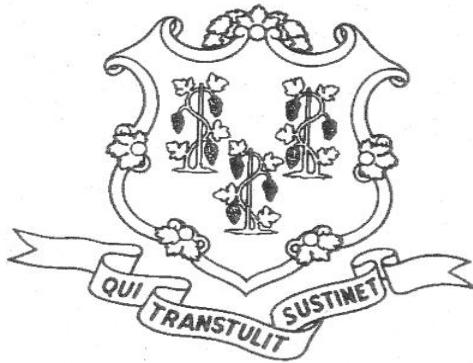


State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2022

Name of Facility (as licensed)	
Senior Philanthropy of Westport, LLC d/b/a Westport Rehabilitation Complex	
Address (No. & Street, City, State, Zip Code)	
1 Burr Rd., Wesport, CT 06880	
Type of Facility	
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS)
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2405	RHNS	Residential Care Home 1904	Medicare Provider 07-5280
------------------	--------------	------	-------------------------------	------------------------------

Medicaid Provider Numbers:	CCNH 110371	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Senior Philanthropy of Westport, LLC d/b/a Westport	License No. 2405	Report for Year Ended 9/30/2022	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Senior Philanthropy of Westport, LLC d/b/a Westport Rehabilitation Complex [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

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

(Notary Seal)

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

Data Required for Real Wage Adjustment		Page 1A	of 37	
Name of Facility Senior Philanthropy of Westport, LLC d/b/a Westport Rehabilitation Complex	Period Covered: From 10/1/2021 To 9/30/2022			
Address of Facility 1 Burr Rd., Wesport, CT 06880				
Report Prepared By CJLC LLC	Phone Number 860-610-9009	Date		
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility 203-221-4201	Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Senior Philanthropy of Westport, LLC d/b/a Westport Rehabilit		Address (No. & Street, City, State, Zip) 1 Burr Rd., Wesport, CT 06880	
License Numbers:	CCNH 2405	RHNS	Residential Care Home 1904
Medicare Provider No. 07-5280			
Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home
Type of Ownership (Check appropriate box)			
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust			
If this facility opened or closed during report year provide:		Date Opened	Date Closed
Has there been any change in ownership or operation during this report year?		<input type="radio"/> Yes <input checked="" type="radio"/> No	If "Yes," explain fully. <div style="border: 1px solid black; height: 200px; margin-top: 5px;"></div>
Administrator			
Name of Administrator Michael Bell		Nursing Home Administrator's License No.:	2116
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name N/A		License No.:	

General Information and Questionnaire Partners/Members

General Information and Questionnaire Corporate Owners

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 Westp	2405	9/30/2022	3B	37

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

Owner(s) of Facility

General Information and Questionnaire

Related Parties*

Name of Facility Senior Philanthropy of Westport, LLC d/b/a Westport	License No. 2405	Report for Year Ended 9/30/2022	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.
---	---------------------------	-------------------------------------	---

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	% **				
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Senior Philanthropy of Westport, LLC d/b/a We	License No. 2405	Report for Year Ended 9/30/2022	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

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.

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

⊕ No

Total ***

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire

Accounting Basis

Name of Facility Senior Philanthropy of Westport, L	License No. 2405	Report for Year Ended 9/30/2022	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

⊕ Accrual ○ Cash ○ Modified Cash

Is the accounting basis for this

period the same as for the previous period? Yes No

If "No," explain.

Independent Accounting Firm

Name of Accounting Firm 1 CJLC LLC 2 ARK Post Acute Network 3 4	Address (No. & Street, City, State, Zip Code) 225 Pitkin St., East Hartford, CT 06108
---	--

Services Provided by This Firm (*describe fully*)

1	Medicaid Cost Report Preparation	\$	8,928
2		\$	10,573
3		\$	
4		\$	
		Charge for Services Provided	
		\$	19,500

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

Ⓐ Yes Ⓑ No | Pg 15/1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 See attachment	
2	
3	
4	
5	

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

Services Provided by This Firm (*describe fully*)

1		\$ 31,654
2		\$
3		\$
4		\$
5		\$

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

S. H. - S. N.

diture Portio

Schedule of Resident Statistics

Name of Facility Senior Philanthropy of Westport, LLC d/b/a Westport Rehabilitation Co			License No. 2405				Report for Year Ended 9/30/2022				Page 8 of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	125	99		26	125	99		26				
B. On last day of THIS report period	125	99		26					125	99		26
2. Number of Residents												
A. As of midnight of PREVIOUS report period	59	37		22	59	37		22				
B. As of midnight of THIS report period	1	1							1	1		
3. Total Number of Days Care Provided During Period												
A. Medicare	532	532			516	516			16	16		
B. Medicaid (Conn.)	11,068	11,068			9,627	9,627			1,441	1,441		
C. Medicaid (other states)												
D. Private Pay	252	252			143	143			109	109		
E. State SSI for RCH	1,031			1,031	1,031			1,031				
F. Other (Specify)	444	444			405	405			39	39		
G. Total Care Days During Period (3A thru F)	13,327	12,296		1,031	11,722	10,691		1,031	1,605	1,605		
Total Number of Days Not Included in Figures in 3G												
4. 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)	13,327	12,296		1,031	11,722	10,691		1,031	1,605	1,605		

Schedule of Resident Statistics (Cont'd)

Name of Facility Senior Philanthropy of Westport, LLC d/b/a V	License No. 2405	Report for Year Ended 9/30/2022	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home		
				(1)	(2)	(3)	(1)	(2)	(3)					
11/22/2021			X			22								Do not imput days. Closed.

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

Change in Resident Days				CCNH	RHNS	Residential Care Home
1st change						
2nd change						
3rd change						
4th change						

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR
No. of Residents								
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	188	188		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	564	564		
2. Restorative Treatments				
C. Other				
D. Total Physical Therapy Treatments	752	752		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	38	38		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	12	12		
2. Restorative Treatments				
C. Other				
D. Total Speech Therapy Treatments	50	50		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	55	55		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	416	416		
2. Restorative Treatments				
C. Other				
D. Total Occupational Therapy Treatments	471	471		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
Item	CCNH	Hours	RHNS	Hours	Residential Care Home Hours
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	117,034	2,068		4,847	86
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	3,530	210		601	36
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor					
c. Dietary Workers	326,729	16,520		11,788	596
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers	199,921	10,154		9,085	461
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance					
b. Other Maintenance Workers	31,993	1,852		1,213	70
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	58,876	2,749		2,054	96
9. Barber and Beautician Services					
10. Protective Services	74,257	3,848		3,111	161
11. Accounting Services					
a. Head Accountant					
b. Other Accountants					
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	123,866	2,078		5,675	95
b. RN					
1. Direct Care	312,432	6,771			
2. Administrative**	40,772	765		1,288	24
c. LPN					
1. Direct Care	615,646	18,516			
2. Administrative**					
d. Aides and Attendants	1,051,920	48,926		16,953	789
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	53,126	2,020			
i. Physicians					
1. Medical Director					
2. Utilization Review					
3. Resident Care***					
4. Other (Specify)					
j. Dentists					
k. Pharmacists					
l. Podiatrists					
m. Social Workers/Case Management	69,876	2,128			
n. Marketing					
o. Other (Specify) See Attached Schedule					
<i>A-13. Total Salary Expenditures</i>	3,079,978	118,604		56,613	2,414

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Schedule of Other Fees (Page 13)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility Senior Philanthropy of Westport, LLC d/b/a Westport Rehabilitation			License No. 2405		Report for Year Ended 9/30/2022			Page 11	of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)			License No.		Report for Year Ended			Page	of	
Senior Philanthropy of Westport, LLC d/b/a Westport Rehabilitation C			2405		9/30/2022			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section III - Administrators***										
Michael Bell (10/1/21 to 9/30/22)	117,034			Non-Discrim.	Administrator	2,068	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended		Page	of
	2405	9/30/2022		13	37
	Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	Residential Care Home Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian	757	13			443 7
2. Dentist	9,558	48			
3. Pharmacist					
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	41,767	574			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	44,000	428			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**	1,580	11			
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify)					
9. Speech Therapist					
a. Resident Care	3,859	36			
b. Other					
10. Occupational Therapist					
a. Resident Care	30,462	495			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	63,110	806			
2. Administrative***	1,240	15			
b. LPN					
1. Direct Care	5,284	75			
2. Administrative***					
c. Aides					33,080 750
d. Other					
12. Other (Specify)					
See Attached Schedule					
B-13 Total Fees Paid in Lieu of Salaries	201,617	2,501			33,523 758

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

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

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

Report of Expenditures

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

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Westport, LLC d/b/a Wes	2405	9/30/2022	15	37
Item				
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 286,755	284,029		2,726
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 33,474	33,210		264
4. Social Security (F.I.C.A.)	\$ 234,785	229,403		5,382
5. Health Insurance	\$ 359,118	340,448		18,670
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 1,742	1,684		57
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 193,541	190,826		2,716
8. Uniform Allowance	\$ 12,604	12,604		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 4,505	4,427		78
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 86,281	86,281		
d. Accounting and Auditing	\$ 19,500	19,500		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 3,753	3,753		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 6,096	6,106		(10)
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 115,453	110,463		4,990
2. Cellular Phones	\$ 537	482		55
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 237,274	237,274		
Subtotal	\$ 1,595,418	1,560,490		34,928

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

(Carry Subtotals forward to next page)

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

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
Background Checks	\$ 517		\$ 15
Employee Expense	\$ 3,910		\$ 63
Total	\$ 4,427	\$ -	\$ 78

Schedule of Other Taxes

Description	CCNH	RHNS	Residential Care Home
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Westport, LLC d/b/a Westport	2405	9/30/2022	16	37
Item	Total	CCNH	RHNS	Residential Care Home
<i>Subtotals Brought Forward:</i>	1,595,418	1,560,490		34,928
I. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 5,492	5,492		
5. Education Expenses Related to Seminars and Conventions	\$ 24,019	23,367		652
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$			
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 5,412	5,331		82
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)**** See Attached Schedule	\$ (259)	(259)		
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 567	567		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 2,252	2,053		199
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ (65)	(72)		7
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 110,790	107,880		2,910
12. Administrative Management Services**	\$			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 57,278	54,344		2,934
C-14 Total Administrative & General Expenditures	\$ 1,800,906	1,759,193		41,712

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Residential Care Home
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Media Advertising	\$ (259)		
Total Other Advertising	\$ (259)	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
CT Association of Health Care Facilities	\$ 2,053		\$ 199
Total Dues	\$ 2,053	\$ -	\$ 199

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Software	\$ 8,924		\$ 357
Licesnes/Permits	\$ 2,911		\$ 114
Medical Records Consultant	\$ 8,571		
Patient Trust Bond	\$ 1,229		\$ 95
Res Reimburse Lost/Stolen Items	\$ 26		
Consulting	\$ 4,203		
Internet	\$ 14,602		\$ 1,987
Records Storage	\$ 6,027		\$ 132
Equipment Rental	\$ 1,827		\$ 61
Collection Fees/Credit Card Fee	\$ 181		\$ 2
Late fees/Fines/Finance Charges	\$ 1,035		\$ 59
Bank Service Charges	\$ 4,807		\$ 127
Total Other Administrative and General	\$ 54,344	\$ -	\$ 2,934

Schedule C-1 - Management Services*

Name of Facility Senior Philanthropy of Westport, LLC d/b/a	License No. 2405	Report for Year Ended 9/30/2022	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

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

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

Name of Facility	License No.	Report for Year Ended		Page of
		9/30/2022		18 37
Item	Total	CCNH	RHNS	Residential Care Home
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 138,453	130,392		8,060
2. Non-Food Supplies	\$ 9,021	9,021		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) _____ Supplies	\$ 15,418	14,226		1,192
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 162,892	153,639		9,252
2E. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility	License No.	Report for Year Ended		Page of
	2405	9/30/2022		19 37
Item	Total	CCNH	RHNS	Residential Care Home
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$			
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	89,984	84,873	5,111
c. Other (<i>Specify</i>) Supplies	\$	90	90	
3D. Total Laundry Expenditures (3a + b + c)	\$	90,074	84,963	5,111
3E. Laundry Questionnaire				
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		20	37
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$			
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	Sq. Ft. Serviced by Personnel				
	Amt.	\$	63,133	59,900	3,233
C. Other (<i>Specify Supplies</i>)		\$ 9,589	9,113		476
4D. Total Housekeeping Expenditures (4a + b + c)		\$ 72,722	69,014		3,709
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy		\$			
2. Purchased from		\$ 37,517	37,517		
b. Medicine Cabinet Drugs		\$ 17,264	17,264		
c. Medical and Therapeutic Supplies		\$ 65,129	65,129		
d. Ambulance/Limousine***		\$ 3,859	3,859		
e. Oxygen					
1. For Emergency Use		\$			
2. Other***		\$ 2,893	2,893		
f. X-rays and Related Radiological Procedures***		\$ 2,413	2,413		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)					
h. Laboratory***		\$ 5,689	5,689		
i. Recreation		\$ 41	41		
j. Direct Management Services*					
k. Indirect Management Services*					
l. Other (<i>Specify</i> **** See Attached Schedule		\$ 57,973	56,612		1,361
5M. Total Resident Care Expenditures (5a - 5j)		\$ 192,778	191,417		1,361

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	Residential Care Home
IV Supplies-Medicaid	\$ 790		
IV Drugs-Medicare	\$ 2,964		
Equipment Rental	\$ 22,327		
Equipment Minor	\$ 3,287		
Medical Waste Disposal	\$ 808		
Cable	\$ 26,435		\$ 1,361
Total Other Resident Care	\$ 56,612	\$ -	\$ 1,361

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

Name of Facility				License No.	Report for Year Ended				Page of		
Senior Philanthropy of Westport, LLC d/b/a Westport Rehabilitation Compl				2405	9/30/2022				21	37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				Pg	Line
		Yes	No			CCNH	RHNS	Residential Care Home			
Healthcare Services Group	300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping	57,872				20	4b
Healthcare Services Group	300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	40,557				19	3b
Rinaldi Linen Service	47 Commons Court, Waterbury, CT 06704	<input type="radio"/>	<input checked="" type="radio"/>		Linen Service	49,427				19	3b
Healthcare Services Group	300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance	41,465				22	6f
A.J. Penna & Son Construction Inc.	46 Indian Hill Rd., Westport, CT 06880	<input type="radio"/>	<input checked="" type="radio"/>		Gound Maintenance	17,281				22	6f
Hartford Elevator	1275 Cromwell Ave. F-3, Rocky Hill, CT 06067	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Maintenance	18,863				22	6f
Davis Disposal Services		<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal Services	14,932				22	6f
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 22	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	24,112	23,818			294
b. Heat	\$	44,008	41,632			2,377
c. Light & Power	\$	91,243	85,059			6,184
d. Water	\$	22,254	21,118			1,135
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$	140,777	131,524			9,253
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	322,394	303,151			19,244
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	33,183	33,183			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	15,777	15,777			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	48,960	48,960			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	610,301	610,301			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	51,579	47,754			3,825
c. Personal property taxes	\$	3,150	3,150			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	713,990	710,165			3,825

* 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	Residential Care Home
Contracted Maintenance	\$ 41,144		\$ 2,123
Electrical	\$ 1,802		\$ -
Plumbing	\$ 4,444		\$ 1,023
HVAC/Boiler	\$ 7,152		\$ 466
Paint	\$ 1,007		\$ -
Alarm Maintenance & Repairs	\$ 6,966		\$ 144
Ground Maintenance	\$ 17,457		\$ -
Sprinklers	\$ 798		\$ -
Elevator	\$ 15,413		\$ 3,450
Pest Control	\$ 2,302		\$ 101
68700 Maintenance Contracts	\$ 3,169		\$ 319
68500 Equipment Minor	\$ 1,547		\$ -
67200 Waste Disposal	\$ 19,847		\$ 1,444
Copier Maintenance	\$ 1,204		\$ -
Copier Lease	\$ 7,272		\$ 183
Total Other Repairs and Maintenance	\$ 131,524	\$ -	\$ 9,253

Depreciation Schedule

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ -	\$ -	*
Deletions:					
Total deletions for Movable Equipment			\$ -	\$ -	**

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Senior Philanthropy of Westport, LLC d/b/a Westport Rehabi			License No. 2405		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Senior Philanthropy of Westport, LLC	License No. 2405	Report for Year Ended 9/30/2022	Page 25	of 37
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11. Property Questionnaire

Part A

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

Yes

No

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

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

Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	99			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				

Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

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

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

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

Name of Facility Senior Philanthropy of Westport, LLC	License No. 2405	Report for Year Ended 9/30/2022			Page 26 37
Item			Total	CCNH	RHNS
12. Interest					Residential Care Home
A. Building, Land Improvement & Non-Movable Equipment					
1. First Mortgage			\$		
Name of Lender	Rate				
Address of Lender					
2. Second Mortgage			\$		
Name of Lender	Rate				
Address of Lender					
3. Third Mortgage			\$		
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage			\$		
Name of Lender	Rate				
Address of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount			\$		
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$		

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 27	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)		\$	(124,660)	(124,660)		
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	(124,660)	(124,660)		
14. Insurance						
a. Insurance on Property (buildings only)		\$	17,445	16,361		1,084
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as specified above)						
1. Umbrella (<i>Blanket Coverage</i>)		\$	25,979	23,385		2,594
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. Total Insurance Expenditures (14a + b + c)		\$	43,424	39,746		3,678
15. Total All Expenditures (A-13 thru C-14)		\$	6,646,250	6,468,223		178,028

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended		Page of
Senior Philanthropy of Westport, LLC d/b/a Westport Rehabilit				2405	9/30/2022		28 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 1,580	1,580		
6.	13	B10a	Occupational Therapy	\$ 30,462	30,462		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 86,281	86,281		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ (259)	(259)		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 1,303	1,242		61
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 119,368	119,307		61

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m13	Res Reimburse Lost/Stolen Items	\$ 26		
16	m13	Collection Fees/Credit Card Fee	\$ 181		\$ 2
16	m13	Late fees/Fines/Finance Charges	\$ 1,035		\$ 59
Total Other A&G Adjustments			\$ 1,242	\$ -	\$ 61

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-29 Rev. 9/2018

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

Name of Facility				License No.	Report for Year Ended		Page	of
Senior Philanthropy of Westport, LLC d/b/a Westport Rehab				2405	9/30/2022		29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward				\$ 119,368	119,307		61	
Page 20 - Resident Care Supplies***								
27.	20	5a2	Prescription Drugs	\$ 37,517	37,517			
28.	20	5d	Ambulance/Limousine	\$ 3,859	3,859			
29.	20	5f	X-rays, etc	\$ 2,413	2,413			
30.	20	5h	Laboratory	\$ 5,689	5,689			
31.			Medical Supplies	\$				
32.	20	5e2	Oxygen (non emergency)	\$ 2,893	2,893			
33.			Occupational Therapy	\$				
34.			Other - See Attached Schedule	\$ 3,754	3,754			
Page 22 - Maintenance and Property								
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$				
36.			Depreciation on Unallowable Motor Vehicles	\$				
37.			Unallowable Property and Real Estate Taxes	\$				
38.			Rental of Building Space or Rooms	\$				
39.			Other - See Attached Schedule	\$				
Page 27 - Insurance								
40.			Mortgage Insurance	\$				
41.			Property Insurance	\$				
Other - Miscellaneous								
42.			Other - Indirect	\$				
43.			Interest Income on Account Rec.	\$				
44.			Other - Miscellaneous Administrative	\$				
45.			Management Fees Direct	\$				
46.			Management Fees Indirect	\$				
47.			Other - Direct	\$				
Not For Profit Providers Only								
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$				
49. Total Amount of Decrease (Items 1 - 48)				\$ 175,493	175,432		61	

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

Schedule of Other Ancillary Costs

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

Attachment Page 29

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Schedule of Unallowable Building Interest

				age 29
Total Unallowable Building Interest	\$ -	\$ -	\$ -	

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page of 30 37
Item		Total	CCNH	RHNS	Residential Care Home
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$	6,721,841	6,457,685		264,156
b. Medicaid Room and Board Contractual Allowance **	\$	(2,938,601)	(2,938,601)		
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$	304,487	304,487		
b. Medicare Room and Board Contractual Allowance **	\$	76,600	76,600		
4. a. Private-Pay Residents and Other	\$	168,855	168,855		
b. Private-Pay Room and Board Contractual Allowance **	\$	126,147	126,147		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$	20,055	20,055		
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$	28,301	28,301		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$	387	387		
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$	66,390	66,390		
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$	59,004	59,004		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$	10,140	10,140		
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$	6,165	6,165		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$	39,999	39,999		
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$	27,012	27,012		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$	(113,424)	(113,424)		
b. Other (<i>Specify</i>) - Non-Medicare	\$	(116,868)	(116,868)		
III. Total Resident Revenue (Section I. thru Section II.)	\$	4,486,489	4,222,334		264,156
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$	96	96		
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$	330,561	330,561		
V. Total Other Revenue (1 thru 8)	\$	330,657	330,657		
VI. Total All Revenue (III +V)	\$	4,817,146	4,552,990		264,156

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

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

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

Page Ref	Description	CCNH	RHNS	Residential Care Home
30/II6a	Laboratory	\$ 2,594		
30/II6a	IV Therapy	\$ 4,447		
30/II6a	X-Ray	\$ 853		
30/II6a	Contract Adj-Ancillary	\$ (121,318)		
Total Other Resident Revenue - Medicare		\$ (113,424)	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	Residential Care Home
30/II6b	Routine Revenue Adjustment	\$ (1,312)		
30/II6b	Laboratory	\$ 117		
30/II6b	IV Therapy	\$ 1,185		
30/II6b	Prior Yr-Contract Adj	\$ (6,243)		
30/II6b	Contract Adj-Ancillary	\$ (110,996)		
30/II6b	X-Ray	\$ 138		
30/II6b	Laboratory	\$ 243		
Total Other Resident Revenue		\$ (116,868)	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30/IV5	Interest Income	\$ 96			
Total Interest Income		\$ 96	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
30/IV8	Gain/Loss on debt forgiven	\$ 266,075		
30/IV8	Covid Relief Income	\$ 63,896		
30/IV8	Revenue-Independent Living	\$ 589		
Total Other Revenue		\$ 330,561	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Westport, LLC	2405	9/30/2022	31	37
Account				Amount
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)				\$ 98,781
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				\$ 783,844
3. Other Accounts Receivable (Excluding Owners or Related Parties)				\$
4. Inventories				\$
5. Prepaid Expenses				\$ 9,614
a. _____				
b. _____				
c. _____				
d. See Schedule				9,614
6. Interest Receivable				\$
7. Medicare Final Settlement Receivable				\$
8. Other Current Assets (<i>itemize</i>)				\$ 614,323

See Schedule				614,323
A-9. Total Current Assets (Lines A1 thru 8)				\$ 1,506,563
B. Fixed Assets				
1. Land				\$
2. Land Improvements				\$
*Historical Cost _____				Accum. Depreciation _____ Net
3. Buildings				\$ 353,241
*Historical Cost _____				Accum. Depreciation 171,328 Net
4. Leasehold Improvements				\$
*Historical Cost _____				Accum. Depreciation _____ Net
5. Non-Movable Equipment				\$
*Historical Cost _____				Accum. Depreciation _____ Net
6. Movable Equipment				\$ 941,219
*Historical Cost _____				Accum. Depreciation 877,599 Net
7. Motor Vehicles				\$
*Historical Cost _____				Accum. Depreciation _____ Net
8. Minor Equipment-Not Depreciable				\$
9. Other Fixed Assets (<i>itemize</i>)				\$ 102,908
See Schedule				102,908
B-10. Total Fixed Assets (Lines B1 thru 9)				\$ 348,440

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
Senior Philanthropy of Westport, LLC d	2405	9/30/2022	32 37
Account			Amount
Total Brought Forward:			\$ 1,855,003
C. Leasehold or like property recorded for Equity Purposes.			
1. Land			\$
2. Land Improvements	*Historical Cost	Accum. Depreciation	Net
3. Buildings	*Historical Cost	Accum. Depreciation	Net
4. Non-Movable Equipment	*Historical Cost	Accum. Depreciation	Net
5. Movable Equipment	*Historical Cost	Accum. Depreciation	Net
6. Motor Vehicles	*Historical Cost	Accum. Depreciation	Net
7. Minor Equipment-Not Depreciable			\$
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$
D. Investment and Other Assets			
1. Deferred Deposits			\$
2. Escrow Deposits			\$
3. Organization Expense	*Historical Cost	Accum. Depreciation	Net
4. Goodwill (Purchased Only)			\$
5. Investments Related to Resident Care (<i>itemize</i>)			\$
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$
Name and Address	Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$
See Schedule			
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 1,855,003

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

Schedule of Prepaid Expenses Page 31 Line A5

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

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

Schedule of Other Assets Page 32 Line D7

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

Page Ref	Line Ref	Description	
33	A12	Medicaid Remittance Adj	\$ 29,687
33	A12	Medicare Remittance Adj	\$ (36,498)
33	A12	Employee Deductions-Garnishment	\$ 770
33	A12	Employee Deductions-HSA	\$ 263
33	A12	Employee Deductions-FSA	\$ 1,753
33	A12	Employee Deductions-STLife	\$ (3,053)
33	A12	Employee Deductions-AFLAC	\$ 472
33	A12	Employee Deductions-Union Dues	\$ (62)
33	A12	Resident Trust	\$ 19,955
33	A12	Deferred Rent-Current	\$ 482,109
33	A12	Accrued Workers Comp	\$ 5,104
33	A12	Accrued Insurance	\$ 81,006
33	A12	Unclaimed Property	\$ 1,095
33	A12	Accrued Legal Fees	\$ 40,072
33	A12	Accrued Accounting/Audit Fees	\$ 7,605
33	A12	Accrued Personal Property Tax	\$ 1,869
33	A12	Due to Golden Hill	\$ 130,000
33	A12	Due to Long Ridge	\$ 3,366,651
33	A12	Due to Newington	\$ 1,707,333
33	A12	Due to West River	\$ 401,228
33	A12	Due to Western	\$ 730,964
33	A12	Due to Medicaid-Bed Fees	\$ 33,926
33	A12	Due to PO	\$ 40,258
33	A12	SBA PPP Loan	\$ 1,143,300
Total Other Current Liabilities (Itemize)			\$ 8,225,809

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Senior Philanthropy of Westport, LLC d/b/a	License No. 2405	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount
Total Brought Forward:				15,183,230
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$
C. Total All Liabilities (Lines A-13 + B-5)				\$ 15,183,230

G. Balance Sheet (cont'd)

Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Westport, LLC	2405	9/30/2022	35	37
Account				Amount
A. Reserves				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
B. Net Worth				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ (11,499,122)
6. Gain or Loss for Period 10/1/2021 thru 9/30/2022				\$ (1,829,104)
7. Total Net Worth				\$ (13,328,226)
C. Total Reserves and Net Worth				\$ (13,328,226)
D. Total Liabilities, Reserves, and Net Worth				\$ 1,855,004

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Senior Philanthropy of Westport, LLC d/	2405	9/30/2022	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$ (12,150,208)		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 4,817,146		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 6,646,250		
D. Net Income or Deficit				\$ (1,829,104)		
E. Balance				\$ (13,979,312)		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
2. Other (<i>itemize</i>)						
F-3. Total Additions				\$		
G. Deductions						
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$		
Name and Address (No., City, State, Zip)		Title	Amount			
2. Other Withdrawings (<i>Specify</i>)				\$		
Purpose		Amount				
3. Total Deductions				\$		
H. Balance at End of Period				\$ (13,979,312)		

I. Preparer's/Reviewer's Certification

Name of Facility Senior Philanthropy of Westport, LLC	License No. 2405	Report for Year Ended 9/30/2022	Page 37	of 37
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Check appropriate category

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

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

Signature of Preparer	Title	Date Signed
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Printed Name of Preparer

CJLC LLC

Address Address 225 Pitkin St., East Hartford, CT 06108	Phone Number 860-610-9009
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Contacted Person Regarding Additional Information Needed Regarding This Report CJLC	Phone Number 860-610-9009
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Contact Email Address annualreports@cjlc.com
