State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed)		
Senior Philanthropy of Westport, LLC, d/t	o/a Westport Rehabilitation Comp	lex
Address (No. & Street, City, State, Zip Co	de)	
1 Burr Rd, Westport, CT 06880		
Type of Facility		
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	g (Specify)
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018	

License Numbers:	CCNH 2405	RHNS	(Specify)	Medicare Provider 075280

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	110371		

For Department Use Only

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

Table of Contents

Gen	eral Information - Administrator's/Owner's Certification	1
Gen	eral Information and Questionnaire - Data Required for Real Wage Adjustment	1A
	eral Information and Questionnaire - Type of Facility - Organization Structure	2
A PROPERTY AND INCOME.	eral Information and Questionnaire - Partners/Members	3
	eral Information and Questionnaire - Corporate Owners	3A
	eral Information and Questionnaire - Individual Proprietorship	3B
	eral Information and Questionnaire - Related Parties	4
	eral Information and Questionnaire - Basis for Allocation of Costs	5
Gen	eral Information and Questionnaire - Leases	5
Gen	eral Information and Questionnaire - Accounting Basis	7
Sche	edule of Resident Statistics	8
Sche	edule of Resident Statistics (Cont'd)	9
Α.	Report of Expenditures - Salaries & Wages	10
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
22	Administrators and Other Relatives	11
8	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives (Cont'd)	12
B.	Report of Expenditures - Professional Fees	13
	Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee	
V25	for Service Basis	14
C.	Expenditures Other than Salaries - Administrative and General	15
C.	Expenditures Other than Salaries (Cont'd) - Administrative and General	16
	Schedule C-1 - Management Services	17
C.	Expenditures Other than Salaries (Cont'd) - Dietary	18
C. C.	Expenditures Other than Salaries (Cont'd) - Laundry	19
C.	Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
	Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C.	Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
	Depreciation Schedule	23
8	Amortization Schedule	24
С.	Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. C.	Expenditures Other than Salaries (Cont'd) - Interest	26
C.	Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D.	Adjustments to Statement of Expenditures	28
D.	Adjustments to Statement of Expenditures (Cont'd)	29
F.	Statement of Revenue	30
G.	Balance Sheet	31
G.	Balance Sheet (Cont'd)	32
G.	Balance Sheet (Cont'd)	33
G.	Balance Sheet (Cont'd)	34
G.	Balance Sheet (Cont'd) - Reserves and Net Worth	35
H.	Changes in Total Net Worth	36
I.	Preparer's/Reviewer's Certification	37

Name of Facility (as licensed) senior Philanthropy of Westpor		License No	- D		-	
enior Philanthropy of Westpor				eport for Year Ended	Page	of
	rt, LLC, d/b/a Westpo	rt 24	105 9	/30/2018	1	37
	Administr TION OR FALSIFIC AY BE PUNISHABL	ATION OF A		ON CONTAINED IN		
Cost Report and sup Rehabilitation Comp September 30, 2018	FY that I have read the oporting schedules pre- plex [facility name], f , and that to the best of from the books and re	pared for Ser or the cost re of my knowle	nior Philanthropy of port period beginnin edge and belief, it is	f Westport, LLC, d/b/ ng October 1, 2017 ar a true, correct, and co	a Westport nd ending omplete	80
Schedule of Resident	have directed the prepa Statistics, Statements o Facility in accordance ed above.{a}	f Reported Ex	penditures, Statemen	nts of Revenues and the	related	
my knowledge unde presented in this Re residents were incur	ort and hereby certify er the penalty of perju port as a basis for sec red to provide resider retained as required b	ry. I also cer uring reimbu nt care in this	tify that all salary a rsement for Title XI Facility. All suppo	nd non-salary expense IX and/or other State orting records for the o	es assisted expenses	
{a} Subject to Desk	Audit Review					
Signed (Administrator)	/**	Date	Signed (Owner))	Date	
Printed Name (Administrator) Nicotra Redd			Printed Name (Owner)		
Subscribed and Sworn	State of	Date	Signed (Notary	Public)	Comm. Ex	pires
o before me:	1					

General Information

(Notary Seal)

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

Data Required for Real Wage Adjus	tm	ent		Page	of
				1A	37
Name of Facility		Period Cov	ered:	1A From 10/1/2017 Date 10/23/2018	То
Senior Philanthropy of Westport, LLC, d/b/a Westport Rehabilitat	ion	Complex		10/1/2017	9/30/2018
Address of Facility					
1 Burr Rd, Westport, CT 06880		1	0.	1	
Report Prepared By Phone Number					
Marcum LLP		203-781-96	000	10/23/2018	
Item 1. Dietary wages paid	\$	Total	CCNH	RHNS	(Specify)
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

				ility	Report for Yea	ar Ended		10 I I	of
		(20:	3) 221-4201		9/30/2018		2		37
Name of Facility (as shown on license)					Street, City, Sta	te, Zip)			
Senior Philanthropy of Westport, LLC, d/b/a		ehab		Westp					
Test and a	CCNH		RHNS		(Specify)	10	Medicare I	Provid	ler No.
License Numbers:	2405	1					075280		
Type of Facility (Check appropriate box(es)))								
Chronic and Convalescent Nursing Home only (CCNH)			t Home with pervision only			(Specify))		
Type of Ownership (Check appropriate box)							00		
O Proprietorship O LLC O P	artnership	0	Profit Corp.		Non-Profit Cor		Government	0	Trust
If this facility opened or closed during report	t year provid	e:		Date	e Opened	Date Clo	osed		
Has there been any change in ownership	- 201 - 31 - 40				I				
or operation during this report year?		0	Yes	0	No	If "Yes,"	explain full	у.	
		1	2						
Administrator									
Name of Administrator					Nursing Ho				
Nicotra Redd					Administrate		2037		
					License N	lo.:			
Other Operators/Owners who are assistant a	dministrators	s (ful	I or part time) of th					
Name N/A					License N	lo.:			
		0.000							
				E					

General Information and Questionnaire Partners/Members

Name of Facility	I.C. d/h/a Westnor	License No.	Report for Y 9/30/2018	ear Ended	Page 3	of 37
Senior Philanthropy of Westport, I	2403	19/30/2010	State(s) and/			
Legal Name of Partners	shin/LLC	Business A	Address	Which R	or rown(legistered	s) III
N/A	sinp/LLC	Dusiness /	Iddress	Willen	egistered	
Name of Partners/Members	Business Ac	ldress		Title	% Ow	ned
N/A						
÷			1			
	0.5.4 <i>9</i> 7.8.7 <u>.</u> .0.1					
		. 1/2 10-01 - 52 - 62				1.144/11/2
						444 - M
					1	
	10					
					1	

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

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year End	ded	Page	of
Senior Philanthropy of Westport, LLC, d/b/a	2405	9/30/2018		3A	37
If this facility is owned or operated as a corpo	oration, provide the	e following information	on:		
Legal Name of Corporation	Busine	ss Address	State(s) in Whi	ch Incorp	orated
Senior Philanthropy of Westport,	1 Burr Rd, Westp	ort, CT 06880	Florida	2.5 63.6	
LLC, d/b/a Westport					
Rehabilitation Complex					
Name of Directors, Officers	Busine	ess Address	Title	No. Sh Held by	
Ben Atkins	24641 US Hwy 1 33763-5007	9 N., Clearwater, FL	Chairman		
Joseph A Garff	24641 US Hwy 1 33763-5007	9 N., Clearwater, FL	VP, Director		
Gene Rensch	24641 US Hwy 1 33763-5007	9 N., Clearwater, FL	VP, Secretary		
Chris Pape	24641 US Hwy 1 33763-5007	9 N., Clearwater, FL	CFO		
RB Bridges	24641 US Hwy 1 33763-5007	19 N., Clearwater, FL	COO		
Names of Stockholders Owning at Least 10% of Shares					
N/A		an a			

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

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Senior Philanthropy of Westport, LLC, d/b/a We		9/30/2018	3B 37
If this facility is owned or operated as an individu		provide the following information	lion:
0	wner(s) of Facility		
0. 2000 2001 0000 0000 0000 0000 0000 00		1. H Fair	
N/A			
10/2			
Alter and a second s	· · · · · · · · · · · · · · · · · · ·		20 1.1 - 1.1
1. (1.113) (1.113) (1.113)			
and the second		a de la companya de la	

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	No.		Report for Year Ended		Page	of
and the second state of th	Westport, LLC, d/b/a Westport		2405		9/30/2018		4	37
S	iving compensation from the far rol, ownership, family or busing				Yes 💿 No	If "Yes," provide th complete the inform		
including the rental of p related through family a	ompanies which provide goods roperty or the loaning of funds ssociation, common ownership, owners, operators, or officials	to this f	acility, , or bus		⊙ Yes O No	If "Yes," provide th	e following	information:
Name of Related	Business	Good Non-F	so Provi Is/Servi Related I	ces to Parties	Description of Goods/Services	Indicate Where Costs are Included in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
Eagle Lake Foundation, Inc.	24641 US Hwy 19 N., Clearwater, FL 33763-5007	0	۲		AHT Fees, Health Ins, Acctg Fees	Various	92,111	92,111
Cheshire, LLC d/b/a Cheshire Regional Rehab	745 Highland Avenue, Cheshire, CT 06410	0	٥		Regional Liaison	Various	14,180	14,180
Stamford LLC, dba Long Ridge Post- Acute Care	710 Long Ridge Rd, Stamford, CT 06902	0	٥		Zirmed Billing Software & Shared staff - HI	Various	22,257	22,25'
Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	0	۲		Internet, Recruitment, IT Support	Various	88,589	88,58
	107 Osborne St. Danbury, CT 06810	0	۲		Shared Consulting Fees & AR Refund	Various	2,360	2,36
Newington, LLC dba	240 Church St, Newington, CT 06111	0	۲		Loan Interest, MDS Shared Staff, Bank Fees	Various	1,956,378	1,956,37
Milford O, LLC dba West River Rehab Center	245 Orange Ave, Milford, CT 06461	0	۲		Shared Staff - Admin, Nursing	Various	23,695	23,69
Milford B, dba Golden Hill Rehab Pavilon	2028 Bridgeport Ave, Milford, CT 06460	0	۲		Shared Staff - Respiratory Therapist	Various	9,009	9,00
Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	0	٥		Management Fees	Page 16/ Line m12	283,730	287,418

* 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

Name of Facility	License No.		Report for Year Ended	Page	of						
Senior Philanthropy of Westport, LLC, d/b/a We	2405		9/30/2018	5	37						
If the facility is licensed as CDH and/or RCH or		DS or TB	services with special Medical	id rates, costs							
must be allocated to CCNH and RHNS as follow	s:		20.0								
Item			Method of Allocation	on							
Dietary		Number of meals served to residents									
Laundry		Number of pounds processed									
Housekeeping			f square feet serviced								
			f hours of routine care provide								
Nursing			classification, i.e., Director (o								
		Registere	d Nurses, Licensed Practical N	lurses, Aides	and						
		Attendant									
Direct Resident Care Consultants		Number o	f hours of resident care provid	led by EACH	64 53						
		specialist	(See listing page 13)								
Maintenance and operation of plant		Square fe	et	314C							
Property costs (depreciation)		Square fe	et								
Employee health and welfare		Gross sala	aries	1							
Management services			ate cost center involved								
All other General Administrative expenses		Total of I	Direct and Allocated Costs								
The preparer of this report must answer the follo	wing question	ons applic	able to the cost information pro-	ovided.							
1. In the preparation of this Report, were all	O Vec	O No	If "No," explain fully why s	uch allocation	n was not						
costs allocated as required?	O Yes	⊙ No	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											
					9						
3. Did the Facility appropriately allocate and sel	f-disallow d	lirect and	indirect costs to non-nursing h	ome cost cen	ters?						
(e.g., Assisted Living, Home Health, Outpatie											
(-8.,,,,,,,,,			If "No," explain fully why s	uch allocatio	n was not						
	O Yes	O No	made.	uch anocatio	11 was 1100						
N/A - One Level of Care			made.								
				CALCULATION OF THE OWNER							

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.

		License No.					of
a Westpo	ort Reha	2405	9/30/2018	l		6	37
Own Oper Off	ners, ators, icers	5.	Date of	Term of	Annual Amount		ount
Yes			Lease**	Lease	of Lease	Clai	mea
0	•		06/15/17	60 Months	6,424	6,424	
0	۲						
0	۲						
0	٥						
0	۲						
0	۲						_
0	۲						
0	٥						975s.A
0	٥						
0	0						
	Relate Own Oper Off Yes O O O O O O O O O O O O O O	Related * to Owners, Operators, OfficersYesNoOO	Related * to Owners, Operators, Officers Yes No Description of Items Leased O Image: Organization of the state of the stat	a Westport Rehz 2405 9/30/2018 Related * to Owners, Description of Items Leased Date of Lease** O O Copiers 06/15/17 O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O	a Westport Reha 2405 9/30/2018 Related * to Owners, Operators, Officers Date of Lease** Term of Lease** Ves No Description of Items Leased Date of Lease** O Image: Object state st	A Westport Reha 2405 9/30/2018 Related * to Owners, Operators, Officers Date of Date of Lease** Term of Term of Lease Annual Amount of Lease Ves No Description of Items Leased Date of Lease Term of Lease Annual O Image: Oor of Copiers 06/15/17 60 Months 6,424 O Image: Oor of Oor	a Westport Reha 2405 9/30/2018 6 Related * to Owners, Operators, Officers Annual Annual Annual Yes No Description of Items Leased Date of Lease** Term of Lease Annual Amount Amount O Image: Copiers 06/15/17 60 Months 6,424 6,424 6,424 O Image: Omega Image: Omega <t< td=""></t<>

* 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	0	f
Senior Philanthropy of Westport, L 2405	9/30/2018		7	3	
The records of this facility for the period covered by this report		A 6			
Is the accounting basis for this	If "No," explain.				
period the same as for the • Yes	II No, explain.				
previous period? O No				2	- 22.1
Independent Accounting Firm				6954	
Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)				
1 RX Audit	6001 SW County Road 141, Jasper, FL 3	2052			
2					
2 3					
4					
Services Provided by This Firm (describe fully)					
1 Pharmacy Bill Audits		\$	1,200		
2 Accrued Accounting Expense (provider will provide detail during audit)	\$	42,169		
3	Alley tells and tells	\$			
4		\$			
		Charge for S	Services P	rovide	ed
		s s	43,369		C.C.
Are These Charges Reflected in the Expenditure Portion of This Report? If	Vac Spacify Expanse Classification and Line No.	φ	43,509		
	res, speeny Expense classification and Enterve.				
Legal Services Information					
Name of Legal Firm or Independent Attorney		Telephone 1	Number		
1 See Attached pg. 7a	¥.				
2					
3					
4					
5					
Address (No. & Street, City, State, Zip Code)					
1					
2					
3					
4					
5					
Services Provided by This Firm (describe fully)				-13	
1		\$	50,573		
2		\$			
3		\$			
4		\$			
5		\$			
	Children (Brief) (Children)	Charge for	Services I	rovid	led
		\$	50,573		
Are These Charges Reflected in the Expenditure Portion of This Report? If	Yes Specify Expense Classification and Line No.				
Page 15, Line 1e	. ಇಲ್ಲೇ ಸ್ಕಳ ಸಂಗತ್ ಸರಸ್ಕರಿ ಸಂಗತ ಸಂಪರ್ಧ ಸಂ ಸಂಪರ್ಧ ಸ್ಕಳ ಸಂಪರ್ಧ ಸಂ				
⊙ Yes O No					

8 Accrued Legal Fees (provider will provide detail during audit)

9 Conservator Fees (Self-disallow)

Total

Name of Legal Firm or Independent Attorney	Address	Telephone Number
1 Leclair Ryan	PO Box 780054, Philadelphia, PA 19178	
2 Eagle Lake Foundation	24641 US HWY 19, Clearwater, FL 33763	
3 CT Corporation	PO Box 4349, Carol Stream, IL 60197	
Goldman, Gruder & Woods LLC	200 Connecticut Ave, Norwalk, CT 06854	203-899-8900
5 Littler Mendelson PC	PO Box 45547, San Francisco, CA 94145	
5 Murtha Cullina, LLP		
V Wofsey, Rosen, Kweskin & Kuriansky, LLP		
3 N/A		
9 State of Connecticut		
Services Provided by This Firm	Charge for Service Provided	
Employee Issue - ongoing case		17,635
Loan Renewal Legal Fees (Self-disallow)		85
B Domestic Representation (Self-disallow)		235
Resident Dispute - Collections (Self-disallow)		11,837
5 Issue with Rehab company (self-disallow)		197
5 Regulatory consulting		380
7 Care One zoning		1,281

18,000

50,573

922

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 Westport, LLC, d/b/a Westpo	rt Rehabil	itation Co	License 1 2	No. 405			Report fo 9/30/201	or Year Ende 8	:d		Page 8	of 37
					1	Period 10/	'1 Thru 6/	30		Period 7/1	1 Thru 9/3	30
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
 Certified Bed Capacity A. On last day of PREVIOUS report period 	120	120			120	120			120	120		
B. On last day of THIS report period	99	99			120	120			99	99		
 Number of Residents As of midnight of PREVIOUS report period 	87	87			87	87			106	106		
B. As of midnight of THIS report period	93	93			106	106			93	93		
 Total Number of Days Care Provided During Period A. Medicare 	3,019	3,019			2,280	2,280			739	739		
B. Medicaid (Conn.)	31,351	31,351			23,279	23,279			8,072	8,072		· · · · · · · · · · · · · · · · · · ·
C. Medicaid (other states)												
D. Private Pay	80	80			34	34			46	46		
E. State SSI for RCH												
F. Other (Specify)	1,465	1,465			1,138	1,138			327	327		
G. Total Care Days During Period (3A thru F)	35,915	35,915			26,731	26,731			9,184	9,184		
Total Number of Days Not Included in Figures in 4. 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	35,915	35,915			26,731	26,731			9,184	9,184		

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

			Sc	hedu	le of	Re	side	nt S	tatis	stics (C	Cont'd))		
Name of Faci	lity			Licen	se No.		100		Report	t for Year	Ended		Page	of
	- C	of Westp	ort, LLC, d/b/a	2	405					9/30/201			9	37
							- 11 - 11 - 11 - -							
4. Were the	ere any o	changes	in the certified l	bed cap	acity du	ring th	ne repoi	t year	?	۲	Yes	0	No	
If "YES'	', provid	le the fol	llowing informa	tion:										
		Place of	f Change		Cl	nange	in Bed	s		Ca	pacity Afte	er Change		
Date of	CCNH	RHNS	(Specify)		Lost		(Gaine	d					
Change												2011		
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason fo	or Change
9/6/2018	x			21						99				
					-									-
	1	I					L	L		L				
5. If there v	was any	change	in certified bed	capacit	y during	the re	eport ye	ar (as	reporte	ed in item	4 above) p	provide the num	ber of	
RESIDI	ENT DA	YS for	90 days followi	ng the	change.									
			74											and the second se
			Change in R	esiden	t Days					CC	CNH	RHNS	(Spe	cify)
1st chan	ge									2,838	4			
2nd char												<u> </u>		
3rd chan													87	100
4th chan		1	1 Datas an Cant		20 .60-	t Var				1				
6. Number	of Resi	dents an	d Rates on Sept Medicare		Medi		£ſ	1		Se	elf-Pay		Other Sta	te Assisted
			Wiedicale	+	Wicui			\vdash		1	II-I ay		Other Sta	e / tostoted
								L						
	Item		CCNH		CNH	R	HNS	C	CNH	RE	INS	(Specify)	R.C.H.	ICF-MR
No. of R		\$	CCIVIT	8	83	1	III III		1		1110	(opeeny)	R.C.III.	TOT MIX
Per Dier		<u> </u>		N.			The section	10						all star
a. One l	bed rm.		Various		270,00				591,71					
b. Two	bed rms	š.	Various		270.00				557.82					
c. Three	e or mor	e		1										
bed	rms.							1						
											TAL	000	DIDIO	(0:0)
		i Physic are - Par	al Therapy Trea	tments							0TAL 3,383	CCNH 3,383	RHNS	(Specify)
the second se			lusive of Part B)						10	and the second se	5,585		
			e Treatments	,							4,241	4,241		
		_	Treatments											
	. Other										11,048	11,048		
			Therapy Treat								18,672	18,672		
			n Therapy Treat	ments										12.1
A	. Medic	are - Par	tB	\						100 SS- 10 S	733	733		
В	. Medic	aid (Exc	lusive of Part B)						100 A	440	440	and the second	and the second sec
	and the second second	and the second	Treatments	-	-		-				440	410		
C	. Other		Treatments								1,761	1,761		
			Therapy Treatn	ients		• • • • • • • •					2,934	2,934		
			ational Therapy		nents						- A			
A	. Medic	are - Pai	t B						1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		4,829	4,829		
В			lusive of Part B)							A CONTRACTOR	14. 他		
			ce Treatments								3,040	3,040		
			Treatments											
	. Other		tional Thanar	Tranto	ante					-	11,017	11,017 18,886		
L D	. 10tal	Occupat	tional Therapy	reatm	ienis			10.030	_		18,886	18,886		

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

Report of Expenditures - Salaries & Wages

Report of Ex Name of Facility	License No.		Report for Yes		Page	of
Senior Philanthropy of Westport, LLC, d/b/a Westport Reha			9/30/2018		10	37
Are time records maintained by all individuals receiving cor			Yes	0	No	1
We and a state of the second						
	N		Total Cost	and Hours	1	1
	1 1					ł
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*		語の語言				
1. Operators/Owners (Complete also Sec. I				See 20	A STATE OF STATE	
2. Administrator(s) (Complete also Sec. III			CONTRACTOR OF	a state of		1.4.3
	124,462	2,066			Station and an other	
of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV	124,402	2,000	1 88 (s / m - c / l /		A Startes	Sec
	20 2 A			1. 3		
4. Other Administrative Salaries (telephone	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		State and	ST MARKEN STREET	NER AL	and Million
operator, clerks, receptionists, etc.)	113,130	5,410	La material and the second second	C CHANN	and a state of the second	TRANSFORM
5. Dietary Service	(P) (P)	10 00 0	12 AL 1582			2 5 9
a. Head Dictitian	Parallel and a state of the second					
 b. Food Service Supervisor 					2014 - C	
c. Dietary Workers	365,619	23,901				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	258,557	15,656	1 10 10 A	12		1
 Repairs & Maintenance Services Engineer or Chief of Maintenance 		STR. Sal	A CALLER AND		C efferter	T MZ
b. Other Maintenance Workers	56,539	3,668		-	+	
8. Laundry Service	30,339	5,008			Section 199	14 × 3
a. Supervisor		The second s				
b. Other Laundry Workers	76,263	4,554				
9. Barber and Beautician Services						0.000
10. Protective Services	98,778	5,944				
11. Accounting Services		1 - Cale	Contraction of the local distance of the loc			
a. Head Accountant				-		-
b. Other Accountants		1975 - S. 1975			No. of Concession, Name	-
12. Professional Care of Residents	101111		a second second	1	and the second	
a. Directors and Assistant Director of Nurses	184,113	3,992			2	
b. RN	942 195	15.060	134 Provedo	1 1	- 19 - 6	
Direct Care Administrative**	843,185 238,661	15,069		-		1
c. LPN	258,001	7,527		Sec.		1.00
1. Direct Care	1,136,158	38,943				
2. Administrative**						<u> </u>
d. Aides and Attendants	1,502,450	92,592				
e. Physical Therapists	14,695	889				
f. Speech Therapists	2,309					
g. Occupational Therapists	22,954					
h. Recreation Workers i. Physicians	89,327	3,840				
 Physicians 1. Medical Director 			and the same	See Street Street	10 10 10 10 10 10 10 10 10 10 10 10 10 1	al
2. Utilization Review		-		-		
3. Resident Care***						
4. Other (Specify)		100				
j. Dentists				-		-
k. Pharmacists				_		-
I. Podiatrists					-	+
m. Social Workers/Case Management	49,574					
n. Marketing	3,323	288				
o. Other (Specify) See Attached Schedule	27,358	919	9	New Proversion	S. MITHON .	
A-13. Total Salary Expenditures	5,207,455			-		

* 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 Westport, LLC, d/b/a Westport Rehabilitation Complex 9/30/2018

Attachment Page 10/13

Schedule of Other Salaries and Wages (Page 10)

	CC	NH	RH	INS	(Spe	cify)
Position	S	Hours	S	Hours	S	Hours
			1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 -	100 M 100 E		A STATE OF
Salaries - Admissions Coordinator	\$ 27,358	919				32650
					and the second	
				The second		a second
A CALL AND A		Los Alte				14 A
	2.045		11 12 第二		l and the	
	1 2 1 2					
			House March			
		· · · · · · · · · · · · · · · · · · ·				
						141 × 1212
	TRANSA MAL					
		1000 C		2		Contractory of the
		1	1997 (1997) 1997 (1997)			
	0000	010	5		s -	
Fotal	\$ 27,358	919	3 -	-	D -	-

Schedule of Other Fees (Page 13)

		CC	NH	RH	INS	(Spe	ecify)
Service		\$	Hours	\$	Hours	\$	Hours
		-					and the second second
Purchased Services - Audiology	\$	264	12				
Purchased Services - Eyecare	\$	165	8		and the second		Berlin States
			Sector Sector				
	19						
						BU REAL	
	t interest						
						a company of the	
				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
		Batter				The second	
	State Long						
The second second second second second	A Martin				The second	1	
			- California and		R. TRANS		
		Mah. C.		State State	1. 18		124 12 200
				1 18 St.	1.2.2. 196.3.	1 Martin	Cardena and
	1			5.5 3.5	1000		- Selferences
Total	S	429	20	\$ -		\$ -	

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			110010101	License No.	ators and Other		Year Ended		Page	of
Senior Philanthropy of Westport, Ll	C d/b/a W	lestnort Reh	abilitation Co			9/30/2018			11	37
Senior Finlandropy of Westporg En		Salary Pai		2100	<u></u>					
Name	CCNH	RHNS	(Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Hours Claimed on Name and Address of All		Total Hours Worked	Compensation Received
Section I - Operators/Owners	1									
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).										
		12								

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

** Include all employment worked during the cost year.

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

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

Assistant Administrators and Other Related Parties*

Name of Facility (as licensed)				License No.		Report for Y	'ear Ended	1000 St.	Page	of
Senior Philanthropy of Westport, L	LC, d/b/a V	Vestport Re	habilitation (2405		9/30/2018			12	37
		Salary Pai	d	Fringe Benefits						
Name	CCNH	RHNS	(Specify)	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
Section III - Administrators***										
John Panicek (9/26/2017 - 11/16/17)	9,295			Non-Discrim.	Administrator	196	A2			
Nicotra Redd (11/16/17 - current)	115,167			Non-Discrim.	Administrator	1,870	A2			
Section IV - Assistant Administrators										
								· · · · · · · · · · · · · · · · · · ·		

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

** Include <u>all</u> 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 Ex Name of Facility	License No.		Report for Y		Page	of
Senior Philanthropy of Westport, LLC, d/b/a Westport	Contraction and the second second	5	9/30/2018	Cur Endou	13	37
control rimandropy of westport, EDC, dout westp	210		Total Cost	and Hours	1	
	ſ		Total Cost			
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
B. Direct care consultants paid on a fee			3	St. Ale		
for service basis in lieu of salary						
(For all such services complete Schedule B1)			的限制的			
1. Dietitian	62,306	1,133		-		
2. Dentist	11,158	55				
3. Pharmacist	16,290	240				
4. Podiatrist					A	1000 B 25
5. Physical Therapy		and the second		C. C.	1 2 2	
a. Resident Care	330,713	4,668	Estimate			
b. Other						
6. Social Worker						
7. Recreation Worker	Carlos and Carlos			A REAL PROPERTY.		
8. Physicians	A States of the second s					
a. Medical Director (entire facility)	51,465	360		a a statistication	- CALL CALL	100
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**	and the second		-			10.00
d. Administrative Services facility			Alexandre Carlos	4 23		19. IS
 Infection Control Committee (Quarterly meetings) 						1
2. Pharmaceutical Committee					1	
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually)			Bernet William Ro	N Research Control	the second s	
e. Other (Specify)	and the second sec	(1946) (1946)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Cardiologist & Orthotics	303	2	CONCERCION OF THE	and a second state	a second and a second	
9. Speech Therapist						A STREET
a. Resident Care	113,430	734	Estimate		-	
b. Other						1995
10. Occupational Therapist						
a. Resident Care	343,521	4,722	Estimate			
b. Other			* *******			and the second
11. Nurses and aides and attendants						1.1
a. RN			and the second s			
1. Direct Care						
2. Administrative***	12				9	
b. LPN			Transfer all states			
1. Direct Care			1.1.1.1			
2. Administrative***					-	
c. Aides			+			
d. Other	100					Bashara
12. Other (Specify)	100	ka k	A A CARACTER	A P. Same		
See Attached Schedule	429	20		-		
B-13 Total Fees Paid in Lieu of Salaries	929,615	11,934				

* 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 Yea 9/30/2018	ar Ended	Page	of	
Senior Philanthropy of Westport, LLC, d/b/a	a Westport R 2405				14	37
Name & Address of Individual	Full Explanation of Service		* to Owners, ors, Officers	Fynla	nation of R	elationship
Name & Address of matviduar	Fun Explanation of Service	Yes	No	Expla	liación or i	entitionship
George Goldfarb, MD 1305 Post Rd, Suite 102, Fairfield, CT 06824	Medical Director	0	0			
Partners Pharmacy, P.O. Box 9689, Uniondale, NY 11555	Pharmacist - Record Review	0	Θ			
Encore Rehabilitation Services, 33533 W 12 Mile Road Suite 290, Farmington Hills, MI 48331	PT, ST, & OT	0	0			
Health Drive Dental Group, 888 Worcester St. #130, Wellesley, MA 02482	Dentist	0	٥			
Ready Nurse Staffing Services, PO Box 301076, Dallas, TX 75303	RN, LPN & Aides	0	٥			
Ortho Connecticut, PC, PO Box 26303, Oklahoma City OK 73126	Orthotics	0	٥			1. 2000
Healthdrive Audiology Group, 888 Worcester Street, Wellesley MA 02482	Purchased Services - Audiology	0	٥			
Healthdrive Eye Care Group, 888 Worcester Street, Wellesley, MA 02482	Purchsed Servcies - Eye Care	0	٥			
Healthcare Services Group, Inc., 3220 Tillman Dr, Ste 300, Bensalem, PA 19020	Dietician	0	0			
	V-1	0	•			
		0	0			
		0	0			
		0	0		1717	
		0	0	24		
	12 March	0	0			
		0	0			
		0	0			
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		0	٥			
		0	•			
		0	•			
		0	۲			

* 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	ar Ended	Page	of
Senior Philanthropy of Westport, LLC, d/b/a We 2405	9	9/30/2018		15	37
				RHNS	
Item		Total	CCNH	RHNS	(Specify
. Administrative and General	5				1.5
a. Employee Health & Welfare Benefits	1			法事 是是	
1. Workmen's Compensation	\$	396,456	396,456		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	153,803	153,803		
4. Social Security (F.I.C.A.)	\$	393,103	393,103		
5. Health Insurance	\$	668,471	668,471		
6. Life Insurance (employees only)			2 Ares 1	之前 唐	a se strange
(not-owners and not-operators)	\$	(419)	(419)		
7. Pensions (Non-Discriminatory)	\$	298,776	298,776		
(not-owners and not-operators)	1	1 24	2 With 3	奉命 法	
8. Uniform Allowance	\$	19,062	19,062		
9. Other (Specify)	\$	5,155	5,155		0
See Attached Schedule	and the second		Ware. Web		.Washing
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and	14 H	2 C			5
Operators (Discriminatory)*					
-1	1				
c. Bad Debts*	\$	136,986	136,986		
d. Accounting and Auditing	\$	43,369	43,369		
e. Legal (Services should be fully described on Page 7)	\$	50,573	50,573		
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*				浅 化常萼	
g. Office Supplies	\$	10,026	10,026		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	55,606	55,606	and a second	
2. Cellular Phones	\$	1,384	1,384		
i. Appraisal (Specify purpose and	\$				
attach copy)*				- 16 F	
	0.000				
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)	-			1 1 20 X	
1. Income*	\$				
2. Other (Specify)	\$				
See Attached Schedule					
3. Resident Day User Fee	\$	678,860	678,860		and the second second second
Subtotal	\$	2,911,211	2,911,211		

* 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 Westport, LLC, d/b/a Westport Rehabilitation Complex Attachment Page 15 9/30/2018

Schedule of Other Employee Benefits

Description	(CCNH		(Specify)
Employee Food (Self-disallow)	\$	964		
Holiday Funds (Self-disallow)	\$	1,095		
Nurses Week/Employee Gifts (Self-disallow)	\$	749		
Petty Cash (Self-disallow)	\$	127		
Employee Physical	\$	171		
Employee Drug Testing	\$	505		
Employee Assistance Program - Carebridge	\$	722		
PE/PD (self-disallow)	\$	(4,568)		
Frances Ferraiolo - Rent (Self-disallow)	\$	5,390		
	New Street Street			
	1100			
Total	\$	5,155	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility License No.		Report for Y	ear Ended	Page	of
Senior Philanthropy of Westport, LLC, d/b/a Westport 2405		9/30/2018		16	37
	1				
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forwa	rd:	2,911,211	2,911,211		
1. Travel and Entertainment			Sec.		
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$		-		
4. Employee Travel	\$	3,768	3,768	-	
5. Education Expenses Related to Seminars and Conventions	\$	761	761		
6. Automobile Expense (not purchase or depreciation)	\$				
7. Other (Specify)	\$		- 10 Mar		
See Attached Schedule				- Marsand	
m. Other Administrative and General Expenses		a.s.			
1. Advertising Help Wanted (all such expenses)	\$	14,003	14,003		
2. Advertising Telephone Directory (all such expenses)***	\$			2	-
3. Advertising Other (Specify)***	\$	1,954	1,954		
See Attached Schedule		New York		1 200 ¹⁵ .	
4. Fund-Raising***	\$		and a second difference of the second se		
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied	\$			с— шох 1	
directly and not by contract or fee for service)***		The Participant			
7. Postage	\$	2,590	2,590		
* 8. Dues and Membership Fees to Professional	\$	9,273	9,273		
Associations (Specify)					
See Attached Schedule				A NO H	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	7,783	7,783		
10. Contributions***	\$				
See Attached Schedule		Stores -			
11. Services Provided by Contract Specify and Complete	\$	166,561	166,561		
Schedule C-2, Page 21 for each firm or individual)	÷.				
12. Administrative Management Services**	\$	283,730	283,730		
13. Other (<i>Specify</i>)	\$	80,008	80,008		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	3,481,642	3,481,642		

* 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 Westport, LLC, d/b/a Westport Rehabilitation Complex Attachment Page 16 9/30/2018 Attachment Page 16

Schedule of Other Travel and Entertainment

Description		CCNH	RHNS	(Specify)
				Sec.
	2000年1月1日			
				17 A. C. C. C. Z.
	BSS ST			
Total Other Travel and Entertainment	S		\$ -	5

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
		6	
Media Advertising-Mkt	\$ 518	- Silver	
Special Events-Mkt	\$ 1,164		
Promo Items-Mikt	\$ 272	ういの意味	
Total Other Advertising	\$ 1,954	5 1000	s -

Schedule of Dues

Description	CCNH	RHNS	(Specify)	
	- S 8,884	230		
CT Association of Health Care Facilities membership dues Traditions Management membership trademark (Self-disallow)	S 8,884 S 389	105		
Several and the second s		1. Station - 2	- Salahoon	
		3.97	Sec. Contraction	
		546	Contraction of the second	
Total Dues	\$ 9,273	s -	\$	

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	1		
	100	6.445	
	Series TE		
Total Contributions	S	\$	s -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
			1000
Background Checks-Nursing Admn	\$ 105	AND IN	
Software Expense - Nursing Adm	\$ 7,982		
Licenses/Permits-Nursing Admn	\$ 150	14世 1955	
Background Checks-Nursing	\$		
Background Checks- Social Service	\$ 105		
Background Checks-Dietary	\$ 105		All Contractions
Licenses/Permits-Dietary	\$ \$69		
Licenses/Permits-Maint	\$ 480		Sheet and
Licenses & Permits-Trans	\$ 223		1.0
Holiday Decorations-Activitics-SNF (Self-disallow)	\$ 82		- 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19
Licenses/Permits	\$ 140		
Patient Trust Bond	\$ 1,248		
Resident Reimburse on Lost/Stolen Items (Self-disatlow)	\$ 1,061	- 病院:	1 10
Internet Access-Adm	\$ 16,338	a light an	
Records Storage - Adm	\$ 784		Contraction of the second
Equipment Rental-Adm	\$ 984		
Misc Decor-Adm (Sclf-disallow)	\$ 61		
Collection Fees/Credit Card Fees (Self-disallow)	\$ 566		Contraction of the
Late fees/Fines/Finance Charges-Adm (Self-disallow)	\$ 4,167		All and the second
Bank Service Charges-Adm - Overdraft Fees (Self-disallow)	\$ 42,962	1	1000 C 100
Employee/Guest meals (Self-disallow)	\$ 897		- delter
Total Other Administrative and General	\$ 80,008	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 17 37
Senior Philanthropy of Westport, LLC, d/	2405	9/30/2018	1/ 3/
	Cost of		Indicate Where Costs
Name & Address of Individual or	Management	Full Description of Mgmt. Service	are Included in Annual
Company Supplying Service	Service	Provided	Report Page #/Line #
Traditions Senior Management, 24641	283,730	Handles all the operations and	Page 16/ Line m12
US Highway 19 North - Clearwater FL,		financial functions directly related	
33763		to the facility.	
A CARE AND A CARE			
		1. F. (1. 1. 1. 1.	
			n
	-		20
	4		
		10	
	1		

* 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)

Senior Philanthropy of Westport, LLC, d/b/a Westport 2405 9/30/2018 18 Item Total CCNH RHNS (Specif 2. Dietary a. In-House Preparation & Service 395,204 395,204					Page 5)			
Item Total CCNH RHNS (Speci 2. Dietary a. In-House Preparation & Service 395,204 395,204 395,204 2. Non-Food Supplies \$ 24,525 24,525 395,204 395,204 3. Other (Specify) \$ 54,769 \$ 54,769 \$ 54,769 \$ 54,769 b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) \$ 54,769 \$ 54,769 \$ 54,769 c. Other (Specify) \$ 54,769 \$ 54,769 \$ 54,769 \$ 54,769 \$ 54,769 2D. Total Dietary Expenditures (2a + b + c + d) \$ 474,498 474,498 \$ 54,769 \$ 54,769 2EF. Dietary Questionnaire Total CCNH RHNS (Specif G. Resident Meals: Total no. of meals served per day:* I I Is cost of employee meals included in 2E? O Yes O No I. Did you receive revenue from employees? O Yes No If yes, specify ant. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other K than employees or residents (i.e., Board O Yes No If yes, specify cost. M. Where is the revenue cocived reported i								Page of
2. Dietary a. In-House Preparation & Service 395,204 395,204 1. Raw Food \$ 395,204 395,204 2. Non-Food Supplies \$ 24,525 24,525 3. Other (Specify) \$ \$ \$ b. Purchased Services (by contract other than through Management Services) \$ \$ \$ (Complete Schedule C-2 att. Page 21) \$ \$ \$ c. Other (Specify) \$ \$ \$ \$ 2D. Total Dietary Expenditures (2a + b + c + d) \$ \$ \$ \$ 2E. Dietary Questionnaire Total CCNH RHNS (Specify G. Resident Meals: Total no. of meals served per day:* \$ \$ \$ \$ H. Is cost of employee meals included in 2E? \$ \$ \$ \$ \$ J. Where is the revenue from employees? \$ \$ \$ \$ \$ \$ I. Did you receive revenue from these people? \$ \$ \$ \$ \$ \$ I. bid you receive revenue from employees? \$ \$ \$ \$ \$ \$	Seni	or Philanthropy of Westport, LLC, d/b/a Westp	ort		2405	9/30/2018		18 37
2. Dietary a. In-House Preparation & Service 395,204 395,204 1. Raw Food \$ 395,204 395,204		Item			Total	CCNH	RHNS	(Specify)
a. In-House Preparation & Service 395,204 395,204 1. Raw Food \$ 395,204 395,204 2. Non-Food Supplies \$ 24,525 24,525 3. Other (Specify) \$ 5 54,769 54,769 b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) \$ 54,769 54,769 c. Other (Specify) \$ \$ 54,769 \$ \$ 2D. Total Dietary Expenditures (2a + b + c + d) \$ 474,498 474,498 \$ 2F. Dietary Questionnaire Total CCNH RHNS (Specify attribute) I. Bis cost of employee meals included in 2E? O Yes No If yes, specify ant. J. Where is the revenue from employees? O Yes No If yes, specify cost. I. Is any revenue collected from these people? O Yes No If yes, specify ant. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? No If yes, specify cost. N. meetings) provided to employees included	2.				and the stand			
1. Raw Food \$ 395,204 395,204 2. Non-Food Supplies \$ 24,525 24,525 3. Other (Specify) \$ 24,525 24,525 3. Other (Specify) \$ 24,525 24,525 b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) \$ 54,769 \$ 476,498 c. Other (Specify) \$ 54,769 \$ 54,769 \$ 474,498 2D. Total Dietary Expenditures (2a + b + c + d) \$ 474,498 \$ 474,498 2F. Dietary Questionnaire Total CCNH RHNS G. Resident Meals: Total no. of meals served per day:* I I H. Is cost of employee meals included in 2E? O Yes O No If yes, specify amt. J. Where is the revenue from employees? O Yes No If yes, specify cost. I. Did you receive revenue from employees? O Yes No If yes, specify cost. I. So cost of meals provided to persons other K Members, Guests) included in 2E? No If yes, specify cost. K. than employees or residents (i.e., Board O Yes No If yes, specify cost. Members, Guests) included in 2E? Yes No If yes, specify cost.					And the			
3. Other (Specify) \$ b. Purchased Services (by contract other than through Management Services) \$ (Complete Schedule C-2 att. Page 21) \$ c. Other (Specify) \$ 2D. Total Dietary Expenditures (2a + b + c + d) \$ 474,498 474,498 2F. Dietary Questionnaire Total G. Resident Meals: Total no. of meals served per day:* Image: CONH H. Is cost of employee meals included in 2E? O Yes O No I. Did you receive revenue from employees? O Yes No I. Did you receive revenue from employees? O Yes No I. S cost of meals provided to persons other K. than employees or residents (i.e., Board O Yes No I. Is any revenue collected from these people? O Yes No If yes, specify cost. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings, board meetings) provided to employees included in 2E? No If yes, specify cost. N. macks at monthly staff meetings, board in 2E? O Yes O No If yes, specify cost.		그 아파는 그 것 같아? 그 아파 가슴을 알려서 가지? 것을 알았는 것을 알려야 하지? 아파 아파 아파 아파 가지? 그는 것 아파 아파 가지?		\$	395,204	395,204		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) \$ c. Other (Specify) \$ c. Other (Specify) \$ 2D. Total Dietary Expenditures (2a + b + c + d) \$ 474,498 474,498 2F. Dietary Questionnaire Total G. Resident Meals: Total no. of meals served per day:* Image: CONH H. Is cost of employee meals included in 2E? O I. Did you receive revenue from employees? O Yes If yes, specify amt. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other K. than employees or residents (i.e., Board Members, Guests) included in 2E? O Yes No I. Is any revenue collected from these people? O Yes No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthy staff meetings, board meetings) provided to employees included in 2E? O Yes No If yes, specify cost. N. meetings) provided to employees included in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthy staff meetings, board meetings) provided to employees included in 2E?		2. Non-Food Supplies		\$	24,525	24,525		
than through Management Services) (Complete Schedule C-2 att. Page 21) S S c. Other (Specify) S S S 2D. Total Dietary Expenditures (2a + b + c + d) S 474,498 474,498 2F. Dietary Questionnaire Total CCNH RHNS (Specify) G. Resident Meals: Total no. of meals served per day:* Image: CONH Image: CONH RHNS (Specify) I. Did you receive revenue from employees? O Yes O No If yes, specify amt. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other No If yes, specify cost. L. Is any revenue collected from these people? O Yes No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings, poard O Yes No If yes, specify cost. N. macks at monthly staff meetings, board meetings, poard O Yes No If yes, specify cost. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? O Yes No If yes, specify		3. Other (Specify)		\$				
than through Management Services) (Complete Schedule C-2 att. Page 21) S Image: Complete Schedule C-2 att. Page 21) c. Other (Specify) S Image: Complete Schedule C-2 att. Page 21) S 2D. Total Dietary Expenditures (2a + b + c + d) S 474,498 474,498 2D. Total Dietary Expenditures (2a + b + c + d) S 474,498 474,498 2F. Dietary Questionnaire Total CCNH RHNS (Speci G. Resident Meals: Total no. of meals served per day:* Image: Complete revenue from employees? O Yes No I. Did you receive revenue from employees? O Yes No If yes, specify amt. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other No If yes, specify cost. L. Is any revenue collected from these people? O Yes No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings, board meetings) provided to employees included in 2E? O Yes No If yes, specify cost.		h Purchased Services (by contract other	16.2	\$	54 769	54,769		
c. Other (Specify) \$		than through Management Services)		Ψ				
2D. Total Dietary Expenditures (2a + b + c + d) \$ 474,498 474,498 2F. Dietary Questionnaire Total CCNH RHNS (Speci G. Resident Meals: Total no. of meals served per day:* Image: Constant of the co				\$			ON OWN DOCTOR	
2F. Dietary Questionnaire Total CCNH RHNS (Special Special				Contraction of the local division of the loc				
G. Resident Meals: Total no. of meals served per day:* Image: Content of the con	2D.	Total Dietary Expenditures (2a + b + c + d)		\$	474,498	474,498		
H. Is cost of employee meals included in 2E? O Yes O No I. Did you receive revenue from employees? O Yes No If yes, specify amt. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other K. than employees or residents (i.e., Board Members, Guests) included in 2E? O Yes O No L. Is any revenue collected from these people? O Yes No If yes, specify cost. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? O Yes No If yes, specify cost.	2F.	Dietary Questionnaire			Total	CCNH	RHNS	(Specify)
H. Is cost of employee meals included in 2E? O Yes O No I. Did you receive revenue from employees? O Yes No If yes, specify amt. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other K. than employees or residents (i.e., Board Members, Guests) included in 2E? O Yes No If yes, specify cost. L. Is any revenue collected from these people? O Yes No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? O Yes No If yes, specify cost.	G.	Resident Meals: Total no. of meals served per	day:*					2100/04/01/01/01/01/01/01/01/01/01/01/01/01/01/
I. Did you receive revenue from employees? O Yes O No amt. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) If yes, specify cost. Is cost of meals provided to persons other K. than employees or residents (i.e., Board O Yes O No If yes, specify cost. K. than employees or residents (i.e., Board Members, Guests) included in 2E? O Yes O No If yes, specify amt. L. Is any revenue collected from these people? O Yes O No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? O Yes O No If yes, specify cost.	H.	Is cost of employee meals included in 2E?	O Yes		٥	No		
Is cost of meals provided to persons other If yes, specify cost. K. than employees or residents (i.e., Board Members, Guests) included in 2E? O Yes No If yes, specify cost. L. Is any revenue collected from these people? O Yes No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? O Yes No If yes, specify cost.	I.	Did you receive revenue from employees?	O Yes		٥	No		
K. than employees or residents (i.e., Board Members, Guests) included in 2E? O Yes No If yes, specify cost. L. Is any revenue collected from these people? O Yes No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? O Yes O No If yes, specify cost.	J.		Cost Rep	ort	? (Page/Line	Item)		
L. Is any revenue collected from these people? O Yes No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? O Yes No If yes, specify cost.	K.	than employees or residents (i.e., Board	O Yes		۲	No		
Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	L.		O Yes	i	۲	No		
N. snacks at monthly staff meetings, board O Yes O No If yes, specify cost.	M.	Where is the revenue received reported in the	Cost Rep	ort	? (Page/Line	Item)		
	N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included					175 N 175 N 175	
O. Is any revenue collected from employees? O Yes O No If yes, specify amt.	0.	Is any revenue collected from employees?	O Yes		۲	No	If yes, specify amt.	
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)	P.	Where is the revenue received reported in the	Cost Rer	ort	? (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		Report for Year Ended		Page	of
Seni	or Philanthropy of Westport, LLC, d/b/a Westport R	L	2405	9/30/201	8	19	37
	Item		Total	CCNH	RHNS	(Spec	ify)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.					
	gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				1907-1-12 mil	14-24
	2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.					
processed.***		Amt. \$					
	3. Personal clothing of residents	Lbs.					
	washed, ironed, and/or processed.***	Amt. \$					
	4. Repair and/or purchase of linens.***	Lbs.					
		Amt. \$					<u></u>
	b. Purchased Services (by contract other	\$	43,629	43,62	9	Marine Carl	1
	than through Management Services)			1000 1000	The second		
	(Complete Schedule C-2 att. Page 21)			The Party of the P			
	c. Other (Specify)	\$	10	a second s	0	and the second second	
	Supplies and chemicals				and the second second		
3D.	Total Laundry Expenditures (3a + b + c)	\$	43,639	43,63	9		
3F.	Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E? O	Yes	٥	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?	0	(Page/Lir	ne Item)		
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	٥	No	If yes, specify cost.		
к.	Did you receive revenue from these people? O	Yes	۲	No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost	Report?		(Page/Lin	ne 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		Repo	rt for Year Ei	nded	Page	of
eni	or Philanthropy of Westport, LLC, d/b/a W	2405	L	9/30/2018		20	37
	Itam			Total	CCNH	RHNS	(Specify)
2	Item	Sq. Ft. Serviced	-+	Total	CCNH	KIINS	(Specify)
	Housekeeping a. In-House Care		6 I I		1		1
		by Personnel	\$				
	1. Supplies - Cleaning (Mops,	Amt.	Э				
-	pails, brooms, etc.)		-			10.000000000	
	b. Purchased Services (by contract other	Sq. Ft. Serviced	8		1		
	than through Management Services)	by Personnel			1001 1000		
	(Complete Schedule C-2 att.	Amt.	\$	58,467	58,467		
	Page 21)						
	C. Other (Specify)		\$	1,200	1,200		
	Cleaning Supplies			Reference and the state			
Đ.	Total Housekeeping Expenditures (4a +	b+c)	\$	59,667	59,667	erection of	
5.	Resident Care (Supplies)**						
	 a. Prescription Drugs*** 						
	1. Own Pharmacy		\$				n serie a succession des succession de
	2. Purchased from		\$	159,695	159,695		
			is is	A State			
	b. Medicine Cabinet Drugs		\$	24,266	24,266		
	c. Medical and Therapeutic Supplies	1475-a 2004 to National Contention	\$	127,565	127,565		s Londi Latia vo
	d. Ambulance/Limousine***		\$	9,983	9,983		
	e. Oxygen			AT LE AL		2 Contraction	
	1. For Emergency Use		\$				
	2. Other***		\$	9,692	9,692		
	f. X-rays and Related Radiological		\$	7,746	7,746		
	Procedures***		1000		101 - 122 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101	S	
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)						
	h. Laboratory***		\$	16,856	16,856		
	i. Recreation		\$	33,027	33,027		1
_	j. Direct Management Services*		\$				
	k. Indirect Management Services*		\$	C Activities		- 1.16/16	
	1. Other (Specify)****		\$	128,114	128,114		
	See Attached Schedule		ΨL	120,114	120,114		
-	Total Resident Care Expenditures (5a - :	51)	\$	516,944	516,944		

* 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 Westport, LLC, d/b/a Westport Rehabilitation Complex 9/30/2018

Attachment Page 20

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)	
	N Sala	A Carlos	A Street	and the second s
Minor Equipment & Supplies - Therapy	\$ 3,212		14.17	
IV Supplies - Medicaid	\$ 10,020			
IV Drugs - Medicare (Self-disallow)	\$ 3,092			
Medical Equipment Rental	\$ 89,033			
Minor Equipment - Nursing	\$ 18,586			
IV Drugs - Managed Care (Self-disallow)	\$ 2,624			
IV Drugs - Medicaid	\$ 272			16 × 22
Medical Waste Disposal	\$ 1,275			
	and a second			
		State of the second		
				LES S
				Carlos and
	1.4			
		Provide the		R.R.
		- Andrew Contraction		
			1	and the second
			A State Maria	120
Total Other Resident Care	\$ 128,114	\$ -	\$ -	

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 West	port, LLC, d/b/a Westp	ort Rehabilit	ation Comp	License No. 2405	Report for Year Ender 9/30/2018	d	chuller.		Page 21	of 37
	v.	Related ** Operators				5.á	Total Cost	/Page Ref.**	*	1
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
Healthcare Service Group	300 , Bensalem PA 19020	0	o		Dietary Services	54,766			18	3b
Healthcare Service Group	300, Bensalem PA 19020	0	o		Housekeeping	58,467			20	4b
Healthcare Service Group	300, Bensalem PA 19020	0	o		Laundry	43,629			19	4b
A.J. Penna & Son Construction, Inc.	46 Indian Hill Road, Westport, CT 06880	0	o		Ground Maintenance	24,540			22	6f
CWPM, LLC	Box 415, Plainville CT 06062	0	o		Trash Removal Services	24,090			22	6f
		0	0			d at large				
		0	o			**				
		0	0							
		0	o							
		0	o							
		0	o				- 18-			
		0	o							
		0	•							
0.224.450		0	o							

* 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 Westport, LLC, d/b/a 2405		9/30/2018			22	37
Item		Total	CCNH	RHNS	(Spe	ecify)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	42,018	42,018		L	
b. Heat	\$	60,565	60,565			
c. Light & Power	\$	92,625	92,625			
d. Water	\$	46,264	46,264			
e. Equipment Lease (Provide detail on page 6)	\$	6,424	6,424	200000000		
f. Other (itemize)	\$	174,894	174,894			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	422,790	422,790			
7. Depreciation (complete schedule page 23*)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	25,458	25,458			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	94,476	94,476			
*7e. Total Depreciation Costs $(7a + b + c + d)$	\$	119,934	119,934			
8. Amortization (Complete att. Schedule Page 24*)				56 		
a. Organization Expense	\$		25472.00			
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					043 60
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					2-0
9. Rental payments on leased real property less				2		
real estate taxes included in item 10b	\$	1,402,784	1,402,784			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	16,641	16,641			
c. Personal property taxes	\$	6,183	6,183			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,545,542	1,545,542			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Contracted Maintenance	\$ 40,014		
Interco Contracted Services-Maint	\$ 3,938	See Hitse	
Electrical-Maint	\$ 1,986		
Plumbing-Maint	\$ 17,071		
HVAC/Boiler Maint	\$ 24,110		
Paint-Maint	\$ 1,370		
Alarm Inspection-Maint	\$ 5,172		
Alarm Repairs-Maint	\$ 4,164		
Grounds Maintenance-Maint	\$ 25,296		
Elevator-Maint	\$ 14,729		
Pest Control-Maint	\$ 1,848		
Maint Contracts- Generator	\$ 5,052		
Waste Disposal -Grease/Trash	\$ 25,170		
Copier- Maintenance Agreement	\$ 4,974		
			· · · · · · · · · · · · · · · · · · ·
Total Other Repairs and Maintenance	\$ 174,894	\$ -	\$ -

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

					Deprec	iation Sc	hedule					
Name of Facility	- 10 -				License No.			Report for Year E	nded		Page	of
Senior Philanthropy of Westport, LLC, d/b/a	Westpo	ort Re	habilitati	on Co	240	5		9/30/2018			23	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			it.com									
1. Acquired prior to this report period									100			
2. Disposals (attach schedule)												
 Acquired during this report period (attack) 	h sched	ule)										
A-4. Subtotal							A STATE OF THE STATE		and the second sec		1.5 B	
B. Building and Building Improvements	- 81											A ANT
1. Acquired prior to this report period					266,846		266,846	26,434	S/L	Various	20,754	
2. Disposals (attach schedule)	8											
3. Acquired during this report period (attac	h sched	ule)			64,041		64,041		S/L	Various	4,704	
B-4. Subtotal						A MERCENE MARKEN Marken (200	Cween Pre-			Service of the	and the second s	25,458
C. Non-Movable Equipment									.c			
1. Acquired prior to this report period												
2. Disposals (attach schedule)	125-											
3. Acquired during this report period (attac	h sched	ule)	202 202							-		
C-4. Subtotal						Contraction and Contraction		and the second sec	A CARGONAL			
	Is a mi logb mainta Yes	ook	Date of Ac	quisition 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	102/5	110	- Month	1 Cui	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Mar Load		100	Martin Sug		and the second se
 Motor Vehicles (Specify name, model and year of each vehicle) 			SALL.		1							
a. 2015 Ford Transit 250 -10 Passenger	1632	150,29	7	15	40,257		40,257	20,128	S/L	5	8,051	
b. Corporate Fleet - taxable sales tax			5		1,110		1,110	444	S/L	5		
c. Corporate Fleet - taxable sales tax			4	17	1,693		1,693		S/L	5		
d. Transfer of Ford Transi			7	15	(43,060)		(43,060))]	S/L	5	(8,612)	
2. Movable Equipment			12	44					The state	S.I.		
a. Acquired prior to this report period	and in the	هنار ا	Var.	Var.	832,414	X	832,414	486,869	S/L	Various	88,264	
b. Disposals (attach schedule)		- H				ALC: NO SERVICE OF A		and the second second second		1		
c. Acquired during this report period				Self-	and the startest		- Andrew				and the second second	State of the state
(attach schedule)	(C)	eve .	Var.	Var.	43,686		43,686		S/L	Various	6,212	a second second
D-3. Subtotal	125											94,476
E. Total Depreciation			1.1	A		100 C		Looper Carlor				119,934

Lineful

Senior Philanthropy of Westport, LLC, d/b/a Westport Rehabilitation Complex 9/30/2018

Schedule of Land Improvements Acquired during this report period

Acquisition Date	ovements Acquired during this report period Description of Item	Cost	Useful Life	Depreciation
Additions:				2
				TOL .
	Service of the servic			Contract Contract
			the first of the	
		Contraction of the second		
fotal additions for Lan	d Improvement	s -		s -
Deletions:				
A1 81 20	Market D. Constant and the Constant of the Con			
		State of the second		
	and the second			1.1 日本市内市
A CALCULATION OF	Alternative and a second se			
			AU	Bullet and
				ALL LAND
Control destations for Long	1 Terroretanting	s -		s .
Total deletions for Land *Ties to Page 23, Line		2 -		Paratella .

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Life	Depreciation	
Additions:					
10/19/2017	ELEVATOR REPAIR	\$ 5,318	20	\$ 266	
12/14/2017	Pipe Replacement	\$ 15,703	10	\$ 1,570	
1/27/2017	Storage Room Door adjustment - ADJ Balance	\$ (12)	10		
12/1/2017	Facility Lighting	\$ 43,032	15	\$ 2,869	
Total additions for 1	Building Improvement	\$ 64,041		\$ 4,704	
Deletions:					
			- E		
		A THE		Sel destruction	
		121. Build -		1488 348833	
10 4 10 10 10					
Total deletions for I	Building Improvement	\$ -		\$	

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report perio

Description of Item	Cost	Useful Life	Depreciation
			Hard Street
		- 3 3 (s.	STATE OF STATE
	(福) (福)		
		WALL VELL	
Non-Movable Equipmen	s -		\$ = 5
	Pilling R	11 11 11 11 11 11 11 11 11 11 11 11 11	
		1. S. S. S.	
THE AND CONTRACTOR OF CONTRACTOR		1 A. W	A LARGE TORNER
		and the second	
			Section 2.
Non-Movable Equipmen	s -		s -
	Non-Movable Equipmer	Non-Movable Equipmer S	Non-Mavable Equipmen S

*Ties to Page 23, Line C3 **Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report perio

Acquisition Date	Description of Item		Cost	Useful Life	Depreciation	
Additions:						
11/28/2017	Elevator Car Gates	S	6,806	10	S	681
2/1/2018	Int per Cap Leases- Reverse 2016 AE	\$	7,755	5	S	1,551
3/21/2018	Storage Tank	S	13,427	10	\$	1,343
8/2/2018	Kitchen Floor Compressor	\$	5,023	10		502
8/14/2018	Washer Assy & Bearing Upgrade	\$	10,675	5	\$	2,135
otal additions for	Movable Equipmen	\$	43,686	and and	\$	6,212
Deletions:						
		1				
		1996				
1 建油 代				in the second	33 I	Malasi Milasia
			And the		公理部	and the second
A MARK						
24 78 ANI 1	A REAL PROPERTY AND A REAL					
Cotal deletions for	Movable Equipmen	S			\$	

**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:					
			"我们我们我	- HARRING	のない
				Supplement.	Cold States
AND AND A	THE WAR AND THE REAL PROPERTY OF				Section Children
Street State					「「「「「「「」」」
otal additions for L	easehold Improvemen		s -		S -
eletions:					
in in the	11-1 11-11-11-11-11-11-11-11-11-11-11-11	A State of the second			SCALE STORE
					in the second
				Martin 7	
1	And the second statements of the second s			A STANDARD AND A	
Sec. 1	ALL AND ALL AN		S. HEELL		A PROPERTY AND
A CONTRACTOR OF STATE		2 B	ALC: PARKE		the second
CILL C T	easehold Improvemen	and States	S -	entro -	\$ -

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

Senior Philanthropy of Westport, LLC Cost Report Year 2018

Cost Report Year 2018 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.	Net Book Value
Building Improvements									
2015 Additions			0.040		12710-2217				
Roof Repair	6,470	4/22/2015	S/L	10	647	1,618	647	2,265	4,205
Elevator repair	2,820	7/1/2015	S/L	20	141	353	141	494	2,326
HVAC	6,950	8/3/2015	S/L	10 _	695	1,738	695	2,433	4,517
Total 2015 Additions	16,240			3	1,483	3,709	1,483	5,192	11,048
2016 Additions									
Elevator Maintenance	7,255	10/21/2015	S/L	20	363	726	363	1,089	6,167
Interior Wall Painting	9,897	10/23/2015	S/L	20	495	990	495	1,485	8,412
Elevator Maintenance	1,980	10/23/2015	S/L	20	99	198	99	297	1,683
Elevator Maintenance	2,180	5/13/2016	S/L	20	109	218	109	327	1,853
Elevator Maintenance	1,153	5/23/2016	S/L	20	58	115	58	173	980
Elevator Maintenance	6,955	6/14/2016	S/L	20	348	696	348	1,044	5,912
New doors	7,868	6/21/2016	S/L	10	787	1,574	787	2,361	5,507
Roof Repairs	1,285	6/25/2016	S/L	10	129	257	129	386	899
Broken Glass Panel	4,488	7/7/2016	S/L	10	449	898	449	1,347	3,141
Repair Elevator	6,790	7/18/2016	S/L	20	340	679	340	1,019	5,771
UBD Relay	2,856	7/6/2016	S/L	10	286	571	286	857	1,998
Total 2016 Additions	52,708				3,460	6,920	3,463	10,383	42,324
2017 Additions									
Holding Tank	12,685	11/16/2016	S/L	10	1,269	1,269	1,269	2,538	10,148
Mechanical Plumbing - Muffin Master	25,175	12/31/2016	S/L	10	2,518	2,518	2,518	5,036	20,140
SEWER PUMP	1,058	1/3/2017	S/L	10	106	106	106	212	846
1200 MAIN SWITCH	29,500	1/6/2017	S/L	15	1,967	1,967	1,967	3,934	25,566
3 CIRCULATOR PUMPS	16,745	1/26/2017	S/L	10	1,674	1,674	1,674	3,348	13,396
Storage room door	16,508	1/27/2017	S/L	10	1,651	1,651	1,651	3,302	13,206
Maintain Roof	6,205	2/27/2017	S/L	10	621	621	621	1,242	4,964
New Facility Lighting	90,023	4/1/2017	S/L	15	6,001.53	6,002	6,002	12,004	78,019
Total 2017 Additions	197,898	19 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9			15,806	15,806	15,808	31,614	166,285
2018 Additions									
ELEVATOR REPAIR	5,318	10/19/2017	S/L	20	040	1. A.	266	266	5,052
Pipe Replacement	15,703	12/14/2017	S/L	10	(-)	(i n)	1,570	1,570	14,133
Storage Room Door adjustment - ADJ Balance	(12)	1/27/2017	S/L	10		-	(1)	(1)	(11)
Facility Lighting	43,032	12/1/2017	S/L	15		12	2,869	2,869	40,163
Total 2018 Additions	64,040	a a su de la constante de la constantión à la	947 8 4040 - 1		(.		4,704	4,704	59,336
Total Building Improvements	330,886	and the second se		A STREET, STRE	20,749	26,435	25,458	51,893	278,993

Vehicles

2015 Additions

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

Cost Report Year 2018 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.	Net Book Value
2015 Ford Transit 250 -10 Passenger Wagon	40,257	7/3/2015	S/L	5	8,051	20,129	8,051	28,180	12,077
	40,257				8,051	20,129	8,051	28,180	12,077
2016 Additions				-					
Corporate Fleet - taxable sales tax	1,110	5/16/2016	S/L	5	222	444	222	666	444
12.	1,110				222	444	222	666	444
2017 Additions	ards								
Corporate Fleet - taxable sales tax	1,693	4/1/2017	S/L	5	339	339	339	678	1,015
	1,693				339	339	339	678	1,015
2018 Additions				_					
Transfer of Ford Transit	(40,257)	7/3/2015	S/L	5	-	1-1	(8,051)	(8,051)	(32,206)
Corporate Fleet - taxable sales tax	(1,110)	5/16/2016	S/L	5	-	5 .	(222)	(222)	(888)
Corporate Fleet - taxable sales tax	(1,693)	4/1/2017	S/L	5		2 6	(339)	(339)	(1,354)
administrative descendences and solar sources and the state of the state of the state of the state of the state	(43,060)			_		•	(8,612)	(8,612)	(34,448)
Total Vehicles					8,612	20,911		20,911	(20,911)

Moveable Equipment

ble Equipment		Contraction of the	oneria en				HARDER STREET	Sector Sector (1993)	
Prior Owners Moveable Equipment (Fully Depreciation Assets Removed)	556,422	Various	S/L	Various	43,761	398,177	39,306	437,483	118,940
Asset Additions 10/1/2014-3/31/2015	21,507	Various	S/L	Various	1,088	3,808	1,088	4,896	16,611
2015 Additions									
Sonic Wall	3,609	4/30/2015	S/L	15	241	601	241	842	2,767
Canon Copiers @2	19,783	5/30/2015	S/L	5	3,957	9,891	3,957	13,848	5,935
Shields	2,145	5/26/2015	S/L	15	143	358	143	501	1,644
Slings	11,808	6/1/2015	S/L	5	2,362	5,904	2,362	8,266	3,542
AHT Software	3,022	7/1/2015	S/L	3	1,007	2,519	1,007	3,526	(504
Total 2015 Additions	40,367			_	7,709	19,273	7,710	26,983	13,384
2016 Additions									
Digital Weight Scale	550	6/1/2015	S/L	5	110	220	110	330	220
4 Channel Nurse Station	12,017	12/18/2015	S/L	5	2,403	4,807	2,403	7,210	4,807
Computer Equip	1,275	1/14/2015	S/L	5	255	510	255	765	510
Plastic Card Printer	1,197	1/15/2015	S/L	5	239	479	239	718	479
Computer	996	1/28/2015	S/L	5	199	398	199	597	399
Time Clocks	3,170	2/20/2015	S/L	5	634	1,268	634	1,902	1,268
Radio	489	3/5/2015	S/L	5	98	196	98	294	195
Facility Sign	2,250	3/31/2015	S/L	5	450	900	450	1,350	900
Locking Cabinet Door	343	3/19/2015	S/L	5	69	137	69	206	137
Refrigerator	2,312	4/20/2015	S/L	10	231	462	231	693	1,618
Window AC	328	5/13/2015	S/L	10	33	66	33	99	229

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

caid Cost Report - Depreciation Summary		Date			9/30/2017	9/30/2017 Accum	9/30/2018	9/30/2018 Accum	Net Book
	Historical Cost	Acquired	Method	Life	Expense	Deprec.	Expense	Deprec.	Value
TV	400	7/29/2038	S/L	5	80	160	80	240	160
Shower Chair	547	5/13/2015	S/L	5	109	219	109	328	219
Thermometer	999	7/9/2015	S/L	5	200	399	200	599	399
iPads	1,322	6/16/2015	S/L	5	264	529	264	793	529
Window AC	164	7/22/2015	S/L	10	16	33	16	49	115
Mattress	555	8/5/2015	S/L	5	111	222	111	333	222
Tray Delivery Cart	2,439	9/14/2015	S/L	5	488	976	488	1,464	975
Fire Extinguishers, Hydro Valves, Hardware	461	9/15/2015	S/L	5	92	184	92	276	185
Blood Pressure Monitor & Thermometer	1,227	9/17/2015	S/L	5	245	491	245	736	491
Laptop Cart	1,536	11/12/2015	S/L	5	307	614	307	921	615
Suction Machine	6,280	12/15/2015	S/L	5	1,256	2,512	1,256	3,768	2,512
Adjustment prior period	(2,595)	12/15/2015	S/L	5	(519)	(1,038)	(519)	(1,557)	(1,038)
Copier, additional charge	2,051	5/18/2016	S/L	5	410	820	410	1,230	821
TV's	605	11/10/2015	S/L	5	121	242	121	363	242
Equipment	14,680	1/5/2016	S/L	5	2,936	5,872	2,936	8,808	5,872
Furniture	4,004	3/11/2016	S/L	10	400	801	400	1,201	2,803
Lockers @ 2	1,202	9/2/2015	S/L	10	120	240	120	360	842
Cooler Curtains	925	9/2/2015	S/L	5	185	370	185	555	370
Elect Chair Scales @ 2	1,440	11/16/2015	S/L	5	288	576	288	864	576
Mattress	3,680	11/19/2015	S/L	5	736	1,472	736	2,208	1,472
Equipment	2,439	3/25/2016	S/L	5	488	975	488	1,463	975
Mattresses	1,842	3/28/2016	S/L	5	368	737	368	1,105	737
Mattresses	2,222	4/8/2016	S/L	5	444	889	444	1,333	889
Refrigerator	1,761	5/3/2016	S/L	10	176	352	176	528	1,232
Healted Dish Dispenser	2,533	6/1/2016	S/L	5	507	1,013	507	1,520	1,013
Circulator Pumb.	2,654	6/22/2016	S/L	5	531	1,061	531	1,592	1,061
Phone system'	3,685	6/23/2016	S/L	5	737	1,474	737	2,211	1,474
Phone system'	5,191	3/31/2016	S/L	5	1,038	2,076	1,038	3,114	2,076
20 Metal Tray Carts	2,772	6/10/2016	S/L	5	554	1,109	554	1,663	1,109
Tray Cart Pass Thru	2,283	6/22/2016	S/L	5	457	913	457	1,370	913
Washer	517	6/30/2016	S/L	10	52	103	52	155	362
Generator Maint	3,499	6/30/2016	S/L	10	350	700	350	1,050	2,450
Trays	770	7/1/2016	S/L	5	154	308	154	462	308
Conveyor Toaster	844	8/11/2016	S/L	5	169	338	169	507	338
Cap/Capinet	757	7/7/2016	S/L	5	151	303	151	454	303
Washer Maint	2,626	7/19/2016	S/L	5	525	1,050	525	1,575	1,051
Freezer Compressor	3,320	7/22/2016	S/L	10	332	664	332	996	2,324
Adview Station	884	7/1/2016	S/L	10	88	177	. 88	265	620
Sloan Sensor Faucet	1,664	8/25/2016	S/L	10	166	333	166	499	1,165
Kitchen A/C Unit	1,027	9/2/2016	S/L	10	103	205	103	308	719
Communications Equipment	27,437	9/13/2016	S/L	5	5,487	10,975	5,487	16,462	10,975
Total 2016 Additions	137,575	1	19 6 177.1		25,447	50,894	25,443	76,337	61,239

Senior Philanthropy of Westport, LLC Cost Report Year 2018

Medicaid Cost Report - Depreciation Summary		Date			9/30/2017	9/30/2017 Accum	9/30/2018	9/30/2018 Accum	Net Book
	Historical Cost	Acquired	Method	Life	Expense	Deprec.	Expense	Deprec.	Value
2017 Additions									
120 dressers, night tables, beds	60,905	11/16/2016	S/L	5	12,181	12,181	12,181	24,362	36,543
Rack/Heating Sys	6,224	12/16/2016	S/L	5	1,245	1,245	1,245	2,490	3,734
Grease Interceptor	5,915	12/16/2016	S/L	10	592	592	592	1,184	4,732
Freight and tax on 2016 lease	1,757	4/1/2017	S/L	5	351	351	351	702	1,055
Tax on Communications Equipment	1,742	3/1/2017	S/L	5	348	348	348	696	1,046
Total 2017 Additions	76,544			-	14,717	14,717	14,717	29,434	47,110
2018 Additions									
Elevator Car Gates	6,806	11/28/2017	S/L	10	-		681	681	6,125
Int per Cap Leases- Reverse 2016 AE	7,755	2/1/2018	S/L	5	3 - 5	2 .	1,551	1,551	6,204
Storage Tank	13,427	3/21/2018	S/L	10		-	1,343	1,343	12,084
Kitchen Floor Compressor	5,023	8/2/2018	S/L	10	-		502	502	4,521
Washer Assy & Bearing Upgrade	10,675	8/14/2018	S/L	5	-		2,135	2,135	8,540
Total 2018 Additions	43,686			-		•	6,212	6,212	37,474
Total Moveable Equipment	876,101				92,722	486,869	94,476	581,345	294,757
Total for 2018	1,206,987				122,083	534,215	119,934	654,149	552,839

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
	or Philanthropy of Westport, LLC, d/b/a	Westport	Rehab	240)5	9/30/2018			24	37
		Date Acqui	e of			Accumulated Amort. to Beginning of	Basis for			
	Item	Month		Length of Amortization	Cost to Be Amortized	Year's Operations	Computing Amortization**	Rate %	Amortization for This Year	Totals
Α.	Organization Expense 1.									
	2									
	3.		No.					1997 Test 5-993	Manager State	No. The Street
A-4.	Subtotal		(1) 						No And Mark	
B.	Mortgage Expense 1.		6							
	2.									
	3.					-	Anna and a state of the state o			
B-4.	Subtotal			214 ¹						and the second
C.	Leasehold Improvements and Other 1. Acquired prior to this report period									
	2. Disposals (attach schedule)	N STANDA	THE REAL PROPERTY.				Contraction of the local data			
	3. Acquired during this report period (attach schedule)	47.4								T. Salar
C-4.	Subtotal	n a saint an	1	and the second sec	and the second second	and the second second		- Side and	And	
D.	Total Amortization	5100						ALC: Y		

* 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

	icense No.	Report for Year Er	nded		Page	of
Senior Philanthropy of Westport, LLC	2405	9/30/2018			25	37
11. Property Questionnaire						
Part A	2010			1.000	189 B	
Is the property either owned by the	Facility		~		If "Yes," comple	te Part B.
or leased from a Related Party?*	i donity	O Yes	Θ		If "No," complet	
*If any owner or operator of this facili	to is related by famil	ly marriaga ownership ahi	ity to control or			
business association to any person or c	rganization from wh	nom buildings are leased, the	it is considered a			
related party transaction.	•	5				
Description		Total	ALL THE ALL		1、高州6个部分	
1. Date Land Purchased						
2. Date Structure Completed						
3. If NOT Original Owner, Date of	f Purchase					
4. Date of Initial Licensure						
5. Total Licensed Bed Capacity	119.1	99		And the factor		
6. Square Footage						dimension of
7. Acquisition Cost		1940 A. E.				
a. Land						
b. Building	10A			in the second		
Part B - Owner and Related Part	ies	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	gage
1. Financing		NO NO NO				
a. Type of Financing (e.g., fix	ed, variable)					
b. Date Mortgage Obtained	- In					8. 6
c. Interest Rate for the Cost Y	ear					
d. Term of Mortgage (number						
e. Amount of Principal Borrow	and the second se					
f. Principal balance outstandin						
Complete if Mortgage was Re	Cardina and a second			19 A. C. 19		
During Current Cost Year						
g. Type of Financing (e.g., fix			kara ana ang karakaran na karakaran karakaran karakaran karakaran karakaran karakaran karakaran karakaran karak	and the second	A STATE OF A	
h. Date of Refinancing	cu, rundoroj		-			
i. New Interest Rate						
j. Term of Mortgage (number	of years)		1			
k. Amount of Principal Borroy						
1. Principal Outstanding on N						
Part C - Arms-Length Leases		rty Improvements On	lv			
Name and Address of Lessor				Term of Lease	Annual Amour	t of Lease
1 Burr Rd LLC		Rd, Westport, CT		10 Years		1,402,78
	06880		0.000115	ro rous		1,102,10
	00000					
					500 S70	1.1.1.1.
				1	L	

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

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

Name of Facility License No.		Report for Ye	ar Ended		Page	of
Senior Philanthropy of Westport, LLQ 2405		9/30/2018		-	26	37
Item		Total	CCNH	RHNS	(Speci	fy)
 Interest A. Building, Land Improvement & Non-Movable Equipment First Mortgage 	\$					
Name of Lender	Rate					
Address of Lender				A CARLER		
2. Second Mortgage	\$					
Name of Lender	Rate	New West				
Address of Lender	2 					
3. Third Mortgage	\$	S				
Name of Lender	Rate					
Address of Lender						
4. Fourth Mortgage	9	S	C 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Santa La Managara		
Name of Lender	Rate					
Address of Lender				Set and		
B. CHEFA Loan Information						i. An an
1. Original Loan Amount	5	5				
2. Loan Origination Date						
3. Interest Rate %						1
4. Term	- 5 VA					
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)	5	6			2	

(Carry Subtotals forward to next page)

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

Name of Facility License 1 Senior Philanthropy of Westport, LI 24	No. 405		Report for Ye 9/30/2018	ear Ended		Page of 27 37
Ttom			Total	CCNH	RHNS	(Specify)
Item	totale Bro	ught Forward	the second se	CCNH	KHNS	(specify)
12. C. Movable Equipment	notais Dio	ught i th ward.				
1. Automotive Equipment		\$				1
A. Item	Rate	Amount				
				See Aller		
Lender					教育	A REAL PROPERTY.
Address of Lender						
2. Other (Specify)		\$			F 探下 建设	
A. Item	Rate	Amount	A 12	1 唐 金	是教	A. Ben
Lender						
Address of Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender		W VI-50 %				
					<u>, s sar</u>	
 C. 3. Total Movable Equipment Inter Expense (C1 + 2) 	est	5				
12. D. Other Interest Expense (Specify)	0.0	\$		110,364		
Interest on line of credit & other in	terest					
13. Total All Interest Expense (12B7 + 12	C3 + 12D)	\$	110,364	110,364		and an and an
14. Insurance						a destruction of the second
a. Insurance on Property (buildings o	nly)	9		9,156		
b. Insurance on Automobiles			5 72	72		
c. Insurance other than Property (as s	pecified at					
1. Umbrella (Blanket Coverage)		9		50,922		
2. Fire and Extended Coverage		5				
3. Other (Specify)		5	5 7,722	7,722		Print
D&O and Crime Policy						
14d. Total Insurance Expenditures (14a + 1	b + c)		67,872	67,872		
15. Total All Expenditures (A-13 thru C-1		9		12,860,028		

D. Adjustments	to	Statement	of	Expenditures
-----------------------	----	-----------	----	--------------

	e of Fa				ense No.	Report for Year	r Ended	Page	of
Senic	or Phil	anthro	py of Westport, LLC, d/b/a Westport Rehabili		2405	9/30/2018	A local distances in the	28	37
					Total				
	Page				Amount of			00776	
	No.		Item Description		Decrease	CCNH	RHNS	(Spe	ecify)
Page	10-5		es and Wages			10 State 1			
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.	10	A12g	Occupational Therapy	\$	22,954	22,954			
4.			Other - See attached Schedule	\$	3,323	3,323			
Page	13 - H	Profes.	sional Fees	_	12 19 18				
5.			Resident Care Physicians **	\$					
6.	13	B10a	Occupational Therapy	\$	343,521	343,521			
7.			Other - See attached Schedule	\$	42,962	42,962			
Page	s 15 &	- 16 -	Administrative and General			李明特,没日		一般教授	
8.			Discriminatory Benefits	\$			st the contraction of the second	a provincio de la certe	
9.	15	lc	Bad Debts	\$	136,986	136,986			
10.	15	1d	Accounting	\$					
10a.			Legal	\$	13,277	13,277			
11.			Telephone	\$					
12.	15	1h2	Cellular Telephone	\$	304	304			2420-00
13.			Life insurance premiums on the life						
			of Owners, Partners, Operators	\$					
14.	_		Gifts, flowers and coffee shops	\$					
15.			Education expenditures to colleges or		NUM S				A. States
			universities for tuition and related costs					120	and the second second
			for owners and employees	\$					
16.			Travel for purposes of attending						
			conferences or seminars outside the					1. A 1	
			continental U.S. Other out-of-state						
			travel in excess of one representative	\$			Stan Sarrada e e e e e e e e e e e e e e e e e e		
17.			Automobile Expense (e.g. personal use)	\$					
18.	16	m2/3	Unallowable Advertising *	\$	1,954	1,954			
19.			Income Tax / Corporate Business Tax	\$					
20.	16	m10	Fund Raising / Contributions	\$					
21.	16	m12	Unallowable Management Fees	\$	41,738	41,738			
22.			Barber and Beauty	\$					Alterna (Alternation)
23.			Other - See attached Schedule	\$	54,472	54,472			
Page	18 - 1	Dietar	y Expenditures						
24.	1		Meals to employees, guests and others						
	1		who are not residents	\$					
Page	19 - 1	Launa	lry Expenditures					1	
25.			Laundry services to employees, guests		100 N 100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
			and others who are not residents	\$					
Page	20 - 1	House	keeping Expenditures						
26.	· · · · · · · · · · · · · · · · · · ·		Housekeeping services to employees, guests			4.4			25 jaj
1.422			and others who are not residents	\$					
			Subtotal (Items 1 - 26)			661,491			

* 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 Westport, LLC, d/b/a Westport Rehabilitation Complex 9/30/2018

Attachment Page 28

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
		Marketing Salaries	\$ 3,323	100 M	
	法 谷 情言			1. A.	海道市 经外
12.20	10				
					14 (A)
	- Andrews				
	1949 B			1	
Total Othe	r Salaries	Adjustment	\$ 3,323	\$ -	s -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	Heaters.				
	- 3,4 - 5				
Sec. 1980.	di Seber	Bank Service Charges-Adm - Overdraft Fees (Self-disallow)	\$ 42,962		
	1 2 22				
			And And		
Total Othe	r Fees Adj	ustments .	\$ 42,962	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
See	Attached	Marketing Disallowances	\$ 530		
15	1a9	Employee Food (Self-disallow)	\$ 964		
15	1a9	Holiday Funds (Self-disallow)	\$ 1,095		
15	1a9	Nurses Week/Employee Gifts (Self-disallow)	\$ 749		要何些
15	1a9	Petty Cash (Self-disallow)	\$ 127		「「「「「「「」」
15	1a9	PE/PD (self-disallow)	\$ (4,568)		
15	1a9	Frances Ferraiolo - Rent (Self-disallow)	\$ 5,390		
16	m13	Holiday Decorations-Activities-SNF (Self-disallow)	\$ 82		
16	m13	Resident Reimburse on Lost/Stolen Items (Self-disallow)	\$ 1,061		
16	m13	Misc Decor-Adm (Self-disallow)	\$ 61		
16	m13	Collection Fees/Credit Card Fees (Self-disallow)	\$ 566		
16	m13	Late fees/Fines/Finance Charges-Adm (Self-disallow)	\$ 4,167		
16	m13	Employee/Guest meals (Self-disallow)	\$ 897	States States &	
16	m13	Bank Service Charges-Adm - Overdraft Fees (Self-disallow)	\$ 42,962		
16	m8	Traditions Management membership trademark (Self-disallow)	\$ 389		
Fotal Othe	r A&G Ad	ljustments	\$ 54,472	\$ -	\$ -

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

	# of A	llowable	1
Beds	Cell	Phones	
1-100		3	1
101-200		4	
201-300		5	
301-400		6]
Total Bed Capacity		99	1
# of Allowable Cell Phones		3	
Allowable Cell Phone Expense (per co	ell phone):		1
per month	\$	30	
per year	\$	360	
Page 15 Line 1h2	Amount		
Cell Phone expense per TB	\$	1,384	
Allowable Cell Phone expense	\$	1,080	
Disallowed Cell Phone expense	\$	304	Page 28 Line 1

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

Page	Line	Account	Description	Amount
15	1.a.1	490123	Workers Comp-Mkt	12
15	1.a.3	490122	Payroll Taxes-Mkt-SUI	226
15	1.a.4	490121	Payroll Taxes-Mkt-FICA	254
15	1.a.6	490126	Employee Life Insurance-Mkt	
15	1.g.	490901	Office Supplies-Mkt	-
15	1.g.	490920	Forms/Printing-Mkt	38
191			Total Page 15 Marketing Disallowance	530
16	1.4.	490950	Mileage Reimbursement-Mkt	12 (-)
16	1.5.	490133	Training/Seminars/Courses-Mkt	-
16	m.7.	490930	Postage-Mkt	-
			Total Page 16 Marketing Disallowance	•
Disallowe	d Marketing]	Department E	xpenses	\$ 530

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

Descrption	Amount			
Management fees Charged	287,418 **			
Patient Days	35,915 Page 8 of C/R			
Amount Per Patient Day	s s	8.0027		
PPD Allowance Per Rate Agreement		6.67		
2018 CPI Increase	3.2	0.07		
PPD Allowance 9/30/2018		6.74		
Amount over (Under)	\$	1.2648		
Total Days		35,915	Page 8 of C	/R
Part 1 Disallowed Management Fee			\$	45,426
Management fees Charged (Pg. 16 / Line m12)	2	83,730		
Actual Costs to the Related Party - Allowable Expense	2	87,418		
Part 2 Disallowed Management Fee			\$	(3,688)
Total Disallowed Mangement Fee			\$	41,738 Pg. 28 / line 21

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

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

			D. Adjustments to Statemer	It (of Expend				
Name of Facility Lic			Lic	ense No.	Report for Year Ended		Page	of	
Senic	r Phila	anthro	ppy of Westport, LLC, d/b/a Westport Rehat		2405	9/30/2018		29	37
					Total				
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Sp	ecify)
			Subtotals Brought Forward	\$	661,491	661,491			12
Page	20 - I	Reside	ent Care Supplies***			* 議府 (本)	A MARKER		
27.			Prescription Drugs	\$	159,695	159,695			
28.	20	5d	Ambulance/Limousine	\$	9,983	9,983			
29.	20	5f	X-rays, etc	\$	7,746	7,746			
30.	20	5h	Laboratory	\$	16,856	16,856			
31.	30	II2a/c	Medical Supplies	\$	4,200	4,200			
32.	20	5e2	Oxygen (non emergency)	\$	9,692	9,692			
33.			Occupational Therapy	\$	101				
34.			Other - See Attached Schedule	\$	30,895	30,895			
Page	22 - 1	Maint	enance and Property			ter and a state of			1 S.A.
35.	[Excess Movable Equipment Depreciation						S. F.
			See Attached Schedule	\$				Contraining Section	and southeasts
36.			Depreciation on Unallowable					200	
			Motor Vehicles	\$					
37.		<u> </u>	Unallowable Property and Real			1993 (L)		STR.	
			Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$					
Page	27 - 1	nsura	ince			. 4			
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
Othe	r - Mi	scella	neous				38	10 A	
42.			Other - Indirect	\$					
43.			Interest Income on Account Rec.	\$					
44.		1	Other - Miscellaneous Administrative	\$	2	- 283) 			
45.			Management Fees Direct	\$					
46.			Management Fees Indirect	\$				1	
47.			Other - Direct	\$	1,025	1,025	ann an		
10.01.503	For P	rofit I	Providers Only						
48.		T	Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -						1 10 1
			See Attached Schedule	\$					
40	Tota	Amo	ount of Decrease (Items 1 - 48)	\$	901,583	901,583			

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 Westport, LLC, d/b/a Westport Rehabilitation Complex 9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	51	Cable TV in Excess (See Attached)	\$ 25,179	- Hereits and	
20		IV Drugs - Medicare (Self-disallow)	\$ 3,092		
20	51	IV Drugs - Managed Care (Self-disallow)	\$ 2,624		
			1		· · · · · · · · · · · · · · · · · · ·
N. M. C.					
					「「「「「「」」」
Mangalan					1. 美国的特
172. SE		AN MARKED AND THE REPORT OF A MARKED AND A			1411年1月1
Total Othe	r Ancillary	Costs	\$ 30,895	\$ -	s -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
					State of the second sec
				"我们在	
1. 30					
			小學 研知	Acres 11	
			1	in the set	
- <u>S.</u> . 9			- Factoria		
	8				
Fotal Exces	s Movable	Equipment Depreciation	s -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
			Contraction of the	The Street	
			and the second		
					State State
					and the second
			812 S	A COMPLETE	Carlo Maria
Aren Ma					
	A		The second second	HALL DE LA COMPLET	
			Real Providence		
a later	Sec. 1				
Cotal Other	Pronerty	Adjustments	s -	\$ -	S -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c3	D&O Insurance	\$ 1,025		
2.45			新生物		A CARA
					3%重新
	1			: 建金板	
	. Terk				
				T.	
Total Other	Adjustme	ents	\$ 1,025	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
				A State of the second	
STans.					
	一 級				
TOCKIS:	http://doi.				
	ALC: NO				
			A CONTRACTOR		
	34		140.00		State of State
91 34					「「「「「」」
			- Castella		
Fotal Unal	owable Bu	ilding Interest	\$	\$ -	\$

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

	A	mount	
Total Cable TV Expense acct #560717	\$	28,779	TB Linked
Monthly Allowable amount	\$	300	
Months in Cost Report Year		12	
Total Allowable Cost	\$	3,600	
Disallowed Cable TV	\$	25,179	-

Pg. 29b

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

F. Statement of Rev				-	1-	
Name of Facility License No.		Report for Yo	Page 30	of 37		
Senior Philanthropy of Westport, LLC, d/2405	_	9/30/2018			30	37
Item		Total	CCNH	RHNS	(Spe	cify)
. Resident Room, Board & Routine Care Revenue			· · · · · · · · · · · · · · · · · · ·		地理	新たる
1. a. Medicaid Residents (CT only)	\$	16,056,637	16,056,637			
b. Medicaid Room and Board Contractual Allowance **	\$	(7,483,897)	(7,483,897)			
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$	1,485,573	1,485,573			
b. Medicare Room and Board Contractual Allowance **	\$	574,491	574,491			
4. a. Private-Pay Residents and Other	\$	786,020	786,020			
b. Private-Pay Room and Board Contractual Allowance **	\$	(192,057)	(192,057)			
I. Other Resident Revenue		1. 10 10		1 A		TR SP
1. a. Prescription Drugs - Medicare	\$	120,282	120,282			h fa tarabenda.
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$	92,097	92,097			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					- VeC
2. a. Medical Supplies - Medicare	\$	3,360	3,360			12500
b. Medical Supplies - Medicare Contractual Allowance **	\$		10 m 1 m	i Sauto		
c. Medical Supplies - Non-Medicare	\$	840	840			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$			-ASEAn		_2/5/2/_
3. a. Physical Therapy - Medicare	\$	709,257	709,257			
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$	482,448	482,448			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$	361,258	361,258			
 b. Speech Therapy - Medicare Contractual Allowance ** 	\$					
c. Speech Therapy - Non-Medicare	\$	220,034	220,034			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$	806,862	806,862			
b. Occupational Therapy - Medicare Contractual Allowance **	\$					-
c. Occupational Therapy - Non-Medicare	\$	403,728	403,728			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$		5.4.5.18.5.5 1	1.00		
6. a. Other (Specify) - Medicare	\$	(1.717,028)	(1,717,028)			
b. Other (Specify) - Non-Medicare	\$	(1,180,694)	(1,180,694)			
II. Total Resident Revenue (Section I. thru Section II.)	\$	11,529,211	11,529,211			
V. 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 (Specify)	\$	81	81			-
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$				1	
8. Other (Specify)	\$		58,488			
V. Total Other Revenue (1 thru 8)	\$		58,569			
VI. Total All Revenue (III +V)	\$	11,587,780	11,587,780			

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 Westport, LLC, d/b/a Westport Rehabilitation Complex 9/30/2018

Attachment Page 30

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
12 B			No.	
30116a	Laboratory- MCR A-SNF	\$ 12,821	NK 建六丁	
30116a	IV Therapy-MCR A-SNF	\$ 3,648		
30H6a	XRay MRA	\$ 5,493		
	Contractual Adj-Ancill-MCR A-SNF	\$ (1,406,648)		
30116a	Sequestration - MCR B	\$ (4,624)	1. 1. 1. 1. 1. 1.	
30116a	Contractual Adj- Ancill- MCR B-SNF	\$ (327,718)		<u> </u>
Total Oth	er Resident Revenue - Medicare	\$ (1,717,028)	s -	S

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)	
30II6b	Routine Revenue Adjustment-SNF PVT	\$ (1)			
30116b	Laboratory- MCD- SNF	\$ 1,647	NAMER -		
30Шбь	IV Therapy-MCD-SNF	\$ 15,766			
30Пбь	Other Service- MCD-SNF	\$ 99			
30II6b	Contractual Adj- Ancillaries- MCD-SNF	\$ (621,685)			
30116b	Contractual Allowance Ancillary INS	\$ (7,054)			
30116b	Medical Supplies HMO	\$ 380			
301166	Lab HMO	\$ 5,422			
30П6Ь	IV THERAPY	\$ 3,977			
30Пбь	Radiology HMO	\$ 1,760			
зонь	Contractual Adj Ancillary HMO	\$ (581,005)			
Total Oth	er Resident Revenue	\$ (1,180,694)	s -	s -	

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
		3 45.45			*
30IV5	Interest Income		\$ 81	an Said	14
			A Sec.		
· Sel A					
Total Inter	rest Income		\$ 81	s -	\$ -

Schedule of Other Revenue

Page Ref	Description	(CONH	RHNS	(Specify)	
ert. d. Ar			ale .	6	100 AT	
BOIV8	Donations	\$	125			
OIV8	Linghtin Income - no associates expense	\$	55,549		1997 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 -	
301V8	Gain/Loss on Sale of Assets	S	2,814	one sa		
a second						
			- Marian			
御子 二						
		會的				
Sugar .		200		UNP INCOME.		
A STAT				A States	A State Spect	
			1. 1940	1997年1月1日		
- 200 ji			n nage		April 1	
Fotal Othe	er Revenue	\$	58,488	\$ -	·s -	

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

G. Balance Sheet

Name of Facility	License No.		rt for Year En	ded	Page	of
Senior Philanthropy of Westport		9/30/	2018	****	31	37
	Account				An	nount
Assets						
A. Current Assets	0.01					171100
1. Cash (on hand and in b				\$		174,103
2. Resident Accounts Rec	and the second se	table faile	An and a second s	\$		1,734,567
3. Other Accounts Receiv	able (Excluding Owners	or Relate	d Parties)	\$		
4 Inventories	1.11775-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			\$		
5. Prepaid Expenses				\$		34,332
a						
b						
c						
d. See Schedule			34,332			
6. Interest Receivable				\$		
7. Medicare Final Settlem				\$		
8. Other Current Assets (i	temize)			\$		500
Deposits on Utilities			500			
See Schedule						
A-9. Total Current Assets (Lin	es A1 thru 8)			\$		1,943,502
B. Fixed Assets						
1. Land				\$		
2. Land Improvements	*Historical Cost			\$		
	Accum. Depreci	ation	N	et		
3. Buildings	*Historical Cost		330,887	\$		278,995
9000	Accum. Depreci	ation	51,892 N	et		
4. Leasehold Improvement	nts *Historical Cost	2.0				
	its instorieur cost			\$		
	Accum. Depreci	2 1	N	\$		
5. Non-Movable Equipm	Accum. Depreci	ation	-	\$		
5. Non-Movable Equipme	Accum. Depreci	ation	-	et \$		
	Accum. Depreci ent *Historical Cost	ation	N	et \$		175,817
 5. Non-Movable Equipment 6. Movable Equipment 	Accum. Depreci ent *Historical Cost Accum. Depreci	ation	N	et \$ et \$		175,817
	Accum. Depreci ent *Historical Cost Accum. Depreci *Historical Cost	ationation	N N 319,679	et \$ et \$		
6. Movable Equipment	Accum. Depreci ent *Historical Cost Accum. Depreci *Historical Cost Accum. Depreci *Historical Cost	ation ation	N N 319,679	et \$ et \$ et \$		
6. Movable Equipment	Accum. Depreci ent *Historical Cost Accum. Depreci *Historical Cost Accum. Depreci *Historical Cost Accum. Depreci	ation ation	N N 319,679 143,862 N	et \$ et \$ et \$		
 Movable Equipment Motor Vehicles 	Accum. Depreci ent *Historical Cost Accum. Depreci *Historical Cost Accum. Depreci *Historical Cost Accum. Depreci Depreciable	ation ation	N N 319,679 143,862 N	et \$ et et et et et		(20,911
 Movable Equipment Motor Vehicles Minor Equipment-Not Other Fixed Assets (<i>ite</i> 	Accum. Depreci ent *Historical Cost Accum. Depreci *Historical Cost Accum. Depreci *Historical Cost Accum. Depreci Depreciable emize)	ation ation	N N 319,679 143,862 N	et \$ et \$ et \$ et \$ et \$		(20,911
 Movable Equipment Motor Vehicles Minor Equipment-Not 	Accum. Depreci ent *Historical Cost Accum. Depreci *Historical Cost Accum. Depreci *Historical Cost Accum. Depreci Depreciable	ation ation	N N 319,679 143,862 N 20,911 N	et \$ et \$ et \$ et \$ et \$		175 ,8 17 (20,911 44,327

* 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)

		acility	License No.	Report for Year Ended		Page		of
Senio	r Phi	lanthropy of Westport, LLC,	2405	9/30/2018		32	1	37
			Account	and a first of the second s		Amo		
				Total Brought Forward	\$		2,421,7	730
C.	Leas	ehold or like property record	ed for Equity Purpos	es.				
la l	1. L				\$			
	2. L	and Improvements	*Historical Cost					
		12 get (Accum. Depreciation	on Net	\$			
	3. E	Buildings	*Historical Cost		5.5			
			Accum. Depreciation	on Net	\$	1.00		
	4. N	Non-Movable Equipment	*Historical Cost					
			Accum. Depreciation		\$			
	5. N	Movable Equipment	*Historical Cost	556,421			101111111	
			Accum. Depreciation	on 437,483 Net	\$		118,9	938
	6. N	Motor Vehicles	*Historical Cost					
		V.C. (1)	Accum. Depreciation	on Net	\$			
		Minor Equipment-Not Depres	the second se		\$			
	A CONTRACTOR OF AN A	l Leasehold or Like Propert	ies (C1 thru 7)		\$		118,	938
D.		stment and Other Assets						
		Deferred Deposits			\$			
		Escrow Deposits			\$			
2	3. (Organization Expense	*Historical Cost					
			Accum. Depreciation	on Net	\$			
		Goodwill (Purchased Only)			\$			
	5. I	nvestments Related to Resid	ent Care (temize)		\$		211 Color	
	-							Éç.
						And the second		e e
	6. I	Loans to Owners or Related I			\$	and they are	and the second	an antitati
		Name and Address	Amount	Loan Date				
							1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	
			L.,	1				ielet.
	7. (Other Assets (itemize)			\$			- A -
1	-							
	-				100			
		See Schedule		N			Contract of	131
		al Investments and Other As		()	\$		0.510	(10
D-9.	Tota	al All Assets (Lines A9 + B1	0 + C8 + D8)	<u> </u>	\$		2,540,	,008

* 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 Facility			License No.	Report for Year	Ended	Page	of
Senior Phila	nthrop	by of Westport, LLC, d/b/a	V 2405	9/30/2018		33	37
			Account			Ar	nount
Liabilities							
А.	201201000	rrent Liabilities					
		Trade Accounts Payable					1,602,220
	2.	Notes Payable (itemize)			5	5	165,974
					1		
		<u>10</u>					
		<u> </u>		165.07	4		
	-	See Schedule		165,974	in the second	\$	
	3.	Loans Payable for Equipr					3 2 30782
		Name of Lender	Purpose	Amount	Date Due		
					1		
							A States
	4.	Accrued Payroll (Exclusion	ve of Owners and/or	Stockholders only)		\$	116,341
	5.	Accrued Payroll (Owners				\$	
	6.		and the state of the second			\$	32,855
	7.	Medicare Final Settlemer	nt Payable			\$	
	8.	Medicare Current Financ	ing Payable			\$	
	9.					\$	
 6. Accrued Payroll Taxes Payable 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	(itemize)			\$	2,773,513
				See Schedule	2,773,513		
A-13	3. To	tal Current Liabilities (Li	nes A1 thru 12)			\$	4,690,903

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

(Carry Total forward to next page)

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 34	of 37
Senior Philanthropy of Westport, LLC	Account	9/30/2018	r	-	iount
	ght Forward:	All	4,690,903		
Liabilities (cont'd)	gift I of ward.		1,070,705		
B. Long-Term Liabilities					
1. Loans Payable-Equip	ment (itemize)		\$		
Name of Lender	Purpose	Amount	Date Due		
	6 °				
					· 译 私 武 : C
			la state in the state is the st		
2 Martanana Bauahla	79		\$	- ASH289	
2. Mortgages Payable	- Dalatad Dartian litamin	.)	\$		
3. Loans from Owners of Name and Address of Lender	or Related Parties (itemize	Loan		No.	N The Carlos
Name and Address of Lender	Amount	Loan	Jale		
			that a		
				「「「「「」」	1.00
			P.		
	a hilling (damet)		•		1,168,904
4. Other Long-Term Li	abilities (<i>itemize</i>)	1 169 00	\$		1,108,904
Due to Triumph		1,168,904	•		
See Schedule			4		
B-5. Total Long-Term Liabili	ities (Lines B1 thru 4)		\$	CLORES X	1,168,904
C. Total All Liabilities (Lin	hes A-13 + B-5)		\$	-	5,859,807

Senior Philanthropy of Westport, LLC, d/b/a Westport Rehabilitation Complex 9/30/2018

Attachment Page 31-34

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref Line Ref Description

31	A5	Prepaid Insurance	\$ 2,957
	A5	Prepaid Uniforms	\$ 13,609
31	A5	Prepaid Other	\$ 17,766
	a silano a		
1	1997 See		
Total Prep	aid Exper	nses	\$ 34,332

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

Page Ref Line Ref Description

			医 一般
Har,			4. 建油油
I COL			
Tree de la company			
Total Othe	r Current /	Assets (Itemize)	\$ -

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

Page Ref Line Ref Description

31	B9	Rounding	\$ (2)
			State Alk	
	The same	The state of the second s		
North and			· 教育 教告	
Total Othe	r Other Fi	xed Assets (Itemize)	\$. ((2)

Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

	Stat Size	
		N.S. Martin
Right I	12.00	
	1975 - 1975 -	
Total Othe	r Assets	S

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

33	A2	Long Term Capital Lease - Current	\$ 2,051
33	A2	Notes Payable - Current	\$ 20,275
33	A2	Note Payable - HSG	\$ 14,571
33	A2	Note Payable - TSM	\$ 107,483
33	A2	Notes Payable	\$ 21,594
	100000		
			建制
	1000		
Total Note	s Payable		\$ 165,974

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

Page Ref Line Ref Description

33	A12	Medicare Remittance Adjustment	\$	7,904
33	A12	Employee Deductions	\$	4,632
33	A12	Resident Trust	\$	59,839
33	A12	Deferred Rent - Current	\$	558,664
33	A12	Uncleared Checks	\$	368,816
33	A12	Accrued Workers Comp	\$	181,242
33	A12	Accrued Legal Fees	\$	7,677
33	A12	Accrued Accounting/Audit Fees	\$	17,359
33	A12	Accrued Personal Property Taxes	\$	3,305
33	A12	Accrued Other	\$	18,900
33	A12	Due to Eagle Lake Foundation	\$	663
33	A12	Due to Long Ridge	\$	1,178
33	A12	Due to Traditions Senior Management	S	334,727
33	A12	Due to Medicaid - Bed Fees	\$	176,862
33	A12	Deferred Rent	\$	1,031,745
Total Othe	er Curre	nt Liabilities (Itemize)	\$	2,773,513

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

Page Ref Line Ref Description

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

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

	ne of Facility License No. Report for Year Ended for Philanthropy of Westport, LLC, 2405 9/30/2018	Page 35	of 37
Sen	Account		Amount
A.	Reserves		
	1. Reserve for value of leased land	\$	
	 Reserve for depreciation value of leased buildings and appurtenances to be amortized 	\$	
	3. Reserve for depreciation value of leased personal property (Equity)	\$	118,938
	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	\$	118,938
B.	Net Worth 1. Owner's Capital	\$	9
	2. Capital Stock	\$	13/06
	3. Paid-in Surplus	\$	
	4. Treasury Stock	\$	
	5. Cumulated Earnings	\$	(2,209,773)
	6. Gain or Loss for Period 10/1/2017 thru 9/30/2018	\$	(1,228,304)
	7. Total Net Worth	\$	(3,438,077)
C.	Total Reserves and Net Worth	\$	(3,319,139)
D.	Total Liabilities, Reserves, and Net Worth	\$	2,540,668

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

H. Changes in Total Net Worth

	e of Facility License		Report for Year	Ended	Page	of
Senic	or Philanthropy of Westport, LLC, d	2405	9/30/2018		36	37
1.2 S	Account					mount
A.						(1,230,349)
B.	. Total Revenue (From Statement of Revenue Page 30)					11,587,780
C.	Total Expenditures (From Statement of Exp	enditures Pa	age 27)	1.000	\$	12,816,084
D.	Net Income or Deficit				\$	(1,228,304)
E.	Balance				\$	(2,458,653)
F.	Depreciation Adjustment) 2,860,028 (43,944) 12,816,084				
	2. Other (<i>itemize</i>) Prior Period Adjustment		(979,424)			
F-3.	Total Additions			200	\$	(979,424
G.	Deductions	100				
6	1. Drawings of Owners/Operators/Partner	s(Specify)			\$	
	Name and Address (No., City, State, Zi		Title	Amount		
	2. Other Withdrawings (Specify)					The second s
	Purpose		Amo	unt		
	3. Total Deductions				\$	
H.	Balance at End of Period	09/30/1	8		\$	(3,438,077

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 of		
Senior Philanthropy of Westport, LLC,	2405	9/30/2018 37 37		
	Check appropriate category	- <u> </u>		
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)		
	Preparer/Reviewer Certific	ation		
I have read the most recent Federal a appropriate personnel as to the possil applicable regulations. All non-reim automatically removed in the State ra performed by me are properly report	nd State issued field audit reports for the ble inclusion in this report of expenses of bursable expenses of which I am aware ate computation system) as a result of re ed as such in this report on Pages 28 an	which are not reimbursable under the e (except those expenses known to be eading reports, inquiry or other services		
Signature of Preparer	Title PRINCIPAL	Date Signed Zf 8[19		
Printed Name of Preparer				
Matthew S. Bavolack Addres Address	- 111 2 1	Phone Number		
555 Long Wharf Drive, New Haven, CT 06	203-781-9600			
Annual Report Contact	Phone Number			
Manuel Lemus	727-210-0781			
Annual Report Contact Email Address				
mlemus@Traditionsmanagement.net	2 			



ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Senior Philanthropy of Westport, 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 Westport, 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 Westport, 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 29, 2019

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