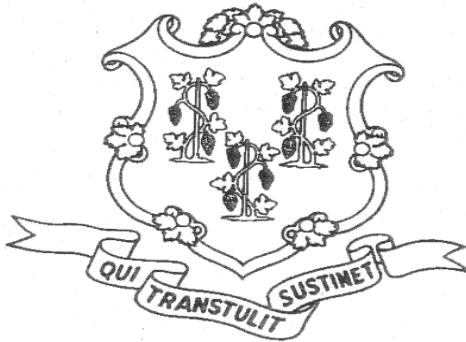


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Southport Center for Nursing & Rehabilitation, LLC	
Address (No. & Street, City, State, Zip Code) 930 Mill Hill Terrace, Southport, CT 06890	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 11/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2467	RHNS	(Specify)	Medicare Provider 07-5200
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Medicaid Provider Numbers:	CCNH 8505	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

General Information

Name of Facility (as licensed) Southport Center for Nursing & Rehabilitation, LLC	License No. 2467	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 Southport Center for Nursing & Rehabilitation, LLC [facility name], for the cost report period beginning November 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.

**Subject to Desk Review audit

Signed (Administrator)	Date	Signed (Owner)	Date
Printed Name (Administrator) Natalie Brown		Printed Name (Owner) Menajem Salamon	
Subscribed and Sworn to before me:	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public			

(Notary Seal)

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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 Southport Center for Nursing & Rehabilitation, LLC	Period Covered:		From 11/1/2021	To 9/30/2022
Address of Facility 930 Mill Hill Terrace, Southport, CT 06890				
Report Prepared By Zella Healthcare Consulting, LLC	Phone Number 203-808-8197	Date 2/10/2023		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Facility 203-259-7894	Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Southport Center for Nursing & Rehabilitation, LLC	Address (No. & Street, City, State, Zip) 930 Mill Hill Terrace, Southport, CT 06890			
License Numbers: 2467	CCNH	RHNS	(Specify)	Medicare Provider No. 07-5200
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input 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 checked="" type="radio"/> Yes <input type="radio"/> No		If "Yes," explain fully.	
Change of ownership on 11/1/22.				
Administrator				
Name of Administrator Natalie Brown	Nursing Home Administrator's License No.: 2136			
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

Name of Facility Southport Center for Nursing & Rehabilitation, LLC	License No. 2467	Report for Year Ended 9/30/2022	Page of 3 37
Legal Name of Partnership/LLC	Business Address		State(s) and/or Town(s) in Which Registered
Southport Center for Nursing & Rehabilitation, LLC	930 Mill Hill Terrace, Southport, CT 06890		Connecticut
Name of Partners/Members	Business Address	Title	% Owned
Steven Landa	930 Mill Hill Terrace, Southport, CT 06890	Member	36.5%
Sari Landa	930 Mill Hill Terrace, Southport, CT 06890	Member	5%
Mordejai Salamon	930 Mill Hill Terrace, Southport, CT 06890	Member	7%
Menajem Salamon	930 Mill Hill Terrace, Southport, CT 06890	CEO	41.5%
Elisheva Eisenberger	930 Mill Hill Terrace, Southport, CT 06890	Member	5%
Various Other Less than 5% ea	930 Mill Hill Terrace, Southport, CT 06890	Member	5%

General Information and Questionnaire Corporate Owners

Name of Facility Southport Center for Nursing & Rehabilitation	License No. 2467	Report for Year Ended 9/30/2022	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

**General Information and Questionnaire
Individual Proprietorship**

Name of Facility Southport Center for Nursing & Rehabilitation, LLC	License No. 2467	Report for Year Ended 9/30/2022	Page of 3B 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire

Related Parties*

Name of Facility Southport Center for Nursing & Rehabilitation, LLC	License No. 2467	Report for Year Ended 9/30/2022			Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?			<input checked="" type="radio"/> Yes	<input 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	%**				
Southport Propeco, LLC	930 Mill Hill Terrace, Southport, CT 06890	<input type="radio"/>	<input checked="" type="radio"/>		Rent	Page 22 Line 9	1,375,000	1,192,173
		<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 Southport Center for Nursing & Rehabilitation, L	License No. 2467	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 ***

7,503

* 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 Southport Center for Nursing & Rehab	License No. 2467	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 Zella Healthcare Consulting 2 Burg & Weingarten CPA PC 3 4	Address (No. & Street, City, State, Zip Code) 7 Eastview Drive, Simsbury, CT 06070 170 Harborview North, Lawrence, NY 11559
--	---

Services Provided by This Firm (*describe fully*)

1 Monthly bookkeeping services	\$ 27,060
2 Tax returns	\$ 3,600
3	\$
4	\$
	Charge for Services Provided \$ 30,660

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

Yes No |Page 15 Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 NY RYTES 2 Murtha Cullina 3 Jackson Lewis 4 Cona Elder Law 5 Various	Telephone Number 914-232-1005 203-772-7700 860-522-0404 N/A N/A
--	--

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

1 4 Canaan Circle, South Salem, NY 10590	
2 265 Church St., New Haven, CT 06510	
3 90 State House Sq, Hartford, CT 06103	
4 N/A	
5 N/A	

Services Provided by This Firm (*describe fully*)

1 Compliance Program	\$ 17,187
2 General Legal Advise	\$ 5,624
3 Employee Related Legal Advise & Counsel	\$ 5,268
4 Conservatorship (Disallowed)	\$ 629
5 State Marshall (Disallowed)	\$ 3,815
	Charge for Services Provided \$ 32,523

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

Yes No |Page 15 Line 1e

Schedule of Resident Statistics

Name of Facility Southport Center for Nursing & Rehabilitation, LLC			License No. 2467				Report for Year Ended 9/30/2022				Page 8 of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity					120	120						
A. On last day of PREVIOUS report period	120	120										
B. On last day of THIS report period	120	120							120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period												
B. As of midnight of THIS report period	102	102							102	102		
3. Total Number of Days Care Provided During Period					2,179	2,179			702	702		
A. Medicare	2,881	2,881										
B. Medicaid (Conn.)	31,067	31,067			22,761	22,761			8,306	8,306		
C. Medicaid (other states)												
D. Private Pay	881	881			577	577			304	304		
E. State SSI for RCH												
F. Other (Specify) Insurance	654	654			455	455			199	199		
G. Total Care Days During Period (3A thru F)	35,483	35,483			25,972	25,972			9,511	9,511		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	35,483	35,483			25,972	25,972			9,511	9,511		

Schedule of Resident Statistics (Cont'd)

Name of Facility Southport Center for Nursing & Rehabilitation	License No. 2467	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	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)		
				(1)	(2)	(3)	(1)	(2)	(3)					

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

1st change	Change in Resident Days			CCNH	RHNS	(Specify)
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	(Specify)	R.C.H.	ICF-MR
No. of Residents	3	95		4				
Per Diem Rate								
a. One bed rm.	PDPM	317.48		460.00				
b. Two bed rms.	PDPM	317.48		460.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B	2,762	2,762	(Specify)
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments	1,819	1,819	
2. Restorative Treatments			
C. Other	201	201	
D. Total Physical Therapy Treatments	4,782	4,782	

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	1,056	1,056	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments	456	456	
2. Restorative Treatments			
C. Other	37	37	
D. Total Speech Therapy Treatments	1,549	1,549	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	3,248	3,248	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments	1,635	1,635	
2. Restorative Treatments			
C. Other	205	205	
D. Total Occupational Therapy Treatments	5,088	5,088	

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		2467	9/30/2022	10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
Item		Total Cost and Hours			
Item	CCNH	Hours	RHNS	Hours	(Specify)
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	152,920	2,083			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	340,269	13,245			
5. Dietary Service					
a. Head Dietitian	44,845	2,191			
b. Food Service Supervisor					
c. Dietary Workers	443,482	22,500			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers	356,680	18,972			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance					
b. Other Maintenance Workers	115,720	4,612			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	58,012	3,346			
9. Barber and Beautician Services					
10. Protective Services					
11. Accounting Services					
a. Head Accountant					
b. Other Accountants					
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	139,785	2,126			
b. RN					
1. Direct Care	755,143	17,781			
2. Administrative**					
c. LPN					
1. Direct Care	1,050,221	34,649			
2. Administrative**					
d. Aides and Attendants	1,650,095	83,422			
e. Physical Therapists	202,630	5,105			
f. Speech Therapists	4,354	79			
g. Occupational Therapists	132,694	3,974			
h. Recreation Workers	136,174	6,553			
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	174,855	6,601			
n. Marketing					
o. Other (Specify)					
See Attached Schedule					
A-13. Total Salary Expenditures	5,757,879	227,240			

* 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)

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

Name of Facility Southport Center for Nursing & Rehabilitation, LLC				License No. 2467		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	(Specify)							
Section I - Operators/Owners										
Menajem Salamon (Disallowed)	37,500			None	CEO	520	A4			
Mordejai Salamon	35,933			None	Admissions	1,880	A4			
Elisheva Eisenberger	15,250			None	Central Supply	860	A4			
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).										
Pearl Salamon	35,933			None	Activities	1,880	A12h			
Mitchell Eisenberger	35,933			None	Dietary	1,880	A5c			

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

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

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Southport Center for Nursing & Rehabilitation, LLC				2467		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	(Specify)							
Section III - Administrators***										
Christopher Massaro (11/1/21 - 11/17/21)	8,942			Non Discriminatory	Administrator	120	A2			
Marjorie Simpson (11/18/21 - 12/21/21)	12,692			Non Discriminatory	Administrator	240	A2			
Everton Fider (12/22/21 - 9/30/22)	131,286			Non Discriminatory	Administrator	1,723	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
	2467	9/30/2022		13	37
	Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian	2,900	45			
2. Dentist	5,100	N/A			
3. Pharmacist	16,990	261			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	27,500	324			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	38,500	288			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**					
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify)					
9. Speech Therapist					
a. Resident Care					
b. Other					
10. Occupational Therapist					
a. Resident Care					
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	467,010	3,787			
2. Administrative***					
b. LPN					
1. Direct Care	23,484	397			
2. Administrative***					
c. Aides					
d. Other					
12. Other (Specify)					
See Attached Schedule					
B-13 Total Fees Paid in Lieu of Salaries	581,484	5,102			

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

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

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
NutraCo	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
LTC Management	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Guardian Consulting Services, Inc	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
QRM	PT, OT, ST	<input type="radio"/>	<input checked="" type="radio"/>		
Alfred Bircaj, MD	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
QRM	MDS Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Zella Staffing Solutions	RN Staffing	<input type="radio"/>	<input checked="" type="radio"/>		
Innovations Healthcare	INC Nurse	<input type="radio"/>	<input checked="" type="radio"/>		
Golden Managing Services	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>		
Dynamic Reimbursement Services	MDS Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
AAA Nurrsing Care	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Southport Center for Nursing & Rehabilitation, LLC	2467	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 365,855	365,855		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 74,369	74,369		
4. Social Security (F.I.C.A.)	\$ 431,393	431,393		
5. Health Insurance	\$ 901,651	901,651		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 226,991	226,991		
8. Uniform Allowance	\$ 2,939	2,939		
9. Other (Specify) See Attached Schedule	\$ 30,892	30,892		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 1,947	1,947		
d. Accounting and Auditing	\$ 30,660	30,660		
e. Legal (Services should be fully described on Page 7)	\$ 32,523	32,523		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 39,193	39,193		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 8,393	8,393		
2. Cellular Phones	\$			
i. Appraisal (Specify purpose and attach copy)*	\$			
j. Corporation Business Taxes (franchise tax)	\$			
k. Other Taxes (Not related to property - See Page 22)				
1. Income*	\$			
2. Other (Specify) See Attached Schedule	\$ 5,134	5,134		
3. Resident Day User Fee	\$ 685,085	685,085		
Subtotal	\$ 2,837,025	2,837,025		

* 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	(Specify)
Union Training Fund	\$ -		
COVID Bonus - Direct Care	\$ 26,492		
COVID Bonus - Indirect Care	\$ 1,000		
COVID Bonus - A&G	\$ 2,400		
	\$ 1,000		
Total	\$ 30,892	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
CT Sales & Use Tax	\$ -		
	\$ 5,134		
Total	\$ 5,134	\$ -	\$ -

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

Name of Facility Southport Center for Nursing & Rehabilitation, LLC	License No. 2467	Report for Year Ended 9/30/2022		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>		2,837,025	2,837,025		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	1,000	1,000		
3. Gifts to Staff and Residents	\$	1,200	1,200		
4. Employee Travel	\$	14,498	14,498		
5. Education Expenses Related to Seminars and Conventions	\$				
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	1,000	1,000		
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	22,256	22,256		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	10,919	10,919		
4. Fund-Raising***	\$				
5. Medical Records	\$	224	224		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	7,020	7,020		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	4,913	4,913		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
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>)	\$	230,969	230,969		
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$	117,517	117,517		
C-14 Total Administrative & General Expenditures	\$	3,248,541	3,248,541		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	\$ -		
Promotional Advertising	\$ 10,919		
Total Other Advertising	\$ 10,919	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	\$ -		
CAHCF	\$ 4,913		
Total Dues	\$ 4,913	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	\$ -		
Bank Charges (Disallow \$121 for Credit Card Fees)	\$ 3,528		
Licenses & Permits	\$ 1,320		
Criminal Background Checks	\$ 5,849		
Petty Cash	\$ 200		
Other (Disallowed)	\$ 106,620		
Total Other Administrative and General	\$ 117,517	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility Southport Center for Nursing & Rehabilita	License No. 2467	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
	2467	9/30/2022		18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 247,113	247,113		
2. Non-Food Supplies	\$			
3. Other (Specify) _____ Cleaning Supplies	\$ 7,378	7,378		
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$			
c. Other (Specify) _____ Dietary Repairs & Other Supplies	\$ 27,544	27,544		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 282,035	282,035		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
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 Southport Center for Nursing & Rehabilitation, LLC	License No. 2467	Report for Year Ended 9/30/2022		Page 19	of 37
Item	Total	CCNH	RHNS	(Specify)	
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	120,782	120,782		
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)	\$				
c. Other (Specify) Other Laundry Supplies	\$	10,560	10,560		
3D. Total Laundry Expenditures (3a + b + c)	\$	131,342	131,342		
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
Southport Center for Nursing & Rehabilitation, Inc.	2467	9/30/2022	20	37
Item		Total	CCNH	RHNS
4. Housekeeping	Sq. Ft. Serviced by Personnel			
a. In-House Care	Amt.	\$ 33,562	33,562	
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.	\$		
C. Other (<i>Specify</i>)	\$			
4D. Total Housekeeping Expenditures (4a + b + c)	\$	33,562	33,562	
5. Resident Care (Supplies)**				
a. Prescription Drugs***				
1. Own Pharmacy	\$			
2. Purchased from MedWiz / Procare	\$	94,125	94,125	
b. Medicine Cabinet Drugs	\$			
c. Medical and Therapeutic Supplies	\$	125,950	125,950	
d. Ambulance/Limousine***	\$	703	703	
e. Oxygen				
1. For Emergency Use	\$			
2. Other***	\$	17,753	17,753	
f. X-rays and Related Radiological Procedures***	\$	1,510	1,510	
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$			
h. Laboratory***	\$	8,231	8,231	
i. Recreation	\$	17,199	17,199	
j. Direct Management Services*	\$			
k. Indirect Management Services*	\$			
l. Other (<i>Specify</i>)****	\$	44,080	44,080	
See Attached Schedule				
5M. Total Resident Care Expenditures (5a - 5j)	\$	309,551	309,551	

* 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

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

Name of Facility Southport Center for Nursing & Rehabilitation, LLC				License No. 2467	Report for Year Ended 9/30/2022				Page of 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	(Specify)			
ADM Environmental	1370 Coney Island Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>		Waste Removal	16,561				22	6f
Aquarion Water	6 Station St, Simsbury, CT 06070	<input type="radio"/>	<input checked="" type="radio"/>		Water Treatment	19,198				22	6f
ASantino Consulting	42 Robin Hill Ln, Hamden, CT 06518	<input type="radio"/>	<input checked="" type="radio"/>		IT Services / Computer Purchases	33,590				Var	Var
Coastal Mechanical Services	40 Hathaway Dr, Stratford, CT 06615	<input type="radio"/>	<input checked="" type="radio"/>		Building Maintenance / Leasehold Improvements	40,051				Var	Var
Comprehesive AR	36 Airport Rd, Lakewood, NJ 08701	<input type="radio"/>	<input checked="" type="radio"/>		AR Services	104,500				16	m11
Facilities Compliance Services	221 W Main St, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		Contracted Repairs / Supplies	77,409				22	Var
Gras Lawn, LLC	950 Airpost Road, Lakewood, NY 08701	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	28,208				22	6f
MatrixCare	10900 Hampshire Ave South, Minneapolis, MN	<input type="radio"/>	<input checked="" type="radio"/>		AP / Accounting / Nursing Software	32,915				16	m11
New Goldland Purchasing	263 N Main St, Spring Valley, NY 10977	<input type="radio"/>	<input checked="" type="radio"/>		Purchasing Software	16,500				16	m11
		<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 Southport Center for Nursing & Rehabilitation,	License No. 2467	Report for Year Ended 9/30/2022			Page 22 37
Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 84,127	84,127			
b. Heat	\$ 53,752	53,752			
c. Light & Power	\$ 97,544	97,544			
d. Water	\$ 19,198	19,198			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 7,503	7,503			
f. Other (<i>itemize</i>)	\$ 96,308	96,308			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 358,432	358,432			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$ 9,588	9,588			
c. Non-Movable Equipment	\$ 3,839	3,839			
d. Movable Equipment	\$ 3,375	3,375			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 16,802	16,802			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,375,000	1,375,000			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 83,190	83,190			
c. Personal property taxes	\$ 6,146	6,146			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,481,138	1,481,138			

* 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)
Elevator Maintenance	\$ -		
Pest Control	\$ 796		
Maint. Purchased Services	\$ 2,942		
Landscaping	\$ 45,463		
Other Maint. P/S	\$ 23,650		
	\$ 23,457		
Total Other Repairs and Maintenance	\$ 96,308	\$ -	\$ -

Depreciation Schedule

Name of Facility Southport Center for Nursing & Rehabilitation, LLC				License No. 2467			Report for Year Ended 9/30/2022				Page 23	of 37	
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				317,176		317,176		SL	Various	9,588			
B-4. Subtotal													
C. Non-Movable Equipment													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				20,925		20,925		SL	Various	3,839			
C-4. Subtotal													
D. Movable Equipment	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost	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		
	Yes	No	Month	Year	Exclusive of Land								
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period													
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative	Var	Var	12,316		12,316			SL	Various	2,944			
d. Standard Resident	Var	Var	2,350		2,350			SL	Various	431			
e. Specialized Resident													
Total Acquired during this report period			14,666		14,666					3,375			
D-3. Subtotal											3,375		
E. Total Depreciation													

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:					
11/2/2021	Mattresses	Standard Resident	\$ 2,350	60	\$ 431
3/24/2022	Timeclocks	Administrative	\$ 4,056	60	\$ 473
11/10/2021	Computers	Administrative	\$ 7,310	36	\$ 2,234
1/26/2022	Computers	Administrative	\$ 950	36	\$ 237
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 14,666		\$ 3,375
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

Southport Center for Nursing & Rehabilitation

FYE 9-30-22

Asset Depreciation Schedule

1615000-00-17 Leasehold Improvements

<u>GL Account</u>	<u>Asset Description</u>	<u>Date in Service</u>	<u>Method</u>	<u>Useful Life (Months)</u>	<u>Historical Cost</u>	<u>Month in Fiscal Year</u>	<u>9-30-22 Depreciation</u>	<u>9-30-22 Acc. Dep.</u>	<u>Net Book Value</u>
<i>FYE 12-31-21</i>									
LI	Mag Lock Installation	12/1/2021	S/L	180	12,337.50	10	685.42	685.42	11,652.08
LI	Design Fee for CON	12/9/2021	S/L	180	28,000.00	10	1,555.56	1,555.56	26,444.44
LI	Cost Seg Report Fee	12/1/2021	S/L	180	3,300.00	10	183.33	183.33	3,116.67
LI	Circular Pump	12/1/2021	S/L	180	2,732.88	10	151.83	151.83	2,581.05
	12-31-2021 Totals				<u>46,370.38</u>		<u>2,576.13</u>	<u>2,576.13</u>	<u>43,794.25</u>
<i>FYE 9-30-22</i>									
LI	JET WAVE CORP, PORT	2/23/2022	S/L	180	3,449.75	8	153.32	153.32	3,296.43
LI	ACI FLOORING, LLC, FLOOR INSTALLATION	3/8/2022	S/L	180	12,876.43	7	500.75	500.75	12,375.68
LI	ROBEAR MP, LLC, PHONE UPGRADE	3/10/2022	S/L	180	11,451.00	7	445.32	445.32	11,005.68
LI	AE Design Group, RENDERING	3/14/2022	S/L	180	1,200.00	7	46.67	46.67	1,153.33
LI	AK MECHANICE, PANEL BOX	3/12/2022	S/L	180	17,973.15	7	698.96	698.96	17,274.19
LI	S&S WIRED SYSTEMS, LLC., MAGNETIC LOCKS	3/8/2022	S/L	180	24,675.01	7	959.58	959.58	23,715.43
LI	FACILITIES COMPLIANCE FIRE PROTECTION, R	3/21/2022	S/L	180	3,207.73	7	124.75	124.75	3,082.98
LI	AE Design Group, SCHEMATIC DESIGN PHASE	3/11/2022	S/L	180	5,000.00	7	194.44	194.44	4,805.56
LI	HARTFORD SPRINKLER CO. INC., DIESEL ENGI	12/18/2021	S/L	180	3,649.08	10	202.73	202.73	3,446.35
LI	HARTFORD SPRINKLER CO. INC., CM-SETTLEME	12/18/2021	S/L	180	(1,649.08)	10	(91.62)	(91.62)	(1,557.46)
LI	FACILITIES COMPLIANCE FIRE PROTECTION, E	4/5/2022	S/L	180	4,241.93	6	141.40	141.40	4,100.53
LI	AE Design Group, DESIGN DOC	4/1/2022	S/L	180	12,000.00	6	400.00	400.00	11,600.00
LI	WATERBOY, LLC, HYPERCHLORINATION	4/25/2022	S/L	180	7,976.25	6	265.88	265.88	7,710.38
LI	STANLEY ACCESS TECHNOLOGIES, INSTALL OF	4/23/2022	S/L	180	17,225.00	6	574.17	574.17	16,650.83
LI	AE Design Group, DESIGN/DEVELOPEPH PHA	5/5/2022	S/L	180	18,000.00	5	500.00	500.00	17,500.00
LI	AK MECHANICE, MAINTENANCE/OUTLETS INSTAL	5/8/2022	S/L	180	2,807.64	5	77.99	77.99	2,729.65
LI	ROBEAR MP, LLC, MAINTENANCE	5/17/2022	S/L	180	3,322.50	5	92.29	92.29	3,230.21
LI	S&S WIRED SYSTEMS, LLC., SURVEILANCE SYS	5/30/2022	S/L	180	15,491.21	5	430.31	430.31	15,060.90
LI	FACILITIES COMPLIANCE FIRE PROTECTION, M	5/31/2022	S/L	180	5,184.88	5	144.02	144.02	5,040.86
LI	FACILITIES COMPLIANCE FIRE PROTECTION, F	5/1/2022	S/L	180	7,315.82	5	203.22	203.22	7,112.60
LI	COASTAL MECHANICAL SERVICES, CONDENSOR F	5/6/2022	S/L	180	5,968.61	5	165.79	165.79	5,802.82
LI	AE Design Group, DESIGN	6/10/2022	S/L	180	5,000.00	4	111.11	111.11	4,888.89
LI	S&S WIRED SYSTEMS, LLC., CREDIT MEMO	6/28/2022	S/L	180	(7,968.27)	4	(177.07)	(177.07)	(7,791.20)
LI	AK MECHANICE, ELECTRICAL WORK LINES FOR	7/24/2022	S/L	180	2,499.23	3	41.65	41.65	2,457.58
LI	S&S WIRED SYSTEMS, LLC., patio door & su	7/15/2022	S/L	180	10,300.00	3	171.67	171.67	10,128.33
LI	GRAS LAWN LLC, TREE CARE REMOVAL	8/5/2022	S/L	180	4,557.85	2	50.64	50.64	4,507.21
LI	ROBEAR MP, LLC, TELEPHONE CABLE TO 74BED	8/9/2022	S/L	180	12,701.00	2	141.12	141.12	12,559.88
LI	S. TIEGER PLUMBING CO, INC, REPLACE OF P	8/15/2022	S/L	180	17,374.50	2	193.05	193.05	17,181.45
LI	WATERTREATMENT SYSTEM	9/1/2022	S/L	180	14,889.00	1	82.72	82.72	14,806.28
LI	FISCHER ROOFING, LLC, INSTALL OF TERMINA	9/22/2022	S/L	180	7,197.19	1	39.98	39.98	7,157.21
LI	COASTAL MECHANICAL SERVICES, REPAIRS & M	9/1/2022	S/L	180	5,260.67	1	29.23	29.23	5,231.44
LI	COASTAL MECHANICAL SERVICES, 3 RTU REPLA	9/15/2022	S/L	180	17,627.51	1	97.93	97.93	17,529.58
	9-30-22 Totals				<u>270,805.59</u>		<u>7,012.00</u>	<u>7,012.00</u>	<u>263,793.59</u>
	Total FYE 9-30-22				<u>317,175.97</u>		<u>9,588.13</u>	<u>9,588.13</u>	<u>307,587.84</u>

1620000-00-17 Furniture, Fixture & Equipment

<u>GL Account</u>	<u>Asset Description</u>	<u>Date in Service</u>	<u>Method</u>	<u>Useful Life</u> (Months)	<u>Historical Cost</u>	<u>Month in</u> Fiscal Year	<u>9-30-22</u> Depreciation	<u>9-30-22 Acc.</u> Dep.	<u>Net Book Value</u>
<i>FYE 12-31-21</i>									
FFE	Office Equipment	11/30/2021	S/L	36	1,600.00	11	488.89	488.89	1,111.11
FFE	Scrubber	11/30/2021	S/L	60	6,065.46	11	1,112.00	1,112.00	4,953.46
FFE	Medical Equipment	11/10/2021	S/L	60	1,210.00	11	221.83	221.83	988.17
FFE	Medical Equipment	12/8/2021	S/L	60	1,517.00	10	252.83	252.83	1,264.17
FFE	Medical Equipment	12/29/2021	S/L	60	935.00	10	155.83	155.83	779.17
12-31-2021 Totals					<u>11,327.46</u>		<u>2,231.39</u>	<u>2,231.39</u>	<u>9,096.07</u>
<i>FYE 9-30-22</i>									
FFE	ASANTINO CONSULTING, COMPUTERS	2/28/2022	S/L	36	3,350.00	8	744.44	744.44	2,605.56
FFE	REMED SERVICES, THERATOUCH	3/31/2022	S/L	36	2,525.00	7	490.97	490.97	2,034.03
FFE	BLM APPLIANCE LLC, REFRIGERATOR DOOR	4/4/2022	S/L	60	3,722.25	6	372.23	372.23	3,350.03
9-30-22 Totals					<u>9,597.25</u>		<u>1,607.64</u>	<u>1,607.64</u>	<u>7,989.61</u>
Total FYE 9-30-22					<u>20,924.71</u>		<u>3,839.03</u>	<u>3,839.03</u>	<u>17,085.68</u>

1623000-00-17 Movable Equipment

<u>GL Account</u>	<u>Asset Description</u>	<u>Date in Service</u>	<u>Method</u>	<u>Useful Life</u> (Months)	<u>Historical Cost</u>	<u>Month in</u> Fiscal Year	<u>2021</u> Depreciation	<u>2021 Acc. Dep.</u>	<u>Net Book Value</u>
<i>FYE 12-31-21</i>									
ME	Mattresses	11/2/2021	S/L	60	2,350.00	11	430.83	430.83	1,919.17
12-31-2021 Totals					<u>2,350.00</u>		<u>430.83</u>	<u>430.83</u>	<u>1,919.17</u>
<i>FYE 9-30-22</i>									
ME	TIMEPRO COMMEG SYSTEMS, INC., TIMEPRO	3/24/2022	S/L	60	4,056.00	7	473.20	473.20	3,582.80
9-30-22 Totals					<u>4,056.00</u>		<u>473.20</u>	<u>473.20</u>	<u>3,582.80</u>
Total FYE 9-30-22					<u>6,406.00</u>		<u>904.03</u>	<u>904.03</u>	<u>5,501.97</u>

1630000-00-17 Computers

<u>GL Account</u>	<u>Asset Description</u>	<u>Date in Service</u>	<u>Method</u>	<u>Useful Life</u> (Months)	<u>Historical Cost</u>	<u>Month in</u> Fiscal Year	<u>2021</u> Depreciation	<u>2021 Acc. Dep.</u>	<u>Net Book Value</u>
<i>FYE 12-31-21</i>									
Computers	Computers	11/10/2021	S/L	36	7,310.00	11	2,233.61	2,233.61	5,076.39
12-31-21 Totals					<u>7,310.00</u>		<u>2,233.61</u>	<u>2,233.61</u>	<u>5,076.39</u>
<i>FYE 9-30-22</i>									
ME	NEW COMPUTERS	1/26/2022	S/L	36	950.00	9	237.50	237.50	712.50
9-30-22 Totals					<u>950.00</u>		<u>237.50</u>	<u>237.50</u>	<u>712.50</u>
Total FYE 9-30-22					<u>8,260.00</u>		<u>2,471.11</u>	<u>2,471.11</u>	<u>5,788.89</u>

Amortization Schedule*

Name of Facility Southport Center for Nursing & Rehabilitation, LLC			License No. 2467		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 Southport Center for Nursing & Rehabil	License No. 2467	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	11/01/21			
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	120			
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)	Variable			
b. Date Mortgage Obtained	11/01/21			
c. Interest Rate for the Cost Year	Variable			
d. Term of Mortgage (number of years)	30			
e. Amount of Principal Borrowed	7,474,359			
f. Principal balance outstanding as of 9/30/22	7,474,359			

Complete if Mortgage was Refinanced

During Current Cost Year

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

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

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)		\$	16,352	16,352		
Working Capital Interest						
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	16,352	16,352		
14. Insurance						
a. Insurance on Property (buildings only)		\$	38,382	38,382		
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$	135,753	135,753		
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. Total Insurance Expenditures (14a + b + c)		\$	174,135	174,135		
15. Total All Expenditures (A-13 thru C-14)		\$	12,374,451	12,374,451		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of	
Southport Center for Nursing & Rehabilitation, LLC			2467	9/30/2022		28 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 132,694	132,694		
4.			Other - See attached Schedule	\$ 37,500	37,500		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 119,300	119,300		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 1,947	1,947		
10.			Accounting	\$			
10a.			Legal	\$ 4,444	4,444		
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.	16	L4	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 14,498	14,498		
17.	16	L6	Automobile Expense (e.g. personal use)	\$ 1,000	1,000		
18.	16	M3	Unallowable Advertising *	\$ 10,919	10,919		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 122,706	122,706		
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)				\$ 445,008	445,008		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A4	M Salomon Salary	\$ 37,500		
Total Other Salaries Adjustment			\$ 37,500	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b2	Dentist	\$ 5,100		
13	b11a1	Mandated Nurse Monitor	\$ 114,200		
Total Other Fees Adjustments			\$ 119,300	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Credit Card Fees	\$ 121		
16	m13	Other (Disallowed)	\$ 106,620		
30	IV 8	Medical Records Income (Disallowed)	\$ 64		
30	IV 8	Misc. Income (Disallowed)	\$ 12,601		
16	m11	Cost Segregation Study	\$ 3,300		
Total Other A&G Adjustments			\$ 122,706	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

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

Name of Facility			License No.	Report for Year Ended		Page of	
Southport Center for Nursing & Rehabilitation, LLC			2467	9/30/2022		29 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 445,008	445,008		
			Page 20 - Resident Care Supplies***				
27.	20	5a2	Prescription Drugs	\$ 94,125	94,125		
28.	20	5d	Ambulance/Limousine	\$ 703	703		
29.	20	5f	X-rays, etc	\$ 1,510	1,510		
30.	20	5h	Laboratory	\$ 8,231	8,231		
31.	20	5c	Medical Supplies	\$ 15,644	15,644		
32.	20	5e2	Oxygen (non emergency)	\$ 17,753	17,753		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 52,365	52,365		
			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)	\$ 635,339	635,339		

*** 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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 30	of 37
		Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 9,795,172	9,795,172				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,668,627	1,668,627				
b. Medicare Room and Board Contractual Allowance **	\$ (10,643)	(10,643)				
4. a. Private-Pay Residents and Other	\$ 723,559	723,559				
b. Private-Pay Room and Board Contractual Allowance **	\$ (476)	(476)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 41,704	41,704				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 34,974	34,974				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 57,119	57,119				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 13,728	13,728				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 158,997	158,997				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 45,684	45,684				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (475)	(475)				
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)		\$ 12,527,970	12,527,970			
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>)	\$ (44)	(44)				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 12,665	12,665				
V. Total Other Revenue (1 thru 8)		\$ 12,621	12,621			
VI. Total All Revenue (III +V)		\$ 12,540,591	12,540,591			

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

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

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

Page Ref	Description	CCNH	RHNS	(Specify)
30 II6a	Medicare Contractual Allowance	\$ -		
		\$ (475)		
Total Other Resident Revenue - Medicare		\$ (475)	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	(Specify)
		\$ -		
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV5	Intertest Income	\$ -	\$ (44)		

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV8	Medical Records Income (Disallowed)	\$ -	\$ 64	
30 IV8	Misc. Income (Disallowed)	\$ 12,601		
Total Other Revenue		\$ 12,665	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	31	37
		Account	Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	741,308
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,812,427
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	24,927
a. Prepaid Insurance		14,972		
b. Prepaid RE Taxes		9,955		
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,578,662
B. Fixed Assets			\$	
1. Land			\$	
2. Land Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	317,176	\$	307,588
	Accum. Depreciation	9,588 Net		
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	Net		
5. Non-Movable Equipment	*Historical Cost	20,925	\$	17,086
	Accum. Depreciation	3,839 Net		
6. Movable Equipment	*Historical Cost	14,666	\$	11,291
	Accum. Depreciation	3,375 Net		
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	335,965

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref Line Ref Description

Total Prepaid Expenses		\$ -

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

Page Ref Line Ref Description

		0
Total Other Current Assets (Itemize)		\$ -

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

Page Ref Line Ref Description

		0
Total Other Other Fixed Assets (Itemize)		\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

		0
Total Other Assets		\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

Total Notes Payable		\$ -

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

Page Ref Line Ref Description

Total Other Current Liabilities (Itemize)		\$ -

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)

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	32	37
Account		Amount		
Total Brought Forward:			\$	2,914,627
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 (itemize)			\$	
6. Loans to Owners or Related Parties (itemize)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (itemize)			\$	
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	2,914,627

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

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 Southport Center for Nursing & Rehabilitation	License No. 2467	Report for Year Ended 9/30/2022	Page of 34 37
Account			Amount
Total Brought Forward:			2,732,938
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	
Various	147,543	Various	
4. Other Long-Term Liabilities (<i>itemize</i>)			
Rounding			1
See Schedule			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$ 147,544
C. Total All Liabilities (Lines A-13 + B-5)			\$ 2,880,482

G. Balance Sheet (cont'd)

Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
		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			\$	(131,995)
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period	11/1/2021	thru	9/30/2022	\$ 166,140
7. Total Net Worth			\$	34,145
C. Total Reserves and Net Worth				\$ 34,145
D. Total Liabilities, Reserves, and Net Worth				\$ 2,914,627

H. Changes in Total Net Worth

Name of Facility Southport Center for Nursing & Rehabilit	License No. 2467	Report for Year Ended 9/30/2022	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	12,540,591
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	12,374,451
D. Net Income or Deficit			\$	166,140
E. Balance			\$	
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 Withdrawals (<i>Specify</i>)			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. Balance at End of Period	09/30/22		\$	

I. Preparer's/Reviewer's Certification

Name of Facility Southport Center for Nursing	License No. 2467	Report for Year Ended 9/30/2022	Page <u>37</u> of <u>37</u>
<i>Check appropriate category</i>			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)	

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 President	Date Signed 02/13/2023
Printed Name of Preparer Stephen Bernier		
Address 7 Eastview Drive, Simsbury, CT 06070		Phone Number 203-808-8197
Contacted Person Regarding Additional Information Needed Regarding This Report Stephen Bernier		Phone Number 203-808-8197
Contact Email Address stephen.bernier@zellahc.com		