify)
Report for Year Beginning 10/1/2017	Rej	port for Year Ending 9/30/2018	

License Numbers:	CCNH 2409	RHNS	(Specify)	Medicare Provider 075274

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	10389		

## For Department Use Only

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

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	Gene			(/)	1000 Contraction of the local sector of the lo
Name of Facility (as licensed)	Li	cense No.	Report for Year Ende	d Page	of
enior Philanthropy of Danbury, LLC dba We	estern Re	2409	9/30/2018	1	37
Adm MISREPRESENTATION OR FAI COST REPORT MAY BE PUNIS FEDERAL LAW.	LSIFICATI		ORMATION CONTAINED		
I HEREBY CERTIFY that I have r Cost Report and supporting schedu Rehab Care Center [facility name], September 30, 2018, and that to the statement prepared from the books instructions.	lles prepare , for the cos e best of my	d for Senior Phila t report period beg v knowledge and b	thropy of Danbury, LLC dba ginning October 1, 2017 and e elief, it is a true, correct, and	Western nding complete	
I hereby certify that I have directed th Schedule of Resident Statistics, Stater Balance Sheet of this Facility in accor year ended as specified above.{a}	ments of Rep	orted Expenditures	, Statements of Revenues and th	ne related	
I have read this Report and hereby my knowledge under the penalty o presented in this Report as a basis residents were incurred to provide recorded have been retained as req request.	f perjury. I for securing resident can uired by Co	also certify that a reimbursement for re in this Facility.	Il salary and non-salary exper or Title XIX and/or other Stat All supporting records for the	ses e assisted e expenses	
{a} Subject to Desk Audit Review					
Signed (Administrator)	D	ate Signe	d (Owner)	Date	
Printed Name (Administrator) David Ostermayer		Printe	d Name (Owner)		
Subscribed and Sworn State of to before me:	D	ate Signe	d (Notary Public)	Comm. Ex	pires
Address of Notary Public				/	/
ana kaominina dia kaominina					

## **General Information**

(Notary Seal)

# State of Connecticut Department of Social Services

## 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page 1A	of   37			
Name of Facility	From	То			
Senior Philanthropy of Danbury, LLC dba Western Rehab Care C	ente	er		10/1/2017	9/30/2018
Address of Facility					
107 Osborne St. Danbury, CT 06810				T	
Report Prepared By		Phone Nun		Date	
Marcum LLP		203-781-96	500	11/12/201	8
Item 1. Dietary wages paid	\$	Total	CCNH	RHNS	(Specify)
2. Laundry wages paid	\$				
<ol> <li>Housekeeping wages paid</li> </ol>	\$				
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.

State of Connecticut Annual Report of Long-Term Care Facility CSP-2 Rev. 10/2005

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

			ne No. of Fac -792-8102	ility	Report for Ye 9/30/2018	ar Ended	Page 2	of 37	
Name of Facility (as shown on license)		205	Contractor of the second se	8.5	Street, City, Sta	ate, Zip)			
Senior Philanthropy of Danbury, LLC dba V	Western Rehal	b Ca				10 US1 D1			
	CCNH		RHNS		(Specify)		Medicare F	rovider	No.
License Numbers:	2409						075274		
Type of Facility (Check appropriate box(es)	))								
Chronic and Convalescent Nursing Home only (CCNH)			t Home with l ervision only			(Specify	)		
Type of Ownership (Check appropriate box	)				N 2			1997-199	NAC
O Proprietorship O LLC O	Partnership	٥	Profit Corp.		Non-Profit Co	rp. O	Government	O Tr	rust
If this facility opened or closed during report	rt year provid	e:		Date	e Opened	Date Clo	osed		
Has there been any change in ownership			x 40						
or operation during this report year?		0	Yes	0	No	If "Yes,"	' explain full	y	
Administrator Name of Administrator					Nursing H	ome	(1) W 1 1 2 4		
David Ostermayer					Administrat		2030		
David Ostermayer					License	CONTRACTOR OF THE OWNER	2050		
Other Operators/Owners who are assistant a	administrators	(ful	l or part time)	oft					
Name		<u> </u>	- 1		License	No.:			
N/A									
						-			

## State of Connecticut Annual Report of Long-Term Care Facility CSP-3 Rev. 10/2005

# General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page	of
Senior Philanthropy of Danbury	, LLC dba Western Re	2409	9/30/2018		3	37
Legal Name of Partnership/LLC		Business Address		State(s) and/ Which R	or Town( legistered	
N/A					5.5	
Name of Partners/Members	Business Ac	ldress	,	Title	% Ow	ned
N/A						
		100 900-				
	<u> </u>					10
	c					
		21-61-11-11-11-11-11-11-11-11-11-11-11-11				

## State of Connecticut Annual Report of Long-Term Care Facility CSP-3A Rev. 10/2005

# General Information and Questionnaire Corporate Owners

License No.	Report for Year En	ded	Page	of
2409		3A	37	
oration, provide the	following informati	on:		
Busines	ss Address	State(s) in Whi	ch Incorp	orated
107 Osborne St. I	Danbury, CT 06810	Florida		
Busines	ss Address	Title	No. Sh Held by	
24641 US Highwa FL 33763	ay 19 N Clearwater	Chairman		
24641 US Highw FL 33763	ay 19 N Clearwater	VP, Director		
24641 US Highw FL 33763	ay 19 N Clearwater	VP, Secretary		
24641 US Highw FL 33763	ay 19 N Clearwater	CFO		
24641 US Highw FL 33763	ay 19 N Clearwater	COO		
5				
	n 1630			
	e 2409 pration, provide the Busines 107 Osborne St. I Busines 24641 US Highw FL 33763 24641 US Highw FL 33763 24641 US Highw FL 33763 24641 US Highw FL 33763 24641 US Highw	24099/30/2018oration, provide the following informatiBusiness Address107 Osborne St. Danbury, CT 06810Business Address24641 US Highway 19 N ClearwaterFL 3376324641 US Highway 19 N Clearwater	24099/30/2018pration, provide the following information:Business AddressState(s) in Whi107 Osborne St. Danbury, CT 06810FloridaBusiness AddressTitle24641 US Highway 19 N Clearwater FL 33763Chairman24641 US Highway 19 N Clearwater FL 33763VP, Director24641 US Highway 19 N Clearwater FL 33763VP, Secretary24641 US Highway 19 N Clearwater FL 33763VP, Secretary24641 US Highway 19 N Clearwater FL 33763CFO24641 US Highway 19 N Clearwater FL 33763CFO24641 US Highway 19 N Clearwater FL 33763CFO24641 US Highway 19 N Clearwater FL 33763CFO	24099/30/20183Apration, provide the following information:Image: State (s) in Which IncorpBusiness AddressState(s) in Which Incorp107 Osborne St. Danbury, CT 06810FloridaBusiness AddressTitleBusiness AddressTitleBusiness AddressTitleState(s) in Which Incorp24641 US Highway 19 N ClearwaterChairmanFL 33763VP, Director24641 US Highway 19 N ClearwaterVP, SecretaryFL 33763Z4641 US Highway 19 N ClearwaterFL 33763CFO24641 US Highway 19 N ClearwaterCFOFL 33763CFO24641 US Highway 19 N ClearwaterCFOFL 33763COO

## State of Connecticut Annual Report of Long-Term Care Facility CSP-3B Rev. 10/2005

# General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Danbury, LLC dba Western	n 2409	9/30/2018	3B	37
If this facility is owned or operated as an individua		provide the following information	ition:	
Ow	mer(s) of Facility			
		9		
N/A				
	101			
		2 5 - 2 <sup>1</sup> 5 - 5		
2 				
			<del></del> //	
		and the second		
		1974-47 (J. 1974) (J. 1974)		

## State of Connecticut Annual Report of Long-Term Care Facility CSP-4 Rev. 10/2005

## General Information and Questionnaire Related Parties\*

Name of Facility		License	e No.		Report for Year Ended		Page	of
Senior Philanthropy of I	Danbury, LLC dba Western Rel		2409		9/30/2018		4	37
Are any individuals rece	iving compensation from the fa	acility re	elated th	rough	0000 , allowed in the second	If "Yes," provide th	e Name/Ad	dress and
marriage, ability to contr	rol, ownership, family or busin	ess asso	ciation?	0	Yes O No	complete the inform	nation on Pa	ge 11 of the report
	ompanies which provide goods					1696 (		
related through family a	roperty or the loaning of funds ssociation, common ownership owners, operators, or officials	, contro	l, or bus		⊙ Yes O No	If "Yes," provide th	e following	information.
association to any of the	owners, operators, or officials	of this i	lacinty?			II Tes, provide in	le lollowing	Information.
		NA 49	so Provi ds/Servi			Indicate Where Costs are Included		
Name of Related	Business		Related		Description of Goods/Services	in Annual Report	Cost	Actual Cost to th
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
Eagle Lake Foundation, Inc.		0	۲		AHT Fees, Health Insurance, Accounting Fe	Various	151,324	151,32
Cheshire LLC, dba Cheshire Regional Rehab Center	745 Highland Ave, Cheshire, CT 06410	0	۲		Regional Liason	Various	14,206	14,20
Stamford,LLC, dba Long Ridge Post- Acute Care	710 Long Ridge Rd, Stamford, CT 06902	0	٥		Billing access	Various	192	19
Traditions Senior Management	24641 US Highway, 19 North, Clearwater, FL 33763	0	۲		Internet, recruitment, IT support	Various	116,115	116,11
Newington LLC, dba Newington Rapid Recovery	240 Church St, Newington, CT 06111	0	٥		Loan Interest, MDS Shared Staff, Bank Fee	Various	2,676,433	2,676,43
Milford O LLC, dba West River Rehab Center	245 Orange Ave, Milford, CT 06461	0	٥		Shared Admin & Nursing Staff	Various	16,637	16,63
Milford B, LLC dba Golden Hill Rehab	2028 Bridgeport Ave, Milford, CT 06460	0	٥		Shared Staff - Respiratory Therapist	Various	7,961	7,96
Fraditions Senior Management	24641 US Highway, 19 North, Clearwater, FL 33763	0	٥		Management Fees	Page 16/ Line m12	395,236	401,95
		0	0					

\* Use additional sheets if necessary.

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

## State of Connecticut Annual Report of Long-Term Care Facility CSP-5 Rev. 9/2002

# General Information and Questionnaire Basis for Allocation of Costs

	License No 2409		Report for Year Ended 9/30/2018	Page of 5 37						
Senior Philanthropy of Danbury, LLC dba Weste	and the State of t	DC . TDI	the second	the second se						
If the facility is licensed as CDH and/or RCH or	-	DS or IBI	services with special Medical	id rates, costs						
must be allocated to CCNH and RHNS as follow	s:		Method of Allocatio							
Item		Number	f meals served to residents	511						
Dietary	Transferration of the local division of the									
Laundry		Number of pounds processed								
Housekeeping		Number of square feet serviced Number of hours of routine care provided by EACH								
Nursing		employee Registered Attendants	classification, i.e., Director (o Nurses, Licensed Practical N	r Charge Nurse), Iurses, Aides and						
Direct Resident Care Consultants			f hours of resident care provid (See listing page 13)	led by EACH						
Maintenance and operation of plant		Square fee	t							
Property costs (depreciation)		Square fee	t							
Employee health and welfare		Gross sala	ries							
Management services		Appropria	te 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 applica	ble to the cost information pro-	ovided.						
1. In the preparation of this Report, were all	O Yes	⊙ No	If "No," explain fully why s	uch allocation was not						
costs allocated as required?	0 105	0 110	made.							
N/A - One Level of Care										
2. Explain the allocation of related company exp	penses and a	ttach copy	of appropriate supporting dat	a.						
N/A										
<ol> <li>Did the Facility appropriately allocate and sel (e.g., Assisted Living, Home Health, Outpatie</li> </ol>				ome cost centers?						
	O Yes	⊙ No	If "No," explain fully why s made.	uch allocation was not						
N/A - One Level of Care										

### State of Connecticut Annual Report of Long-Term Care Facility CSP-6 Rev. 9/2002

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

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

Name of Facility			License No.	Report for Y			Page of 6 37			
Senior Philanthropy of Danbury, LLC dba W	/estern l	Rehab (	2409	9/30/2018	9/30/2018					
Name and Address of Lessor	Owr Oper	ed * to ners, ators, cers No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed			
anon Financial Services, 14904 Collections Center Dr,	0	0	Copier	06/15/16	60 months	7,740	7,740			
Chicago, IL 60693	0	0		00/13/10	oo monuis	7,740	1,140			
	0	۲								
	0	٥								
	0	۲								
	0	٥		0.000 P						
	0	٥								
	0	٥								
	0	٥								
	0	0								
Is a Mileage Log Book Maintained for All L	L		? 0 1	Yes O	No	Total ***	7,			

\* 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.

### State of Connecticut Annual Report of Long-Term Care Facility CSP-7 Rev. 6/95

## General Information and Questionnaire Accounting Basis

Name of Facility License No.	Report for Year Ended	Page of
Senior Philanthropy of Danbury, Ll 2409	9/30/2018	7 37
The records of this facility for the period covered by this	report were maintained on the following basis:	
Accrual O Cash O Modified Cash		
Is the accounting basis for this		
period the same as for the • Yes	If "No," explain.	
previous period? O No		
		-
Independent Accounting Firm		
Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)	
1 RX Audit	6001 SW County Road 141, Jasper, FL 32	052
2 Eagle Lake Foundation	24641 US HWY 19 N, Clearwater, FL 33	763
3 Marcum, LLP	555 Long Wharf Drive, New Haven CT 0	6511
4		
Services Provided by This Firm (describe fully)		
1 Pharmacy Bill Audits		S
2 403b (EE 401k) Audit		S
3 Accured Accounting Expense		S
4		S
		Charge for Services Provided
		\$
Are These Charges Reflected in the Expenditure Portion of This Repo	htt? If Yes Specify Expense Classification and Line No.	
• Yes O No Page 15, Line 1d	At 1 103, Speen J Expense Classification and Enfortes.	
Legal Services Information		
Name of Legal Firm or Independent Attorney		Telephone Number
1 See Attached Page 7a		3.5.1
3		
2 3 4 5		
5		
Address (No. & Street, City, State, Zip Code)		
1		
2 3		
4		
5 Services Provided by This Firm (describe fully)		1.1. <u>) 17 (7.4)</u> - (6.1)
Services Provided by This Fifth (describe july)		
1		\$ 43,261
2		\$
3		\$
4		S
5		\$
		Charge for Services Provided \$ 43,261
Are These Charges Reflected in the Expenditure Portion of This Rep	nrt? If Ves Specify Expanse Classification and Line Mo	Ø 73,201
<ul> <li>♥ Yes</li> <li>♥ No</li> </ul>	and a see, speeky topense endstreaten and time tro.	

Name of Legal Firm or Independent Attorney	Address	Telephone Number
1 Eagle Lake Foundation	24641 US HWY 19, Clearwater, FL 33763	
2 CT Corporation	PO Box 4349, Carol Stream, IL 60197	
3 Murtha Cullina, LLP	265 Church Street, New Haven, CT 06510	
4 Goldman Gruder & Woods	200 Connecticut Ave, Norwalk, CT 06854	
5 MedEquities	3100 West End Ave, Suite 1000, Nashville, TN 37203	
6 N/A	N/A	
7 State of Connecticut		

Services Provided by This Firm Charge for Serv	ice Provided
1 Loan Renewal Legal Fees (Self-disallow)	85
2 Domestic Representation (Self-disallow)	235
3 Regulatory consulting	333
4 Debt Collection (Self-disallow)	19,238
5 Legal Services assoc with loan	4,470
6 Accrued Legal Expense (provider will provide detail during audit	15,150
7 Conservator Fees (Self-disallow)	1,620
Total	41,130

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

## **Schedule of Resident Statistics**

Name of Facility Senior Philanthropy of Danbury, LLC dba Western F	Lehab Care	Center	License 1 2	No. 409	Report for Year Ended 9/30/2018							of 37
					]	Period 10/	'1 Thru 6/	30		Period 7/1	1 Thru 9/30	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
<ol> <li>Certified Bed Capacity         A. On last day of PREVIOUS report period     </li> </ol>	180	180			180	180			150	150		
B. On last day of THIS report period	150	150			150	150			150	150		
<ol> <li>Number of Residents</li> <li>As of midnight of PREVIOUS report period</li> </ol>	129	129			129	129			133	133		
B. As of midnight of THIS report period	137	137			133	133			137	137		
<ol> <li>Total Number of Days Care Provided During Period</li> <li>A. Medicare</li> </ol>	3,373	3,373			2,572	2,572			801	801		
B. Medicaid (Conn.)	43,331	43,331			32,254	32,254			11,077	11,077		
C. Medicaid (other states)	302	302			290	290			12	12		
D. Private Pay	1,147	1,147			935	935			212	212		
E. State SSI for RCH												
F. Other (Specify)	1,877	1,877			1,491	1,491			386	386		
G. Total Care Days During Period (3A thru F)	50,030	50,030			37,542	37,542			12,488	12,488		
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			L <sub>ense</sub>									
5. Total Resident Days (3G + 4A + 4B)	50,030	50,030			37,542	37,542			12,488	12,488		

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

	0-12-2012-01-01-01-01-01-01-01-01-01-01-01-01-01-	1005	Sc	hedu	ule of	Re	side	nt S	tatis	stics (C	Cont'd)	)		
Name of Faci	lity			Licen	se No.				Repor	t for Year	Ended		Page	of
Senior Philan	thropy o	of Danbu	ry, LLC dba W	e 2	409					9/30/201	8		9	37
G	•••••••••		in the certified l		acity du	ring th	ne repoi	rt year	r?	٥	Yes	0	No	
11 1125	, provid		f Change	T T	C	ange	in Bed			Ca	pacity Afte	er Change		
Data of	CONIT	RHNS		-		lange		Gaine	a	Ca		er Change		
Date of	CUNH	KIINS	(specify)		Lost	<u> </u>			<u>а</u> Г	1				
Change	(1)	(1) (2) (3) (1) (2) (3) (1) (2) (3) CCNH RHNS (Spec									(Specify)	Reason f	or Change	
7/25/2018	x		(-)	30	(-)				~ /	150				
	L			-										
	1						-			L			1-3/22	
a second s			in certified bed 90 days followi			the re	eport ye	ear (as	report	ed in item	4 above) p	provide the num	ber of	
													10	
			Change in F	esiden	t Days					-	NH	RHNS	(Spe	cify)
Ist chan 2nd char								6		12,488				
3rd chan		<b>1</b>	25.52	- 22.5										
4th chan												-		
		dents and	d Rates on Sept	ember	30 of Co	st Yea	ar							
			Medicare	1	Medi	caid				Se	lf-Pay		Other Sta	te Assisted
											-		D O U	TOP NO
NI CD	Item		CCNH		CNH	-	HNS		CNH		INS	(Specify)	R.C.H.	ICF-MR
No. of R Per Dier	the second se	S	2 m - 2	8	116	a Paratang		ale de la	1	3		NEW COLUMN		1000
a. One l	and the second se		Various	T	266.00	a -u -N			692.11					
b. Two		3.	Various		266.00		-		518.75					
c. Three	e or mor	e		Τ									1	
bed	rms.										6015 X =			
											<b>T</b> 4 I	000	DIDIO	(0
		are - Par	al Therapy Trea	tments						10	TAL 2,836	CCNH 2,836	RHNS	(Specify)
			lusive of Part B	)						200	2,830	2,850		and the second
<u></u>			e Treatments	,							3,293	3,293		
			Treatments			- (								
	. Other								-		11,386	11,386		
			Therapy Treat			0.00		-			17,515	17,515	100.00 B. 10.	
		are - Par	Therapy Treat	ments							388	388	States and	- ALITY
B	Medic	aid (Exc	lusive of Part B	)			10000				500	500		
			e Treatments	,							425	425		
	2. Res	storative	Treatments											
	. Other										1,375	1,375	10000	
			Therapy Treatn							Berthe State	2,188	2,188	LUCENSUL TO T	Sector Sector
			ational Therapy	Treatr	nents						1 201	1 201	Press and	and the second
		are - Par	t B lusive of Part E	0						20.44	1,391	1,391		
<sup>D</sup>			Treatments	,							2,026	2,026		
			Treatments		11 1 A.A.		are re		ALCOLD D					
	. Other										9,594	9,594		
D	. Total	Occupat	tional Therapy	Treatm	tents						13,011	13,011		

### State of Connecticut Annual Report of Long-Term Care Facility CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Yea	ar Ended	Page	of
enior Philanthropy of Danbury, LLC dba Western Rehab C	a 2409		9/30/2018		10	37
re time records maintained by all individuals receiving con	npensation?	۲	Yes	0	No	
			Total Cost	and Hours		
and the advantage of the state			Total Cost		1	
				1		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
. Salaries and Wages*	San Market		1 I I		1	1.1.1
1. Operators/Owners (Complete also Sec. I					[a] [] [] [] [] [] [] [] [] [] [] [] [] []	
of Schedule A1)			1			
2. Administrator(s) (Complete also Sec. III			5 123 A		24	i ii
of Schedule A1)	111,672	2,080				
3. Assistant Administrator (Complete also Sec. IV		1			100 A	13. 子李
of Schedule A1)			Į			
4. Other Administrative Salaries (telephone				2 11	475	
operator, clerks, receptionists, etc.)	193,931	6,476	CT DE SIGNATION DE		-	1
5. Dietary Service a. Head Dietitian		and the second s	2		Personal Provide States	12
b. Food Service Supervisor					1	
c. Dietary Workers	582,573	27,533				1
6. Housekeeping Service	N. 1988	9	虚心的		1	12.1.12
a. Head Housekeeper						
<ul> <li>Other Housekeeping Workers</li> </ul>	328,830	19,662				
7. Repairs & Maintenance Services			1 1	1	200 - 39 <sup>-</sup>	
a. Engineer or Chief of Maintenance	05.050	4.1.61				
b. Other Maintenance Workers     8. Laundry Service	85,959	4,151	We Arease - P	1 345 2700 B	- 200-	1020.000
a. Supervisor	A STATE OF CALCULATION OF		1532 (Sec. 1		ALC: NO.	
b. Other Laundry Workers	171,658	9,701		-	1	
9. Barber and Beautician Services	111,020				-	
10. Protective Services	86,060	4,671		1 1 1 2 2		
11. Accounting Services				100		
a. Head Accountant						
b. Other Accountants		·········		1. No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
12. Professional Care of Residents		1			1944	8
a. Directors and Assistant Director of Nurses	189,851	4,146		and the second se		
b. RN	002.076	17 709	1		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
1. Direct Care     2. Administrative**	903,076	17,798				
c. LPN	173,393	4,152		100000		10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1. Direct Care	1,126,557	41,085				
2. Administrative**						
d. Aides and Attendants	1,894,565	115,143				
e. Physical Therapists	213,311	5,850		-		
f. Speech Therapists	86,376	2,191				
g. Occupational Therapists	221,039	5,919				
h. Recreation Workers i. Physicians	166,441	8,168		-101		Carlo Grant
1. Medical Director			ALL SALVAR	100 100 100 100 100 100 100 100 100 100		
2. Utilization Review					1	1
<ol> <li>Resident Care***</li> </ol>					1914,550,60	
4. Other (Specify)				. Hereiter		e Par
j. Dentists						
k. Pharmacists		-	-			
1. Podiatrists	77.414	2.140			1	
m. Social Workers/Case Management n. Marketing	77,414	3,149	<u>'</u>	-		
o. Other (Specify)	2.000		1. L.F. 7		No. of Concession	Section 2
See Attached Schedule	122,235	3,475	5		100000 2 400 1	
A-13. Total Salary Expenditures	6,735,143					

\* 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.

Senior Philanthropy of Danbury, LLC dba Western Rehab Care Center 9/30/2018

### Attachment Page 10/13

### Schedule of Other Salaries and Wages (Page 10)

	CCN	н	RI	INS	(Specify)		
Position	S	Hours	S	Hours	\$	Hours	
	原始的人, • 21				10 No. 10		
Salaries - Admissions Coordinator	\$ 122,235	3,475					
		<b>教授出版的</b> 社会					
					2. 1945.		
					Martin		
	neshi analasi		2 144		R REAL PROVIDENCE	and the second	
	Caller Coll		in the second		N TERRET		
				100		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
				12.2 52.273			
	A UN THEFT		HE SHE SE	States - Pro-			
		ik (* 18	1000	all and the second		al an all an	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		Acres 1990			1000		
		A CONTRACTOR OF A CONTRACTOR A CONTR		10.000			
		PERIOD I			A CHARGE AND A CHA		
Total	\$ 122,235	3,475	\$	- 20	\$ -		
rotat	122,233	3,473		1		L	

### Schedule of Other Fees (Page 13)

	CC	NH	RH	NS	(Spe	cify)
Service	\$	Hours	S	Hours	\$	Hours
Purchased Services-Other	\$ 449	51				11-AFFALL
Interco Contracted Services - Admin	\$ 14,229	445				
	1. 後生 但是		建 森山 。 医			
		â - 1 - 1 - 1				1
	A REAL					Contraction of the second
		A State of the second s		10.500		
					- ALARAN	
And the second sec	and the second	- 201 福雪龍			Constant of	
PARAMETERS IN A PARAMETERS IN	Loran Carl					1000
	Steller Service			1.1574		And The State
	State State		2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2			
A STREET, AND A STREET, AND A STREET, AND	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		14 一		I Marsi	"""你们的"
	Contraction of	Shirt a			1	
		35.2				18.00
	A State	AT ATTACK AL		CLASS STREET		
Total	\$ 14,678	496	s -	-	\$ -	1

## State of Connecticut Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

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

# Assistant Administrators and Other Related Parties\*

Name of Facility	-			License No.	-	Year Ended		Page	of	
Senior Philanthropy of Danbury, LL	C dba Wes	stern Rehab	Care Center	2409		9/30/2018			11	37
		Salary Pai	d	Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where Claimed on		Total Hours	Compensation
Name	CCNH	RHNS	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section I - Operators/Owners										
Section II - Other related parties										
of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).						24				

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

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

## State of Connecticut Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005

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

# Assistant Administrators and Other Related Parties\*

Name of Facility (as licensed)	40 40 C			License No.		Report for Y	ear Ended	Page	of
Senior Philanthropy of Danbury, L	LC dba We	stern Rehal	Care Cente	r 2409		9/30/2018		12	37
	-	Salary Pai					Line Where Claimed on Page 10	Total Hours Worked	· · · · · · · · · · · · · · · · · · ·
Name	CCNH	RHNS	(Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of	Total Hours Worked			Compensatior Received
Section III - Administrators***								 	
David Ostermayer	111,672			Non-Discrim	Administrator	2,080	A2		
Section IV - Assistant									
Administrators								 -	

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

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

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

### State of Connecticut Annual Report of Long-Term Care Facility CSP-13 Rev. 9/2002

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

B. Report of E.		es - rror	-			
Name of Facility	License No.		Report for Year Ended 9/30/2018		Page	of
enior Philanthropy of Danbury, LLC dba Western	240			1.11	13	37
		*	Total Cost	and Hours	-	
				5 - L		
T	CONIL		DIDIO	These	(0	TTerres
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
B. Direct care consultants paid on a fee for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian	and the second second	and the second second			a start	an Addin
2. Dentist	16,620	83				
3. Pharmacist	20,850	180				
4. Podiatrist	20,850	160				
5. Physical Therapy	CONTRACT OF CONTRACT	14 - A	L. Statester		10019010000	1.000
a. Resident Care	163,378	4,379	Estimate			
b. Other	103,378	4,379	Estimate			
where a residual service and a service service many services are a service and a service service and a				+		
6. Social Worker 7. Recreation Worker						
<ul> <li>Addition to a second a s </li> </ul>			a second second of	1 10 TSL COM FRANCE		Stepholicz
	A CONTRACTOR OF	240	and the second second			Spartin Mari
a. Medical Director (entire facility) b. Utilization Review	42,115	240				
			the second second	「読む」とない		of states
(Title 18 and 19 only) monthly meeting c. Resident Care**						
In case of the second		1. X. 1 . F		a (2-7)	1.523	
d. Administrative Services facility 1. Infection Control Committee		12 in Frank	a design of the second second	100 100 1000		Acres 10
(Quarterly meetings)			ł.			
2. Pharmaceutical Committee			1			
(Quarterly meetings)						
3. Staff Development Committee						
e. Other (Specify)					Substant Vestor	and states of
Podiatrist	23,542	93				1000 A. A.
9. Speech Therapist	23,342	93 1988-1993				an ann
a. Resident Care					and the second second second	No. British
b. Other				+		
10. Occupational Therapist			Sector Species			1.4
a. Resident Care						
b. Other				-	1	
11. Nurses and aides and attendants				NAME OF THE OWNER		
a. RN					使電影	all shares
a. Kiv 1. Direct Care	4,840	89			And an and a state of the	Sugar de 191
2. Administrative***	39,542	527				
b. LPN	37,342	521				71. <b>*</b>
1. Direct Care	14,926	368				A COLOR OF STREET
2. Administrative***	14,720	500				
c. Aides	2 072	126	<u> </u>			
d. Other	2,973	120				
12. Other (Specify)				S Brand - Alateria		
See Attached Schedule	14 (79	496		<b>生</b> 出的。2011年1月1日日	Column Colores La	
	14,678		+			
3-13 Total Fees Paid in Lieu of Salaries	343,464	6,581	L	1		

\* 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.

State of Connecticut Annual Report of Long-Term Care Facility CSP-14 Rev. 6/95

## 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 Danbury, LLC dba V	Vestern Reha 2409	15.1.11	9/30/2018		14	37
Name & Address of Individual	Full Evaluation of Comico	Related** to Owners, Operators, Officers		Evelo	action of P	alationship
Name & Address of Individual	Full Explanation of Service	Yes	No	Explanation of Relation		auonsnip
IPC Hospitalists of New England PC, PO Box 844929, Los Angeles, CA 90084	Medical Director	0	0			
Samuel Antwi-Boasiako, 38 East Hayestown Road Unit 3, Danbury, CT 06811	PHY Consulting	0	0			
Partners Pharmacy of CT PO Box 9689 Uniondale NY 11555-9689	Pharmacist	0	0			
Health Drive Dental Group, 888 Worcester Street, Suite 130, Wellesley, MA 02482	Dentist	0	•			MA - S
Richard Mileto, 53 Federal Rd Unit 1A, Danbury, CT 06810	Podiatrist	0	0			
Ready Nurse Staffing Services, Po Box 301076, Dallas, TX 75303	RN, LPN, & Aides	0	٥			
All American Healthcare Service, Inc., PO Box 7445, Jamesburg, NJ 08831	RN, LPN, & Aides	0	٥			
The Rehab Dept, 24761 US HWY 19 N, Clearwater, FL 33763	PT, ST & OT	0	0			
Urology Associates of Danbury, 51-53 Kenosia Ave, Danbury, CT 06810	Purchased Services - Urology	0	0			
Associated Neurologists PC, 69 Sandpit Road, Suite 300, Danbury, CT 06810	Purchased Services - Neurology	0	۲	- 1 -		
		0	٥			
		0	٥			
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		0	0			
		0	•			
		0	٥			

\* Use additional sheets if necessary.

\*\* Refer to Page 4 for definition of related.

# C. Expenditures Other Than Salaries - Administrative and General

Name of Facility License No.		Report for Ye	ear Ended	Page	of
enior Philanthropy of Danbury, LLC dba Weste 2409		9/30/2018		15	37
Item		Total	CCNH	RHNS	(Specify
. Administrative and General		The A H			
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	500,632	500,632		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	192,383	192,383		
4. Social Security (F.I.C.A.)	\$	504,501	504,501	8.18340A - )	
5. Health Insurance	\$	987,257	987,257		
6. Life Insurance (employees only)	20.00				
(not-owners and not-operators)	\$	5,017	5,017		for the Astronom
7. Pensions (Non-Discriminatory)	\$	419,122	419,122		
(not-owners and not-operators)					
8. Uniform Allowance	\$	16,915	16,915		
9. Other (Specify)	\$	12,580	12,580		
See Attached Schedule	1000				
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
c. Bad Debts*	\$	165,078	165,078		
d. Accounting and Auditing	\$	54,902	54,902		
e. Legal (Services should be fully described on Page 7)	\$	41,130	41,130		
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*					
g. Office Supplies	\$	19,087	19,087		
h. Telephone and Cellular Phones			1. 1. 1. 1. 1. 1.		
1. Telephone & Pagers	\$	42,456	42,456		
2. Cellular Phones	\$	3,974	3,974		
i. Appraisal (Specify purpose and	\$	· · · · · · · · · · · · · · · · · · ·			
attach copy )*					
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)					· 推進(1)
1. Income*	\$			CHILD.	and an and a second second second second
2. Other ( <i>Specify</i> )	\$			-	
See Attached Schedule					
3. Resident Day User Fee	\$	955,633	955,633		
Subtotal	\$	3,920,667	3,920,667		-

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

(Carry Subtotals forward to next page)

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

Senior Philanthropy of Danbury, LLC dba Western Rehab Care Center 9/30/2018

Attachment Page 15

## Schedule of Other Employee Benefits

Description	CC	CNH	RHNS	(Specify)
		-		
Holiday Funds (Self-disallow)	\$	1,163		
Employee Food (Self-disallow)	\$	853		
Employee Appreciation Awards/EOM (Self-disallow)	\$	256		
Health Insurance Grievances (Self-disallow)	\$	8,004		
Employee Physicals	\$	470		- HARRING PARTY
Reimburse Employee Licenses	\$	65		
Employee Drug Testing	\$	709		
Employee Assistance Care Program	\$	927		
Petty cash (Self-disallow)	\$	133		
			SEA THE	
		See. 1		
为1 38860 1 984回 34 96 24 96 - 24 - 24 - 24 - 24 - 24 - 24 - 24 - 2				
Total	\$	12,580	\$ -	\$ -

### Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	State of the second		
Total	\$ -	\$ -	\$ -

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

Name of I			Report for Y	ear Ended	Page	of
senior Ph	ilanthropy of Danbury, LLC dba Western Re 2409		9/30/2018		16	37
	Item		Total	CCNH	RHNS	(Specify)
	Subtotals Brought Forwa	urd:	3,920,667	3,920,667	A STATISTICS AND A STATISTICS AND A	Control & Control and Control of
l. Trav	vel and Entertainment					法秘 教
1.	Resident Travel and Entertainment	\$				
2.	Holiday Parties for Staff	\$	165	165		
3.	Gifts to Staff and Residents	\$	22	22		
4.	Employee Travel	\$	3,398	3,398		
5.	Education Expenses Related to Seminars and Conventions	\$	1,920	1,920		
6.	Automobile Expense (not purchase or depreciation)	\$	1,138	1,138		
7.	Other (Specify)	\$				
	See Attached Schedule					<b>科</b> 金融
m. Oth	er Administrative and General Expenses		De Martin	-10	47 A . 101	1 20
1.	Advertising Help Wanted (all such expenses )	\$	15,947	15,947		
2.	Advertising Telephone Directory (all such expenses )***	\$				
3.	Advertising Other (Specify)***	\$	2,771	2,771		
	See Attached Schedule			0.000		12 12 - 280
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)***			龖		
7.	Postage	\$	2,390	2,390		
* 8.	Dues and Membership Fees to Professional	\$	18,216	18,216		N
	Associations (Specify)					
	See Attached Schedule					
8a.	Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9.	Subscriptions	\$	7,775	7,775		
	Contributions***	\$	.,	.,		
	See Attached Schedule					
11	Services Provided by Contract Specify and Complete	\$	203,738	203,738		
***	Schedule C-2, Page 21 for each firm or individual)	Ψ				The second
12	Administrative Management Services**	\$	395,236	395,236	State of the state	-
	Other (Specify)	\$	145,896	145,896		
10.	See Attached Schedule	Ψ	110,090	110,000		1000
C-14 Tot	al Administrative & General Expenditures	\$	4,719,279	4,719,279		

\* 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.

Senior Philanthropy of Danbury, LLC dba Western Rehab Care Center 9/30/2018

#### Attachment Page 16

### Schedule of Other Travel and Entertainment

Description		CCNH	RHNS	(Specify)
	Etherica and the	- AV		1000
		A SHEEK		
		100 State		- 1-S.(19) 51
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ALC: NOT	and the second	Carbon Contraction
				124
		and the second		100
	h	100	12.12	1
Total Other Travel and Entertainment		5	5 -	s -

#### Schedule of Other Advertising

Description		CCNH	RHNS	(Specify)
and the second		6.	- ALCAS	
Special Events-Mkt	5	2,314		1990 - 1984 B
Promo Items-Mkt	\$	457		183 ASTR
Total Other Advertising	5	2,771	s -	\$ .

#### Schedule of Dues

Description		CONH	RHNS	(Specify)
	8. IS	•	12. IST	1
CT Association of Health Care Facilities	5	12,855	20.5	
CT Long Term Case Aid Program	5	233		
Traditions Senior Management	\$	425		
Dues/Subscriptions-Mkt (Self-disallow)	5	333		1944 - Alton
Dues/Subscriptions-Admin	S	4,170		
		<u>S</u> (1)	C C C C C C C C C C C C C C C C C C C	
		- E.		
				A State
Total Ducs	\$	18,216	s -	\$ .

#### Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	Allin - "	E Reference and the second sec	
	The second	Bee.	
	Here we	States .	100
Total Contribucions	s -	5 -	s -

#### Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)	
	The second second		S.C.S.	
Software Expense - Nursing Adm	\$ 17,509			
Licenses/Permits-Nursing Adma	\$ 672			
Background Checks-Nursing	5 2,180	i deset		
Background Checks- Social Service	\$ 184		1	
Background Checks-Therapy	\$ 210			
Background Checks-Dietary	\$ 210			
Licenses/Permits-Dietary	\$ 800	and the second s		
Licenses/Permits-Maint	\$ 660			
Licenses & Permits-Trans	\$ 223		The state	
Background Checks-Admin	\$ 184		Constant of the second s	
Licenses/Permits	\$ 300			
Patient Trust Bond	S 701		5 72	
Resident Reimburse on Lost/Stolen Items (Self-disallow)	\$ 263		100	
Equipment Minor-Adm	\$ 1,592	6. H		
Internet Access-Adm	\$ 17,815			
Records Storage - Adm	\$ 4,003			
Parking Space - Adm	\$ 37,800	(d		
Equipment Rental-Adm	\$ 4,735			
Mise Decor-Adm (Self-disallow)	\$ 186			
Collection Fees/Credit Card Fees (Self-disatlow)	\$ 2,101		and the second second	
Late fees/Fines/Finance Charges-Adm (Self-disallow)	\$ 3,567		a strange of the	
Bank Service Charges-Adm	\$ 48,097		物的软化	
Employee/Guest meals (Self-disallow)	\$ 1,651			
Champion Awards of Milford (Sef-disallow)	\$ 53	a de la cas	Caller	
Total Other Administrative and General	\$ 145,896	s -	S -	

## State of Connecticut Annual Report of Long-Term Care Facility CSP-17 Rev. 10/97

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

Name of Facility	License No.	Report for Year Ended	Page of
Senior Philanthropy of Danbury, LLC dba	2409	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 Annua Report Page #/Line #
Traditions Senior Management, 24641 US Highway, 19 North, Clearwater, FL 33763	395,236	Handles all operational and financial functions directly related to facility	Page 16/ Line m12
			Ť

\* 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)

	11.00 M 10 10 10 1	11		1 Page 5)			
	e of Facility		License		Report for Y		Page of
Seni	or Philanthropy of Danbury, LLC dba Western	Rel	Rel 2409		9/30/2018	3	18 37
	Item			Total	CCNH	RHNS	(Specify)
2.	Dietary				1. See	TRA MARTIN	
2004	a. In-House Preparation & Service						
	1. Raw Food		\$	441,257	441,257		
0.80	2. Non-Food Supplies		\$	the second s	36,257		
	3. Other (Specify)		\$	2,375	2,375		
	Equipment Rental						
	b. Purchased Services (by contract other		\$	110,454	110,454	a second	
	than through Management Services)		Ť				
	(Complete Schedule C-2 att. Page 21)						
	c. Other (Specify)		\$				
					· 读、主、		128 28
2D.	Total Dietary Expenditures (2a + b + c + d)		\$	590,343	590,343		
2F.	Dietary Questionnaire			Total	CCNH	RHNS	(Specify)
G.	Resident Meals: Total no. of meals served per	r day	/:*				
H.	Is cost of employee meals included in 2E?	0	Yes	٥	No		
I.	Did you receive revenue from employees?	0	Yes	۲	No	If yes, specify amt.	
J.	Where is the revenue received reported in the	Cos	st Repor	t? (Page/Line	Item)		
	Is cost of meals provided to persons other					If yes, specify	
K.	than employees or residents (i.e., Board	0	Yes	$\odot$	No	cost.	
	Members, Guests) included in 2E?						
L.	Is any revenue collected from these people?	0	Yes	۲	No	If yes, specify amt.	
M.	Where is the revenue received reported in the	Cos	st Repor	t? (Page/Line	Item)		
	Is cost of food (other than meals, e.g.,						
N.	snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	0	Yes	۲	No	If yes, specify cost.	
0.	Is any revenue collected from employees?	0	Yes	٥	No	If yes, specify amt.	
P.	Where is the revenue received reported in the	Cos	st Repor	t? (Page/Line	Item)		

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

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

	e of Facility	License			r Year Ended	Page of
Seni	or Philanthropy of Danbury, LLC dba Western Reha	<u>.</u>	2409	9/30/20	18	19 37
	Item		Total	CCNH	RHNS	(Specify)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items	Lbs. Amt. \$	121		21	
	washed, ironed, and/or processed.***	Anne. o	121		21	Clubar
	2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.				
	processed.***	Amt. \$				
	3. Personal clothing of residents	Lbs.				·
1401	washed, ironed, and/or processed.***	Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs.				
	b. Purchased Services (by contract other	Amt. \$		59,3	49	
	than through Management Services) (Complete Schedule C-2 att. Page 21)	Ψ	39,349			
	c. Other (Specify) Lundry supplies & chemicals	\$	1,280	1,2	280	
3D.	Total Laundry Expenditures (3a+b+c)	\$	60,750	60,7	/50	1
3F.	Laundry Questionnaire	A.V.				nie na die state in
G.	Is cost of employee laundry included in 3E? O	Yes	۲	No	If yes, specify cost.	
H.	Did you receive revenue from employees? O	Yes	٥	No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost	Report?		(Page/L	ine Item)	· · · · · · · · · · · · · · · · · · ·
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E? O	Yes	٥	No	If yes, specify cost.	
K.	Did you receive revenue from these people? O	Yes	٥	No	If yes, specify amt.	in S
L.	Where is the revenue received reported in the Cost	Report?		(Page/L	ine 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)

	ne of Facility	License No.	Repo		nded	Page	of
Sen	or Philanthropy of Danbury, LLC dba Wes	2409	-	9/30/2018		20	37
	Item			Total	CCNH	RHNS	(Specify)
I.	Housekeeping	Sq. Ft. Serviced					(
	a. In-House Care	by Personnel		1			ć.
	1. Supplies - Cleaning (Mops,	Amt.	\$				
	pails, brooms, etc. )						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$	87,102	87,102		
	Page 21)						1
	C. Other (Specify)		\$	2,189	2,189		
	Cleaning Supplies						184 3
4D.	Total Housekeeping Expenditures (4a +	\$	89,291	89,291			
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***		ĺ.				
	1. Own Pharmacy		\$				
	2. Purchased from		\$	152,618	152,618		
	b. Medicine Cabinet Drugs		\$	31,406	31,406		
	c. Medical and Therapeutic Supplies	V M M	\$	179,933	179,933		
_	d. Ambulance/Limousine***		\$	6,152	6,152		
	e. Oxygen			in the second			
	1. For Emergency Use	201 20023	\$				
	2. Other***		\$	10,392	10,392		
	f. X-rays and Related Radiological	24	\$	4,761	4,761		
	Procedures***			ALL ALL			
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)						
	h. Laboratory***		\$	23,997	23,997		
-00-13	i. Recreation		\$	50,807	50,807		
	j. Direct Management Services*		\$				
	k. Indirect Management Services*		\$				
	<ol> <li>Other (Specify)****</li> </ol>		\$	107,028	107,028		
	See Attached Schedule	14 140 <b>1</b> 44					The same
5M	. Total Resident Care Expenditures (5a - :	5j)	\$	567,094	567,094		

\* 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.

Senior Philanthropy of Danbury, LLC dba Western Rehab Care Center 9/30/2018

## Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Minor Equipment & Supplies - Therapy	\$ 8,368		
IV Supplies - Medicaid	\$ 16,283		
IV Drugs - Medicare (Self-disallow)	\$ 4,508		- 新生活 - 新生活
Medical Equipment Rental	\$ 41,714		
Minor Equipment - Nursing	\$ 27,637		
IV Drugs - Managed Care (Self-disallow)	\$ 5,700		
IV Drugs - Medicaid	\$ 67	The second	
Medical Waste Disposal	\$ 2,751		
			· 一、 · · · · · · · · · · · · · · · · · ·
	70		
			Contraction of the second
Total Other Resident Care	\$ 107,028	\$ -	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-21 Rev. 10/2001

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

Name of Facility Senior Philanthropy of Danb	ury, LLC dba Western	Rehab Care	Center	License No. 2409	Report for Year Ender 9/30/2018	d			Page 21	of   37	
		Related ** Operators					Total Cost		t/Page Ref.***		
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line	
Healthcare Service Group	Suite 300, Bensalem, PA 19020	0	٥		Laundry	59,349			19	3b	
Healthcare Service Group	Suite 300, Bensalem, PA 19020	0	o		Housekeeping	87,102		-	20	4b	
Winter Bros Hauling of CT	307 White St, Danbury, CT 06810	0	o		Trash Removal	37,719			22	6f	
Healthcare Service Group	Suite 300, Bensalem, PA 19020	0	٥		Dietary Services	110,454			18	3b	
White Birch Landscaping, Inc.	PO Box 680, Brewster, NY 10509	0	0		Ground Maintenance	11,273			22	6f	
		0	o								
		0	٥								
		0	o								
		0	o								
		0	0								
		0	o								
		0	•								
		0	0								
		0	۲								

\* 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 Danbury, LLC dba We 2409	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Spe	ecify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 61,745	61,745			
b. Heat	\$ 42,152	42,152			
c. Light & Power	\$ 113,014	113,014			
d. Water	\$ 122,192	122,192			
e. Equipment Lease (Provide detail on page 6)	\$ 7,740	7,740			
f. Other (itemize)	\$ 117,047	117,047	25.2 D. 1.5 D.		
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 463,890	463,890	899 T 10 89 10 88	5	
7. Depreciation (complete schedule page 23*)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$ 42,011	42,011			
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$ 110,375	110,375			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 152,386	152,386			
8. Amortization (Complete att. Schedule Page 24*)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (Specify)	\$				
*8e. Total Amortization Costs (8a+b+c+d)	\$				
9. Rental payments on leased real property less					
real estate taxes included in item 10b	\$ 2,099,729	2,099,729			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 60,362	60,362			
c. Personal property taxes	\$ 9,612	9,612			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 2,322,089	2,322,089			

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

Senior Philanthropy of Danbury, LLC dba Western Rehab Care Center 9/30/2018

## Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
			1 Carlos
Interco Contracted Services-Maint	\$ (6,184)		
Electrical-Maint	\$ 5,045		
Plumbing-Maint	\$ 6,166	E	
HVAC/Boiler Maint	\$ 7,667		
Paint-Maint	\$ 506		
Alarm Monitoring-Maint	\$ 450		1 基于 1
Alarm Inspection-Maint	\$ 4,902		一 教育
Alarm Repairs-Maint	\$ 6,170		
Grounds Maintenance-Maint	\$ 23,495		
Elevator-Maint	\$ 16,307		
Pest Control-Maint	\$ 2,364		
Maint Contracts- Generator	\$ 5,133		and the same
Waste Disposal -Grease/Trash	\$ 39,152		
Copier- Maintenance Agreement	\$ 5,874		
	RAD BOAR PAR		
			2000 1017 - 32002
Total Other Repairs and Maintenance	\$ 117,047	\$ -	\$ -

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

					Deprec	iation Sc	hedule					
Name of Facility					License No.			Report for Year E	nded		Page	of
Senior Philanthropy of Danbury, LLC dba W	estern I	Rehat	Care C	Center	240	9		9/30/2018			23	37
Property Item			- 11		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												AND DESCRIPTION OF
1. Acquired prior to this report period												A THE REAL PROPERTY OF
2. Disposals (attach schedule)												
3. Acquired during this report period (attac	h sched	lule)						2.1.1 · · · · · · · · · · · · · · · · · ·				the second second second
A-4. Subtotal					and the second second	the termine	i anti anti	and the second sec		and the first state		
B. Building and Building Improvements	5.00											- A BARRANT PROPERTY
1. Acquired prior to this report period					716,198		716,198	74,533	S/L	Various	37,223	A CONTRACTOR OF THE OWNER
2. Disposals (attach schedule)												APPENDER PROPERTY AND IN COMPANY
3. Acquired during this report period (attac	3. Acquired during this report period (attach schedule)		80,715		80,715		S/L	Various	4,788	the state of the second second		
B-4. Subtotal					Constant and the second		1.1					42,011
C. Non-Movable Equipment												
1. Acquired prior to this report period			11-23									
2. Disposals (attach schedule)				24.1		520) 5200						F CAR
3. Acquired during this report period (attac	h sched	lule)										An and the second se
C-4. Subtotal					Sector Association	332						
	Is a mi logb mainta Yes	ook		cquisition Year	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
D. Movable Equipment			12 S S			and the second	No. 10 Percent	and the second second	and the second se	Sec. 17 and	The second	Carlos and a second second
1. Motor Vehicles (Specify name, model										20.00		
and year of each vehicle)			Provence of the	1.4.4	Television of the second se					14.5	and the second	
a. 2015 Ford Transit 250 -10 Passenger				15	40,257		40,257		S/L	5		A CONTRACTOR OF
b. Van- Taxable sales tax				16	1,110		1,110		S/L	5		41 - 21 - 12 
c. Van- Taxable sales tax			4	17	1,693	i usranı	1,693	339	S/L	5	339	
d.								8.762 ·				
2. Movable Equipment	ALC: N	14	17	14.20	1 174 045	Carling and the	1 174 045	771,585	S/L	Various	97,530	
a. Acquired prior to this report period	A CONTRACTOR OF THE OWNER OWNER OF THE OWNER OWNE		Var.	Var.	1,174,045		1,174,045	//1,585	5/L	Various	97,530	Sector Contraction
b. Disposals (attach schedule)			THE REPORT OF THE PARTY		(mag)	2	State of the second			100 X 10		
c. Acquired during this report period			State and some of	1940-1921 1940-1921		大学的		and the state of the second	Contraction of the Alter	North Alexandre	4.000	and the second second
(attach schedule)			Var.	Var.	26,093	4 (1997)	26,093		S/L	Various	4,233	110 275
D-3. Subtotal	Sec.10											110,375
E. Total Depreciation	1						and the second			0.0000		152,386

**Depreciation Schedule** 

Senior Philanthropy of Danbury, LLC dba Western Rehab Care Center 9/30/2018

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:			No.	
	A SAME TO A SAME TO A SAME AND A S	1.4	REAL	
8 S 9.43				1.11
1		1. 1. 1. 1.	4 分子報告	
Sec. Sec.			10.00	
<b>Fotal additions for</b>	Land Improvement	\$ -		S -
Deletions:				
A CONTRACTOR				
				AND SHITLE
10				
			<b>経</b>	
<b>Fotal deletions for</b>	Land Improvement	\$	41 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ -

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

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

Acquisition Date	g improvements Acquired during this report period Description of Item		Cost	Useful Life	Depreciation	
Additions:						
4/25/2018	Retaining Wall	\$	15,075	20	\$	754
12/31/2017	Facility Lighting	\$	45,100	15	\$	3,007
1/8/2018	Elevator Upgrade	\$	20,540	20	\$	1,027
		2 11				
						A CONTRACTOR
Fotal additions for	Building Improvement	\$	80,715		\$	4,788
Deletions:						
100-110-110-110-110-110-110-110-110-110						(1)
Real reality of	·····································					
			3 S. 22		Sec.	
		唐 金融				
		Star 18			でも、記録	
4 <b>1</b> 2 - 2000		N. CONTRACT				
Total deletions for 1	Building Improvement	\$	A. 16-52		S	

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

#### Schedule of Non-Movable Equipment Acquired during this report peria

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
			And Aller	ALL PROPERTY.
		Ref. C.	the state of the	
			anna 1984 - Marsan Realt	AND THE
				120
<b>Fotal additions for</b>	Non-Movable Equipmen	\$		\$ 5
Deletions:				
			Service and	
			- Alexandre	
		24 <u>6</u>		THE REAL PROPERTY
		现出的 潮 包括		
-SS - 20				
<b>Total deletions for</b>	Non-Movable Equipmen	s -		S -

\*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:		100				
11/17/2017	Nurse Call Station	\$	5,621	5	\$	1,124
5/30/2018	Telephone Wiring	S	7,393	15	\$	493
6/18/2018	Unimac Washer		13079.4	5		2616
1. 1635.						
Fotal additions for 1	Movable Equipmen	\$	26,093		S	4,233
Deletions:						
					ACC SIGN	and the start
			1960 Mar			
					Markey .	C. States
		र्थाले ।			Constant.	The second
		1.5			10 M.	
<b>Fotal deletions for N</b>	Aovable Equipmen	\$	1		\$	

\*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:							
					一带的边		
	The state						
		1. A. A. A.	Sector States	A			
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
The second second	4 1 5.4			S 44	all a second	Var Alera	
			West Contraction of the second	2.49(3)	A STATE		
otal additions for Leas	ehold Improvemen		al a star Ha	5		S -	
Deletions:				u			
	Line and Bo	Martin		332			
Sternson (		States and states		1844 - C	1000		
to subject to				1	1		
all a stabilitation in						1000	
			The State of the			1 1 1 1 1 1	
otal deletions for Leas	about a low second second		and the second	S -	The of Manager	\$	

\*Ties to Page 24, Line C3 \*\*Ties to Page 24, Line C2

Senior Philanthropy of Westport, LLC Cost Report Year 2018 Medicaid Cost Report - Depreciation Summar

Cost Report Yo Medicaid Cost	t Report - Depreciation Summary	Date Acquired	Life	Method	Historical Cost	9/30/2017 Expense	9/30/2017 Accum Deprec.	9/30/2018 Expense	9/30/2018 Accum Deprec.	Net Book Value
Building Imp				1,4573						
As	sset Additions 10/1/2014-3/31/2015			S/L	4,936	164	574	164	738	4,198
20	015 Additions									
Ele	evator repair	6/1/2015	20	S/L	6,842	342	855	342	1,197	5,645
Re	enovations	8/25/2015	20	S/L	414,577	20,729	51,822	20,729	72,551	342,026
Re	enovations	9/23/2015	20	S/L	35,000	1,750	4,375	1,750	6,125	28,875
Тс	otal 2015 Additions				456,419	22,821	57,052	22,821	79,873	376,546
20	016 Additions									
W	/andergard*	1/27/2016	20	S/L	3,378	169	338	169	507	2,871
Flo	oor Renovation		20	S/L	(2,442)	(122)	(244)	(122)	(366)	(2,076)
Pa	atio Cover*	3/14/2016	20	S/L	3,852	193	385	193	578	3,274
м	lag Locks*	3/16/2016	20	S/L	2,403	120	240	120	360	2,042
Do	oor/Mag IV Control*	3/18/2016	20	S/L	827	41	83	41	124	703
Fr	ont Door*	3/18/2016	20	S/L	930	47	93	47	140	790
La	aundry Floor plumbing	6/9/2015	20	S/L	9,097	455	910	455	1,365	7,732
Ki	tchen Door	5/20/2016	20	S/L	2,408	120	241	120	361	2,047
AC	C Unit	6/13/2016	20	S/L	10,538	527	1,054	527	1,581	8,957
El	evator Car	7/19/2016	20	S/L	15,479	774	1,548	774	2,322	13,157
Ga	as Shutoff to Dryers in Laundry Rm	8/4/2016	20	S/L	1,500	75	150	75	225	1,275
Co	onduit Raceway through Walls	8/17/2016	20	S/L	3,450	173	345	173	518	2,932
AC	C Condensor Oil	8/24/2016	20	S/L	4,650	233	465	233	698	3,952
El	evator Controller	8/23/2016	20	S/L	1,454	73	145	73	218	1,236
AC	C Unit	6/13/2016	20	S/L	358	18	36	18	54	304
Cc	ontroller in Elevator	8/16/2016	20	S/L	8,373	419	837	419	1,256	7,116
Та	otal 2016 Additions				66,253	3,313	6,625	3,315	9,940	56,313
20	017 Additions									
	oor Repair	12/16/2016	20	S/L	10,099	505	505	505	1,010	9,089
	uilding Renovation	10/1/2016	20	S/L	101,673	5,084	5,084	5,084	10,168	91,505
	acility Lighting	1/1/2017	15	S/L	89,661	5,977	5,977	5,977	11,954	77,707
	/andergard*	1/27/2016	20	S/L	(3,378)	(169)	(338)	(169)	(507)	(2,871)
	atio Cover*	3/14/2016	20	S/L	(3,852)	(193)	(385)	(193)	(578)	(3,274)
	lag Locks*	3/16/2016	20	S/L	(2,403)	(120)	(240)	(120)	(360)	(2,042)
	oor/Mag IV Control*	3/18/2016	20	S/L	(827)	(41)	(83)	(41)	(124)	(703)
	ront Door*	3/18/2016	20	S/L	(930)	(47)	(93)		(140)	(790)
3.3		60% - 91					~			

## Senior Philanthropy of Westport, LLC Cost Report Year 2018 Medicaid Cost Report - Depreciation Summary

ledicaid (	Cost Report - Depreciation Summary	Date Acquired	Life	Method	Historical Cost	9/30/2017 Expense	9/30/2017 Accum Deprec.	9/30/2018 Expense	9/30/2018 Accum Deprec.	Net Book Value
						1999.000 <b>-</b> 90.099.000 - 99	1999 - 19		1942.0	
	Elevator Controller	8/23/2016	20	S/L	(1,454)	(73)	(145)		(218)	(1,236)
	Total 2017 Additions				188,590	10,924	10,282	10,923	21,205	167,385
	2018 Additions									
	Retaining Wall	4/25/2018	20	S/L	15,075	5	-	754	754	14,321
	Facility Lighting	12/31/2017	15	S/L	45,100	7	850	3,007	3,007	42,093
	Elevator Upgrade	1/8/2018	20	S/L	20,540	-	-	1,027	1,027	19,513
	Total 2018 Additions			H.817 AH.	80,715	-	-	4,787	4,787	75,927
and the second se	ange in capitalization policy these assets were reclasse ding Improvements	ed and expensed.			796,913	37,221	74,533	42,010	116,543	680,370
otal Buil		ed and expensed.			796,913	37,221	74,533	42,010	116,543	680,370
otal Buil	ding Improvements	d and expensed.			796,913	37,221	74,533	42,010	116,543	680,370
otal Buil		ed and expensed.	5	S/L	796,913 40,257	37,221 8,051	74,533 20,129	42,010 8,051	116,543 28,180	
otal Buil	ding Improvements 2015 Additions		5							
ital Buil	ding Improvements 2015 Additions 2015 Ford Transit 250 -10 Passenger Wagon		5	S/L S/L						12,077
otal Buil	ding Improvements 2015 Additions 2015 Ford Transit 250 -10 Passenger Wagon 2016 Additions	5/1/2015	5	S/L	40,257	8,051 222	20,129 444	8,051 222	28,180 666	12,077 444
and the second se	ding Improvements 2015 Additions 2015 Ford Transit 250 -10 Passenger Wagon 2016 Additions Van- Taxable	5/1/2015			40,257	8,051	20,129	8,051	28,180	680,370 12,077 444 1,015

Moveable Equipment Prior Owners Moveable Equipment (Fully Depreciation Assets Removed)	Various Var	ious S/	L	784,194	34,561	630,934	27,770	658,704	125,490
Asset Additions 10/1/2014-3/31/2015	Various Vari	ious S/	D	33,291	2,282	7,987	2,282	10,269	23,022
2015 Additions									
Sonic Wall	4/30/2015	15	S/L	3,609	241	601	241	842	2,766
Canon Copiers @2	5/30/2015	5	S/L	28,624	5,725	14,311	5,725	20,036	8,587
Slings	5/28/2015	5	S/L	27,817	5,563	13,909	5,563	19,472	8,345
Slings	6/1/2015	5	S/L	15,279	3,056	7,640	3,056	10,696	4,583
New Dryer	6/2/2015	10	S/L	7,175	718	1,794	718	2,512	4,663

### Senior Philanthropy of Westport, LLC Cost Report Year 2018 Medicaid Cost Report - Depreciation Summary

port Year 2018 id Cost Report - Depreciation Summary						9/30/2017		9/30/2018	Net
net i statu de la si an an an an an anna anna an an saoins an anna an anna an anna an anna anna	Date			Historical	9/30/2017	Accum	9/30/2018	Accum	Book
	Acquired	Life	Method	Cost	Expense	Deprec.	Expense	Deprec.	Value
AHT Software	7/1/2015	3	S/L	3,022	1,007	2,519	503	3,022	0
Total 2015 Additions			000000	85,525	16,309	40,774	15,806	56,580	28,946
2016 Additions									
Plastic Card Printer	2/1/2015	5	S/L	1,142	228	457	228	685	457
Sonic Wall & Comp Equip	2/1/2015	15	S/L	3,109	207	415	207	622	2,487
Computer	2/1/2015	5	S/L	996	199	398	199	597	399
Chair Scale	3/1/2015	5	S/L	722	144	289	144	433	289
Computer Server	3/1/2015	5	S/L	575	115	230	115	345	230
Nurse Call System Installation	11/18/2015	5	S/L	22,975	4,595	9,190	4,595	13,785	9,190
Misc Equipment	10/1/2015	5	S/L	18,770	3,754	7,508	3,754	11,262	7,508
Washer	5/1/2015	10	S/L	(7,175)	(718)	(1,435)	(718)	(2,153)	(5,022)
Washer	5/1/2015	10	S/L	7,437	744	1,487	744	2,231	5,206
Refrigerator	6/8/2015	10	S/L	465	46	93	46	139	326
Pressure Relieving Mattress	6/12/2015	5	S/L	506	101	202	101	303	203
Printer	6/12/2015	5	S/L	898	180	359	180	539	359
Computer	6/30/2015	5	S/L	777	155	311	155	466	311
Digital Transmitter	7/7/2015	5	S/L	2,109	422	844	422	1,266	843
Channel Hardware	7/27/2015	5	S/L	465	93	186	93	279	186
Projector	4/6/2015	5	S/L	423	85	169	85	254	169
Stethescope & Thermometers	4/13/2015	5	S/L	461	92	184	92	276	184
TV	5/6/2015	5	S/L	679	136	272	136	408	271
Floor Machine	5/11/2015	5	S/L	984	197	393	197	590	393
Anti Rollback Device	8/26/2015	5	S/L	306	61	122	61	183	123
TV & Wreaths	9/15/2015	5	S/L	1,170	234	468	234	702	468
Thermometer	9/28/2015	5	S/L	882	176	353	176	529	353
Lifts/ Slings	10/1/2015	10	S/L	2,816	282	563	282	845	1,971
Office Drawer Desk	9/23/2015	5	S/L	1,079	216	432	216	648	431
Computer & Hardware	10/19/2015	5	S/L	995	199	398	199	597	398
Laptop Computer Cart	11/12/2015	5	S/L	2,048	410	819	410	1,229	819
Chair Folding Pad	11/12/2015	5	S/L	432	86	173	86	259	173
Wheelchair	11/18/2015	10	S/L	366	37	73	37	110	256
Digital Transmitter	12/21/2015	5	S/L	499	100	200	100	300	199
	12/16/2015	10	S/L	1,147	115	229	115	344	803
Refrigerator Desk & Chair	12/24/2015	5	S/L	1,635	327	654	327	981	654
	5/30/2015	5	S/L	2,974	595	1,190	595	1,785	1,189
Canon	9/8/2015	5	S/L	3,685	737	1,474	737	2,211	1,474
Ice Maker	9/8/2015		5/1	3,065	151	1,4/4	1.57	2,211	2,474

## Senior Philanthropy of Westport, LLC Cost Report Year 2018 Medicaid Cost Report - Depreciation Summary

aid Cost Report - Depreciation Summary	-				0/20/2017	9/30/2017		9/30/2018	Net
	Date			Historical	9/30/2017	Accum	9/30/2018	Accum	Book
	Acquired	Life	Method	Cost	Expense	Deprec.	Expense	Deprec.	Value
Defibrillator	1/1/2016	5	S/L	1,845	369	738	369	1,107	738
Med Equip	1/25/2016	5	S/L	14,680	2,936	5,872	2,936	8,808	5,872
OXY Concentrators	2/5/2016	5	S/L	1,622	324	649	324	973	649
Furniture	2/2/2016	5	S/L	59,818	11,964	23,927	11,964	35,891	23,927
Kiosks	2/9/2016	5	S/L	1,984	397	794	397	1,191	793
Carts & OXY Tank Holders	2/23/2016	10	S/L	5,189	519	1,038	519	1,557	3,632
Mattresses	3/1/2016	5	S/L	1,350	270	540	270	810	540
Transmitters	3/7/2016	5	S/L	1,886	377	754	377	1,131	754
Wheelchair	3/10/2016	10	S/L	931	93	186	93	279	652
Digital Scales	6/5/2015	5	S/L	3,300	660	1,320	660	1,980	1,320
Beds	9/11/2015	5	S/L	2,803	561	1,121	561	1,682	1,121
Mattresses	9/18/2015	5	S/L	1,644	329	658	329	987	657
OXY Concentrators	2/8/2016	10	S/L	1,209	121	242	121	363	846
Sentra	3/8/2016	5	S/L	864	173	346	173	519	345
Multi Layer Mattress	11/19/2015	5	S/L	2,714	543	1,086	543	1,629	1,086
Multi Layer Mattress	9/15/2015	5	S/L	2,717	543	1,087	543	1,630	1,087
Multi Layer Mattress	9/1/2015	5	S/L	2,725	545	1,090	545	1,635	1,090
Cubicle Curtains	12/1/2015	5	S/L	4,552	910	1,821	910	2,731	1,821
Cement Boring & Wire Snaking	4/6/2016	10	S/L	3,250	325	650	325	975	2,275
Telephone Equipment & Set Up	3/31/2016	5	S/L	5,191	1,038	2,076	1,038	3,114	2,076
Telephone Equipment	6/23/2016	5	S/L	5,598	1,120	2,239	1,120	3,359	2,239
Nurse Station Annunicator Panel	6/10/2016	5	S/L	2,907	581	1,163	581	1,744	1,163
Cords/ Lifts	6/23/2016	10	S/L	1,421	142	284	142	426	995
AC Cleaner	6/24/2016	10	S/L	1,135	113	227	113	340	795
Water Solenoid	6/30/2016	10	S/L	783	78	157	78	235	549
Ceiling Tile	2/18/2016	15	S/L	509	34	68	34	102	407
Ceiling Tile	2/22/2016	15	S/L	751	50	100	50	150	601
Actuator/Battery	9/1/2016	10	S/L	542	54	108	54	162	380
Ice Machine	9/14/2016	5	S/L	1,211	242	484	242	726	484
Fluid Monitor	9/16/2016	5	S/L	2,278	456	911	456	1,367	911
Total 2016 Additions				213,758	40,217	80,435	40,217	120,652	93,106
2017 Additions									
Mattress BuyOut	11/16/2016	5	S/L	15,568	3,114	3,114	3,114	6,228	9,340
Resident Room Chairs	9/16/2016	5	S/L	34,561	6,912	6,912	6,912	13,824	20,737
Bladder Scanner	2/3/2017	5	S/L	7,147	1,429	1,429	1,429	2,858	4,289
Total 2017 Additions				57,276	11,455	11,455	11,455	22,910	34,366

### Senior Philanthropy of Westport, LLC Cost Report Year 2018 Medicaid Cost Report - Depreciation Summar

Total for 2018	4.443			2,040,112	150,658	867,030	152,385	1,019,414	1,020,697
Total Moveable Equipment		4.00		1,200,138	104,825	771,585	101,762	873,348	326,791
Total 2018 Additions				26,093			4,233	4,233	21,861
Unimac Washer	6/18/2018	5	S/L	13,079	-	-	2,616	2,616	10,464
Telephone Wiring	5/30/2018	15	S/L	7,393	-	-	493	493	6,901
2018 Additions Nurse Call Station	11/17/2017	5	S/L	5,621	-	-	1,124	1,124	4,496
Medicaid Cost Report - Depreciation Summary	Date Acquired	Life	Method	Historical Cost	9/30/2017 Expense	9/30/2017 Accum Deprec.	9/30/2018 Expense	9/30/2018 Accum Deprec.	Net Book Value

.....

## State of Connecticut Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006

## **Amortization Schedule\***

Nam	e of Facility		_	License No.		Report for Yea	r Ended		Page	of
Senio	or Philanthropy of Danbury, LLC dba We	estern Re	hab Ca	240	09	9/30/2018			24	37
		Date Acqui	e of			Accumulated Amort. to Beginning of	Deriver and a second			
				Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense 1.									and the second sec
	2.									
	3.									A CONTRACTOR OF THE OWNER OF THE
A-4.	Subtotal				沒的 <sup>。</sup> · · · · · · · · · · · · · · · · · · ·	1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -	a series and	11.2550	and the second sec	
В.	Mortgage Expense									177
	2.									
	3.									
B-4.	Subtotal	a second	The second s			A STATE OF				
C.	Leasehold Improvements and Other 1. Acquired prior to this report period									and the second
	2. Disposals (attach schedule)				and an a second s			8.90 M 14 C	web-All in the states	No. of The Party of the
	3. Acquired during this report period (attach schedule)		.51					- Line		
C-4.	Subtotal		L. CUL	an a		LANG BERT		an s <sup>aara</sup>	a state of the second state	
D.	Total Amortization				and the second			and the second	and the second second	

\* Straight-line method must be used.

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

A. Minimum of 5 years or 60 months.

B. Life of mortgage; OR

C. Remaining Life of Lease; OR

D. Actual Life if owned by Related Party.

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

Name of Facility Senior Philanthropy of Danbury	License No	). 09	Report for Year En 9/30/2018	ded		Page 25	of 37
	, LLC 24	09	5/50/2018				
11. Property Questionnaire Part A	104	(18	<del>.</del>				
Is the property either owne	d by the Facility	- 14 		с. С		If "Yes," comple	te Part B.
or leased from a Related Pa		0	Yes	O	NIO	If "No," complete	
*If any owner or operator of	Holden and a second sec	hu familu m	riage ownership shill	ity to control or		n no, compier	- un or
business association to any							
related party transaction.	,						
Descri	otion		Total	A A A			
1. Date Land Purchased							
2. Date Structure Comple	ted				· · · · · · · · · · · · · · · · · · ·	Street Freeze	
3. If NOT Original Owne	r, Date of Purchas	e					and the second second
4. Date of Initial Licensur	re						a sur
5. Total Licensed Bed Ca	pacity		150		落· 准 解释		
6. Square Footage				and the second			
7. Acquisition Cost							69 June 19
a. Land							
b. Building							1945 - C
Part B - Owner and Rela	ted Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	age
1. Financing							
a. Type of Financing		le)					
b. Date Mortgage Obt							
c. Interest Rate for the	e Cost Year						
d. Term of Mortgage							
e. Amount of Principa							
f. Principal balance o	utstanding as of	_					
Complete if Mortgage	e was Refinanced			St. Contraction of the			
During Current C	ost Year						
g. Type of Financing		le)	11210941-0918			1-10100 million	
h. Date of Refinancin	<u>g</u>						
i. New Interest Rate							
j. Term of Mortgage							
k. Amount of Principa							
I. Principal Outstand			l	i			
Part C - Arms-Lengt						1	
Name and Address of	f Lessor	the second se	perty Leased			Annual Amoun	
107 Osborne Street LLC		Building		04/01/15	120 mo.		2,099,729
	2010						
	7						

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 26   37		
Senior Philanthropy of Danbury, LLQ 2409		9/30/2018	1		20 37		
Item		Total	CCNH	RHNS	(Specify)		
<ul> <li>12. Interest</li> <li>A. Building, Land Improvement &amp; Non-Movable Equipment</li> <li>1. First Mortgage</li> </ul>	\$	5					
Name of Lender	Rate						
Address of Lender							
2. Second Mortgage	\$	5					
Name of Lender	Rate	· 《礼礼					
Address of Lender							
3. Third Mortgage	3	S		a			
Name of Lender	Rate						
Address of Lender							
4. Fourth Mortgage	\$	B					
Name of Lender	Rate						
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount	9	6					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)	5	\$					
			a Subtotals	<u> </u>			

(Carry Subtotals forward to next page)

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

Name of Facility License N Senior Philanthropy of Danbury, LL 24			Report for Ye 9/30/2018	ear Ended		Page         of           27         37
Item			Total	CCNH	RHNS	(Specify)
Sub	totals Bro	ught Forward:				
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount			A MARK	
Lender	<del>u</del>	1				
Address of Lender			. 1			
2. Other (Specify)		\$		112 March 199		1588.70 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
A. Item	Rate	Amount		1 1 1		
Lender		l				
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
<ol> <li>C. 3. Total Movable Equipment Intere Expense (C1 + 2)</li> </ol>	est	\$				
12. D. Other Interest Expense (Specify)		\$		156,539		
Interest on line of credit & other int	erest					
13. Total All Interest Expense (12B7 + 120	(3 + 12D)	\$	156,539	156,539		
14. Insurance		*	-30,007			
a. Insurance on Property (buildings on	ly)	\$	12,744	12,744		5
b. Insurance on Automobiles	*/	\$		2,784		
c. Insurance other than Property (as sp	ecified at	pove)				8
1. Umbrella (Blanket Coverage)		\$		76,593		
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$	9,716	9,716		
D&O and Crime Insurance & O	ther Insur	ance				
14d. Total Insurance Expenditures (14a + b	(+c)	\$	101,837	101,837		<ul> <li>The Control of Contr</li></ul>
15. Total All Expenditures (A-13 thru C-14		\$		16,149,719		

# D. Adjustments to Statement of Expenditures

	e of Fa	-	ppy of Danbury, LLC dba Western Rehab Care		cense No. 2409	Report for Yea 9/30/2018	ar Ended	Page 28	of   37
Item	Page	Line			Total Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Spe	ecify)
Page	10 - S	Salarie	es and Wages					-	a file
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.	10	A12g	Occupational Therapy	\$	221,039	221,039			
4.			Other - See attached Schedule	\$			and the second state of th		March 1 Constant Street and Street
	13 - H	Profes	sional Fees						
5.			Resident Care Physicians **	\$					
6.	13	B10a	Occupational Therapy	\$					
7.			Other - See attached Schedule	\$			SHIPLE HALF	THE REPORT	
Page	s 15 &	16 -	Administrative and General			all the t			
8.			Discriminatory Benefits	\$					
9.	15	1c	Bad Debts	\$	165,078	165,078			
10.	15	1d	Accounting	\$					
10a.			Legal	\$	21,177	21,177			
11.			Telephone	\$					16-12-
12.	15	1h2	Cellular Telephone	\$	2,534	2,534			arrest Dissolution of the
13.			Life insurance premiums on the life						1 45
			of Owners, Partners, Operators	\$					
14.	16	L3	Gifts, flowers and coffee shops	\$	22	22			
15.			Education expenditures to colleges or						
			universities for tuition and related costs						
			for owners and employees	\$					
16.			Travel for purposes of attending			<b>k</b> .			
			conferences or seminars outside the						
		1 (	continental U.S. Other out-of-state					elicity.	
			travel in excess of one representative	\$					
17.			Automobile Expense (e.g. personal use)	\$					
18.	16		Unallowable Advertising *	\$	2,771	2,771			
19.	15	lj	Income Tax / Corporate Business Tax	\$					
20.	16		Fund Raising / Contributions	\$			00170220		
21.	16	m12	Unallowable Management Fees	\$		58,141			
22.		-	Barber and Beauty	\$					
23.	L		Other - See attached Schedule	\$	18,564	18,564	1		INC.
And in case of the local division of the loc	-	Dietar	y Expenditures	_					
24.			Meals to employees, guests and others			THE REAL PROPERTY AND INCOMENTATION OF A DESCRIPTION OF A			
			who are not residents	\$	1000 C	2 878.			
	-	Launa	try Expenditures				4211		
25.			Laundry services to employees, guests			1. Note 2. 1981 P.	22a	and a second	
			and others who are not residents	\$	11			3950 ·····	
	20 - 1	House	ekeeping Expenditures	_					
26.			Housekeeping services to employees, guests						
<u> </u>	<u>t</u>		and others who are not residents	\$					
			Subtotal (Items 1 - 26)	\$	489,326	489,326			

\* 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.

Senior Philanthropy of Danbury, LLC dba Western Rehab Care Center 9/30/2018

### Attachment Page 28

### Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	东油				月後 私
6	110	· · · · · · · · · · · · · · · · · · ·			
	- E.A				
	1 Las				
	Second 15			A SHARE	
Total Othe	r Salaries /	Adjustment	\$	s - 1	\$ -

### Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
四 安 四					
			Anto ANNA		
	1 . · · · ·				Real of the
	9-90 B				
				一 一 一 一 一 一 一 一 一 一	
Total Other	Fces Adju	istments	\$ -	s -	\$ -

### Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
See	Attached	Marketing Disallowances	\$ 1	The second	
16	m8	Dues/Subscriptions-Mkt (Self-disallow)	\$ 333		
16	m13	Resident Reimburse on Lost/Stolen Items (Self-disallow)	\$ 263	Sur All	
16	m13	Misc Decor-Adm (Self-disallow)	\$ 186		A MARKEN AND
16	m13	Collection Fees/Credit Card Fees (Self-disallow)	\$ 2,101	的编辑	
16	m13	Late fees/Fines/Finance Charges-Adm (Self-disallow)	\$ 3,567		
16	m13	Employee/Guest meals (Self-disallow)	\$ 1,651	たと調査	
16	m13	Champion Awards of Milford (Sef-disallow)	\$ 53		
15	1a9	Holiday Funds (Self-disallow)	\$ 1,163		
15	1a9	Employee Food (Self-disallow)	\$ 853		
15	1a9	Employee Appreciation Awards/EOM (Self-disallow)	\$ 256		
15	1a9	Health Insurance Grievances (Self-disallow)	\$ 8,004		
15	1a9	Petty cash (Self-disallow)	\$ 133		G
Total Othe	r A&G Ad	justments	\$ 18,564	s -	\$ -

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

	# of A	llowable	
Beds	Cell	Phones	
1-100		3	
101-200		4	
201-300		5	8.1 
301-400	2	6	
Total Bed Capacity		140	
# of Allowable Cell Phones	1.4	4	
Allowable Cell Phone Expense (per ce	ell phone):	1	
per month	\$	30	
per year	\$	360	
Page 15 Line 1h2	A	mount	
Cell Phone expense per TB	\$	3,974	
Allowable Cell Phone expense	\$	1,440	
Disallowed Cell Phone expense	\$	2,534	Page 28 Line 12

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

Descrption	Amount			
Management fees Charged	401,955 **			
Patient Days	50,030 Page 8 of C/	R		
Amount Per Patient Day	\$	8.0343		
PPD Allowance Per Rate Agreement		6.67		
2018 CPI Increase		0.07		
PPD Allowance 9/30/2018		6.74	_	
Amount over (Under)	S	1.2964		
Total Days		50,030	Page	8 of C/R
Part 1 Disallowed Management Fee			\$	64,860
Management fees Charged (Pg. 16 / Line m12)		395,236		
Actual Costs to the Related Party - Allowable Expense	E. M. State	401,955	8	
Part 2 Disallowed Management Fee			\$	(6,719)
Total Disallowed Mangement Fee			\$	58,141 Pg. 28 / line 21

\*\*Per as filed 12/31/17 Medicare cost report

## Senior Philanthropy of Danbury, LLC Marketing Disallowance September 30, 2018

Page	Line	Account	Description	Amount
15	1.a.1	490123	Workers Comp-Mkt	-
15	1.a.3	490122	Payroll Taxes-Mkt-FICA	1
15	1.g	490901	Office Supplies-Mkt	-
15	1.g	490910	Computer Supplies-Mkt	-
15	1.g	490920	Forms/Printing-Mkt	-
		Tot	al Page 15 Marketing Disallowance	1
16	1.5	490133	Training/Seminars/Courses-Mkt	-
		Tot	al Page 16 Marketing Disallowance	-
Disallowed	xpenses =	\$ <u>1</u>		

Pg. 28b

State of Connecticut Annual Report of Long-Term Care Facility CSP-29 Rev. 10/2006

			D. Adjustments to Statemen	it of	Expend	itures (co	ont'a)		
Name	e of Fa	acility	i III	Licen	se No.	Report for Year Ended			of
Senic	or Phil	anthro	ppy of Danbury, LLC dba Western Rehab Ca		2409 9/30/2018		29	37	
				Т	Total				
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Sp	ecify)
			Subtotals Brought Forward	\$	489,326	489,326		Į	
Page	20 - I	Reside	ent Care Supplies***			ie.		ile a	
27.		5a2	Prescription Drugs	\$	152,618	152,618			
28.	20	5d	Ambulance/Limousine	\$	6,152	6,152			
29.	20	5f	X-rays, etc	\$	4,761	4,761			
30.	20	5h	Laboratory	\$	23,997	23,997			
31.	30	II2a/c	Medical Supplies	\$	3,990	3,990			
32.	20	5e2	Oxygen (non emergency)	\$	10,392	10,392	harris an		
33.			Occupational Therapy	\$	((s(=)				
34.			Other - See Attached Schedule	\$	43,299	43,299			
Page	22 - 1	Maint	enance and Property	18	and in the second				、我们
35.			Excess Movable Equipment Depreciation	2	114 A 1 3	18 W		1.	
			See Attached Schedule	\$		[			
36.			Depreciation on Unallowable					1 Th	
			Motor Vehicles	\$					
37.			Unallowable Property and Real						
			Estate Taxes	\$	ACCORD.				
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$					
Page	27 - 1	nsura				S. 1385			
40.			Mortgage Insurance	\$	*****		And at an an an and a second		
41.			Property Insurance	\$					
Othe	r - Mi	scella	neous					A. A.	E. 76
42.		Γ	Other - Indirect	\$					
43.			Interest Income on Account Rec.	\$					
44.			Other - Miscellaneous Administrative	\$					
45.			Management Fees Direct	\$			2		
46.			Management Fees Indirect	\$					
47.		1	Other - Direct	\$	1,479	1,479			
	For P	ofit P	Providers Only	8					
48.		T T	Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -						
			See Attached Schedule	\$		P. CHARLES			
49	Total	Amo	unt of Decrease (Items 1 - 48)	\$	736,014	736,014			

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

\*\*\* 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 Danbury, LLC dba Western Rehab Care 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 pg. 29b)	\$ 33,091		
20		IV Drugs - Medicare (Self-disallow)	\$ 4,508		
20		IV Drugs - Managed Care (Self-disallow)	\$ 5,700		
公長古 明					
					A State Bar
12.26					
					The state of the s
					1. 12 144
<b>Total Othe</b>	r Ancillary	Costs	\$ 43,299	\$ -	\$ -

### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	Sec. As				
1 1	and the second		<b>考试</b> 》、《中日日		
					12. 建立。
- 4-0, X				· · · · · · · · · · · · · · · · · · ·	
				80 A	
1.1.3			the second		
生物学 子					
100	Sec.				
		A DESCRIPTION OF A DESC			
<b>Fotal Exces</b>	s Movable	Equipment Depreciation	s -	\$	\$ -

### Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
					and states
4 15					
					a Malan Da
	<b>Q</b>				R. B. Astron
No.	Beach. I		19 H. A.		A AMARTA
Santa -			Contra Maria	100 C	A Maria
		And the second			
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					
		A SECTION OF A DESCRIPTION OF A DESCRIPR	1. A. 16 1989		12
Fotal Othe	r Property	Adjustments	s -	\$	s -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c3	D&O Life Insurance (Self-disallow)	\$ 1,479	1. A. 1997	
e a dec	$r \approx 6$				
à de	ાં તુલ				
周辺				100	
	3		and the second		
·适应的。			<b>教</b> 》和新年期		
				A CONTRACTOR	
				- 学校:	
				No. 1	
<b>Total Othe</b>	r Adjustme	ents	\$ 1,479	\$ -	\$ -

## Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
				- Alto SA	
1					
			1		
Total Unal	owable Bu	ilding Interest	s -	s -	\$ -

Senior Philanthropy of Danbury, LLC Disallowance Schedule for Cable TV 9/30/2018

	Amount
Total Cable TV Expense acct #560717	\$ 36,691 TB Linked
Monthly Allowable amount	\$ 300
Months in Cost Report Year	12
Total Allowable Cost	\$ 3,600
Disallowed Cable TV	\$ 33,091

Pg. 29b

State of Connecticut Annual Report of Long-Term Care Facility CSP-30 Rev.10/2005

F. Statement of Revenue							
Name of Facility License No.	Report for Y	Page	of				
Senior Philanthropy of Danbury, LLC dbz 2409		9/30/2018	30	37			
Thomas		Total	CCNH	RHNS	(Spec	(ifi)	
Item I. Resident Room, Board & Routine Care Revenue		Total	CCNH	Krins	(Spec	ny)	
NAME AND ADDRESS OF A DATA OF A	¢	20 592 761	20,582,761		A HARRING MENT		
<ol> <li>a. Medicaid Residents (CT only)</li> <li>b. Medicaid Room and Board Contractual Allowance **</li> </ol>	<u>د</u> \$	20,582,761 (9,371,642)	the second s	<u> </u>			
	3 \$	(9,571,042)	(9,371,642)		1000		
<ul> <li>a. Medicaid (All other states)</li> <li>b. Other States Room and Board Contractual Allowance **</li> </ul>	3 \$						
	3 \$	1,527,432	1,527,432				
<ul> <li>a. Medicare Residents (all inclusive)</li> <li>b. Medicare Room and Board Contractual Allowance **</li> </ul>	<u> </u>				-		
		556,010	556,010	~	1	-	
4. a. Private-Pay Residents and Other	\$ \$	1,457,323	1,457,323				
b. Private-Pay Room and Board Contractual Allowance **	- 2	(205,536)	(205,536)	- Fristerie	245		
II. Other Resident Revenue			Sec. 12	Sen Britshowski	The start is	. <u>1</u>	
1. a. Prescription Drugs - Medicare	\$	135,347	135,347		<u> </u>		
b. Prescription Drugs - Medicare Contractual Allowance **	\$						
c. Prescription Drugs - Non-Medicare	\$	73,968	73,968				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$						
2. a. Medical Supplies - Medicare	\$	1,750	1,750				
b. Medical Supplies - Medicare Contractual Allowance **	\$		2/2/22		<u> </u>		
c. Medical Supplies - Non-Medicare	\$	2,240	2,240				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$	8				19	
3. a. Physical Therapy - Medicare	\$	694,173	694,173				
b. Physical Therapy - Medicare Contractual Allowance **	\$						
c. Physical Therapy - Non-Medicare	\$	426,505	426,505				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	2				12	
4. a. Speech Therapy - Medicare	\$	188,365	188,365				
<ul> <li>b. Speech Therapy - Medicare Contractual Allowance **</li> </ul>	\$						
c. Speech Therapy - Non-Medicare	\$	193,825	193,825				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$						
5. a. Occupational Therapy - Medicare	\$	525,668	525,668				
b. Occupational Therapy - Medicare Contractual Allowance **	\$						
c. Occupational Therapy - Non-Medicare	\$	326,250	326,250				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					-	
6. a. Other (Specify) - Medicare	\$	(1,386,138)	(1,386,138)		1000		
b. Other (Specify) - Non-Medicare	\$	(920,257)	(920,257)				
III. Total Resident Revenue (Section I. thru Section II.)	\$	14,808,044	14,808,044		-		
IV. Other Revenue*					1		
1. Meals sold to guests, employees & others	\$	Consultanti Presidenti Contenti		A State of the second		Provide a statistic	
2. Rental of rooms to non-residents	\$						
3. Telephone	\$			22 - 24 - 14 1			
4. Rental of Television and Cable Services	\$	1				1017	
5. Interest Income (Specify)	\$		1				
6. Private Duty Nurses' Fees	\$				1		
7. Barber, Coffee, Beauty and Gift shops	\$						
8. Other (Specify)	\$	+	61,934				
V. Total Other Revenue (1 thru 8)	\$				1		
			61,935				
VI. Total All Revenue (III +V)	\$	14,869,979	14,869,979				

## F. Statement of Revenue

\* 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.

Senior Philanthropy of Danbury, LLC dba Western Rehab Care Center 9/30/2018

### Attachment Page 30

### Schedule of Other Resident Revenue - Medicare

### Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30II6a	Laboratory- MCR A-SNF	\$ 22,007	2011年1月1日	
30II6a	IV Therapy-MCR A-SNF	\$ 6,987	\$ X.	the distant
30116a	XRay MRA	\$ 3,324	2 - 34U (H	
30116a	Contractual Adj-Ancill-MCR A-SNF	\$ (1,233,801)	Sec. 1	
30II6a	Sequestration - MCR B	\$ (2,596)		
30116a	Contractual Adj- Ancill- MCR B-SNF	\$ (182,059)		
Total Oth-	er Resident Revenue - Medicare	\$ (1,386,138)	s -	\$ .

### Schedule of Other Non-Medicare Resident Revenue

### **Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)	
			Sec.	- Sector	
301166	Routine Revenue Adjustment-SNF PVT	\$ (15,309)	1. A	· 推 新社	
30116b	Laboratory- MCD- SNF	\$ 2,886			
30Пбъ	IV Therapy-MCD-SNF	\$ 22,999			
30116b	Other Service- MCD-SNF	\$ 198			
30II6b	Contractual Adj- Ancillaries- MCD-SNF	\$ (487,591)			
301166	Laboratory-Hospice-SNF	\$ 27			
301165	Contractual Adj- Ancill- Hospice-SNF	\$ (977)	1.在18百一十		
30II6b	Contractual Allowance-Ins. R/S	\$ 68			
301165	Contractual Allowance Ancillary INS	\$ (5,784)		The second	
30ПбЪ	Lab HMO	\$ 10,293		- States	
30116b	IV THERAPY	\$ 8,370			
30116b	Radiology HMO	\$ 1,769		A PARK STAT	
30II6b	Contractual Adj Ancillary HMO	\$ (457,206)		R	
Total Oth	er Resident Revenue	\$ (920,257)	\$ -	s -	

### **Interest Income**

### Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
		Alternation of the	19.50 %-	Section 2	
30IV5	Interest Income		\$ 1		2.2
			100		
AXING ST					
Total Inter	rest Income		S 1	s -	s -

### Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
			AND AND A	
30IV8	Evercare Revenue - A	\$ 4,365		Carlos Carlos
30IV8	Lighting Income - no associated expense	\$ 57,569		
1			and the second second	(a) (a) (b) (b)
Aster.			Series P	
ineria 7.				e Restan
249.94		5 M (201	o anteres de la	
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
		370	11	A states
	CARLES AND A CONTRACT OF A	C. Berne	Ser St	ALC: NO ALC: N
		State - State	a and a second	のでの
Total Oth	er Revenue	\$ 61,934	\$ -	\$ -

## State of Connecticut Annual Report of Long-Term Care Facility CSP-31 Rev. 6/95

## G. Balance Sheet

	f Facility	License No.	Report for Year Ended	Page	of
Senior P	Philanthropy of Danbury, LLC		9/30/2018	31	37
2	1000	Account			Amount
Assets	7 <b>4</b> 4			1	
	urrent Assets				0.00.1.00
the second s	Cash (on hand and in banks			\$	260,157
	Resident Accounts Receival			\$	2,196,812
	Other Accounts Receivable	(Excluding Owners of	or Related Parties)	\$	
4	Inventories	D 1		\$	
5.	Prepaid Expenses			\$	43,923
	a. Prepaid Insurance	5 - X	3,772		
	b. Prepaid Uniforms		19,253		
	c. Prepaid Other		20,898		
	d. See Schedule		A 7981 AAAA		· 新加藤 .
	Interest Receivable			\$	
	Medicare Final Settlement H			\$	
8.	Other Current Assets (itemiz	e)		\$	779,326
	11 - MAL WALCOND				
	See Schedule		779,326		
	otal Current Assets (Lines A)	thru 8)		\$	3,280,218
B. Fi	xed Assets				
1.	Land			\$	
2.	Land Improvements	*Historical Cost		\$	
		Accum. Depreciat	tion Net		
3.	Buildings	*Historical Cost	796,913	\$	680,369
		Accum. Depreciat	tion 116,544 Net		
4.	Leasehold Improvements	*Historical Cost		\$	
		Accum. Depreciat	tion Net		
5.	Non-Movable Equipment	*Historical Cost		\$	
		Accum. Depreciat	tion Net		
6.	Movable Equipment	*Historical Cost	415,944	\$	201,300
		Accum. Depreciat	tion 214,644 Net		
7.	Motor Vehicles	*Historical Cost	43,060	\$	13,536
		Accum. Depreciat			5
8.	Minor Equipment-Not Depr			\$	
9.	Other Fixed Assets (itemize	)		\$	(263
	F/S vs. C/R Cost Basis A	djustment	(265)		
	See Schedule		2		
	Total Fixed Assets (Lines I	1 1 0	A DECEMBER OF A	\$	894,943

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

(Carry Total forward to next page)

## State of Connecticut Annual Report of Long-Term Care Facility CSP-32 Rev. 6/95

# G. Balance Sheet (cont'd)

and a second second second		Facility	License No.	Report for Year Ended	Т	Page	of
Seni	or P	hilanthropy of Danbury, LLC	d 2409	9/30/2018		32	37
			Account			Amo	ount
ĺ				Total Brought Forward:	\$		4,175,161
C.	Lea	asehold or like property record	ed for Equity Purpose	es.			
		Land			\$		
	2.	Land Improvements	*Historical Cost				
l.			Accum. Depreciation	n Net	\$		
	3.	Buildings	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	4.	Non-Movable Equipment	*Historical Cost				
			Accum. Depreciation	and the second sec	\$	CONTRACTOR D	
	5.	Movable Equipment	*Historical Cost	784,194			
			Accum. Depreciation	n 658,704 Net	\$		125,490
	6.	Motor Vehicles	*Historical Cost				
		Second and the second	Accum. Depreciatio	n Net	\$		
		Minor Equipment-Not Depre			\$		
C-8		tal Leasehold or Like Propert	ies (C1 thru 7)		\$		125,490
D.		vestment and Other Assets					
		Deferred Deposits			\$		
	-	Escrow Deposits			\$		
	3.	Organization Expense	*Historical Cost				
		1 December 12 - 142 A	Accum. Depreciatio	n Net	\$		
		Goodwill (Purchased Only)			\$		
	5.	Investments Related to Resid	ent Care (temize)		\$	the structure of the	
		×					
	6.	Loans to Owners or Related			\$	- No. of the local division of the local div	
		Name and Address	Amount	Loan Date			
					¢		and the second second
	1.	Other Assets (itemize)			\$		
		· · · · · · · · · · · · · · · · · · ·	1.				
		See Sekedala	and the state of the				
De	T	See Schedule tal Investments and Other As	rate (Lines D1 thm 7)	\	\$		
a second s		otal Investments and Other As		)	\$ \$		4,300,651
D-9	10	In An Asseis (Lines As + DI			φ.		+,500,031

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

## State of Connecticut Annual Report of Long-Term Care Facility CSP-33 Rev. 6/95

# G. Balance Sheet (cont'd)

Name of Fac			License No.	Report for Year	Ended	Page	0
Senior Phila	nthro	py of Danbury, LLC dba We	2409	9/30/2018		33	37
		A	ccount			Aı	mount
Liabilities							
А.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable				\$	1,569,663
	2.	Notes Payable (itemize)				\$	57,727
		Notes Payable - Current		21,33			
		Note Payable - HSG		19,76			· · · · · · · · · · · · · · · · · · ·
		Notes Payable		16,62	9		
		See Schedule		1 - 11 Theorem 11		and the state	
	3.	Loans Payable for Equipme				\$	
		Name of Lender	Purpose	Amount	Date Due		A CARLON CO
							<b>清武法</b> (4)
							en e
	4.	Accrued Payroll (Exclusive	of Owners and/or	Stockholders only)		\$	152,22
	5.	Accrued Payroll (Owners an	nd/or Stockholders	s only)		\$	
	6.	Accrued Payroll Taxes Paya				\$	43,28
	7.	Medicare Final Settlement I				\$	
	8.	Medicare Current Financing	and the second sec			\$	
	9.	Mortgage Payable (Current				\$	
		. Interest Payable (Exclusive		Related Parties)		\$	
		. Accrued Income Taxes*	of officer and of 1	(cruicu i urites )	the second se	\$	Salara (
		. Other Current Liabilities (ite	amiza)			\$\$	2,819,65
	12	. Other Current Liabilities (#	5/11/20 )			Ψ Constant of the second s	2,017,03
				1			
				Cas Cakedada	2010/00		
	1 11	tal Command I :- Liller C	A 1 thm: 10)	See Schedule	2,819,655	¢	1 (10 55
A-13	5. 10	tal Current Liabilities (Lines	s AT uru 12)	Fig. 19 2 1 1991		\$	4,642,55

\* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income (Carry Total forward to next page) Tax Return.

## State of Connecticut Annual Report of Long-Term Care Facility CSP-34 Rev. 6/95

# G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
Senior Philanthropy of Danbury, LLC dba	W 2409	9/30/2018		34	37
	Account			Am	ount
		Total Brou	ght Forward:		4,642,550
Liabilities (cont'd)					
B. Long-Term Liabilities	194420 (CD 14				
1. Loans Payable-Equipmer				) Decisional di constante di consta	-
Name of Lender	Purpose	Amount	Date Due		
		1			
			1		
			1		
				A WAR	
			a de la d		
2. Mortgages Payable			9	6	
3. Loans from Owners or R	elated Parties (itemize	)	4	5	
Name and Address of Lender	Amount	Loan I	Date		
	5				
4. Other Long-Term Liabili	ties (itemize )			\$	4,958,228
-					
See Schedule		4,958,228			
B-5. Total Long-Term Liabilities				\$	4,958,228
C. Total All Liabilities (Lines A	A-13 + B-5)		1	\$	9,600,779

Senior Philanthropy of Danbury, LLC dba Western Rehab Care Center 9/30/2018

### Schedule of Prepaid Expenses Page 31 Line A5

### Page Ref Line Ref Description

			A REFERENCE
	1		
			10 10 10 10 10 10 10 10 10 10 10 10 10 1
			a silati
Total Prep	aid Expens	CS CS	\$

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

### Page Ref Line Ref Description

31	A8	Due from Eagle	\$ 489,756
31	A8	Due from Cheshire	\$ 47,570
31	A8	Due from Newington	\$ 224,000
31	A8	Deposits on Utilities	\$ 9,000
31	A8	Deposits on Professional Services	\$ 9,000
	ab e		
	ана на селото на село Селото на селото на с Селото на селото на с		
Total Othe	er Curr	ent Assets (Itemize)	\$ 779,326

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

### Page Ref Line Ref Description

31	B9	Rounding	\$ 2
	14.23		
121 14			
	a na sa		
Total Oth	er Other Fi	xed Assets (Itemize)	\$ 2

### Schedule of Other Assets Page 32 Line D7

### Page Ref Line Ref Description

	- 権限			
		Aller Level - Aller		
2. Bar She Co				
Total Other As	sets		A State of the sta	\$

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

### Page Ref Line Ref Description

	能利的 "你
<b>Total Notes Payable</b>	\$ -

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

### Page Ref Line Ref Description

33 A12	Medicaid Remittance Adjustment	\$ (2,514)
33 A12	Medicare Remittance Adjustment	\$ 79,008
33 A12	Employee Deductions	\$ 13,318
33 A12	Resident Trust	\$ 40,865
33 A12	Uncleared Checks	\$ 294,514
33 A12	Accrued Workers Comp	\$ 200,287
33 A12	Accrued Legal Fees	\$ 18,347
33 A12	Accrued Accounting/Audit Fees	\$ 18,350
33 A12	Accrued Personal Property Taxes	\$ 3,738
33 A12	Accrued Other	\$ 35,898
33 A12	Due to Medicaid - Bed Fees	\$ 238,009
33 A12	Deferred Rent	\$ 1,879,835
<b>Total Other Curre</b>	nt Liabilities (Itemize)	\$ 2,819,655

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

### Page Ref Line Ref Description

34 B4	Long Term Capital Lease - Current	\$ 12,615
34 B4	Deferred Rent - Current	\$ 1,035,055
34 B4	Unclaimed Property	\$ 195
34 B4	Due to Triumph	\$ 2,091,492
34 B4	Due to Long Ridge	\$ 291,667
34 B4	Due to Westport	\$ 6,667
34 B4	Due to Traditions Senior Management	\$ 1,386,023
34 B4	Note Payable - TSM	\$ 111,548
34 B4	Long Term Capital Lease	\$ 22,967
<b>Total Other Curre</b>	ent Liabilities (Itemize)	\$ 4,958,228

## State of Connecticut Annual Report of Long-Term Care Facility CSP-35 Rev. 6/95

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

		Report for Year Ended	Page 35	of   37
Sen	or Philanthropy of Danbury, LLC 2409 9 Account	/30/2018		mount
A.	Reserves	210 V I		
	1. Reserve for value of leased land		\$	
	<ol> <li>Reserve for depreciation value of leased buildings a to be amortized</li> </ol>	nd appurtenances	\$	
	3. Reserve for depreciation value of leased personal pr	operty (Equity)	\$	125,490
8	4. Reserve for leasehold real properties on which fair r	ental value is based	\$	
	5. Reserve for funds set aside as donor restricted		\$	
	6. Total Reserves		\$	125,490
B.	Net Worth 1. Owner's Capital		\$	
	2. Capital Stock		\$	
59 <u>-</u> 106	3. Paid-in Surplus		\$	
	4. Treasury Stock		\$	
	5. Cumulated Earnings		\$	(4,150,381)
	6. Gain or Loss for Period 10/1/2017	thru 9/30/2018	\$	(1,275,237)
5	7. Total Net Worth	<u></u>	\$	(5,425,618)
C.	Total Reserves and Net Worth		\$	(5,300,128)
D.	Total Liabilities, Reserves, and Net Worth		\$	4,300,651

## State of Connecticut Annual Report of Long-Term Care Facility CSP-36 Rev. 6/95

# H. Changes in Total Net Worth

		License No.	Report for Year	Ended	Page 36		of 37
Senic	or Philanthropy of Danbury, LLC db	2409	9/30/2018				37
		Account	600/20/2017		AA	mount	0.070
A.	Balance at End of Prior Period as sh				ծ \$		0,070) 9,979
B.	Total Revenue (From Statement of )				₽ \$		5,216
C.	Total Expenditures (From Statemen Net Income or Deficit	t of Expenditures	rage 27)		\$\$		5,237
D. E.	Balance				\$\$	and the second s	5,307
E. F.	Additions				€ Anti-Anti-		5,507
г.	<ol> <li>Additional Capital Contributed Total Expenditures page 27 Depreciation Adjustment Total Expenditures Line C</li> </ol>		3)				
	2. Other ( <i>itemize</i> ) Prior Period Adjustment		(250,311)				
F-3.	Total Additions	<u> </u>			\$	(25	50,311
G.	Deductions					X	
	1. Drawings of Owners/Operators	Partners (Specify	)		\$		
	Name and Address (No., City,	and the second	Title	Amount			19
	2. Other Withdrawings (Specify)				\$		
	Purpose		Amo	unt			
	3. Total Deductions				\$	1745-1540.	
H.	Balance at End of Period	09/3	0/18		\$	(5,42	25,618

State of Connecticut Annual Report of Long-Term Care Facility CSP-37 Rev. 9/2002

# I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page
Senior Philanthropy of Danbury, LLC dba	2409	9/30/2018	37
	Check appropriate category		
Chronic and Convalescent Nursing Home only (CCNH)	□ Rest Home with Nursing Supervision only (RHNS)	□ (Specify)	
	<b>Preparer/Reviewer Certific</b>	ation	
I have read the most recent Federal appropriate personnel as to the poss applicable regulations. All non-rein automatically removed in the State performed by me are properly repor	is report and am familiar with the applica and State issued field audit reports for the ible inclusion in this report of expenses inbursable expenses of which I am aware rate computation system) as a result of ra- ted as such in this report on Pages 28 an intained in this report is in agreement with	the Facility and have inquired of which are not reimbursable under (except those expenses known to eading reports, inquiry or other set d 29 (adjustments to statement of	the be rvices
Signature of Preparer	Title PRINCIPAL	Date Signed 2 8 (9	
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Printed Name of Preparer			
Printed Name of Preparer Matthew S. Bayolack			
		Phone Number	
Matthew S. Bavolack Addres Address 555 Long Wharf Drive, New Haven, CT 06	5511	203-781-9600	
Matthew S. Bavolack Addres Address	5511		
Matthew S. Bavolack Addres Address 555 Long Wharf Drive, New Haven, CT 06	6511	203-781-9600	



### ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Senior Philanthropy of Danbury, 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 Danbury, 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 Danbury, 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 25, 2019