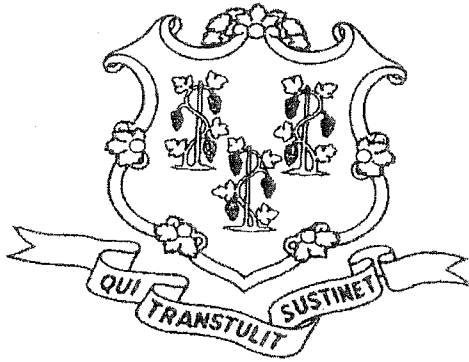


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Senior Philanthropy of Westport, LLC, d/b/a Westport Rehabilitation Complex	
Address (No. & Street, City, State, Zip Code) 1 Burr Rd, Westport, CT 06880	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
	<input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2405	RHNS	(Specify)	Medicare Provider 07-5280
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Medicaid Provider Numbers:	CCNH 110371	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Senior Philanthropy of Westport, LLC, d/b/a Westport	License No. 2405	Report for Year Ended 9/30/2019	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Senior Philanthropy of Westport, LLC, d/b/a Westport Rehabilitation Complex [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

{a} Subject to Desk Audit

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

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Senior Philanthropy of Westport, LLC, d/b/a Westport Rehabilitation Complex		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 1 Burr Rd, Westport, CT 06880				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 1/28/2020	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (203) 221-4201		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Senior Philanthropy of Westport, LLC, d/b/a Westport Rehabil		Address (No. & Street, City, State, Zip) 1 Burr Rd, Westport, CT 06880		
License Numbers:	CCNH 2405	RHNS (Specify)	Medicare Provider No. 07-5280	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If "Yes," explain fully.
N/A				
Administrator				
Name of Administrator Paul Prysbylski		Nursing Home Administrator's License No.:	002073	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
N/A				

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Westport, LLC, d/b/a West	2405	9/30/2019	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

**General Information and Questionnaire
Related Parties***

Name of Facility Senior Philanthropy of Westport, LLC, d/b/a Westport	License No. 2405	Report for Year Ended 9/30/2019	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Eagle Lake Foundation, Inc.	24641 US Hwy 19 N., Clearwater, FL 33763-5007	<input type="radio"/>	<input checked="" type="radio"/>		AHT Fees, Health Ins, Acctg Fees	Various	806,143	806,143
Senior Philanthropy of Cheshire, LLC d/b/a	745 Highland Avenue, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff & Legal Fees	Various	14,397	14,397
Senior Philanthropy of Stamford LLC, dba Long	710 Long Ridge Rd, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff & Legal Fees	Various	4,157	4,157
Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	<input type="radio"/>	<input checked="" type="radio"/>		Internet, Recruitment, IT Support	Various	164,239	164,239
Senior Philanthropy of Danbury, LLC dba Western	107 Osborne St. Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Shared Consulting Fees & Note Interest	Various	71,181	71,181
Senior Philanthropy of Newington, LLC dba	240 Church St, Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>		Loan Interest, MDS Shared Staff, Bank Fees,	Various	1,185,483	1,185,483
Senior Philanthropy of Milford O, LLC dba West	245 Orange Ave, Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff- Regional Educator	Various	23,912	23,912
Senior Philanthropy of Milford B, dba Golden Hill	2028 Bridgeport Ave, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff- Respiratory Therapist	Various	13,596	13,596
Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	<input type="radio"/>	<input checked="" type="radio"/>		Management Fees	Page 16/ Line m12	249,458	249,459

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Senior Philanthropy of Westport, LLC, d/b/a W	License No. 2405	Report for Year Ended 9/30/2019	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

N/A

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

N/A

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

N/A

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 Senior Philanthropy of Westport, LLC, d/b/a Westport Reha			License No. 2405	Report for Year Ended 9/30/2019			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
							Total ***	

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility Senior Philanthropy of Westport, L	License No. 2405	Report for Year Ended 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

N/A

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Marcum LLP	555 Long Wharf Drive, New Haven, CT 06511
2 Eagle Lake Foundation	24641 US HWY 19 N Clearwater, FL 33763
3	
4	

Services Provided by This Firm (*describe fully*)

1 Pension Interest	\$ 2,869
2 Postage	\$ 9
3 Accrued Accounting Expense	\$ 68,840
4	\$
	Charge for Services Provided
	\$ 71,718

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

- Yes No Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 See Attached Page 7a	
2	
3	
4	
5	

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

1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1	\$ See Attached Page 7a
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

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

- Yes No Page 15, Line 1e

Name of Legal Firm or Independent Attorney	Address	Telephone Number
1 Leclair Ryan	PO Box 780054, Philadelphia, PA 19178	
3 CT Corporation	PO Box 4349, Carol Stream, IL 60197	
4 Goldman, Gruder & Woods LLC	200 Connecticut Ave, Norwalk, CT 06854	203-899-8900
5 Littler Mendelson PC	PO Box 45547, San Francisco, CA 94145	
6 Murtha Cullina, LLP		
7 Wofsey, Rosen, Kweskin & Kuriansky, LLP		
8 State of Connecticut		

Services Provided by This Firm	Charge for Service Provided
1 FMLA Consultant	28
2 Encore Rehab	362
3 Domestic Representation	235
4 Resident Dispute - Collections (Self-disallow)	285
5 Legal Council	32,337
6 Regulatory consulting	430
7 Care One zoning	11,936
8 Accrued Legal Fees (provider will provide detail during audit)	25,823
10 No Descriptions (Self-disallow)	1,150
11 No Descriptions (Self-disallow)	13
12 No Descriptions (Self-disallow)	2,570
Total	<u>75,169</u>

Schedule of Resident Statistics

Name of Facility		License No.			Report for Year Ended				Page	of			
Senior Philanthropy of Westport, LLC, d/b/a Westport Rehabilitation C		2405			9/30/2019				8	37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	99	99			99	99			99	99			
B. On last day of THIS report period	99	99			99	99			99	99			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	93	93			93	93			80	80			
B. As of midnight of THIS report period	72	72			80	80			72	72			
3. Total Number of Days Care Provided During Period													
A. Medicare	1,945	1,945			1,712	1,712			233	233			
B. Medicaid (Conn.)	28,177	28,177			22,067	22,067			6,110	6,110			
C. Medicaid (other states)													
D. Private Pay	16	16			16	16							
E. State SSI for RCH													
F. Other (Specify)	1,427	1,427			1,148	1,148			279	279			
G. Total Care Days During Period (3A thru F)	31,565	31,565			24,943	24,943			6,622	6,622			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	31,565	31,565			24,943	24,943			6,622	6,622			

Schedule of Resident Statistics (Cont'd)

Name of Facility Senior Philanthropy of Westport, LLC, d/b/a			License No. 2405			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input checked="" type="radio"/> Yes <input type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	4		64			4							
Per Diem Rate													
a. One bed rm.	Various		270.00			621.32							
b. Two bed rms.	Various		270.00			557.82							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								3,100	3,100				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								1,964	1,964				
2. Restorative Treatments													
C. Other								5,514	5,514				
D. Total Physical Therapy Treatments								10,578	10,578				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								565	565				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								288	288				
2. Restorative Treatments													
C. Other								1,014	1,014				
D. Total Speech Therapy Treatments								1,867	1,867				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								5,072	5,072				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								2,688	2,688				
2. Restorative Treatments													
C. Other								6,299	6,299				
D. Total Occupational Therapy Treatments								14,059	14,059				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Senior Philanthropy of Westport, LLC, d/b/a Westport Rehabil	2405	9/30/2019	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	67,285	1,401				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	105,924	4,555				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	353,630	22,105				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	313,527	18,169				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	11,590	829				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	70,048	4,197				
9. Barber and Beautician Services						
10. Protective Services	96,031	5,518				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	107,711	2,319				
b. RN						
1. Direct Care	983,868	13,855				
2. Administrative**	153,303	2,120				
c. LPN						
1. Direct Care	1,103,156	37,556				
2. Administrative**						
d. Aides and Attendants	1,396,452	86,440				
e. Physical Therapists	6,079	327				
f. Speech Therapists	954	58				
g. Occupational Therapists	19,836	748				
h. Recreation Workers	109,137	4,269				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	65,209	2,101				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	2,036	132				
<i>A-13. Total Salary Expenditures</i>	4,965,776	206,699				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	0					
Salaries - Admissions Coordinator	\$ 2,036	132				
Total	\$ 2,036	132	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	0					
Purchased Services	\$ 1,090	14				
Total	\$ 1,090	14	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended				Page	of
Senior Philanthropy of Westport, LLC, d/b/a Westport Rehabilitation				2405	9/30/2019				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Senior Philanthropy of Westport, LLC, d/b/a Westport Rehabilitation C				2405	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Nicotra Redd	23,550			Non-Discrim	Administrator	490	A2			
Evelyn Hackman	43,735			Non-Discrim	Administrator	911	A2			
Paul Prysbylski				Non-Discrim	Administrator		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.

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Senior Philanthropy of Westport, LLC, d/b/a Westport	2405	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian	64,196	1,070				
2. Dentist	11,076	55				
3. Pharmacist	11,505	240				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	204,263	3,222				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	49,321	360				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	76,946	978				
b. Other						
10. Occupational Therapist						
a. Resident Care	281,864	5,205				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	20,744	713				
2. Administrative***	76,380					
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	4,323	23				
d. Other						
12. Other (Specify)						
See Attached Schedule	1,090	14				
B-13 Total Fees Paid in Lieu of Salaries	801,708	11,880				

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

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

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Senior Philanthropy of Westport, LLC, d/b/a Westport R		2405	9/30/2019	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
George Goldfarb, MD 1305 Post Rd, Suite 102, Fairfield, CT 06824	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Partners Pharmacy, P.O. Box 9689, Uniondale, NY 11555	Pharmacist - Record Review	<input type="radio"/>	<input checked="" type="radio"/>		
Encore Rehabilitation Services, 33533 W 12 Mile Road Suite 290, Farmington Hills, MI 48331	PT, ST, & OT	<input type="radio"/>	<input checked="" type="radio"/>		
Health Drive Dental Group, 888 Worcester St. #130, Wellesley, MA 02482	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Ready Nurse Staffing Services, PO Box 301076, Dallas, TX 75303	RN, LPN & Aides	<input type="radio"/>	<input checked="" type="radio"/>		
Ortho Connecticut, PC, PO Box 26303, Oklahoma City OK 73126	Orthotics	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Audiology Group, 888 Worcester Street, Wellesley MA 02482	Purchased Services - Audiology	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Eye Care Group, 888 Worcester Street, Wellesley, MA 02482	Purchased Services - Eye Care	<input type="radio"/>	<input checked="" type="radio"/>		
Healthcare Services Group, Inc., 3220 Tillman Dr, Ste 300, Bensalem, PA 19020	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Westport, LLC, d/b/a West	2405	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 434,994	434,994		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 86,082	86,082		
4. Social Security (F.I.C.A.)	\$ 363,917	363,917		
5. Health Insurance	\$ 890,082	890,082		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 3,047	3,047		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 335,628	335,628		
8. Uniform Allowance	\$ 24,195	24,195		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 1,862	1,862		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 474,841	474,841		
d. Accounting and Auditing	\$ 71,718	71,718		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 75,170	75,170		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 9,607	9,607		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 57,621	57,621		
2. Cellular Phones	\$ 1,799	1,799		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 617,211	617,211		
Subtotal	\$ 3,447,774	3,447,774		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Westport, LLC, d/b/a Westport	2405	9/30/2019	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	3,447,774	3,447,774		
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 24,110	24,110		
5. Education Expenses Related to Seminars and Conventions	\$ 426	426		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$			
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 15,572	15,572		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 263	263		
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 3,205	3,205		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 8,534	8,534		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 9,653	9,653		
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 192,935	192,935		
12. Administrative Management Services**	\$ 249,459	249,459		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 107,461	107,461		
C-14 Total Administrative & General Expenditures	\$ 4,059,392	4,059,392		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
Special Events-Mkt	263		
Total Other Advertising	\$ 263	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CT Association of Health Care Facilities membership dues	\$ 8,534		
Total Dues	\$ 8,534	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
Software Expense - Nursing Adm	\$ 8,511		
Licenses/Permits-Nursing Admn	\$ 351		
Background Checks-Nursing	\$ 211		
Background Checks-Med Recs	\$ 213		
Licenses/Permits-Dietary	\$ 495		
Background Checks-Rec/Sec	\$ 105		
Holiday Decorations-Activities-SNF (Self-disallow)	\$ 28		
Licenses/Permits	\$ 320		
Non-Reimbursable Expense	\$ 4		
Patient Trust Bond	\$ 1,302		
Resident Reimburse on Lost/Stolen Items (Self-disallow)	\$ 2,075		
Equipment Minor-Adm	\$ 2,353		
Internet Access-Adm	\$ 16,705		
Records Storage - Adm	\$ 959		
Equipment Rental-Adm	\$ 1,248		
Collection Fees/Credit Card Fees (Self-disallow)	\$ 804		
Late fees/Fines/Finance Charges-Adm (self-disallow)	\$ 36,319		
Bank Service Charges-Adm	\$ 35,458		
Total Other Administrative and General	\$ 107,461	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Senior Philanthropy of Westport, LLC, d/b	2405	9/30/2019	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Traditions Senior Management, 24641 US Highway 19 North - Clearwater FL, 33763	249,459	Handles all the operations and financial functions directly related to the facility.	Page 16/ Line m12

* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Westport, LLC, d/b/a Westport	2405	9/30/2019	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 402,419	402,419		
2. Non-Food Supplies	\$ 21,843	21,843		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 53,688	53,688		
c. Other (Specify) _____ Other Dietary Supplies	\$ 2,527	2,527		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 480,477	480,477		
Item	Total	CCNH	RHNS	(Specify)
2E. Dietary Questionnaire				
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Senior Philanthropy of Westport, LLC, d/b/a Westport R		2405	9/30/2019	19	37
Item	Total	CCNH	RHNS	(Specify)	
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	\$	44,724	44,724		
c. Other (<i>Specify</i>)	\$				
3D. Total Laundry Expenditures (3a + b + c)	\$	44,724	44,724		
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Senior Philanthropy of Westport, LLC, d/b/a We		2405	9/30/2019		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$					
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel					
	Amt. \$	59,931	59,931			
C. Other (<i>Specify</i>)		\$ 646	646			
4D. Total Housekeeping Expenditures (4a + b + c)		\$ 60,577	60,577			
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy	\$					
2. Purchased from	\$	106,539	106,539			
b. Medicine Cabinet Drugs	\$	19,525	19,525			
c. Medical and Therapeutic Supplies	\$	108,262	108,262			
d. Ambulance/Limousine***	\$	5,637	5,637			
e. Oxygen						
1. For Emergency Use	\$					
2. Other***	\$	6,627	6,627			
f. X-rays and Related Radiological Procedures***	\$	4,721	4,721			
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$					
h. Laboratory***	\$	10,799	10,799			
i. Recreation	\$	33,337	33,337			
j. Direct Management Services*	\$					
k. Indirect Management Services*	\$					
l. Other (Specify)**** See Attached Schedule	\$	76,348	76,348			
5M. Total Resident Care Expenditures (5a - 5j)		\$ 371,795	371,795			

* 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.

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

Name of Facility			License No.	Report for Year Ended			Page of			
Senior Philanthropy of Westport, LLC, d/b/a Westport Rehabilitation Comp			2405	9/30/2019			21	37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Service Group	300 , Bensalem PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	53,688			18	2b
Healthcare Service Group	300 , Bensalem PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Dept Management	59,931			20	4b
Healthcare Service Group	300 , Bensalem PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Dept Management	44,724			19	3b
Healthcare Service Group	300 , Bensalem PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance Management	41,012			22	6f
A.J. Penna & Son Construction Inc	46 Indian Hill Road, Westport, CT 06880	<input type="radio"/>	<input checked="" type="radio"/>		Ground Maintenance	20,928			22	6f
Hartford Elevator	1275 Cromwell Ave F-3, Rocky Hill, CT	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Maintenance	14,489			22	6f
CWPM LLC	25 Norton Place, Plainsville CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	25,439			22	6f
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* 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 Year Ended			Page	of
Senior Philanthropy of Westport, LLC, d/b/a W	2405	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 38,878	38,878				
b. Heat	\$ 63,233	63,233				
c. Light & Power	\$ 90,480	90,480				
d. Water	\$ 50,050	50,050				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 156,196	156,196				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 398,837	398,837				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 26,757	26,757				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 98,857	98,857				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 125,614	125,614				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,403,336	1,403,336				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 64,845	64,845				
c. Personal property taxes	\$ 3,451	3,451				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,597,246	1,597,246				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
	0		
Contracted Maintenance	\$ 34,656		
Interco Contracted Services-Maint	\$ 6,004		
Electrical-Maint	\$ 6,230		
Plumbing-Maint	\$ 11,120		
HVAC/Boiler Maint	\$ 14,570		
Paint-Maint	\$ 484		
Alarm Inspection-Maint	\$ 3,710		
Alarm Repairs-Maint	\$ 1,951		
Grounds Maintenance-Maint	\$ 23,195		
Elevator-Maint	\$ 14,486		
Pest Control-Maint	\$ 1,902		
Maint Contracts- Generator	\$ 7,857		
Waste Disposal -Grease/Trash	\$ 26,139		
Copier- Maintenance Agreement	\$ 3,892		
Total Other Repairs and Maintenance	\$ 156,196	\$ -	\$ -

Depreciation Schedule

Name of Facility Senior Philanthropy of Westport, LLC, d/b/a Westport Rehabilitation C		License No. 2405			Report for Year Ended 9/30/2019			Page 23	of 37			
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period		330,887		330,887	51,892	S/L	Various	25,458				
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)		21,034		21,034		S/L	Various	1,299				
B-4. Subtotal									26,757			
C. Non-Movable Equipment												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a. 2015 Ford Transit 250 - 10 Passenger												
			7	15	40,257		40,257	28,179	S/L	5	8,051	
b. Corporate Fleet - Taxable Sales Tax												
			5	16	1,110		1,110	666	S/L	5	222	
c. Corporate Fleet - Taxable Sales Tax												
			4	17	1,693		1,693	678	S/L	5	339	
d. Transfer of Ford Transit												
			7	15	(43,060)		(43,060)	(8,612)		5	(8,612)	
2. Movable Equipment												
a. Acquired prior to this report period												
			Var	Var	876,100		876,100	581,345	S/L	Various	92,965	
b. Disposals (attach schedule)												
			Var	Var								
c. Acquired during this report period (attach schedule)												
					29,458				S/L	Various	5,892	
D-3. Subtotal												98,857
E. Total Depreciation												125,614

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	Elevator Hydraulic Cylinder	\$ 6,211	20	\$ 311
	Fire Doors	\$ 14,823	15	\$ 988
Total additions for Building Improvements		\$ 21,034		\$ 1,299 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Senior Philanthropy of Westport, LLC, d/b/a Westport Rehab			2405		9/30/2019			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

Senior Philanthropy of Westport, LLC
 Cost Report Year 2019
 Medicaid Cost Report - Depreciation Summary

	Historical Cost	Date Acquired	Method	Life	9/30/2017 Expense	9/30/2017 Accum Deprec.	9/30/2018 Expense	9/30/2018 Accum Deprec.	9/30/2019 Expense	9/30/2019 Accum Deprec.	Net Book Value
Building Improvements											
<i>2015 Additions</i>											
Roof Repair	6,470	4/22/2015	S/L	10	647	1,618	647	2,265	647	2,912	3,558
Elevator repair	2,820	7/1/2015	S/L	20	141	353	141	494	141	635	2,185
HVAC	6,950	8/3/2015	S/L	10	695	1,738	695	2,433	695	3,128	3,822
<i>Total 2015 Additions</i>	<u>16,240</u>				<u>1,483</u>	<u>3,709</u>	<u>1,483</u>	<u>5,192</u>	<u>1,483</u>	<u>6,675</u>	<u>9,565</u>
<i>2016 Additions</i>											
Elevator Maintenance	7,255	10/21/2015	S/L	20	363	726	363	1,089	363	1,452	5,804
Interior Wall Painting	9,897	10/23/2015	S/L	20	495	990	495	1,485	495	1,980	7,917
Elevator Maintenance	1,980	10/23/2015	S/L	20	99	198	99	297	99	396	1,584
Elevator Maintenance	2,180	5/13/2016	S/L	20	109	218	109	327	109	436	1,744
Elevator Maintenance	1,153	5/23/2016	S/L	20	58	115	58	173	58	231	922
Elevator Maintenance	6,955	6/14/2016	S/L	20	348	696	348	1,044	348	1,392	5,564
New doors	7,868	6/21/2016	S/L	10	787	1,574	787	2,361	787	3,148	4,720
Roof Repairs	1,285	6/25/2016	S/L	10	129	257	129	386	129	515	770
Broken Glass Panel	4,488	7/7/2016	S/L	10	449	898	449	1,347	449	1,796	2,692
Repair Elevator	6,790	7/18/2016	S/L	20	340	679	340	1,019	340	1,359	5,431
UBD Relay	2,856	7/6/2016	S/L	10	286	571	286	857	286	1,143	1,712
<i>Total 2016 Additions</i>	<u>52,708</u>				<u>3,460</u>	<u>6,920</u>	<u>3,463</u>	<u>10,383</u>	<u>3,463</u>	<u>13,846</u>	<u>38,861</u>
<i>2017 Additions</i>											
Holding Tank	12,685	11/16/2016	S/L	10	1,269	1,269	1,269	2,538	1,269	3,807	8,879
Mechanical Plumbing - Muffin Master	25,175	12/31/2016	S/L	10	2,518	2,518	2,518	5,036	2,518	7,554	17,622
SEWER PUMP	1,058	1/3/2017	S/L	10	106	106	106	212	106	318	740
1200 MAIN SWITCH	29,500	1/6/2017	S/L	15	1,967	1,967	1,967	3,934	1,967	5,901	23,599
3 CIRCULATOR PUMPS	16,745	1/26/2017	S/L	10	1,674	1,674	1,674	3,348	1,674	5,022	11,722
Storage room door	16,508	1/27/2017	S/L	10	1,651	1,651	1,651	3,302	1,651	4,953	11,555
Maintain Roof	6,205	2/27/2017	S/L	10	621	621	621	1,242	621	1,863	4,343
New Facility Lighting	90,023	4/1/2017	S/L	15	6,001.53	6,002	6,002	12,004	6,002	18,006	72,017
<i>Total 2017 Additions</i>	<u>197,898</u>				<u>15,806</u>	<u>15,806</u>	<u>15,808</u>	<u>31,614</u>	<u>15,808</u>	<u>47,422</u>	<u>150,477</u>
<i>2018 Additions</i>											
ELEVATOR REPAIR	5,318	10/19/2017	S/L	20	-	-	266	266	266	532	4,786
Pipe Replacement	15,703	12/14/2017	S/L	10	-	-	1,570	1,570	1,570	3,140	12,563
Storage Room Door adjustment - ADJ Balance	(12)	1/27/2017	S/L	10	-	-	(1)	(1)	(1)	(2)	(10)
Facility Lighting	43,032	12/1/2017	S/L	15	-	-	2,869	2,869	2,869	5,738	37,294
<i>Total 2018 Additions</i>	<u>64,040</u>				<u>-</u>	<u>-</u>	<u>4,704</u>	<u>4,704</u>	<u>4,704</u>	<u>9,408</u>	<u>54,632</u>
<i>2019 Additions</i>											
Elevator Hydraulic Cylinder	6,211	4/1/2019	S/L	20	-	-	-	-	311	311	5,900
Fire Doors	14,823	5/3/2019	S/L	15	-	-	-	-	988	988	13,835
<i>Total 2019 Additions</i>	<u>21,034</u>				<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>1,299</u>	<u>1,299</u>	<u>19,735</u>
Total Building Improvements	351,920				20,749	26,435	25,458	51,893	26,757	78,650	273,270
Vehicles											
<i>2015 Additions</i>											
2015 Ford Transit 250 -10 Passenger Wagon	40,257	7/3/2015	S/L	5	8,051	20,129	8,051	28,180	8,051	36,231	4,026
	<u>40,257</u>				<u>8,051</u>	<u>20,129</u>	<u>8,051</u>	<u>28,180</u>	<u>8,051</u>	<u>36,231</u>	<u>4,026</u>

Senior Philanthropy of Westport, LLC
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<i>2016 Additions</i>											
Corporate Fleet - taxable sales tax	1,110	5/16/2016	S/L	5	222	444	222	666	222	888	222
	<u>1,110</u>				<u>222</u>	<u>444</u>	<u>222</u>	<u>666</u>	<u>222</u>	<u>888</u>	<u>222</u>
<i>2017 Additions</i>											
Corporate Fleet - taxable sales tax	1,693	4/1/2017	S/L	5	339	339	339	678	339	1,017	676
	<u>1,693</u>				<u>339</u>	<u>339</u>	<u>339</u>	<u>678</u>	<u>339</u>	<u>1,017</u>	<u>676</u>
<i>2018 Additions</i>											
Transfer of Ford Transit	(40,257)	7/3/2015	S/L	5	-	-	(8,051)	(8,051)	(8,051)	(16,102)	(24,155)
Corporate Fleet - taxable sales tax	(1,110)	5/16/2016	S/L	5	-	-	(222)	(222)	(222)	(444)	(666)
Corporate Fleet - taxable sales tax	(1,693)	4/1/2017	S/L	5	-	-	(339)	(339)	(339)	(678)	(1,015)
	<u>(43,060)</u>				<u>-</u>	<u>-</u>	<u>(8,612)</u>	<u>(8,612)</u>	<u>(8,612)</u>	<u>(17,224)</u>	<u>(25,836)</u>
Total Vehicles	-				8,612	20,911	-	20,911	-	20,911	(20,911)

Moveable Equipment

Prior Owners Moveable Equipment (Fully Depreciation Assets Removed)	556,422	Various	S/L	Various	43,761	398,177	39,306	437,483	39,306	476,788	79,634
Asset Additions 10/1/2014-3/31/2015	21,507	Various	S/L	Various	1,088	3,808	1,088	4,896	1,088	5,984	15,523
<i>2015 Additions</i>											
Sonic Wall	3,609	4/30/2015	S/L	15	241	601	241	842	241	1,083	2,526
Canon Copiers @2	19,783	5/30/2015	S/L	5	3,957	9,891	3,957	13,848	3,957	17,805	1,978
Shields	2,145	5/26/2015	S/L	15	143	358	143	501	143	644	1,501
Slings	11,808	6/1/2015	S/L	5	2,362	5,904	2,362	8,266	2,362	10,628	1,180
AHT Software	3,022	7/1/2015	S/L	3	1,007	2,519	1,007	3,526	(504)	3,022	0
Total 2015 Additions	40,367				7,709	19,273	7,710	26,983	6,199	33,182	7,185
<i>2016 Additions</i>											
Digital Weight Scale	550	6/1/2015	S/L	5	110	220	110	330	110	440	110
4 Channel Nurse Station	12,017	12/18/2015	S/L	5	2,403	4,807	2,403	7,210	2,403	9,613	2,404
Computer Equip	1,275	1/14/2015	S/L	5	255	510	255	765	255	1,020	255
Plastic Card Printer	1,197	1/15/2015	S/L	5	239	479	239	718	239	957	240
Computer	996	1/28/2015	S/L	5	199	398	199	597	199	796	200
Time Clocks	3,170	2/20/2015	S/L	5	634	1,268	634	1,902	634	2,536	634
Radio	489	3/5/2015	S/L	5	98	196	98	294	98	392	97
Facility Sign	2,250	3/31/2015	S/L	5	450	900	450	1,350	450	1,800	450
Locking Cabinet Door	343	3/19/2015	S/L	5	69	137	69	206	69	275	68
Refrigerator	2,312	4/20/2015	S/L	10	231	462	231	693	231	924	1,387
Window AC	328	5/13/2015	S/L	10	33	66	33	99	33	132	196
TV	400	7/29/2038	S/L	5	80	160	80	240	80	320	80
Shower Chair	547	5/13/2015	S/L	5	109	219	109	328	109	437	110
Thermometer	999	7/9/2015	S/L	5	200	399	200	599	200	799	199
iPads	1,322	6/16/2015	S/L	5	264	529	264	793	264	1,057	265
Window AC	164	7/22/2015	S/L	10	16	33	16	49	16	65	99

Senior Philanthropy of Westport, LLC
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Mattress	555	8/5/2015	S/L	5	111	222	111	333	111	444	111
Tray Delivery Cart	2,439	9/14/2015	S/L	5	488	976	488	1,464	488	1,952	487
Fire Extinguishers, Hydro Valves, Hardware	461	9/15/2015	S/L	5	92	184	92	276	92	368	93
Blood Pressure Monitor & Thermometer	1,227	9/17/2015	S/L	5	245	491	245	736	245	981	246
Laptop Cart	1,536	11/12/2015	S/L	5	307	614	307	921	307	1,228	308
Suction Machine	6,280	12/15/2015	S/L	5	1,256	2,512	1,256	3,768	1,256	5,024	1,256
Adjustment prior period	(2,595)	12/15/2015	S/L	5	(519)	(1,038)	(519)	(1,557)	(519)	(2,076)	(519)
Copier, additional charge	2,051	5/18/2016	S/L	5	410	820	410	1,230	410	1,640	411
TV's	605	11/10/2015	S/L	5	121	242	121	363	121	484	121
Equipment	14,680	1/5/2016	S/L	5	2,936	5,872	2,936	8,808	2,936	11,744	2,936
Furniture	4,004	3/11/2016	S/L	10	400	801	400	1,201	400	1,601	2,403
Lockers @ 2	1,202	9/2/2015	S/L	10	120	240	120	360	120	480	722
Cooler Curtains	925	9/2/2015	S/L	5	185	370	185	555	185	740	185
Elect Chair Scales @ 2	1,440	11/16/2015	S/L	5	288	576	288	864	288	1,152	288
Mattress	3,680	11/19/2015	S/L	5	736	1,472	736	2,208	736	2,944	736
Equipment	2,439	3/25/2016	S/L	5	488	975	488	1,463	488	1,951	487
Mattresses	1,842	3/28/2016	S/L	5	368	737	368	1,105	368	1,473	369
Mattresses	2,222	4/8/2016	S/L	5	444	889	444	1,333	444	1,777	445
Refrigerator	1,761	5/3/2016	S/L	10	176	352	176	528	176	704	1,056
Heated Dish Dispenser	2,533	6/1/2016	S/L	5	507	1,013	507	1,520	507	2,027	506
Circulator Pumb.	2,654	6/22/2016	S/L	5	531	1,061	531	1,592	531	2,123	530
Phone system'	3,685	6/23/2016	S/L	5	737	1,474	737	2,211	737	2,948	737
Phone system'	5,191	3/31/2016	S/L	5	1,038	2,076	1,038	3,114	1,038	4,152	1,038
20 Metal Tray Carts	2,772	6/10/2016	S/L	5	554	1,109	554	1,663	554	2,217	555
Tray Cart Pass Thru	2,283	6/22/2016	S/L	5	457	913	457	1,370	457	1,827	456
Washer	517	6/30/2016	S/L	10	52	103	52	155	52	207	310
Generator Maint	3,499	6/30/2016	S/L	10	350	700	350	1,050	350	1,400	2,100
Trays	770	7/1/2016	S/L	5	154	308	154	462	154	616	154
Conveyor Toaster	844	8/11/2016	S/L	5	169	338	169	507	169	676	169
Cap/Capinet	757	7/7/2016	S/L	5	151	303	151	454	151	605	152
Washer Maint	2,626	7/19/2016	S/L	5	525	1,050	525	1,575	525	2,100	526
Freezer Compressor	3,320	7/22/2016	S/L	10	332	664	332	996	332	1,328	1,992
Adview Station	884	7/1/2016	S/L	10	88	177	88	265	88	353	532
Sloan Sensor Faucet	1,664	8/25/2016	S/L	10	166	333	166	499	166	665	999
Kitchen A/C Unit	1,027	9/2/2016	S/L	10	103	205	103	308	103	411	616
Communications Equipment	27,437	9/13/2016	S/L	5	5,487	10,975	5,487	16,462	5,487	21,949	5,488
Total 2016 Additions	137,575				25,447	50,894	25,443	76,337	25,443	101,780	35,796
2017 Additions											
120 dressers, night tables, beds	60,905	11/16/2016	S/L	5	12,181	12,181	12,181	24,362	12,181	36,543	24,362
Rack/Heating Sys	6,224	12/16/2016	S/L	5	1,245	1,245	1,245	2,490	1,245	3,735	2,489
Grease Interceptor	5,915	12/16/2016	S/L	10	592	592	592	1,184	592	1,776	4,140
Freight and tax on 2016 lease	1,757	4/1/2017	S/L	5	351	351	351	702	351	1,053	704
Tax on Communications Equipment	1,742	3/1/2017	S/L	5	348	348	348	696	348	1,044	698
Total 2017 Additions	76,544				14,717	14,717	14,717	29,434	14,717	44,151	32,393
2018 Additions											
Elevator Car Gates	6,806	11/28/2017	S/L	10	-	-	681	681	681	1,362	5,444
Int per Cap Leases- Reverse 2016 AE	7,755	2/1/2018	S/L	5	-	-	1,551	1,551	1,551	3,102	4,653
Storage Tank	13,427	3/21/2018	S/L	10	-	-	1,343	1,343	1,343	2,686	10,741
Kitchen Floor Compressor	5,023	8/2/2018	S/L	10	-	-	502	502	502	1,004	4,019

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	Historical Cost	Date Acquired	Method	Life	9/30/2017 Expense	9/30/2017 Accum Deprec.	9/30/2018 Expense	9/30/2018 Accum Deprec.	9/30/2019 Expense	9/30/2019 Accum Deprec.	Net Book Value
Washer Assy & Bearing Upgrade	10,675	8/14/2018	S/L	5	-	-	2,135	2,135	2,135	4,270	6,405
<i>Total 2018 Additions</i>	<u>43,686</u>				<u>-</u>	<u>-</u>	<u>6,212</u>	<u>6,212</u>	<u>6,212</u>	<u>12,424</u>	<u>31,262</u>
<i>2019 Additions</i>											
Copier	29,458	11/28/2017	S/L	5	-	-	5,892	5,892	5,892	11,784	17,674
Int per Cap Leases- Reverse 2016 AE	29,458				-	-	5,892	5,892	5,892	11,784	17,674
	<u>905,559</u>				<u>92,722</u>	<u>486,869</u>	<u>100,368</u>	<u>587,237</u>	<u>98,857</u>	<u>686,093</u>	<u>219,466</u>
Total for 2019	1,257,479				122,083	534,215	125,826	660,041	125,614	785,655	471,825

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

Name of Facility Senior Philanthropy of Westport, LLC,	License No. 2405	Report for Year Ended 9/30/2019	Page 25	of 37
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11. Property Questionnaire

Part A

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

Yes No

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

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

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

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

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

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
1 Burr Rd LLC	1 Burr Rd, Westport, CT 06880	04/01/15	10 Years	1,403,336

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Senior Philanthropy of Westport, LLC		2405	9/30/2019		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Senior Philanthropy of Westport, LI		2405		9/30/2019		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	265,647	265,647	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	265,647	265,647	
14. Insurance							
a. Insurance on Property (buildings only)				\$	9,516	9,516	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)			\$	55,335	55,335		
2. Fire and Extended Coverage			\$				
3. Other (Specify)			\$	8,118	8,118		
14d. Total Insurance Expenditures (14a + b + c)				\$	72,969	72,969	
15. Total All Expenditures (A-13 thru C-14)				\$	13,119,148	13,119,148	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Senior Philanthropy of Westport, LLC, d/b/a Westport Rehabil				2405	9/30/2019	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 19,836	19,836		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 281,864	281,864		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 474,841	474,841		
10.			Accounting	\$			
10a.			Legal	\$ 36,590	36,590		
11.			Telephone	\$			
12.			Cellular Telephone	\$ 719	719		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 263	263		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 34,553	34,553		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 40,649	40,649		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 889,315	889,315		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a9	Employee Food (Self-disallow)	\$ 243		
15	1a9	Holiday Funds (Self-disallow)	\$ 990		
15	1a9	Nurses Week/Employee Gifts (Self-disallow)	\$ 120		
15	1a9	Petty Cash (Self-disallow)	\$ 70		
16	m13	Holiday Decorations-Activities-SNF (Self-disallow)	\$ 28		
16	m13	Resident Reimburse on Lost/Stolen Items (Self-disallow)	\$ 2,075		
16	m13	Collection Fees/Credit Card Fees (Self-disallow)	\$ 804		
16	m13	Late fees/Fines/Finance Charges-Adm (self-disallow)	\$ 36,319		
Total Other A&G Adjustments			\$ 40,649	\$ -	\$ -

Senior Philanthropy of Westport, LLC
 Calculation of Allowable Management Fee
 9/30/2019

<u>Description</u>	<u>Amount</u>
Management fees Charged	249,459 **
Patient Days	31,565 Page 8 of C/R
Amount Per Patient Day	\$ 7.9030
PPD Allowance Per Rate Agreement	6.74
2019 CPI Increase	0.07
PPD Allowance 9/30/2019	6.81
Amount over (Under)	\$ 1.0947
Total Days	31,565 Page 8 of C/R
Part 1 Disallowed Management Fee	\$ 34,553
Management fees Charged (Pg. 16 / Line m12)	249,459
Actual Costs to the Related Party - Allowable Expense	249,459
Part 2 Disallowed Management Fee	\$ -
Total Disallowed Mangement Fee	\$ 34,553 Pg. 28 / line 21

**Per as filed 12/31/19 Medicare cost report

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

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

Total Bed Capacity	99
# of Allowable Cell Phones	3

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

Page 15 Line 1h2	<u>Amount</u>
Cell Phone expense per TB	\$ 1,799
Allowable Cell Phone expense	\$ 1,080
Disallowed Cell Phone expense	<u><u>\$ 719</u></u> Page 28 Line 12

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

Name of Facility				License No.	Report for Year Ended	Page	of
Senior Philanthropy of Westport, LLC, d/b/a Westport Rehabil				2405	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 889,315	889,315		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 106,539	106,539		
28.	20	5d	Ambulance/Limousine	\$ 5,637	5,637		
29.	20	5f	X-rays, etc	\$ 4,721	4,721		
30.	20	5h	Laboratory	\$ 10,799	10,799		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 6,627	6,627		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 31,295	31,295		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 8,118	8,118		
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,063,051	1,063,051		

*** 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.

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	14c3	D&O Insurance	\$ 8,118		
Total Other Adjustments			\$ 8,118	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

**Senior Philanthropy of Westport, LLC
Disallowance Schedule for Cable TV
September 30, 2019**

	<u>Amount</u>	
Total Cable TV Expense acct #560717	\$ 30,296	TB Linked
Monthly Allowable amount	\$ 300	
Months in Cost Report Year	<u>12</u>	
Total Allowable Cost	\$ 3,600	
Disallowed Cable TV	<u><u>\$ 26,696</u></u>	

F. Statement of Revenue

Name of Facility		License No.		Report for Year Ended		Page	of
Senior Philanthropy of Westport, LLC, d/ 2405				9/30/2019		30	37
Item				Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue							
1.	a.	Medicaid Residents (<i>CT only</i>)	\$	15,087,967	15,087,967		
	b.	Medicaid Room and Board Contractual Allowance **	\$	(7,462,375)	(7,462,375)		
2.	a.	Medicaid (<i>All other states</i>)	\$				
	b.	Other States Room and Board Contractual Allowance **	\$				
3.	a.	Medicare Residents (<i>all inclusive</i>)	\$	1,002,113	1,002,113		
	b.	Medicare Room and Board Contractual Allowance **	\$	267,119	267,119		
4.	a.	Private-Pay Residents and Other	\$	778,383	778,383		
	b.	Private-Pay Room and Board Contractual Allowance **	\$	(270,403)	(270,403)		
II. Other Resident Revenue							
1.	a.	Prescription Drugs - Medicare	\$	77,011	77,011		
	b.	Prescription Drugs - Medicare Contractual Allowance **	\$				
	c.	Prescription Drugs - Non-Medicare	\$	43,841	43,841		
	d.	Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2.	a.	Medical Supplies - Medicare	\$	3,050	3,050		
	b.	Medical Supplies - Medicare Contractual Allowance **	\$				
	c.	Medical Supplies - Non-Medicare	\$	970	970		
	d.	Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3.	a.	Physical Therapy - Medicare	\$	492,240	492,240		
	b.	Physical Therapy - Medicare Contractual Allowance **	\$				
	c.	Physical Therapy - Non-Medicare	\$	217,080	217,080		
	d.	Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4.	a.	Speech Therapy - Medicare	\$	300,730	300,730		
	b.	Speech Therapy - Medicare Contractual Allowance **	\$				
	c.	Speech Therapy - Non-Medicare	\$	97,920	97,920		
	d.	Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5.	a.	Occupational Therapy - Medicare	\$	652,185	652,185		
	b.	Occupational Therapy - Medicare Contractual Allowance **	\$				
	c.	Occupational Therapy - Non-Medicare	\$	298,479	298,479		
	d.	Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6.	a.	Other (<i>Specify</i>) - Medicare	\$	(1,227,614)	(1,227,614)		
	b.	Other (<i>Specify</i>) - Non-Medicare	\$	(636,253)	(636,253)		
III. Total Resident Revenue (Section I. thru Section II.)				\$	9,722,443	9,722,443	
IV. Other Revenue*							
1.	Meals sold to guests, employees & others			\$			
2.	Rental of rooms to non-residents			\$			
3.	Telephone			\$			
4.	Rental of Television and Cable Services			\$			
5.	Interest Income (<i>Specify</i>)			\$	173	173	
6.	Private Duty Nurses' Fees			\$			
7.	Barber, Coffee, Beauty and Gift shops			\$			
8.	Other (<i>Specify</i>)			\$	5,376	5,376	
V. Total Other Revenue (1 thru 8)				\$	5,549	5,549	
VI. Total All Revenue (III +V)				\$	9,727,992	9,727,992	

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
	Laboratory- MCR A-SNF	\$ 8,583		
	IV Therapy-MCR A-SNF	\$ 6,558		
	XRay MRA	\$ 1,366		
	VBP - Medicare A	\$ (6,410)		
	Contractual Adj-Ancill-MCR A-SNF	\$ (894,543)		
	Sequestration - MCR B	\$ (4,957)		
	Contractual Adj- Ancill- MCR B-SNF	\$ (338,211)		
	Total Other Resident Revenue - Medicare	\$ (1,227,614)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
	Laboratory	\$ 267		
	IV Therapy-SNF PVT	\$ 456		
	Routine Revenue Adjustment-SNF PVT			
	Laboratory- MCD- SNF	\$ 948		
	IV Therapy-MCD-SNF	\$ 10,723		
	Other Service- MCD-SNF	\$ 99		
	Contractual Adj- Ancillaries- MCD-SNF	\$ (401,875)		
	Medical Supplies-Ins.	\$ 720		
	Lab Rev-Ins	\$ 38		
	Contractual Allowance-Ins. R/S	\$ (140)		
	Contractual Allowance Ancillary INS	\$ (10,524)		
	Medical Supplies HMO	\$ 1,025		
	Lab HMO	\$ 2,434		
	IV THERAPY	\$ 360		
	Radiology HMO	\$ 483		
	Contractual Adj Ancillary HMO	\$ (241,267)		
	Total Other Resident Revenue	\$ (636,253)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			0		
	Interest Income		\$ 173		
	Total Interest Income		\$ 173	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
	Prior Period Credit - Copier - No current Disallowance	\$ 5,254		
	Prior Period Credit - No Current Disallowance	\$ 122		
	Total Other Revenue	\$ 5,376	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Westport, LLC,	2405	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	176,174
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,425,700
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	6,284
a. _____				
b. _____				
c. _____				
d. See Schedule	6,284			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	2,309

See Schedule	2,309			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,610,467
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>351,921</u>		\$	273,272
	Accum. Depreciation <u>78,649</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>349,137</u>		\$	139,832
	Accum. Depreciation <u>209,305</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	(20,911)
	Accum. Depreciation <u>20,911</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	55,971
F/S vs/ C/R	55,973			
See Schedule	(2)			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	448,164

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
		Prepaid Insurance	\$ 3,267
		Prepaid Taxes and Licenses	\$ 584
		Prepaid Other	\$ 2,433
		Total Prepaid Expenses	\$ 6,284

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

Page Ref	Line Ref	Description	
		Due from Engle	\$ 1,196
		Due from Cheshire	\$ 742
		Due from Long Ridge	\$ 371
		Total Other Current Assets (Itemize)	\$ 2,309

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

Page Ref	Line Ref	Description	
		Rounding	\$ (2)
		Total Other Fixed Assets (Itemize)	\$ (2)

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Total Other Assets	\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
		Long Term Capital Lease - Current	\$ 6,121
		Notes Payable - Current	\$ 18,266
		Note Payable - TSM	\$ 107,483
		Notes Payable	\$ 8,599
		Total Notes Payable	\$ 140,469

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

Page Ref	Line Ref	Description	
		Employee Deductions- Garnishments	\$ 252
		Employee Deductions- IBSA	\$ 6
		Employee Deductions- FSA	\$ (1,869)
		Employee Deductions- ST/AFR	\$ (591)
		Employee Deductions- Child Support	\$ 179
		Employee Deductions - AFLAC	\$ 3,015
		Employee Deductions - Union Dues	\$ 3,267
		Resident Trust	\$ 56,517
		Deferred Rent - Current	\$ 535,957
		Uncashed Checks	\$ 240,325
		Accrued Workers Comp	\$ 142,628
		Accrued Insurance	\$ 81,086
		Accrued Legal Fees	\$ 7,866
		Accrued Accounting/Audit Fees	\$ 38,140
		Accrued Personal Property Taxes	\$ 1,364
		Accrued Other	\$ 31,207
		Due to Western	\$ 340,000
		Due to Traditions Senior Management	\$ 309,727
		Due to Medicaid - Bed Fees	132867
		Due to Medicaid - Copays	1619
		Deferred Rent	1590409
		Total Other Current Liabilities (Itemize)	\$ 3,513,891

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

Page Ref	Line Ref	Description	
		Due to Triumph/CNH	\$ 2,940,062
		Long Term Capital Lease	\$ 375
		Total Other Current Liabilities (Itemize)	\$ 2,940,437

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Senior Philanthropy of Westport, LLC, d		2405	9/30/2019	32	37
Account				Amount	
Total Brought Forward:				\$	2,058,631
C. Leasehold or like property recorded for Equity Purposes.					
1. Land					
\$					
2. Land Improvements					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
3. Buildings					
		*Historical Cost	556,422		
		Accum. Depreciation	476,788	Net	\$ 79,634
4. Non-Movable Equipment					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
5. Movable Equipment					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
6. Motor Vehicles					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable					
\$					
C-8 Total Leasehold or Like Properties (C1 thru 7)				\$	79,634
D. Investment and Other Assets					
1. Deferred Deposits					
\$					
2. Escrow Deposits					
\$					
3. Organization Expense					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)					
\$					
5. Investments Related to Resident Care (<i>itemize</i>)					
\$					

6. Loans to Owners or Related Parties (<i>itemize</i>)					
\$					
Name and Address		Amount	Loan Date		
_____		_____	_____		
_____		_____	_____		
7. Other Assets (<i>itemize</i>)					
\$					

See Schedule					
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$	2,138,265

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

Annual Report of Long-Term Care Facility

G. Balance Sheet (cont'd)

Name of Facility Senior Philanthropy of Westport, LLC, d/b/a W		License No. 2405	Report for Year Ended 9/30/2019	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	2,004,098
2. Notes Payable (<i>itemize</i>)				\$	140,469

See Schedule					140,469
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
_____		_____	_____	_____	
_____		_____	_____	_____	
_____		_____	_____	_____	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	121,424
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	31,607
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	3,513,891

See Schedule					3,513,891
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	5,811,489

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Senior Philanthropy of Westport, LLC, d/b/a		License No. 2405	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				5,811,489	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 2,940,437	
_____ _____ _____ See Schedule				2,940,437	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 2,940,437	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 8,751,926	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Westport, LLC,	2405	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	79,634
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	79,634
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(3,350,705)
6. Gain or Loss for Period			\$	(3,342,590)
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	(6,693,295)
C. Total Reserves and Net Worth			\$	(6,613,661)
D. Total Liabilities, Reserves, and Net Worth			\$	2,138,265

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Westport, LLC, d/	2405	9/30/2019	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$ *	(3,438,077)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	9,727,992
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	13,070,582
D. Net Income or Deficit			\$	(3,342,590)
E. Balance			\$	(6,780,667)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Total Expenditures Pg. 27	\$13,079,842			
Depreciation Amout	\$9,260			
Total Expenditures	\$13,070,582			
2. Other <i>(itemize)</i>				
Prior Period Expense		* 87,372		
F-3. Total Additions			\$	87,372
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. Balance at End of Period			\$	(6,693,295)
				09/30/19

I. Preparer's/Reviewer's Certification

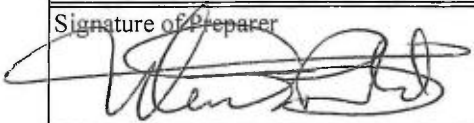
Name of Facility Senior Philanthropy of Westport, LLC,	License No. 2405	Report for Year Ended 9/30/2019	Page 37	of 37
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Check appropriate category

<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)
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Preparer/Reviewer Certification

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

Signature of Preparer 	Title PRINCIPAL	Date Signed 2/4/20
--	--------------------	-----------------------

Printed Name of Preparer Matthew S. Bavolack	
---	--

Address Address 555 Long Wharf Drive, New Haven, CT 06511	Phone Number 203-781-9600
--	------------------------------

Contacted Person Regarding Additional Information Needed Regarding This Report Manuel Lemus	Phone Number 727-210-0781
--	------------------------------

Contact Email Address mlemus@Traditionsmanagement.net
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