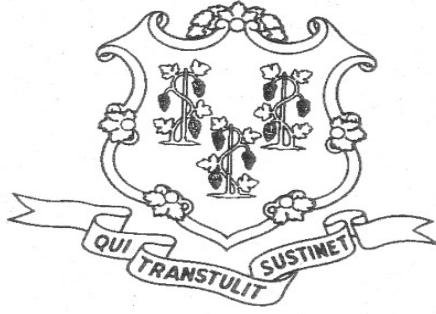


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

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 Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

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

Name of Facility (as licensed) Southport Center for Nursing & Rehabilitation, LLC	License No. 2467	Report for Year Ended 9/30/2023	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 October 1, 2022 and ending September 30, 2023, 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) Natalie Brown			Printed Name (Owner) Menajem Salamon		
Subscribed and Sworn to before me:	State of	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 10/1/2022	To 9/30/2023	
Address of Facility 930 Mill Hill Terrace, Southport, CT 06890				
Report Prepared By Zella Healthcare Consulting, LLC	Phone Number 203-808-8197	Date 1/23/2024		
Item	Total	CCNH / RHNS	(Specify)	(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 9/30/2023	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:	CCNH / RHNS 2467	(Specify)	(Specify)	Medicare Provider No. 07-5200
Type of Facility (Check appropriate box(es)) Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <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 type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
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 9/30/2023	Page 3	of 37
Legal Name of Partnership/LLC Southport Center for Nursing & Rehabilitation, LLC		Business Address 930 Mill Hill Terrace, Southport, CT 06890		State(s) and/or Town(s) in Which Registered Connecticut	
Name of Partners/Members	Business Address	Title		% Owned	
Steven Landa	930 Mill Hill Terrace, Southport, CT 06890	Member		38%	
Sari Landa	930 Mill Hill Terrace, Southport, CT 06890	Member		6%	
Mordejai Salamon	930 Mill Hill Terrace, Southport, CT 06890	Member		7%	
Menajem Salamon	930 Mill Hill Terrace, Southport, CT 06890	CEO		44%	
Various Other Less than 5% ea	930 Mill Hill Terrace, Southport, CT 06890	Member		5%	

**General Information and Questionnaire
 Related Parties***

Name of Facility Southport Center for Nursing & Rehabilitation, LLC	License No. 2467	Report for Year Ended 9/30/2023	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Southport Propco, LLC	930 Mill Hill Terrace, Southport, CT 06890	<input type="radio"/>	<input checked="" type="radio"/>		Rent	Page 22 Line 9	1,500,000	1,590,391
		<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,	License No. 2467	Report for Year Ended 9/30/2023	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
Other Lines of Business

Name of Facility Southport Center for Nursing &Rehat	License No. 2467	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		46,809		
Outpatient Therapy				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
Square footage of therapy space.				
Meals on Wheels				
Does the facility provide Meals on Wheels?		No		
<i>If yes, please complete the following:</i>				
Square footage of kitchen				
Number of meals served per week				
No	Are meals included in meals served on page 18 of the Annual Report?			
No	Are direct costs included in the Annual Report?			
<i>If yes, please state where costs are reported.</i>				
No	Are drivers for the program included in the facility's payroll?			
<i>If yes, please complete the following:</i>				
Amount Reported				
Annual Report page and line				
Please state the salary amounts of specific cooks and/or dietary aides				
Please state where the cooks and/or dietary aides are reported in the Annual Report				
Apartments, Independent Living, Assisted Living				
Does the facility have apartments, independent living, and/or assisted living?		No		
<i>If yes, please complete the following:</i>				
Square footage of apartments				
Square footage of independent living				
Square footage of assisted living				
Please identify the services provided:				

**General Information and Questionnaire
 Other Lines of Business (Continued)**

Name of Facility Southport Center for	License No. 2467	Report for Year Ended 9/30/2023	Page 7	of 37
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Child Day Care

Does the Facility provide Child Day Care? No

If yes, please complete the following:

	Square footage of child day care space.
	Average number of daily participants.
	Number of meals per day provided to child day care.
	Nature of services provided:

Adult Day Care

Does the Facility provide Adult Day Care? No

If yes, please complete the following:

	Square footage of adult day care space.
	Please state where it is located in relation to the facility.
	Average number of daily participants.
	Number of meals per day provided to adult day care.
	Nature of services provided:

Schedule of Resident Statistics

Name of Facility Southport Center for Nursing & Rehabilitation, LLC			License No. 2467		Report for Year Ended 9/30/2023				Page 8	of 37		
	Total All Levels	Total CCNH / RHNS Level	Total	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	120			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	102	102			102	102						
B. As of midnight of THIS report period	111	111							111	111		
3. Total Number of Days Care Provided During Period												
A. Medicare	3,823	3,823			2,810	2,810			1,013	1,013		
B. Medicaid (Conn.)	32,967	32,967			24,394	24,394			8,573	8,573		
C. Medicaid (other states)												
D. Private Pay	683	683			568	568			115	115		
E. State SSI for RCH												
F. Other (Specify) Hospice/HMO	509	509			441	441			68	68		
G. Total Care Days During Period (3A thru F)	37,982	37,982			28,213	28,213			9,769	9,769		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	32	32			10	10			22	22		
B. Other Bed Reserve Days	3	3			2	2			1	1		
5. Total Resident Days (3G + 4A + 4B)	38,017	38,017			28,225	28,225			9,792	9,792		

Schedule of Resident Statistics (Cont'd)

Name of Facility Southport Center for Nursing & Rehabilitation, LLC	License No. 2467	Report for Year Ended 9/30/2023	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)	(Specify)	Lost			Gained			CCNH / RHNS	(Specify)	(Specify)		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)		

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

Change in Resident Days	CCNH / RHNS	(Specify)	(Specify)
1st change			
2nd change			
3rd change			
4th change			

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH / RHNS	CCNH / RHNS	(Specify)	CCNH / RHNS	(Specify)	(Specify)	R.C.H.	ICF-MR
No. of Residents	9	99		3				
Per Diem Rate								
a. One bed rm.	PDPM	332.51		460.00				
b. Two bed rms.	PDPM	332.51		460.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	2,587	2,587			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	3,082	3,082			
2. Restorative Treatments					
C. Other	3,291	3,291			
D. Total Physical Therapy Treatments	8,960	8,960			

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	258	258			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	366	366			
2. Restorative Treatments					
C. Other	300	300			
D. Total Speech Therapy Treatments	924	924			

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	4,059	4,059			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	5,192	5,192			
2. Restorative Treatments					
C. Other	5,052	5,052			
D. Total Occupational Therapy Treatments	14,303	14,303			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of					
Southport Center for Nursing & Rehabilitation, LLC	2467	9/30/2023	10	37					
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No									
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	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)	156,746		2,080						
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)									
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	434,922	(150,000)	14,474						
5. Dietary Service									
a. Head Dietitian									
b. Food Service Supervisor									
c. Dietary Workers	585,304		22,903						
6. Housekeeping Service									
a. Head Housekeeper									
b. Other Housekeeping Workers	582,886		20,348						
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance									
b. Other Maintenance Workers	102,855		3,844						
8. Laundry Service									
a. Supervisor									
b. Other Laundry Workers									
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	194,335		1,624						
b. RN									
1. Direct Care	1,094,397		19,197						
2. Administrative**									
c. LPN									
1. Direct Care	1,490,327		38,199						
2. Administrative**									
d. Aides and Attendants	2,506,525		88,614						
e. Physical Therapists	92,822		2,344						
f. Speech Therapists	13,550		277						
g. Occupational Therapists	167,196	(167,196)	4,597						
h. Recreation Workers	181,655		7,425						
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	226,180		6,858						
n. Marketing									
o. Other (Specify)									
See Attached Schedule									
<i>A-13. Total Salary Expenditures</i>	7,829,700	(317,196)	232,783						

* 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 in the Adjustment column.

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Total	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Total	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-

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

Name of Facility			License No.	Report for Year Ended			Page	of		
Southport Center for Nursing & Rehabilitation, LLC			2467	9/30/2023			11	37		
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	(Specify)							
Section I - Operators/Owners										
Menajem Salamon (Disallowed)	150,000			None	CEO	N/A	A4			
Mordejai Salamon	51,294			None	Admissions	2,080	A4			
Elisheva Eisenberger (10/1/2022-11/1/2022)	1,844			None	Central Supply	104	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	39,756			None	Activities	2,080	A12h			
Mitchell Eisenberger (10/1/2022-11/1/2022)	5,711			None	Dietary	208	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	9/30/2023			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)	(Specify)							
Section III - Administrators***										
Everston Fider (10/1/2022-12/17/2022)	12,747			Non Discriminatory	Administrator	440	A2			
Natalie Brown (12/12/2022-9/30/2023)	143,999			Non Discriminatory	Administrator	1,640	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					
Southport Center for Nursing & Rehabilitation, LLC	2467	9/30/2023	13	37					
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	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	71,652		1,493						
2. Dentist	6,120	(6,120)	51						
3. Pharmacist	17,439		221						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	37,917		413						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	42,000		600						
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	462,146		3,269						
2. Administrative***									
b. LPN									
1. Direct Care									
2. Administrative***									
c. Aides									
d. Other									
12. Other (Specify) See Attached Schedule									
B-13 Total Fees Paid in Lieu of Salaries	637,274	(6,120)	6,046						

* 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 in the Adjustment column.

*** 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
Southport Center for Nursing & Rehabilitation, LLC		2467	9/30/2023		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"/>			
Laura Brenes, MD	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Zella Staffing Solutions	RN Staffing	<input type="radio"/>	<input checked="" type="radio"/>			
Rachel Kessler	RN Nursing Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Teresa Skinner	RN Nursing Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Yossi Mayer	RN Nursing Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Dynamic Reimbursement Services	MDS Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended					Page	of
Southport Center for Nursing & Rehabilitation, LLC	2467	9/30/2023					15	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
1. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 333,285	333,285						
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 78,286	78,286						
4. Social Security (F.I.C.A.)	\$ 592,365	592,365						
5. Health Insurance	\$ 1,322,055	1,322,055						
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 449,422	449,422						
8. Uniform Allowance	\$ 1,135	1,135						
9. Other (<i>Specify</i>) See Attached Schedule	\$ 55,491	55,491						
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$	130,318	(130,318)					
d. Accounting and Auditing	\$ 44,520	44,520						
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$ 75,718	151,405	(75,687)					
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 43,070	45,506	(2,436)					
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 10,632	10,632						
2. Cellular Phones	\$							
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	\$ 3,998	83,498	(79,500)					
3. Resident Day User Fee	\$ 718,571	718,571						
Subtotal	\$ 3,728,548	4,016,489	(287,941)					

* Facility should self-disallow the expense in the Adjustment column.

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Union Training Fund	\$ 49,091					
BONUS - DIRECT CARE	\$ 100					
BONUS - A&G	\$ 6,300					
Total	\$ 55,491	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Sales Tax	\$ 3,998					
Entity Tax	\$ 79,500	\$ (79,500)				
Total	\$ 83,498	\$ (79,500)	\$ -	\$ -	\$ -	\$ -

General Information and Questionnaire
Accounting Basis

Name of Facility Southport Center for Nursing &Rel	License No. 2467	Report for Year Ended 9/30/2023	Page 15b	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 3 4	Address (No. & Street, City, State, Zip Code) 7 Eastview Dr, Simsbury, CT 06070 170 Harborview North, Lawrence, N.Y. 11559
---	--

Services Provided by This Firm (*describe fully*)

1 Bookkeeping/ Cost Reports	\$ 29,520
2 Financial Statements	\$ 15,000
3	\$
4	\$
	Charge for Services Provided
	\$ 44,520

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 NY RYTES 2 Murtha Cullina (Disallow 23,419, conservatorship related) 3 Jackson Lewis 4 AAA and Arbitrator 5 Various (Disallow)	Telephone Number 914-232-1005 203-772-7700 860-522-0404 401 431 4832 N/A
--	---

Address (<i>No. & Street, City, State, Zip Code</i>) 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 1301 Atwood Ave, Suite 211N, Johnston, RI 02919 5 N/A
--

Services Provided by This Firm (*describe fully*)

1 Compliance Program	\$ 12,520
2 General Legal Advise	\$ 76,552
3 Employee Related Legal Advise & Counsel	\$ 9,361
4 Union grievances	\$ 705
5 Notary fee/Conservatorship/ Resident Related Matters	\$ 52,268
	Charge for Services Provided
	\$ 151,405

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

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

Name of Facility	License No.	Report for Year Ended					Page	of
Southport Center for Nursing & Rehabilitation, LLC	2467	9/30/2023					16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
Subtotals Brought Forward:	3,728,548	4,016,489	(287,941)					
l. Travel and Entertainment								
1. Resident Travel and Entertainment	\$							
2. Holiday Parties for Staff	\$ 900	900						
3. Gifts to Staff and Residents	\$ 660	4,643	(3,983)					
4. Employee Travel	\$	10,666	(10,666)					
5. Education Expenses Related to Seminars and Conventions	\$ 900	900						
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	7,833	(7,833)					
7. Other (<i>Specify</i>) See Attached Schedule	\$	2,647	(2,647)					
m. Other Administrative and General Expenses								
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 6,797	8,297	(1,500)					
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$							
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	6,895	(6,895)					
4. Fund-Raising***	\$							
5. Medical Records	\$ 6,027	6,027						
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$							
7. Postage	\$ 7,636	8,498	(862)					
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 5,659	5,659						
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$							
9. Subscriptions	\$ 350	350						
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>)	\$ 204,885	238,740	(33,855)					
12. Administrative Management Services**	\$							
13. Other (<i>Specify</i>) See Attached Schedule	\$ 10,905	367,403	(356,498)					
C-14 Total Administrative & General Expenditures	\$ 3,973,267	4,685,947	(712,680)					

* 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 in the Adjustment column.

Schedule of Other Travel and Entertainment

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Employee Meals/Gifts	\$ 2,647	\$ (2,647)				
Total Other Travel and Entertainment	\$ 2,647	\$ (2,647)	\$ -	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Promotional Advertising	\$ 6,895	\$ (6,895)				
Total Other Advertising	\$ 6,895	\$ (6,895)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
CT ASSOCIATION OF HEALTH CARE FACILITIES DUES	\$ 5,659					
Total Dues	\$ 5,659	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Bank Reconciliation Adjustments	\$ 3	\$ (3)				
Bank Charges (Disallow Nonroutine \$1526)	\$ 4,664	\$ (1,526)				
Credit Card Charges	\$ 745	\$ (745)				
Licenses & Permits (Disallow 1,725 CHOW License)	\$ 4,068	\$ (1,725)				
Criminal Background	\$ 5,424					
Other Direct	\$ 500	\$ (500)				
Penalties	\$ 1,749	\$ (1,749)				
Other A&G Expense-Unallowable	\$ 350,250	\$ (350,250)				
Total Other Administrative and General	\$ 367,403	\$ (356,498)	\$ -	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Southport Center for Nursing &Rehabilita	License No. 2467	Report for Year Ended 9/30/2023	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
Southport Center for Nursing & Rehabilitation, LLC		2467	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 310,199	333,553	(23,354)					
2. Non-Food Supplies	\$							
3. Other (Specify) _____ Cleaning Supplies	\$ 11,037	11,640	(603)					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$							
c. Other (Specify) _____ Contracted Services and Dietary Supplies	\$ 33,084	34,607	(1,523)					
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 354,320	379,800	(25,480)					
2E. Dietary Questionnaire	Total	CCNH / RHNS		(Specify)		(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		License No.	Report for Year Ended				Page	of
Southport Center for Nursing & Rehabilitation, LLC		2467	9/30/2023				19	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
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 (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	146,602	146,602				
c. Other (Specify) Laundry Supplies		\$	561	561				
3D. Total Laundry Expenditures (3a + b + c)		\$	147,163	147,163				
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,		2467	9/30/2023				20	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping							
	a. In-House Care	Sq. Ft. Serviced by Personnel						
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	55,339	58,260	(2,921)			
	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)	\$	55,339	58,260	(2,921)			
5.	Resident Care (Supplies)**							
	a. Prescription Drugs***							
	1. Own Pharmacy	\$						
	2. Purchased from Procure	\$		150,057	(150,057)			
	b. Medicine Cabinet Drugs	\$						
	c. Medical and Therapeutic Supplies	\$	114,389	125,031	(10,642)			
	d. Ambulance/Limousine***	\$		5,430	(5,430)			
	e. Oxygen							
	1. For Emergency Use	\$						
	2. Other***	\$		13,283	(13,283)			
	f. X-rays and Related Radiological Procedures***	\$		3,408	(3,408)			
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$						
	h. Laboratory***	\$		35,112	(35,112)			
	i. Recreation	\$	7,849	7,962	(113)			
	j. Direct Management Services*	\$						
	k. Indirect Management Services*	\$						
	l. Cable TV	\$	7,200	12,827	(5,627)			
	m. Other (Specify)**** See Attached Schedule	\$	(0)	20,709	(20,709)			
	n. Physical Therapy Expense	\$						
	o. Speech Therapy Expense	\$						
5P.	Total Resident Care Expenditures (5a - 5o)	\$	129,438	373,819	(244,381)			

* 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 in the Adjustment column.
 **** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Medical Supplies- Patient Specific	\$ 9,245	\$ (9,245)				
Equipment Rental	\$ 11,464	\$ (11,464)				
Total Other Resident Care	\$ 20,709	\$ (20,709)	\$ -	\$ -	\$ -	\$ -

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 9/30/2023				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.***				
		Yes	No			CCNH / RHNS	(Specify)	(Specify)	Pg	Line
ADM ENVIRONMENTAL GROUP, LLC.	1370 Coney Island Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>		Waste Removal	27,438			22	6f
ASantino Consulting	42 Robin Hill Lane, Hamden, CT 06518	<input type="radio"/>	<input checked="" type="radio"/>		IT Consulting, Computer Purchases	32,463			Var	Var
COASTAL MECHANICAL SERVICES	40 Hathaway Dr, Stratford, CT 06890	<input type="radio"/>	<input checked="" type="radio"/>		Building Maintenance	16,973			Var	Var
CP CORRIDOR AHC LLC	PO Box 37006, Tampa, FL 33631	<input type="radio"/>	<input checked="" type="radio"/>		Contacted AR Services	112,900			16	m11
FACILITIES COMPLIANCE FIRE PROTECTION	1492 Berlin Turnpike, Berlin, CT 06037	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance/Compliance Services	14,863			22	Var
FACILITIES COMPLIANCE SERVICES LLC	1492 Berlin Turnpike, Berlin, CT 06037	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance/Compliance Services	23,511			22	Var
GRAS LAWN LLC	950 Airport Rd, Lakewood, NJ 08701	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping Service	15,712			22	6f
Matrixcare	South, Minneapolis, MN 55480	<input type="radio"/>	<input checked="" type="radio"/>		AP/Payroll/Nursing Software	28,886			16	m11
New Goldland Purchasing	263 N Main Street, Spring Valley, NY 10977	<input type="radio"/>	<input checked="" type="radio"/>		Purchasing Software	18,000			16	m11
Unitex Textile Rental Services	Parkway, Mt. Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Service	119,561			19	3b
Med-Apparel Services	Parkway, Mt. Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Service	27,041			19	3b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Year Ended		Page	of		
Southport Center for Nursing & Rehabilitation	2467	9/30/2023		22	37		
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
6. Maintenance & Operation of Plant							
a. Repairs & Maintenance	\$ 84,721	85,251	(530)				
b. Heat	\$ 66,830	66,830					
c. Light & Power	\$ 140,664	140,664					
d. Water	\$ 54,726	54,726					
e. Equipment Lease (Provide detail on page 22b)	\$ 9,572	9,572					
f. Other (itemize)	\$ 84,815	100,353	(15,538)				
See Attached Schedule							
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 441,328	457,396	(16,068)				
7. Depreciation (complete schedule page 23*)							
a. Land Improvements	\$						
b. Building & Building Improvements	\$						
c. Non-Movable Equipment	\$						
d. Movable Equipment	\$ 10,716	10,716					
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 10,716	10,716					
8. Amortization (Complete att. Schedule Page 24*)							
a. Organization Expense	\$						
b. Mortgage Expense	\$						
c. Leasehold Improvements	\$ 27,155	27,155					
d. Other (Specify)	\$						
*8e. Total Amortization Costs (8a + b + c + d)	\$ 27,155	27,155					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,500,000	1,500,000					
10. Property Taxes							
a. Real estate taxes paid by owner	\$						
b. Real estate taxes paid by lessor	\$ 94,905	94,905					
c. Personal property taxes	\$ 8,687	8,687					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,641,463	1,641,463					

* 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	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Elevator Maintenance	\$ 3,977					
Landscaping Service	\$ 15,712					
Pest Control	\$ 5,236					
Waste Hauling and Disposal	\$ 27,943					
Maint. Purchased Services	\$ 23,695					
Chow Maint Fees	\$ 15,538	\$ (15,538)				
Snow removal	\$ 8,253					
Total Other Repairs and Maintenance	\$ 100,353	\$ (15,538)	\$ -	\$ -	\$ -	\$ -

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Southport Center for Nursing & Rehabilitation, LLC			License No. 2467	Report for Year Ended 9/30/2023			Page 22b	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Macquarie Equipment Capital Inc. PO Box 714862, Cincinnati, OH 45271	<input type="radio"/>	<input checked="" type="radio"/>	Copier Lease	01/28/22	Monthly	9,572	9,572	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
							Total ***	9,572

* 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.

Depreciation Schedule

Name of Facility Southport Center for Nursing & Rehabilitation, LLC			License No. 2467		Report for Year Ended 9/30/2023			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)												
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)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period			Var	Var	35,591		35,591	7,214	SL	Various	9,216	
b. Disposals (attach schedule)												
Acquired during this report period (attach schedule):												
c. Administrative			Var	Var	8,340		8,340		SL	Various	1,500	
d. Standard Resident												
e. Specialized Resident												
Total Acquired during this report period					8,340		8,340				1,500	
D-3. Subtotal												10,716
E. Total Depreciation												10,716

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
4/30/2023	COMPUTER EQUIPMENT	Administrative	\$ 4,380	36	\$ 730
3/31/2023	COMPUTER EQUIPMENT	Administrative	\$ 3,960	36	\$ 770
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 8,340		\$ 1,500 *
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 Life	Depreciation
Various	See attached schedule	\$ 158,705		\$ 6,010
Total additions for Leasehold Improvement		\$ 158,705		\$ 6,010 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Southport Center for Nursing & Rehabilitation
 FYE 9-30-23
 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</u> <u>(Months)</u>	<u>Historical Cost</u>	<u>Month in</u> <u>Fiscal Year</u>	<u>9-30-22</u> <u>Depreciation</u>	<u>9-30-22 Acc.</u> <u>Dep.</u>	<u>9-30-23</u> <u>Depreciation</u>	<u>9-30-23 Acc.</u> <u>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	822.50	1,507.92	10,829.58
LI	Design Fee for CON	12/9/2021	S/L	180	28,000.00	10	1,555.56	1,555.56	1,866.67	3,422.22	24,577.78
LI	Cost Seg Report Fee	12/1/2021	S/L	180	3,300.00	10	183.33	183.33	220.00	403.33	2,896.67
LI	Circular Pump	12/1/2021	S/L	180	2,732.88	10	151.83	151.83	182.19	334.02	2,398.86
	12-31-2021 Totals				<u>46,370.38</u>		<u>2,576.13</u>	<u>2,576.13</u>	<u>3,091.36</u>	<u>5,667.49</u>	<u>40,702.89</u>

FYE 9-30-22

LI	JET WAVE CORP, PORT	2/23/2022	S/L	180	3,449.75	8	153.32	153.32	229.98	383.31	3,066.44
LI	ACI FLOORING, LLC, FLOOR INSTALLATION	3/8/2022	S/L	180	12,876.43	7	500.75	500.75	858.43	1,359.18	11,517.25
LI	ROBEAR MP, LLC, PHONE UPGRADE	3/10/2022	S/L	180	11,451.00	7	445.32	445.32	763.40	1,208.72	10,242.28
LI	AE Design Group, RENDERING	3/14/2022	S/L	180	1,200.00	7	46.67	46.67	80.00	126.67	1,073.33
LI	AK MECHANICE, PANEL BOX	3/12/2022	S/L	180	17,973.15	7	698.96	698.96	1,198.21	1,897.17	16,075.98
LI	S&S WIRED SYSTEMS, LLC., MAGNETIC LOCKS	3/8/2022	S/L	180	24,675.01	7	959.58	959.58	1,645.00	2,604.58	22,070.43
LI	FACILITIES COMPLIANCE FIRE PROTECTION, R	3/21/2022	S/L	180	3,207.73	7	124.75	124.75	213.85	338.59	2,869.14
LI	AE Design Group, SCHEMATIC DESIGN PHASE	3/11/2022	S/L	180	5,000.00	7	194.44	194.44	333.33	527.78	4,472.22
LI	HARTFORD SPRINKLER CO. INC., DIESEL ENGI	12/18/2021	S/L	180	3,649.08	10	202.73	202.73	243.27	446.00	3,203.08
LI	HARTFORD SPRINKLER CO. INC., CM-SETTLEME	12/18/2021	S/L	180	(1,649.08)	10	(91.62)	(91.62)	(109.94)	(201.55)	(1,447.53)
LI	FACILITIES COMPLIANCE FIRE PROTECTION, E	4/5/2022	S/L	180	4,241.93	6	141.40	141.40	282.80	424.19	3,817.74
LI	AE Design Group, DESIGN DOC	4/1/2022	S/L	180	12,000.00	6	400.00	400.00	800.00	1,200.00	10,800.00
LI	WATERBOY, LLC, HYPERCHLORINATION	4/25/2022	S/L	180	7,976.25	6	265.88	265.88	531.75	797.63	7,178.63
LI	STANLEY ACCESS TECHNOLOGIES, INSTALL OF	4/23/2022	S/L	180	17,225.00	6	574.17	574.17	1,148.33	1,722.50	15,502.50
LI	AE Design Group, DESIGN/DEVELOPEMENT PHA	5/5/2022	S/L	180	18,000.00	5	500.00	500.00	1,200.00	1,700.00	16,300.00
LI	AK MECHANICE, MAINTENANCE/OUTLETS INSTAL	5/8/2022	S/L	180	2,807.64	5	77.99	77.99	187.18	265.17	2,542.47
LI	ROBEAR MP, LLC, MAINTENANCE	5/17/2022	S/L	180	3,322.50	5	92.29	92.29	221.50	313.79	3,008.71
LI	S&S WIRED SYSTEMS, LLC., SURVEILLANCE SYS	5/30/2022	S/L	180	15,491.21	5	430.31	430.31	1,032.75	1,463.06	14,028.15
LI	FACILITIES COMPLIANCE FIRE PROTECTION, M	5/31/2022	S/L	180	5,184.88	5	144.02	144.02	345.66	489.68	4,695.20
LI	FACILITIES COMPLIANCE FIRE PROTECTION, F	5/1/2022	S/L	180	7,315.82	5	203.22	203.22	487.72	690.94	6,624.88
LI	COASTAL MECHANICAL SERVICES, CONDENSOR F	5/6/2022	S/L	180	5,968.61	5	165.79	165.79	397.91	563.70	5,404.91
LI	AE Design Group, DESIGN	6/10/2022	S/L	180	5,000.00	4	111.11	111.11	333.33	444.44	4,555.56
LI	S&S WIRED SYSTEMS, LLC., CREDIT MEMO	6/28/2022	S/L	180	(7,968.27)	4	(177.07)	(177.07)	(531.22)	(708.29)	(7,259.98)
LI	AK MECHANICE, ELECTRICAL WORK LINES FOR	7/24/2022	S/L	180	2,499.23	3	41.65	41.65	166.62	208.27	2,290.96
LI	S&S WIRED SYSTEMS, LLC., patio door & su	7/15/2022	S/L	180	10,300.00	3	171.67	171.67	686.67	858.33	9,441.67
LI	GRAS LAWN LLC, TREE CARE REMOVAL	8/5/2022	S/L	180	4,557.85	2	50.64	50.64	303.86	354.50	4,203.35
LI	ROBEAR MP, LLC, TELEPHONE CABLE TO 74BED	8/9/2022	S/L	180	12,701.00	2	141.12	141.12	846.73	987.86	11,713.14
LI	S. TIEGER PLUMBING CO, INC, REPLACE OF P	8/15/2022	S/L	180	17,374.50	2	193.05	193.05	1,158.30	1,351.35	16,023.15
LI	WATER TREATMENT SYSTEM	9/1/2022	S/L	180	14,889.00	1	82.72	82.72	992.60	1,075.32	13,813.68
LI	FISCHER ROOFING, LLC, INSTALL OF TERMINA	9/22/2022	S/L	180	7,197.19	1	39.98	39.98	479.81	519.80	6,677.39
LI	COASTAL MECHANICAL SERVICES, REPAIRS & M	9/1/2022	S/L	180	5,260.67	1	29.23	29.23	350.71	379.94	4,880.73
LI	COASTAL MECHANICAL SERVICES, 3 RTU REPLA	9/15/2022	S/L	180	17,627.51	1	97.93	97.93	1,175.17	1,273.10	16,354.41
	9-30-22 Totals				<u>270,805.59</u>		<u>7,012.00</u>	<u>7,012.00</u>	<u>18,053.71</u>	<u>25,065.70</u>	<u>245,739.89</u>

FYE 9-30-23

LI	ACCURATE COMMERCIAL DOOR AND HARDWARE, D	10/6/2022	S/L	180	21,807.00	12	-	-	1,453.80	1,453.80	20,353.20
LI	COASTAL MECHANICAL SERVICES, INSTALL OF	10/7/2022	S/L	180	16,696.95	12	-	-	1,113.13	1,113.13	15,583.82
LI	FACILITIES COMPLIANCE FIRE PROTECTION, 1	11/11/2022	S/L	180	2,759.36	11	-	-	168.63	168.63	2,590.73
LI	HERSHI BAUER	12/23/2022	S/L	180	6,719.29	10	-	-	373.29	373.29	6,346.00
LI	SAUCIER MECHANICAL SERVICES, NEW ADD DOO	1/4/2023	S/L	180	4,203.00	9	-	-	210.15	210.15	3,992.85
LI	AK MECHANICE,	1/31/2023	S/L	180	3,722.25	9	-	-	186.11	186.11	3,536.14
LI	NORTHEAST GENERATOR CO.,	2/9/2023	S/L	180	2,796.30	8	-	-	124.28	124.28	2,672.02

LI	CURRENT TECHNOLOGIES ELECTRONICS INC., W	2/13/2023	S/L	180	2,892.72	8	-	-	128.57	128.57	2,764.15
LI	CORDOVA PLUMBING & HEATING, LLC, PVC PIP	3/13/2023	S/L	180	2,567.98	7	-	-	99.87	99.87	2,468.11
LI	FIRST RESPONSE SEWER & DRAIN, ESTIMATE O	4/19/2023	S/L	180	8,508.00	6	-	-	283.60	283.60	8,224.40
LI	CONNECTICUT HARDSCAPE, LLC, DEPOSIT/FORS	4/5/2023	S/L	180	17,500.00	6	-	-	583.33	583.33	16,916.67
LI	ACCURATE COMMERCIAL DOOR AND HARDWARE, F	4/28/2023	S/L	180	21,806.99	6	-	-	726.90	726.90	21,080.09
LI	Reversal of First Response Sewer & Drain	5/30/2023	S/L	180	(4,254.00)	5	-	-	(118.17)	(118.17)	(4,135.83)
LI	SAUCIER MECHANICAL SERVICES, NEW FREEZER	6/23/2023	S/L	180	5,137.00	4	-	-	114.16	114.16	5,022.84
LI	SAUCIER (10035864,10035877,10035893)	6/13/2023	S/L	180	7,793.66	4	-	-	173.19	173.19	7,620.47
LI	RAINTECH SOUND & COMMUNICATIONS, INC., R	6/16/2023	S/L	180	2,987.23	4	-	-	66.38	66.38	2,920.85
LI	CONNECTICUT HARDSCAPE, LLC, PAVEMENT TWO	8/7/2023	S/L	180	20,000.00	2	-	-	222.22	222.22	19,777.78
LI	SAUCIER MECHANICAL SERVICES, HVAC REPAIR	8/8/2023	S/L	180	3,005.27	2	-	-	33.39	33.39	2,971.88
LI	COASTAL MECHANICAL SERVICES FAN REPLACEMENT	9/30/2023	S/L	180	12,056.21	1	-	-	66.98	66.98	11,989.23
9-30-23 Totals					<u>158,705.21</u>		-	-	<u>6,009.82</u>	<u>6,009.82</u>	<u>152,695.39</u>
Total FYE 9-30-23					<u>475,881.18</u>		9,588.13	9,588.13	27,154.88	36,743.01	439,138.17

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> <u>(Months)</u>	<u>Historical Cost</u>	<u>Month in</u> <u>Fiscal Year</u>	<u>9-30-22</u> <u>Depreciation</u>	<u>9-30-22 Acc.</u> <u>Dep.</u>	<u>9-30-23</u> <u>Depreciation</u>	<u>9-30-23 Acc.</u> <u>Dep.</u>	<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	533.33	1,022.22	577.78
FFE	Scrubber	11/30/2021	S/L	60	6,065.46	11	1,112.00	1,112.00	1,213.09	2,325.09	3,740.37
FFE	Medical Equipment	11/10/2021	S/L	60	1,210.00	11	221.83	221.83	242.00	463.83	746.17
FFE	Medical Equipment	12/8/2021	S/L	60	1,517.00	10	252.83	252.83	303.40	556.23	960.77
FFE	Medical Equipment	12/29/2021	S/L	60	935.00	10	155.83	155.83	187.00	342.83	592.17
	12-31-2021 Totals				<u>11,327.46</u>		<u>2,231.39</u>	<u>2,231.39</u>	<u>2,478.83</u>	<u>4,710.22</u>	<u>6,617.24</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	1,116.67	1,861.11	1,488.89
FFE	REMED SERVICES, THERATOUGH	3/31/2022	S/L	36	2,525.00	7	490.97	490.97	841.67	1,332.64	1,192.36
FFE	BLM APPLIANCE LLC, REFRIGERATOR DOOR	4/4/2022	S/L	60	3,722.25	6	372.23	372.23	744.45	1,116.68	2,605.58
	9-30-22 Totals				<u>9,597.25</u>		<u>1,607.64</u>	<u>1,607.64</u>	<u>2,702.78</u>	<u>4,310.43</u>	<u>5,286.83</u>
	Total FYE 9-30-23				<u>20,924.71</u>		<u>3,839.03</u>	<u>3,839.03</u>	<u>5,181.61</u>	<u>9,020.64</u>	<u>11,904.07</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> <u>(Months)</u>	<u>Historical Cost</u>	<u>Month in</u> <u>Fiscal Year</u>	<u>9-30-22</u> <u>Depreciation</u>	<u>9-30-22 Acc.</u> <u>Dep.</u>	<u>9-30-23</u> <u>Depreciation</u>	<u>9-30-23 Acc.</u> <u>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	470.00	900.83	1,449.17
	12-31-2021 Totals				<u>2,350.00</u>		<u>430.83</u>	<u>430.83</u>	<u>470.00</u>	<u>900.83</u>	<u>1,449.17</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	811.20	1,284.40	2,771.60
	9-30-22 Totals				<u>4,056.00</u>		<u>473.20</u>	<u>473.20</u>	<u>811.20</u>	<u>1,284.40</u>	<u>2,771.60</u>
	Total FYE 9-30-23				<u>6,406.00</u>		<u>904.03</u>	<u>904.03</u>	<u>1,281.20</u>	<u>2,185.23</u>	<u>4,220.77</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> <u>(Months)</u>	<u>Historical Cost</u>	<u>Month in</u> <u>Fiscal Year</u>	<u>9-30-22</u> <u>Depreciation</u>	<u>9-30-22 Acc.</u> <u>Dep.</u>	<u>9-30-23</u> <u>Depreciation</u>	<u>9-30-23 Acc.</u> <u>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	2,436.67	4,670.28	2,639.72
	12-31-21 Totals				<u>7,310.00</u>		<u>2,233.61</u>	<u>2,233.61</u>	<u>2,436.67</u>	<u>4,670.28</u>	<u>2,639.72</u>
<i>FYE 9-30-22</i>											
Computers	NEW COMPUTERS	1/26/2022	S/L	36	950.00	9	237.50	237.50	316.67	554.17	395.83
	9-30-22 Totals				<u>950.00</u>		<u>237.50</u>	<u>237.50</u>	<u>316.67</u>	<u>554.17</u>	<u>395.83</u>
<i>FYE 9-30-23</i>											
Computers	COMPUTER EQUIPMENT	4/30/2023	S/L	36	4,380.00	6	-	-	730.00	730.00	3,650.00
Computers	COMPUTER EQUIPMENT	3/31/2023	S/L	36	3,960.00	7	-	-	770.00	770.00	3,190.00
					<u>8,340.00</u>		<u>-</u>	<u>-</u>	<u>1,500.00</u>	<u>1,500.00</u>	<u>6,840.00</u>
	Total FYE 9-30-23				<u>16,600.00</u>		<u>2,471.11</u>	<u>2,471.11</u>	<u>4,253.33</u>	<u>6,724.44</u>	<u>9,875.56</u>

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Southport Center for Nursing & Rehabilitation, LLC			2467		9/30/2023			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Var		317,176	9,588	SL	Various	21,145	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var	Var		158,705		SL	Various	6,010	
C-4. Subtotal									27,155
D. Total Amortization									27,155

* 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 & Rehab	License No. 2467	Report for Year Ended 9/30/2023	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> 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		46,809		
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd 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 9/30/2023		7,048,086		
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				Page	of
Southport Center for Nursing &Reha		2467	9/30/2023				26	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
12. Interest								
A. Building, Land Improvement & Non-Movable Equipment								
1. First Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
2. Second Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
3. Third Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
4. Fourth Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
B. CHEFA Loan Information								
1. Original Loan Amount		\$						
2. Loan Origination Date								
3. Interest Rate %								
4. Term								
5. CHEFA Interest Expense								
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$						

(Carry Subtotals forward to next page)

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

Name of Facility		License No.	Report for Year Ended				Page	of	
Southport Center for Nursing & Re		2467	9/30/2023				27	37	
Item			Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
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) Working Capital Interest			\$	17,160	(17,160)				
13. Total All Interest Expense (12B7 + 12C3 + 12D)			\$	17,160	(17,160)				
14. Insurance									
a. Insurance on Property (buildings only)			\$	50,639	50,639				
b. Insurance on Automobiles			\$						
c. Insurance other than Property (as specified above)									
1. Umbrella (Blanket Coverage)			\$	146,301	146,301				
2. Fire and Extended Coverage			\$						
3. Other (Specify)			\$						
14d. Total Insurance Expenditures (14a + b + c)			\$	196,940	196,940				
15. Total All Expenditures (A-13 thru C-14)			\$	15,082,916	16,424,921	(1,342,006)			

F. Statement of Revenue

Name of Facility		License No.		Report for Year Ended		Page	of
Southport Center for Nursing & Rehabilit		2467		9/30/2023		30	37
Item	Total	CCNH / RHNS	(Specify)	(Specify)			
I. Resident Room, Board & Routine Care Revenue							
1. a. Medicaid Residents (<i>CT only</i>)	\$ 10,521,996	10,521,996					
b. Medicaid Room and Board Contractual Allowance **	\$ 94,697	94,697					
2. a. Medicaid (<i>All other states</i>)	\$						
b. Other States Room and Board Contractual Allowance **	\$						
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,591,626	2,591,626					
b. Medicare Room and Board Contractual Allowance **	\$ (47,394)	(47,394)					
4. a. Private-Pay Residents and Other	\$ 747,279	747,279					
b. Private-Pay Room and Board Contractual Allowance **	\$ 101,067	101,067					
II. Other Resident Revenue							
1. a. Prescription Drugs - Medicare	\$ 2,317	2,317					
b. Prescription Drugs - Medicare Contractual Allowance **	\$						
c. Prescription Drugs - Non-Medicare	\$ 738	738					
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	\$ 59,184	59,184					
b. Physical Therapy - Medicare Contractual Allowance **	\$						
c. Physical Therapy - Non-Medicare	\$ 24,447	24,447					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$						
4. a. Speech Therapy - Medicare	\$ 17,194	17,194					
b. Speech Therapy - Medicare Contractual Allowance **	\$						
c. Speech Therapy - Non-Medicare	\$ 7,773	7,773					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$						
5. a. Occupational Therapy - Medicare	\$ 110,435	110,435					
b. Occupational Therapy - Medicare Contractual Allowance **	\$						
c. Occupational Therapy - Non-Medicare	\$ 47,359	47,359					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$						
6. a. Other (<i>Specify</i>) - Medicare	\$ 2,626	2,626					
b. Other (<i>Specify</i>) - Non-Medicare	\$						
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,281,344	14,281,344					
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>)	\$ 140	140					
6. Private Duty Nurses' Fees	\$						
7. Barber, Coffee, Beauty and Gift shops	\$						
8. Other (<i>Specify</i>)	\$ 3	3					
V. Total Other Revenue (1 thru 8)	\$ 143	143					
VI. Total All Revenue (III +V)	\$ 14,281,487	14,281,487					

* 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)	(Specify)
30 II6a	Medicare B- Coinsurance- HMO	\$	5	
30 II6a	Medicare B- Coinsurance- Medicaid	\$	2,647	
30 II6a	Medicare B - Contractual Adjustment	\$	(26)	
Total Other Resident Revenue - Medicare		\$	2,626	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
30 IV5	Interest Income		\$	140	
Total Interest Income			\$	140	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
30 IV8	Small Balance Adjustments	\$	3	
Total Other Revenue		\$	3	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Southport Center for Nursing & Rehabil	2467	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	30,405
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,818,211
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	53,379
a. Prepaid - Insurance	34,233			
b. Prepaid - Real Estate Taxes	19,146			
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)			\$	2,901,995
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>475,881</u>		\$	439,138
	Accum. Depreciation <u>36,743</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>43,931</u>		\$	26,001
	Accum. Depreciation <u>17,930</u>	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)			\$	465,139

* 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	
Total Other Current Assets (Itemize)			\$ -

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
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 Long-Term Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility Southport Center for Nursing & Rehabil	License No. 2467	Report for Year Ended 9/30/2023	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 3,367,135	
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)				
\$ 3,367,135				

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

G. Balance Sheet (cont'd)

Name of Facility Southport Center for Nursing & Rehabilitation	License No. 2467	Report for Year Ended 9/30/2023	Page 33	of 37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	531,573
2. Notes Payable (<i>itemize</i>)			\$	(211,802)
LOC Payable - Key Bank				(211,802)
_____ _____ See Schedule				
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	2,173,132
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	166,605
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$	2,146,120
_____ Accrued Rent			1,956,669	Resident Trust 67,477
_____ Accrued Provider Tax			184,074	Due To Medicaid NAMI 56,020
_____ Due To Other			27	Due to/from Realty Co (118,147)
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	4,805,628

* 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 &Rehabilitati	License No. 2467	Report for Year Ended 9/30/2023		Page 34	of 37
Account				Amount	
Total Brought Forward:				4,805,628	
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>)				\$ 626,837	
Name and Address of Lender	Amount	Loan Date			
Various	626,837	Various			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 626,837	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 5,432,465	


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

Name of Facility	License No.	Report for Year Ended	Page	of
Southport Center for Nursing & Rehab	2467	9/30/2023	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			\$	(450,693)
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	528,797
6. Gain or Loss for Period			\$	(2,143,435)
	10/1/2022	thru	9/30/2023	
7. Total Net Worth			\$	(2,065,331)
C. Total Reserves and Net Worth			\$	(2,065,331)
D. Total Liabilities, Reserves, and Net Worth			\$	3,367,135

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Southport Center for Nursing &Rehabilit	2467	9/30/2023	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	166,140
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	14,281,487
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	16,424,921
D. Net Income or Deficit			\$	(2,143,435)
E. Balance			\$	(1,977,295)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
Prior Period Adjustment				(88,036)
F-3. Total Additions			\$	(88,036)
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(2,065,331)
				09/30/23

I. Preparer's/Reviewer's Certification

Name of Facility Southport Center for Nursing	License No. 2467	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
Chronic and Convalescent Nursing <input checked="" type="checkbox"/> Home (CCNH) & RHNS Combined	<input type="checkbox"/> (Specify)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>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.</p>				
Signature of Preparer 	Title President	Date Signed 2/15/24		
Printed Name of Preparer Stephen Bernier				
Address 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				