Conorol	Informatio

Alberta Manor, Inc.	Address 21 Victoria Rd., Hartford, CT	Phone Number 06114 860-296-8050		
		000 200-0000		
Type of Facility and License Numbe	er(s)	□ RHNS	Residential Care Hor	ю
L	License Number		1731	
Medicaid Pro	rovider Number			
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016			
Medicare Provider Number				
Medicare Frovider Number				
Printed Name (Administrator)	Printed Name (Owner)			
Katherine Richheimer Report Prepared By	Katherine Richheimer Phone Number	Date		
Davis, Mascola & Phillips, LLC	203-265-0488	Date		
Type of Ownership (Check appropr		I		
	O Partnership	Corp. O Government O Trust		
If this facility opened or closed duri	ing report year provide:	Date Opened Date Closed		
Has there been any change in owner	rship or operation during this report year? If			
O Yes ⊙ No				
Name of Administrator Katherine Richheimer				
<u> </u>				
Nursing Home Administrator's Lice	ense No.			
Other Operators/Owners who are A	Assistant Administrators (full or part time) of	f this facility.		
Name		License #		
			State(s) and/or Town(s) in Which	
Legal Name of Partnership/LLC	Business Address		Registered	
Name of Partners/Members	Business Address	Title	% Owned	
		State(s) in Which Incorporated		
Legal Name of Cornoration	Business Address			
Legal Name of Corporation Alberta Manor, Inc.	Business Address 21 Victoria Road, Hartford, C		СТ	
Legal Name of Corporation Alberta Manor, Inc. Name of Directors, Officers Katherine Richheimer	21 Victoria Road, Hartford, C Business Address 89 Field Rd, Cromwell, CT		CT No. Shares Held by Each	
Alberta Manor, Inc. Name of Directors, Officers Katherine Richheimer	21 Victoria Road, Hartford, C Business Address 89 Field Rd, Cromwell, CT	T 06114 Title President		
Alberta Manor, Inc. Name of Directors, Officers	21 Victoria Road, Hartford, C Business Address	T 06114 Title President		
Alberta Manor, Inc. Name of Directors, Officers Katherine Richheimer	21 Victoria Road, Hartford, C Business Address 89 Field Rd, Cromwell, CT	T 06114 Title President		
Alberta Manor, Inc. Name of Directors, Officers Katherine Richheimer	21 Victoria Road, Hartford, C Business Address 89 Field Rd, Cromwell, CT	T 06114 Title President		
Alberta Manor, Inc. Name of Directors, Officers Katherine Richheimer Patricia Santavenere	21 Victoria Road, Hartford, C Business Address 89 Field Rd, Cromwell, CT 60 Hillside Rd, Cromwell, CT	T 06114 Title President		
Alberta Manor, Inc. Name of Directors, Officers Katherine Richheimer	21 Victoria Road, Hartford, C Business Address 89 Field Rd, Cromwell, CT 60 Hillside Rd, Cromwell, CT	T 06114 Title President		
Alberta Manor, Inc. Name of Directors, Officers Katherine Richheimer Patricia Santavenere Names of Stockholders Owning at I	21 Victoria Road, Hartford, C Business Address 89 Field Rd, Cromwell, CT 60 Hillside Rd, Cromwell, CT	T 06114 Title President Sec/Treasurer President President		· · · · · · · · · · · · · · · · · · ·
Alberta Manor, Inc. Name of Directors, Officers Katherine Richheimer Patricia Santavenere Names of Stockholders Owning at I Katherine Richheimer	21 Victoria Road, Hartford, C Business Address 89 Field Rd, Cromwell, CT 60 Hillside Rd, Cromwell, CT Least 10% of Shares 89 Field Rd, Cromwell, CT	T 06114 Title President Sec/Treasurer President President		· · · · · · · · · · · · · · · · · · ·
Alberta Manor, Inc. Name of Directors, Officers Katherine Richheimer Patricia Santavenere Names of Stockholders Owning at I Katherine Richheimer	21 Victoria Road, Hartford, C Business Address 89 Field Rd, Cromwell, CT 60 Hillside Rd, Cromwell, CT Least 10% of Shares 89 Field Rd, Cromwell, CT	T 06114 Title President Sec/Treasurer President President		· · · · · · · · · · · · · · · · · · ·
Alberta Manor, Inc. Name of Directors, Officers Katherine Richheimer Patricia Santavenere Names of Stockholders Owning at I Katherine Richheimer	21 Victoria Road, Hartford, C Business Address 89 Field Rd, Cromwell, CT 60 Hillside Rd, Cromwell, CT Least 10% of Shares 89 Field Rd, Cromwell, CT	T 06114 Title President Sec/Treasurer President President		· · · · · · · · · · · · · · · · · · ·
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Alberta Manor, Inc. Name of Directors, Officers Katherine Richheimer Patricia Santavenere Names of Stockholders Owning at I Katherine Richheimer Patricia Santavenere	21 Victoria Road, Hartford, C Business Address 89 Field Rd, Cromwell, CT 60 Hillside Rd, Cromwell, CT 89 Field Rd, Cromwell, CT 89 Field Rd, Cromwell, CT 60 Hillside Rd, Cromwell, CT	T 06114 Title President Sec/Treasurer President President Sec/Treasurer		· · · · · · · · · · · · · · · · · · ·
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Alberta Manor, Inc. Name of Directors, Officers Katherine Richheimer Patricia Santavenere Names of Stockholders Owning at I Katherine Richheimer Patricia Santavenere If this facility is owned or operated of the statement of the	21 Victoria Road, Hartford, C Business Address 89 Field Rd, Cromwell, CT 60 Hillside Rd, Cromwell, CT 89 Field Rd, Cromwell, CT 89 Field Rd, Cromwell, CT 60 Hillside Rd, Cromwell, CT	T 06114 Title President Sec/Treasurer President President Sec/Treasurer		
Alberta Manor, Inc. Name of Directors, Officers Katherine Richheimer Patricia Santavenere Names of Stockholders Owning at I Katherine Richheimer Patricia Santavenere If this facility is owned or operated of the store of the st	21 Victoria Road, Hartford, C Business Address 89 Field Rd, Cromwell, CT 60 Hillside Rd, Cromwell, CT 89 Field Rd, Cromwell, CT 89 Field Rd, Cromwell, CT 60 Hillside Rd, Cromwell, CT	T 06114 Title President Sec/Treasurer President President Sec/Treasurer		
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Alberta Manor, Inc. Name of Directors, Officers Katherine Richheimer Patricia Santavenere Names of Stockholders Owning at I Katherine Richheimer Patricia Santavenere If this facility is owned or operated of the statement of the	21 Victoria Road, Hartford, C Business Address 89 Field Rd, Cromwell, CT 60 Hillside Rd, Cromwell, CT 89 Field Rd, Cromwell, CT 89 Field Rd, Cromwell, CT 60 Hillside Rd, Cromwell, CT	T 06114 Title President Sec/Treasurer President President Sec/Treasurer		
Alberta Manor, Inc. Name of Directors, Officers Katherine Richheimer Patricia Santavenere Names of Stockholders Owning at I Katherine Richheimer Patricia Santavenere If this facility is owned or operated of the statement of the	21 Victoria Road, Hartford, C Business Address 89 Field Rd, Cromwell, CT 60 Hillside Rd, Cromwell, CT 89 Field Rd, Cromwell, CT 89 Field Rd, Cromwell, CT 60 Hillside Rd, Cromwell, CT	T 06114 Title President Sec/Treasurer President President Sec/Treasurer		· · · · · · · · · · · · · · · · · · ·
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ral Info

	Are any individuals or companies which provide go property or the loaning of funds to this facility, rela	oods or services, including the rental of ated through family association.	-					
	common ownership, control, or business association officials of this facility?		© Yes ○ No	If "Yes", provide the following information				
					Indicate Where			
			Also Provides Goods / Services to Non-Related		Costs are Included in Annual Report		Actual Cost to th	ne Related
	Name of Related Individual or Company Katherine Richheimer	Business Address 89 Field Rd, Cromwell, CT	Parties O Yes O No	Description of Goods / Services Provided Operating loan	Page# / Line# P 34 L B3	Cost Reported 27,080	Party	27,080
		Percentage Non-Related						
	Katherine Richheimer	89 Field Rd, Cromwell, CT	O Yes	Real estate rental	P 22, L 9	21,126		21,126
		Percentage Non-Related						
	Patricia Santavenere	60 Hillside Rd, Cromwell, CT	O Yes	Real estate rental	P 22, L 9	21,126		21,126
		Percentage Non-Related						
	Patricia Santavenere	60 Hillside Rd, Cromwell, CT	○ Yes ◎ No	Operating loan	P 34 L L B3	27,080		27,080
		Percentage Non-Related	0.00%					
			O Yes O No					
		Percentage Non-Related	0.00%					
			O Yes O No					
		Percentage Non-Related	0.00%					
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		Percentage Non-Related	0.00%					
			O Yes O No					
		Percentage Non-Related	0.00%					
			O Yes O No					
		Percentage Non-Related	0.00%	1				
1	In the preparation of this Report, were all costs all	ocated as required? If "No," explain fu	lly why such allocation was not a	made.				
	⊙ Yes O No							
2	Explain the allocation of related company expenses	and attach conv of annronriate sunnor	ing data					
-								
3	Did the Facility appropriately allocate and self-disa	allow direct and indirect costs to non-nu	rsing home cost centers? (e.g., A	ssisted Living, Home Health, Outpatient Ser	vices, Adult Day			
	Care Services, etc.) If "No," explain fully why suc • Yes O No	h allocation was not made.						
Δ	Include all long-term leases for motor vehicles and	equinment that have not been capitalize	d Short-term lesses or as need	ed rentals should not be included in these am	ounts			
	include an long term reases for motor vemeres and	equipment that have not been cuplant		icu i cintuis sinoulu not be included in these un	June			
					Annual Amount of			
	Name and Address of Lessor	Description of Items Leased	Date of Lease	Term of Lease	Annual Amount of Lease	Amount Claimed	Related to O	wners
	Name and Address of Lessor	Description of Items Leased	Date of Lease	Term of Lease		Amount Claimed	incluted to 0	No
	Name and Address of Lessor	Description of Items Leased	Date of Lease	Term of Lease		Amount Claimed	O Yes O	, mers
	Name and Address of Lessor	Description of Items Leased	Date of Lease	Term of Lease		Amount Claimed	O Yes O	No No
	Name and Address of Lessor	Description of Items Leased	Date of Lease	Term of Lease		Amount Claimed	O Yes O	No
	Name and Address of Lessor	Description of Items Leased	Date of Lease	Term of Lease		Amount Claimed	O Yes O O Yes O O Yes O	No No
	Name and Address of Lessor	Description of Items Leased	Date of Lease	Term of Lease		Amount Claimed	O Yes O O Yes O O Yes O O Yes O	No No No No
	Name and Address of Lessor	Description of Items Leased	Date of Lease	Term of Lease		Amount Claimed	O Yes O O Yes O O Yes O O Yes O	No No No
	Name and Address of Lessor	Description of Items Leased	Date of Lease	Term of Lease		Amount Claimed	O Yes O	No No No No
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	Name and Address of Lessor	Description of Items Leased	Date of Lease	Term of Lease		Amount Claimed	O Yes O	No
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	Name and Address of Lessor	Description of Items Leased	Date of Lease	Term of Lease		Amount Claimed	O Yes O	No
	Name and Address of Lessor	Description of Items Leased	Date of Lease		Lease	Amount Claimed	O Yes O O Yes O	No No
				Term of Lease	Lease		O Yes O O Yes O	No
	The records of this facility for the period covered b				Lease		O Yes O O Yes O	No No
	The records of this facility for the period covered b				Lease		O Yes O O Yes O	No No
	The records of this facility for the period covered b	y this report were maintained on the fol	lowing basis:		Lease		O Yes O O Yes O	No No
	The records of this facility for the period covered b	y this report were maintained on the fol	lowing basis:		Lease		O Yes O O Yes O	No No
	The records of this facility for the period covered b	y this report were maintained on the fol	lowing basis:		Lease		O Yes O O Yes O	No No
	The records of this facility for the period covered b	y this report were maintained on the fol	lowing basis:		Lease		O Yes O O Yes O	No No
1	The records of this facility for the period covered b	y this report were maintained on the fol	lowing basis:	Address of Accounting Firm	Lease		O Yes O O Yes O	No No
2 3	The records of this facility for the period covered b O Accrual O Cash O Modified Cash Is the accounting basis for this period the same as 1 Ø Yes O No	y this report were maintained on the fol	lowing basis:	Address of Accounting Firm Address of Accounting Firm Ioc2 Barnes Rd - Ste. 203, Wallingford, CT 0	Lease		O Yes O O Yes O	No No
2	The records of this facility for the period covered b O Accrual O Cash O Modified Cash Is the accounting basis for this period the same as 1 Ø Yes O No Name of Accounting Firm Davis, Mascola & Phillips, LLC Mahoney Sabol & Co	y this report were maintained on the fol	lowing basis:	Address of Accounting Firm Address of Accounting Firm Ioc2 Barnes Rd - Ste. 203, Wallingford, CT 0	Lease		O Yes O O Yes O	No No
2 3 4	The records of this facility for the period covered h	y this report were maintained on the fol	lowing basis: n. Charge for Service Provided 6.475	Address of Accounting Firm 1002 Barnes Rd - Ste. 203, Wallingford, CT 0 180 Glastonbury, CT	Lease		O Yes O O Yes O	No No
2 3 4 1 2 3	The records of this facility for the period covered b Cash Cash Cash Services Provided by This Firm (describe fully)	y this report were maintained on the fol	lowing basis:	Address of Accounting Firm 1002 Barnes Rd - Ste. 203, Wallingford, CT 0 180 Glastonbury, CT	Lease		O Yes O O Yes O	No No
2 3 4 1 2	The records of this facility for the period covered h	y this report were maintained on the fol	lowing basis:	It in a Less	Lease		O Yes O O Yes O	No No
2 3 4 1 2 3	The records of this facility for the period covered to Carabana and the same as to Carabanaa and the same as to Carabana and the	y this report were maintained on the fol	lowing basis:	It in a Less	Lease		Name Name O Yes O O Yes O	No No
2 3 4 1 2 3	The records of this facility for the period covered b O cash O cash O Modified Cash Is the accounting basis for this period the same as b Ø Yes O No Name of Accounting Firm Davis, Mascola & Phillips, LLC Mahoney Sabol & Co Services Provided by This Firm (describe fully) Preparation of cost report & tax return Tax preparation Are these charges reflected in the expenditure port	y this report were maintained on the fol	lowing basis:	It in a Less	Lease		Name Name O Yes O O Yes O	No No
2 3 4 1 2 3 4	The records of this facility for the period covered h The records of this facility for the period covered h Accrual Accrual Accrual Accounting basis for this period the same as h Accounting basis for this period the same as h Accounting Firm Davis, Mascola & Phillips, LLC Nahoney Sabol & Co Services Provided by This Firm (describe fully) Preparation Are these charges reflected in the expenditure port Are these charges reflected in the expe	y this report were maintained on the fol	lowing basis: n. Charge for Service Provided 6.475 350 se classification and line number Telephone Number	It in a Less	Lease		Name Name O Yes O O Yes O	No No
2 3 4 1 2 3	The records of this facility for the period covered h The records of this facility for the period covered h Accrual Constant of this facility for the period covered h Accrual Constant of this facility for the period the same as h Services No Services Provided by This Firm (describe fully) Preparation Are these charges reflected in the expenditure port Services No P15, L 1d	y this report were maintained on the fol	lowing basis: n. Charge for Service Provided Charge for Service Provided 6.475 350 	It in a Less	Lease		Name Name O Yes O O Yes O	No No

 Services Provided by This Firm
 Charge for Service Provided

 1
 Estate planning
 300

 2
 HR issue
 650

 3
 650

 4
 100

 5
 100

Page 4

Page 5

Page 6

Page 7

Are these charges reflected in the expenditure portion of this report? If Yes, specify expense classification and line number. © Yes © No

Name & Address of Individual	Full Explanation of Services	Explanation of Relationship	Related to Owners, Operators, Officers	Т
Name & Address of Individual	Full Explanation of Services	Explanation of Relationship	O Yes O No	İ
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Name & Address of Individual or Company Supplying Service	Cost of Management Services	Full Description of Management Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #	
				ł
Is the cost of employee meals included in 2E?		O Yes	1	1
		O Yes ⊗ No O Yes ⊗ No	If yes, specify amt.	
Did you receive revenue from employees?	t Report?		If yes, specify amt. (Page/Line Item)	
Did you receive revenue from employees? Where is the revenue received reported in the Cos Is the cost of meals provided to persons other than			(Page/Line Item)	
Did you receive revenue from employees? Where is the revenue received reported in the Cos Is the cost of meals provided to persons other than Members, Guests) included in 2E? Is any revenue collected from these people?	employees or residents (i.e., Board	○ Yes ⊗ No	(Page/Line Item) If yes, specify cost. If yes, specify amt.	
Did you receive revenue from employees? Where is the revenue received reported in the Cos Is the cost of meals provided to persons other than Members, Guests) included in 2E? Is any revenue collected from these people?	employees or residents (i.e., Board	○ Yes ◎ Nø ○ Yes ◎ Nø	(Page/Line Item) If yes, specify cost.	
Did you receive revenue from employees? Where is the revenue received reported in the Cos Is the cost of meals provided to persons other than Members, Guests) included in 2E? Is any revenue collected from these people? Where is the revenue received reported in the Cos Is cost of food (other than meals, e.g., snacks at me	employees or residents (i.e., Board	○ Yes ◎ Nø ○ Yes ◎ Nø	(Page/Line Item) If yes, specify cost. If yes, specify amt.	
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Davie Mass	cola & Phillips, LLC
Davis, ivias	toia & Thimps, LLC

Page 37

P	rinted Name of Preparer
Ľ	avis, Mascola & Phillips, LLC
	11 42
A	ddress of Preparer
1	062 Barnes Rd - Ste. 203, Wallingford, CT 06492
Р	hone Number of Preparer
2	03-265-0488

Anr ual Amo Lease

	А	В	С	D		Е	F	G	Н	Ι
355	11	27	Prescription Drugs	D	0	Ľ	1	0	11	1
356		28	Ambulance/Limousine		0					
357		29	X-rays, etc.		0					
358		30	Laboratory		0					
359		31	Medical Supplies		0					
360		32			0					
			Oxygen (not emergency)							
361		33	Occupational Therapy		0					
362		34	Other Ancillary Costs Page 29 Schedule	3,7'	73	-	-	3,773		
363		Page 2	22 - Maintenance and Property							
364		35	Excess Movable Equipment Depreciation Page 29 Sched	ule	0	_	_	_		
							-	-		
365		36	Depreciation on Unallowable Motor Vehicles		0					
366	6	37	Unallowable Property and Real Estate Taxes		0					
367	Page 29	38	Rental of Building Space or Rooms		0					
368	age	39	Other Property Costs Page 29 Schedule		0	-	-	-		
360	Р		27 - Insurance		Ŭ					
270		-			^					
370		40	Mortgage Insurance		0					
371		41	Property Insurance		0					
372		Other	- Miscellaneous							
365 366 367 368 369 370 371 372 373		42	Research or Experimental Activities		0					
374		43	Radio and Television Revenue		0					
275		44			0					
575			Vending Machine Revenue							
376		45	Purchase Discounts and Allowances		0					
377		46	Duplication of functions or services		0					
378		47	Expenditures for protection, promotion of provider interest		0					
370		48	Interest Income on Account Rec.		0					
200		49								
380			Other Adjustments to Expense Page 29 Schedule		0	-	-	-		
374 375 376 377 378 379 380 381 382 383 383			or Profit Providers Only							
382		50	Building/Non Movable Eq. Depreciation Unallowable Build Int		0	-	-	-		
383			Page 29 Schedule	e)						
384		51	Total Amount of Decrease	14,9	01	0	0	14,901		
385		01		,>	-	0	0	1,,, 01		
365										
								Residential		
386		Line #	# Description	Total		CCNH	RHNS	Care Home		
387		Reside	ent Room, Board & Routine Care Revenue							
388		I1a	Medicaid Residents (CT Only)	1,055,6	75			1,055,675		
389				1,000,0				1,000,070		
		I1b	Medicaid Room and Board Contractual Allowance		0					
390		I2a	Medicaid (All Other States)		0					
391		I2b	Other States Room and Board Contractual Allowance		0					
392		I3a	Medicare Residents (all inclusive)		0					
393			Medicare Room and Board Contractual Allowance		0					
				E 4 7	~			54,711		
394			Private-Pay Residents and Other	54,7				54,711		
395		I4b	Private-Pay Room and Board Contractual Allowance		0					
396		Other	Resident Revenue			-	-	-		
397		II1a	Prescription Drugs - Medicare		0					
398			Prescription Drugs - Medicare Contractual Allowance		0					
399										
			Prescription Drugs - Non-Medicare		0					
400		II1d	Prescription Drugs - Non-Medicare Contractual Allowance		0					
401		II2a	Medical Supplies - Medicare		0					
402		II2b	Medical Supplies - Medicare Contractual Allowance		0					
403			Medical Supplies - Non-Medicare		0					
404			Medical Supplies - Non-Medicare Contractual Allowance							
			**		0					
405			Physical Therapy - Medicare		0					
406	30	II3b	Physical Therapy - Medicare Contractual Allowance		0					
407	Page	II3c	Physical Therapy - Non-Medicare		0					
408	Pa		Physical Therapy - Non-Medicare Contractual Allowance		0					
409			Speech Therapy - Medicare		0					
410										
410			Speech Therapy - Medicare Contractual Allowance		0					
411			Speech Therapy - Non-Medicare		0					
412		II4d	Speech Therapy - Non-Medicare Contractual Allowance		0					
413			Occupational Therapy - Medicare		0					
414			Occupational Therapy - Medicare Contractual Allowance							
					0					
415			Occupational Therapy - Non-Medicare		0					
416		II5d	Occupational Therapy - Non-Medicare Contractual Allowance		0					
417		II6a	Other (Specify) - Medicare Other Resident Rev		0	-	-	-		
418			Other (Specify) - Non-Medicare		0	-	-	-		
		III	Total Resident Revenue	1,110,3	86	0	0	1,110,386		
420			Revenue	1,110,30		v	v	-,0,000		
420					<u>م</u> ا	1				
421			Meals sold to guests, employees & others		0					
422		IV2	Rental of rooms to non-residents		0					
423		IV3	Telephone and Telegraph		0					
424		IV4	Rental of Televisions and Cable Services		0					
425			Interest Income (Specify) Interest Income		0			-		
425							-	-		
419 420 421 422 423 424 425 426 427 428 429 430 431			Private Duty Nurses' Fees		0					
427		IV7	Barber, Coffee, Beauty & Gift shops		0					
428		IV8	Other (Specify) Other Revenue	2,9	13	-	-	2,913		
429			See Attached Schedule							
430		v	Total Other Revenue	2,9	13	0	0	2,913		
750	20	VI	Total All Revenue	1,113,2		0	0	1,113,299		
/21										

	В	С	D	Е	F	G
46	7A	Physical Therapy - Medicare Part B	0			
47	7B1	Maintenance Treatments	0			
48	7B2	Restorative Treatments	0			
49	7C	Physical Therapy - Other	0			
50	7D	Total Physical Therapy Treatments	0	0	0	0
51	8A	Speech Therapy - Medicare Part B	0			
52	8B1	Maintenance Treatments	0			
53	8B2	Restorative Treatments	0			
54	8C	Speech Therapy - Other	0			
55	8D	Total Speech Therapy Treatments	0	0	0	0
56	9A	Occupational Therapy - Medicare Part B	0			
57	9B1	Maintenance Treatments	0			
58	9B2	Restorative Treatments	0			
59	9C	Occupational Therapy - Other	0			
60	9D	Total Occupational Therapy Treatments	0	0	0	0
61						

Line

Please fill out the following information for all Operators/Owners, Administrators, Assistant Administrators and other relatives of Owners employed in and paid by facility.

	Name	ССИН	RHNS	Residential Care Home	Total Hours Worked	Line Where Claimed on Page 10	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Name and Address of All Other Employment**	Compensation Received
Section I- Operators/Owner										
Page 11 & 12 Section II-Other Related Parties	Patricia Santavenere Steven Richheimer			44,480 27,635	2,080	A4 A4		Adminstatrion & liason to residents Admin support		
Section III- Administrators	Katherine Richheimer			60,411	2,080	A2	Pension & Health ins	Administrtor		
Section IV-Assistant Administrators										

List all contracted services - not just those you consider pertain to resident care.

		Related to Owner			Total Cost/Page Ref.				
Name of Individual/Company	Address	Operators, Officers	Explanation of Relationship	Full Explanation of Services Provided	CCNH	RHNS	Residential Care Home	Page	Line
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							

Page 21

Line #

Please fill in the Depreciation Schedule as follows:

		Asset Addition Schedule	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
	A1	Land Improvements - Acquired prior to report period	3,000		3,000	3,000	Amortization	10	
	A2	Land Improvements - Disposals	-						-
	A3	Land Improvements - Acquired during this report period (attach schedule)							-
	B1	Building Improvements - Acquired prior to this report period	21,370		21,370	21,370	S/L	20	
	B2	Building Improvements - Disposals	-						-
	B3	Building Improvements - Acquired during this report period (attach schedule)							-
Page 23	C1	Non-Movable Equipment - Acquired prior to this report period	141,109		141,109	128,972	S/L	various	1,592
	C2	Non-Movable Equipment -Disposals	-						-
	C3	Non-Movable Equipment - Acquired during this report period (attach schedule)							_

	Movable Equipment - Motor vehicles (specify name, model and year of each vehicle)	logi	nileage book ained?		e of isition	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
		Yes	No	Month	Year							
D1a	2006 Dodge Caravan	Х		6	2,006	19,752		19,752	19,752	S/L	4	
D1b												
D1c												
D1d												
D2a	Movable Equipment - Acquired prior to this report period			var	var	94,050		94,050	86,692	S/L	various	1,936
				_								
D2b	Disposals					-						-
	Movable Equipment - Acquired during this report period (attach schedule)					12,976						1,169

Please fill in the Amortization Schedule as follows:

	Organization Expense		te of isition Year	Length of Amortization	Cost to be Amortized	Accumulated Amortization to Beginning of Year's Operations	Basis for Computing Amortization	Rate %	Amortization for This Year		
А		Month	I cai			1					
A											
A											
3	Mortgage Expense										
B											
В	2										
В	3										
с	Leasehold Improvements and Other - Acquired prior to this report period	Var	Var	Var	534,386	426,763			14,995		
C		v di	v di	¥ di	554,580	420,705			14,775		
С	2 Leasehold Improvements and Other - Disposals				-				-		
С	Leasehold Improvements and Other - Acquired during this report period (attach schedule)								-		

Image Description Subtofal Total 2 Current Assets 9677 3 A1 Cash (on hand and in hanks) 9677 4 A2 Resident Accounts Receivable 6588 6 A4 Internet Receivable 6588 6 A4 Internet Receivable 17.6 7 Prepaid Insurance 6.125 17.6 8 a Prepaid Insurance 6.125 9 b Prepaid Insurance 6.125 10 c Prepaid Insurance 1.3333 10 c Prepaid Insurance 1.335 11 d Prepaid Insurance 1.335 12 A6 Interest Receivable 18 A7 Medicare Final Settlement Receivable 18 180.3 13 A7 Tail Current Assets (Lines A1 thru 8) 180.3 21 Final B1 Land 180.3 180.3 22 Final B1 Land 130.000 3.000 23 B1 Land 141.109 3.000		А	В	С	D	Е
2 Current Assets 96,71 3 A.1 Cash (on hand and in banks.) 96,71 4 A.2 Roviden Accounts Receivable 65,82 5 A.3 Other Accounts Receivable 11 7 A.5 Prepaid Ingeneses (tentice) 11 7 A.5 Prepaid Ingeneses (tentice) 12 9 b Prepaid Ingeneses (tentice) 12 10 c Prepaid Ingeneses (tentice) 12 11 A.5 Prepaid Ingeneses (tentice) 13 12 A.6 Interst Receivable 7500 13 A.7 Medicare Final Settlement Receivable 78 14 A.8 Other Current Assets (Lines A1 thm 8) 186,33 15 B Land Improvements 139 186,34 16 B Accumulated Depreciation 121,370 19 18 Accumulated Depreciation 121,370 19 19 18 B Non-Movable Equipment 102,54 103,554	1			-	=	
4 A2 Resident Accounts Receivable 65.8 5 A3 Other Accounts Receivable 11 6 A4 Inventories 12 7 A5 Prepaid Expenses (<i>lienice</i>) 17.6 8 Prepaid Insess 1.383 1.383 9 b Prepaid Insess 1.383 10 C Prepaid Insess 1.383 11 A Deterest Receivable			Curre	nt Assets		
3 Other Accounts Receivable 11 6 A Inventories 17,6 8 a Frepaid Expenses (itemize) 17,6 8 a Frepaid Expenses (itemize) 17,6 9 Prepaid Expenses (itemize) 17,6 10 c Prepaid Expenses (itemize) 17,6 11 d Prepaid Expenses (itemize) 17,6 12 A Interest Receivable 16 13 A7 Medicare Final Settement Receivable 16 14 A8 Other Current Assets (itemize) 180,30 15 i i i 180,30 16 i i i i i 17 i A9 Total Current Assets (i Inne 8) 180,30 181 Land i i i i 17 B Land i						96,707
6 A4 Inventories 11 7 A5 Prepaid Lasurance 6.125 9 b Prepaid Taxes 1.183 10 c. Prepaid Taxes 1.183 11 d. Prepaid Cases 1.183 11 d. Prepaid Cases 1.183 11 A5 Prepaid Cases 1.183 11 A6 Prepaid Cases 1.183 12 A6 Interest Receivable						65,851
7 AS Prepaid Expenses (<i>lienize</i>) 17,60 8 4 Frepaid Iteasion 6,125 9 b Prepaid Iteasion 2,627 11 4 Prepaid Iteasion 2,627 12 A6 Interest Receivable 7,500 12 A6 Interest Receivable 7,500 13 A7 Medicare-Final Settlement Receivable 7,500 14 A8 Other Current Assets (Lines AI thru 8) 180,30 15 16 16 16 16 16 17 16 16 16 16 17 18 19 19 7 11 10 10 10 18 A9 Total Current Assets (Lines AI thru 8) 180,30 180,30 180,30 21 File I and 21 21 17 181,00 180,30 180,30 180,30 180,30 180,30 180,30 180,30 180,30 180,30 180,30 180,30 180,30 180,30 180,30 180,30 180,30 180,30 180,30 <td></td> <td></td> <td></td> <td></td> <td></td> <td>1.55</td>						1.55
8 a Prepaid Insurance 6.125 9 b Prepaid Paxes 1.383 10 c Prepaid deps on F/A 7.500 11 d Prepaid Caps on F/A 7.500 13 A7 Medicare Final Settlemen Receivable A7 14 A8 Other Current Assets (itemize) 160 15 Image: State of the st						150
0 b Prepaid Taxes 1.383 10 c Prepaid Caps on F/A 7.500 11 d Prepaid Caps on F/A 7.500 12 A6 Interest Receivable					(125	17,635
10 c Prepaid Pension 2,627 11 A6 Interest Receivable 7,500 13 A6 Medicare Final Settlement Receivable				-	,	
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48 C1 Land 49 C2 Land Improvements 50 Historical Cost 51 Accumulated Depreciation 52 C3 Buildings 53 Historical Cost 54 Accumulated Depreciation 55 C4 Non-Movable Equipment 56 Historical Cost 57 Accumulated Depreciation 58 C5 Movable Equipment 59 Historical Cost 60 Accumulated Depreciation 61 C6 Motor Vehicles 62 Historical Cost 63 Accumulated Depreciation 64 C7 Minor Equipment -Not Depreciable 65 C8 Total Leasehold or Like Properties (C1 thru 7) 66 Particular Assets 67 D1 Deferred Deposits 68 D1 Deferred Deposits 69 D2 Escrow Deposits					l Brought Forward	300,745
49 C2 Land Improvements 50 Historical Cost 51 Accumulated Depreciation 52 C3 Buildings 53 Historical Cost						
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57 Accumulated Depreciation 58 C5 Movable Equipment 59 Historical Cost			04			U
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67 Sn Investment and Other Assets 68 D1 69 D2 Escrow Deposits	66	32		• `` '		
69 D2 Escrow Deposits	67	ge.	Invest	ment and Other Assets		
	68	Pa	D1	-		
				1		
10 D3 Organization Expense	70		D3	Organization Expense		0

	A B	C D	Е
71		Historical Cost	
72		Accumulated Depreciation	
73	D4	Goodwill	15,000
74	D5	Investments Related to Resident Care	0
75			
76			
77	D6	Loans to Owners or Related Parties	0
78		Name and Address	
79		Amount	
80		Loan Date	
81			
82	D7	Other Assets	0
83			
84			
85			
86	D8	Total Investments and Other Assets (Lines D1 thru 7)	15,000
87	D9	Total All Assets (Lines A9 + B10 + C8 + D8)	315,745
88			
89	Curre	nt Liabilities	
90	A1	Trade Accounts Payable	11,198
91	A2	Notes Payable (itemize)	0
92			
93			
94			
95			
96	A3	Loans Payable for Equipment	0
97		Name of Lender	
98		Purpose	
99		Amount	
100		Date Due	
101			
102		Name of Lender	
103		Purpose	
104		Amount	
105	~	Date Due	
106	Page 33		
107	B A4	Accrued Payroll (Exclusive of Owners & Stockholders)	4,519
108	H A5	Accrued Payroll (Owners & Stockholders only)	10,933
109	A6	Accrued Payroll Taxes Payable	
110	A7	Medicare Final Settlement Payable	
111	A8	Medicare Current Financing Payable	
112	A9	Mortgage Payable	
113	A10	Interest Payable	
114	A11	Accrued Income Taxes	
115	A12	Other Current Liabilities (itemize)	-
116			
117			
118			
119			
120			
121			
122			
123			
124	A13	Total Current Liabilities Lines A1 thru 12)	26,650
125		Total Brought Forwa	rd 26,650
126	-	Term Liabilities	
127	B1	Loans Payable-Equipment	
128		Name of Lender	
129		Purpose	
130		Amount	
131		Date Due	
132		······	
133		Name of Lender	
134		Purpose	_
135		Amount	
136		Date Due	
137			
1120	B2	Mortgages Payable	54,160
138 139	B3	Loans from Owners or Related Parties	

	А	В	С	D	Е
	Page 34			Katherine	
140	age		Name and Address of Lender	Richheimer	
141	Ч		Amount	27,080	
142			Loan Date	open	
143					
1 4 4			N	Patricia	
144 145			Name and Address of Lender Amount	Santovenere 27,080	
145			Loan Date	open	
147				open	
148		B4	Other Long-Term Liabilities (itemize)		0
149					
150					
151					
152					
153 154		В5 С	Total Long-Term Liabilities (Lines B1 thru 4)		54,160 80 810
154		C	Total All Liabilities (Lines A13 + B5)		80,810
155		Reser	ves		
157		A1	Reserve for value of leased land		
			Reserve for depreciation value of leased buildings		
158		A2	and appurtenances to be amortized		
		A3	Reserve for depreciation value of leased personal		
159			property (Equity) Pessence for leasehold real properties on which fair		
160		A4	Reserve for leasehold real properties on which fair rental value is based		
161		A5	Reserve for funds set aside as donor restricted		
162	age 35	A6	Total Reserves		0
163	age	Net W			Ũ
164	4	B1	Owner's Capital		
165		B2	Capital Stock		1,000
166		B3	Paid-in Surplus		
167			Treasury Stock		101.000
168		B5	Cumulated Earnings		181,083
169 170		B6 B7	Gain or Loss for Period 10/1/2015 thru 09/30/2016 <i>Total Net Worth</i>		52,852 234,935
170		C D	Total Reserves and Net Worth		234,935
172		D	Total Liabilities, Reserves, and Net Worth		315,745
173					
174		А	Balance at End of Prior Period		181,083
175		B	Total Revenue		1,113,299
176 177		C	Total Expenditures Net Income or Deficit		1,060,447
177		D E	Balance		52,852 233,935
179		F1	Additional Capital Contributed (itemize)		233,733
180		• •			
181					
182					
183					
184		F2	Other (itemize)		
185 186					
180					
188					
189	e 36	F3	Total Additions		0
190	Page 36	G1	Drawings of Owners/Operators/Partners		
191	-		Name and Address		
192			Title		
193			Amount		
194 195			Name and Address		
195 196			Title		
190			Amount		
198		G2	Other Withdrawings		
199			Purpose		
200			Amount		
201					
202			Purpose		
203		C^{2}	Amount Total Deductions		
204		G3			

	Α	В	С	D	Е
205		Η	Balance at End of Period		233,935

State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2016

Name of Facility (as licensed)								
Alberta Manor, Inc.								
Address (No. & Street, City, State, Zip Code)								
21 Victoria Rd., Hartford, CT 06114								
Type of Facility								
Chronic and Convalescent	Rest Home with Nursing							
□ Nursing Home only □	Supervision only	Residential Care Home						
(CCNH)	(RHNS)							
Report for Year Beginning	Report for Year Ending							
10/1/2015	9/30/2016							

License Numbers:	CCNH	RHNS	Residential Care I 1731	Home	Medicare Provider
				r	
Medicaid Provider Numbers:	CCNH		RHNS	ICF-IID	

For Department Use Only

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

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COST REP FEDERAL I HEREBY Cost Report period begin and belief, i	Admin SENTATION OR FALSII ORT MAY BE PUNISHA	STRATOR'S/OV FICATION OF BLE BY FINE the above state prepared for A ending Septem aplete statemen	731 vner's Certific ANY INFORMA AND/OR IMPRI ement and that I h lberta Manor, Inc iber 30, 2016, and	TION CONTAINED IN SIONMENT UNDER S ⁷ ave examined the accom . [facility name], for the o	THIS TATE OR panying cost report
MISREPRE COST REP FEDERAL I HEREBY Cost Report period begin and belief, i	SENTATION OR FALSII ORT MAY BE PUNISHA LAW. CERTIFY that I have read and supporting schedules uning October 1, 2015 and t is a true, correct, and con	STRATOR'S/OV FICATION OF BLE BY FINE the above state prepared for A ending Septem aplete statemen	vner's Certific ANY INFORMA AND/OR IMPRI ement and that I h lberta Manor, Inc iber 30, 2016, and	ation ATION CONTAINED IN SIONMENT UNDER S ⁷ ave examined the accom . [facility name], for the o	THIS TATE OR panying cost report
COST REP FEDERAL I HEREBY Cost Report period begin and belief, i	SENTATION OR FALSII ORT MAY BE PUNISHA LAW. CERTIFY that I have read and supporting schedules uning October 1, 2015 and t is a true, correct, and con	FICATION OF BLE BY FINE the above state prepared for A ending Septem aplete statemen	ANY INFORMA AND/OR IMPRI ement and that I h lberta Manor, Inc iber 30, 2016, and	TION CONTAINED IN SIONMENT UNDER S ⁷ ave examined the accom . [facility name], for the o	TATE OR
COST REP FEDERAL I HEREBY Cost Report period begin and belief, i	ORT MAY BE PUNISHA LAW. CERTIFY that I have read and supporting schedules ming October 1, 2015 and t is a true, correct, and con	BLE BY FINE the above state prepared for A ending Septem aplete statemen	AND/OR IMPRI ement and that I h lberta Manor, Inc iber 30, 2016, and	SIONMENT UNDER S' ave examined the accom . [facility name], for the o	TATE OR
Cost Report period begin and belief, i	and supporting schedules nning October 1, 2015 and t is a true, correct, and con	prepared for A ending Septem nplete statemen	lberta Manor, Inc ber 30, 2016, and	. [facility name], for the	cost report
		ble instructions	5.		-
Schedule of I Balance Shee	fy that I have directed the pro- Resident Statistics, Statement et of this Facility in accordance s specified above.	ts of Reported E	xpenditures, Stater	nents of Revenues and the	related
my knowlec presented in residents we	this Report and hereby cert lge under the penalty of pe this Report as a basis for s ere incurred to provide resi ve been retained as require	rjury. I also ce securing reimbu dent care in thi	rtify that all salar ursement for Title s Facility. All su	y and non-salary expense XIX and/or other State a pporting records for the e	es assisted expenses
Signed (Administrator)		Date	Signed (Own	ner)	Date
Printed Name (Adminis Katherine Richheimer		Printed Nam Katherine R	· ,		
Subscribed and Sworn o before me:	State of	Date	Signed (Not	ary Public)	Comm. Expires
Address of Notary Pub	lic	I			, ,

General Information

(Notary Seal)

State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page	of		
			1A	37
Name of Facility	Period Cov	ered:	From	То
Alberta Manor, Inc.			10/1/2015	9/30/2016
Address of Facility 21 Victoria Rd., Hartford, CT 06114				
Report Prepared By Davis, Mascola & Phillips, LLC	Phone Num 203-265-04		Date	
Item	Total	CCNH	RHNS	Residentia l Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

			ne No. of Fa -296-8050	cility	Report for Ye 9/30/2016	ar Ended	Page 2	of 37
Name of Facility (as shown on license)				o. & S	Street, City, Sto	te, Zip)		
Alberta Manor, Inc.				-	Hartford, CT			
	CCNH		RHNS	Resi	dential Care H		Medicare F	rovider No.
License Numbers:	、 、				1	731		
Type of Facility (Check appropriate box(es))							
□ Chronic and Convalescent Nursing Home only (CCNH)			t Home with ervision only			Residenti	ial Care Hon	ne
Type of Ownership (Check appropriate box))							
O Proprietorship O LLC O	Partnership	٥	Profit Corp.	0	Non-Profit Con	rp. O	Government	O Trust
If this facility opened or closed during report	t year provid	e:		Date	e Opened	Date Clo	sed	
Has there been any change in ownership or operation during this report year?		0	Yes		No	If "Vog "	explain fully	7
Administrator Name of Administrator					Number of LL			
Katherine Richheimer					Nursing Ho Administrat			
					License N			
Other Operators/Owners who are assistant a	dministrators	(ful	l or part time) of th				
Name					License I	No.:		

General Information and Questionnaire Partners/Members

Name of Facility Alberta Manor, Inc.		License No. 1731	Report for Y 9/30/2016	ear Ended	Page of 3 37
Legal Name of Parts	nership/LLC	Business A	•		or Town(s) in egistered
Name of Partners/Members	Business Ac	ldress	-	Fitle	% Owned

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year	Ended	Page of				
Alberta Manor, Inc.	1731	9/30/2016		3A 37				
If this facility is owned or operated as a co	rporation, provide	the following inform	nation:					
Legal Name of Corporation	Busin	ness Address	State(s) in Which Incorporat					
Alberta Manor, Inc.	21 Victoria Ro 06114	ad, Hartford, CT						
Name of Directors, Officers	Busin	ness Address	Title	No. Shares Held by Each				
Katherine Richheimer	89 Field Rd, C	romwell, CT	President	50				
Patricia Santavenere	60 Hillside Rd,	, Cromwell, CT	Sec/Treasurer	50				
Names of Stockholders Owning at Least 10% of Shares								
Katherine Richheimer	89 Field Rd, C	romwell, CT	President	50				
Patricia Santavenere	60 Hillside Rd	, Cromwell, CT	Sec/Treasurer	50				

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Alberta Manor, Inc.	1731	9/30/2016	3B 37
If this facility is owned or operated as an individua	l proprietorship,	provide the following informat	ion:
Own	ner(s) of Facility		

General Information and Questionnaire Related Parties*

Name of Facility		License	e No.		Report for Year Ended		Page	of
Alberta Manor, Inc.			1731		9/30/2016		4	37
-	eiving compensation from the fa	•		•		If "Yes," provide th		
marriage, ability to contr	rol, ownership, family or busin	ess asso	ciation?	\odot	Yes O No	complete the inform	nation on Pa	age 11 of the report.
-	ompanies which provide goods							
.	roperty or the loaning of funds		•					
	ssociation, common ownership			iness	• Yes O No			
association to any of the	owners, operators, or officials	of this f	acility?			If "Yes," provide th	e following	information:
		1				-		
			so Provi			Indicate Where		
	D		ls/Servi			Costs are Included		
Name of Related Individual or Company	Business Address		Related I No	Parties %**	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the Related Party
	Address	Yes		%	Provided	Page # / Line #	Reported	Related Failty
Katherine Richheimer	89 Field Rd, Cromwell, CT	0	۲		Operating loan	P 34 L B3	27,080	27,080
Katherine Richheimer	89 Field Rd, Cromwell, CT	0	\odot		Real estate rental	P 22, L 9	21,126	21,126
Patricia Santavenere	60 Hillside Rd, Cromwell, CT	0	•		Real estate rental	P 22, L 9	21,126	21,126
Patricia Santavenere	60 Hillside Rd, Cromwell, CT	0	•		Operating loan	P 34 L L B3	27,080	27,080
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					

* 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	License No	se No. Report for Year Ended Page of									
Alberta Manor, Inc.	1731		9/30/2016	5		37					
If the facility is licensed as CDH and/or RCH of	or provides A	AIDS or TE	BI services with special Medicai	d rates, c	cost	S					
must be allocated to CCNH and RHNS as follo	ws:										
Item			Method of Allocation								
Dietary		Number o	f meals served to residents								
Laundry	Number of pounds processed										
Housekeeping		Number of square feet serviced									
		Number of hours of routine care provided by EACH									
Nursing		· ·	classification, i.e., Director (or	•		-					
		-	d Nurses, Licensed Practical Nu	rses, Aid	les a	and					
		Attendants									
Direct Resident Care Consultants			f hours of resident care provide	d by EAC	CH						
specialist (See listing page 13)											
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 the following the second	lowing ques	tions appli									
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why suc	h allocat	ion	was					
costs allocated as required?	0 105	• 110	not made.								
2. Explain the allocation of related company ex	xpenses and	attach cop	y of appropriate supporting data	ι.							
-											
3. Did the Facility appropriately allocate and so (e.g., Assisted Living, Home Health, Outpat			÷	ome cost	cen	ters?					
	• Yes O No If "No," explain fully why such allocation not made.										

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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			License No.	Report for Y	ear Ended		Page	of
Alberta Manor, Inc.			1731	9/30/2016			6	37
	Relate	ed * to						
	Owr	ners,						
	-	ators,				Annual		
		cers		Date of	Term of	Amount		ount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clai	med
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
Is a Mileage Log Book Maintained for All L	eased V	ehicles	? O Yes	0	No	Total ***		

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire Accounting Basis

r					
Name of Facility	License No.	Report for Year Ended		Page	of
Alberta Manor, Inc.	1731	9/30/2016		7	37
The records of this facility for the	period covered by this report	were maintained on the following basis:			
⊙ Accrual O Cash O	Modified Cash				
Is the accounting basis for this					
*	Yes	If "No," explain.			
previous period? O	No				
Independent Accounting Firm					
Independent Accounting Firm Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Davis, Mascola & Phillips, LI	C	1062 Barnes Rd - Ste. 203, Wallingford,			
2 Mahoney Sabol & Co		180 Glastonbury Blvd, Glastonbury, CT	01 00472		
3		Too Clustonoury Diva, Clustonoury, Cr			
4					
Services Provided by This Firm (d	lescribe fully)	-			
1 Preparation of cost report & tax retu	m		\$	6,475	
2 Tax preparation			\$	350	
3			\$		
4			\$		
			Charge for	Services Pr	ovided
				6,825	ovided
Are These Charges Reflected in the Expe	nditure Portion of This Report? If	Yes, Specify Expense Classification and Line No.	\$	0,823	
• Yes • No	P 15, L 1d	res, speerly Expense classification and Enterto.			
Legal Services Information	- 1 - 2				
Name of Legal Firm or Independent	nt Attorney		Telephone	Number	
1 Parrett Porto Parrisi & Colwe	-		203-281-27		
2 Berchem, Moses & Devlin			203-783-12	200	
3					
4					
5					
Address (No. & Street, City, State,					
1 2319 Whitney Ave # 1D, Han	nden, CT				
2 75 Broad St, Milford CT					
3					
4 5					
Services Provided by This Firm (d	lescribe fully)				
1 Estate planning			\$	300	
2 HR issue			\$	650	
3			\$		
4			\$		
5			\$		
5			Charge for	Services Pr	ovided
			-		ovided
Are These Charges Deflected in the D	nditure Dortion of This Demonto IC	Vac Spacify Expanse Classification and Line Ma	\$	950	
Are these charges kenected in the Exper	numure rotuon of this Report? If	Yes, Specify Expense Classification and Line No.			
• Yes • No					

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Schedule of Resident Statistics

Name of Facility		License No.					or Year Ende	ed		Page	of	
Alberta Manor, Inc.			1731			9/30/2016					8	37
					Period 10/1 Thru 6/30 Period 7/					1 Thru 9/30		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
 Certified Bed Capacity A. On last day of PREVIOUS report period 	30			30	30			30	30			30
B. On last day of THIS report period	30			30	30			30	30			30
 Number of Residents A. As of midnight of PREVIOUS report period 	29			29	29			29	29			29
B. As of midnight of THIS report period	29			29	29			29	29			29
 Total Number of Days Care Provided During Period A. Medicare 												
B. Medicaid (Conn.)												
C. Medicaid (other states)												
D. Private Pay	366			366	274			274	92			92
E. State SSI for RCH	10,295			10,295	7,747			7,747	2,548			2,548
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	10,661			10,661	8,021			8,021	2,640			2,640
 Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days 												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	10,661			10,661	8,021			8,021	2,640			2,640

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			Sch	edu	ıle of	Res	sider	nt S	tatis	stics (Cont'd	l)		
Name of Faci	lity			Lice	ise No.				Repor	t for Year	Ended		Page	of
Alberta Mano	or, Inc.				1731				(9/30/201	6		9	37
	-	-	in the certified b llowing informa		pacity du	ring tl	he repo	rt yea	r?	0	Yes	٥	No	
			f Change		Cl	nange	in Bed	s		Ca	pacity Aft	er Change		
			Residential			0								
Date of	CCNH	RHNS	Care Home		Lost		(Gaine	d					
Change												Residential		
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Reason f	or Change
													 	
													 	
	-	-	in certified bed o 90 days followir	-	• •	the re	eport ye	ear (as	s repor	ted in iten	n 4 above)	provide the nur	nber of	
1.1			Change in Ro	esider	nt Days					CC	CNH	RHNS	Residential	Care Home
1st chan 2nd chai														
3rd char	-													
4th chan														
6. Number	of Resi	dents an	d Rates on Septe	mber			ar	1						
			Medicare		Medi	caid				Se	elf-Pay	1	Other Star	te Assisted
	Item		CCNH	C	CNH	RI	HNS	CO	CNH	Rŀ	INS	Residential Care Home	R.C.H.	ICF-MR
No. of R	esidents	3										1	28	
Per Dier														
a. One b												149.50	101.07	
b. Two													 	
c. Three		e												
bed 1	ms.													
	umber of Medica		al Therapy Treat	ments	3					ТО	TAL	CCNH	RHNS	Residential Care Home
			lusive of Part B)											
	1. Mai	ntenanc	e Treatments											
		torative	Treatments											
	Other		TIME										ļ	
			Therapy Treatment Therapy Treatment											
	Medica			lents										
			lusive of Part B)											
			e Treatments											
		torative	Treatments											
	Other													
			Therapy Treatmo											
	Medica		ational Therapy ' t B	reau	nents									
			lusive of Part B)											
			e Treatments											
		torative	Treatments											
	Other)												
D.	Total (vccupat	ional Therapy T	reatn	ients					1				1

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Yea		Page	of
Alberta Manor, Inc.	1731		9/30/2016		10	37
		0	Yes	<u> </u>	No	
Are time records maintained by all individuals receiving co	mpensation?	•			INO	
	-		Total Cost a	and Hours	<u>т</u> т	
					D 11 11	
Τ4	CONIL	Harris	DING	Harris	Residential Care Home	Harris
Item A. Salaries and Wages*	CCNH	Hours	RHNS	Hours	Care Home	Hours
1. Operators/Owners (Complete also Sec. I						
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)					60,411	2,08
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
4. Other Administrative Salaries (telephone					72,916	2.07
operator, clerks, receptionists, etc.) 5. Dietary Service					72,910	3,82
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers					75,799	4,57
6. Housekeeping Service						
a. Head Housekeeper b. Other Housekeeping Workers					59,841	3,61
7. Repairs & Maintenance Services					39,841	5,01
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers					47,873	2,89
8. Laundry Service						
a. Supervisor					5 .0 5 0	
b. Other Laundry Workers9. Barber and Beautician Services					7,979	48
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						_
b. RN 1. Direct Care						
2. Administrative**						
c. LPN						
1. Direct Care						
2. Administrative**	_					
d. Aides and Attendants					155,588	9,39
e. Physical Therapists f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers					51,863	3,13
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care*** 4. Other (Specify)						
+. Outer (Specify)						
j. Dentists						
k. Pharmacists						
1. Podiatrists			l		ļ ļ	
m. Social Workers/Case Management					<u> </u>	
n. Marketing o. Other (Specify)						
See Attached Schedule						
A-13. Total Salary Expenditures	1	1	1		532,270	29,99

 * 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.

Alberta Manor, Inc. 9/30/2016

Schedule of Other Salaries and Wages (Page 10)

	CC	NH	RH	INS	Residential Care Home		
Position	\$	Hours	\$	Hours	\$	Hours	
					-		
					-		
Total	\$ -	-	\$ -	-	\$-		
2.0002	Ŷ		¥		Ψ		

Schedule of Other Fees (Page 13)

	CC	NH	RH	INS	Residential Care Home		
Service	\$	Hours	\$	Hours	\$	Hours	
Total	\$ -	-	\$ -	-	\$ -	-	

Attachment Page 10/13

State of Connecticut Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

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

Assistant Administrators and Other	Related Parties*
------------------------------------	------------------

Name of Facility				License No.		Report for Year Ended			Page	of
Alberta Manor, Inc.				1731		9/30/2016			11	37
		Salary Pai	d	Erin Don ofite						
Name	CCNH	RHNS	Residential Care Home	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
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
Patricia Santavenere			44,480	Pension & Health ins	Adminstatrion & liason to residents	2,080				
Steven Richheimer			27,635	Pension & Health ins	Admin support	1,745	A4			

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

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

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

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

Assistant Administrators and Other Re	elated Parties*
---------------------------------------	-----------------

Name of Facility (as licensed)	ty (as licensed)					Report for Year Ended			Page	of
Alberta Manor, Inc.				1731		9/30/2016			12	37
Name	CCNH	Salary Pai RHNS	d Residential Care Home	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
Section III - Administrators***										
Katherine Richheimer			60,411	Pension & Health ins	Administrtor	2,080				
Section IV - Assistant Administrators										

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

** Include <u>all</u> other employment worked during the cost year.

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

State of Connecticut Annual Report of Long-Term Care Facility CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility Alberta Manor, Inc.	License No. Report for Year Ender 1731 9/30/2016					of 37		
	17	51	Total Cost	and Hours	13	57		
			Total Cost					
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours		
[*] B. Direct care consultants paid on a fee								
for service basis in lieu of salary								
(For all such services complete Schedule B1)								
1. Dietitian								
2. Dentist								
3. Pharmacist								
4. Podiatrist								
5. Physical Therapy								
a. Resident Care								
b. Other								
6. Social Worker								
7. Recreation Worker								
8. Physicians								
a. Medical Director (entire facility)								
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								
2. Administrative***								
b. LPN								
1. Direct Care								
2. Administrative***								
c. Aides		1	1	1				
d. Other					1 1			
12. Other (Specify)								
See Attached Schedule								
3-13 Total Fees Paid in Lieu of Salaries								

* 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.

Name of Facility Alberta Manor, Inc.	License No. 1731		Report for Y 9/30/2016	ear Ended	Page 14	of 37		
Name & Address of Individual	Full Explanation of Service	Operato	* to Owners, rs, Officers	,				
		Yes	No					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
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		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					

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

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility License	No.	Report for Ye	ear Ended	Page	of
Alberta Manor, Inc. 17	/31	9/30/2016		15	37
					Residential
Item		Total	CCNH	RHNS	Care Home
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	13,688			13,688
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	10,638			10,638
4. Social Security (F.I.C.A.)	\$	39,882			39,882
5. Health Insurance	\$	90,766			90,766
6. Life Insurance (employees only)					
(not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory)	\$	47,632			47,632
(not-owners and not-operators)					
8. Uniform Allowance	\$	112			112
9. Other (<i>Specify</i>)	\$				
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
c. Bad Debts*	\$				
d. Accounting and Auditing	\$				6,825
e. Legal (Services should be fully described on Page					950
f. Insurance on Lives of Owners and	\$				
Operators (<i>Specify</i>)*					
g. Office Supplies	\$	4,045			4,045
h. Telephone and Cellular Phones		,			,
1. Telephone & Pagers	\$	2,493			2,493
2. Cellular Phones	\$				
i. Appraisal (Specify purpose and	\$				
attach copy)*	Ŷ				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$	(263)			(263
k. Other Taxes (<i>Not related to property - See Page 2</i>		(200)			(205
1. Income*	\$				
2. Other (<i>Specify</i>)	\$				43
See Attached Schedule	ψ				+3
3. Resident Day User Fee	\$				
Subtotal	\$				216,811

* 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

Alberta Manor, Inc. 9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

		Resident	ial		
Description	CCNH	RHNS	Care Home		
Penalities from IRS			\$	43	
Total	\$ -	\$-	\$	43	

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

Name of Facility	License No.	Report for	Year Ended	Page	of
Alberta Manor, Inc.	1731	9/30/2016		16	37
					Residential
Item		Total	CCNH	RHNS	Care Home
Subtotal	s Brought Forward.	216,811			216,811
1. Travel and Entertainment	0				
1. Resident Travel and Entertainment	S	5			
2. Holiday Parties for Staff	S	5			
3. Gifts to Staff and Residents	S	447			447
4. Employee Travel	S	6			
5. Education Expenses Related to Seminars an	d Conventions	5 210			210
6. Automobile Expense (not purchase or depre	eciation) S	2,984			2,984
7. Other (<i>Specify</i>)	S	6			
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses	s) 5	5			
2. Advertising Telephone Directory (all such e	expenses)***	6			
3. Advertising Other (<i>Specify</i>)***	S	6			
See Attached Schedule					
4. Fund-Raising***	S	6			
5. Medical Records	S	6			
6. Barber and Beauty Supplies (if this service :	is supplied	6			
directly and not by contract or fee for servic	e)***				
7. Postage	S	582			582
* 8. Dues and Membership Fees to Professional	S	5 774			774
Associations (Specify)					
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-A	llowable Org.***	5			
9. Subscriptions	S	258			258
10. Contributions***	S	5			
See Attached Schedule					
11. Services Provided by Contract (Specify and	Complete S	5			
Schedule C-2, Page 21 for each firm or indi	ividual)				
12. Administrative Management Services**	S	5			
13. Other (<i>Specify</i>)	S	5,879			5,879
See Attached Schedule					
C-14 Total Administrative & General Expenditures	S	227,945			227,945

* 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	Resid Care	
		_		-	
		-		-	
		-			
Total Other Travel and Entertainment	\$-		\$-	\$	-

Schedule of Other Advertising

Description	CCNH	RHNS	dential Home
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home	
CARCH			\$	650
BJ's			\$	50
AARP			\$	74
Total Dues	\$ -	\$-	\$	774

Schedule of Contributions

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

Schedule of Other Administrative and General

CCNH	RHNS	Residential Care Home	
		\$	3,440
		\$	1,090
		\$	15
		\$	240
		\$	1,085
		\$	9
\$ -	\$ -	\$	5,879
	CCNH		CCNH RHNS Car S \$ \$ S \$ \$ S \$ \$

Name of Facility	License No.	Report for Year Ended	Page of
Alberta Manor, Inc.	1731	9/30/2016	17 37
	Cost of		Indicate Where Costs
Name & Address of Individual or	Management	Full Description of Mgmt. Service	are Included in Annual
Company Supplying Service	Service	Provided	Report Page #/Line #

Schedule C-1 - Management Services*

* 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)

			ote o	n Pa	ige 5)			
Nar	ne of Facility		Licens	e No.		Report for Y	Year Ended	Page of
Alb	erta Manor, Inc.			173	1	9/30/201	б	18 37
								Residential Care
	Item				Total	CCNH	RHNS	Home
2.	Dietary							
	a. In-House Preparation & Service							
	1. Raw Food		\$	5	66,558			66,558
	2. Non-Food Supplies		\$	5	3,157			3,157
	3. Other (<i>Specify</i>)		_ \$	5				
	b. Purchased Services (by contract other		\$	5				
	than through Management Services)							
	(Complete Schedule C-2 att. Page 21)							
	 Management Services** 		\$	6				
	d. Other (<i>Specify</i>)		_ \$	6				
2E.	Total Dietary Expenditures (2a + b + c + d)		\$	5	69,715			69,715
								Residential Care
2F.	Dietary Questionnaire				Total	CCNH	RHNS	Home
G.	Resident Meals: Total no. of meals served per	da	v:*		90			90
H.	Is cost of employee meals included in 2E?		Yes		۲	No		•
I.	Did you receive revenue from employees?	0	Yes		٥	No	If yes, specify amt.	
J.	Where is the revenue received reported in the	Co	st Repo	rt? (P	Page/Line	Item)		
	Is cost of meals provided to persons other				<u> </u>		***	
K.	than employees or residents (i.e., Board	0	Yes		\odot	No	If yes, specify	
	Members, Guests) included in 2E?						cost.	
_		~					If yes, specify	
L.	Is any revenue collected from these people?	0	Yes		\odot	No	amt.	
М	Where is the revenue received reported in the	Co	st Reno	rt? (P	Page/Line	Item)		
	Is cost of food (other than meals, e.g.,	0	st nepoi	(1	ugo, Line			
	snacks at monthly staff meetings, board						If yes, specify	
N.	meetings) provided to employees included	0	Yes		\odot	No	cost.	
	in 2E?						0031.	
	m 22.						If yes specify	
О.	Is any revenue collected from employees?	0	Yes		\odot	No	If yes, specify	
<u> </u>							amt.	
P.	Where is the revenue received reported in the	Co	st Repo	rt? (P	age/Line	Item)		

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

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

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

	ne of Facility	License		-	Year Ended	Page of
Albe	erta Manor, Inc.		1731	9/30/2016)	19 37
	Item		Total	CCNH	RHNS	Residential Care Home
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.				
	gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	3,903			3,903
	 Employee items including uniforms, gowns, etc. washed, ironed and/or 	Lbs.				
	processed.***	Amt. \$				
	3. Personal clothing of residents	Lbs.				
	washed, ironed, and/or processed.***	Amt. \$	1,568			1,568
	4. Repair and/or purchase of linens.***	Lbs.				
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	Amt. \$				
	c. Management Services**d. Other (<i>Specify</i>)	\$				
3E.	Total Laundry Expenditures (3a + b + c + d)	\$	5,471			5,471
3F.	Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E? O	Yes	۲	No	If yes, specify cost.	
H.	Did you receive revenue from employees? O	Yes	۲	No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cos	t Report?		(Page/Lin	e Item)	
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?) Yes	٥	No	If yes, specify cost.	
K.	Did you receive revenue from these people? O	Yes	۲	No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cos	t Report?		(Page/Lin	e Item)	

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

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

*** 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)

Nar	ne of Facility	License No.	Repo	ort for Year E	nded	Page	of
Alb	erta Manor, Inc.	1731		9/30/2016		20	37
	Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced		Totul	contin		
···	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (<i>Mops</i> ,	Amt.	\$	18,759			18,759
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$				
	Page 21)						
	c. Management Services*		\$				
	d. Other (<i>Specify</i>)		\$				
4E.	Total Housekeeping Expenditures (4a +	b + c + d)	\$	18,759			18,759
5.	Resident Care (Supplies)**		_				
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$				
	b. Medicine Cabinet Drugs		\$	2,853			2,853
	c. Medical and Therapeutic Supplies		۰ \$	2,833			2,033
	d. Ambulance/Limousine***		\$				
	e. Oxygen		Ψ				
	1. For Emergency Use		\$				
	2. Other***		\$				
	f. X-rays and Related Radiological		\$				
	Procedures***						
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)						
	h. Laboratory***		\$				
	i. Recreation		\$	2,879			2,879
	j. Other (Specify)****		\$	4,973			4,973
	See Attached Schedule						
5K.	Total Resident Care Expenditures (5a - 5	j)	\$	10,705			10,705

* 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.

Alberta Manor, Inc. 9/30/2016

Description	CCNH	RHNS	dential e Home
Cable			\$ 4,973
Total Other Resident Care	\$ -	\$ -	\$ 4,973

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

Name of Facility Alberta Manor, Inc.				License No. 1731	Report for Year Ende 9/30/2016	d			Page 21	of 37
		Related ** Operators					Total Cost	/Page Ref.**	*	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home	Pg	Line
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Ye	ear Ended		Page of
Alberta Manor, Inc.	1731	9/30/2016			22 37
Item		Total	CCNH	RHNS	Residential Care Home
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$	44,930			44,930
b. Heat	\$	5,709			5,709
c. Light & Power	\$	13,961			13,961
d. Water	\$	8,336			8,336
e. Equipment Lease (Provide detail on p	page 6) \$				
f. Other (<i>itemize</i>)	\$				
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a)	- 6f) \$	72,936			72,936
7. Depreciation (<i>complete schedule page 23</i>	3*)				
a. Land Improvements	\$				
b. Building & Building Improvements	\$				
c. Non-Movable Equipment	\$	1,592			1,592
d. Movable Equipment	\$	3,105			3,105
*7e. Total Depreciation Costs (7a + b + c + c	l) \$	4,697			4,697
8. Amortization (Complete att. Schedule Pa	ıge 24*)				
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$	14,995			14,995
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + c	d) \$	14,995			14,995
9. Rental payments on leased real property	less				
real estate taxes included in item 10b	\$	42,252			42,252
10. Property Taxes					
a. Real estate taxes paid by owner	\$	39,900			39,900
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$	2,166			2,166
11. Total Property Expenses (7e + 8e + 9 +	10) \$			1	104,010

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

Alberta Manor, Inc. 9/30/2016

Schedule of Other Repairs and Maintenance

Deve forther	CONH	DING	Residential
Description	CCNH	RHNS	Care Home
Total Other Repairs and Maintenance	\$ -	\$ -	\$ -

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Depreciation Schedule

Name of Facility					License No.	lation SC		Report for Year E	Inded		Page	of
Alberta Manor, Inc.					173 License 100.	1		9/30/2016	lided		23	37
Alberta Mallor, Inc.					Historical	1					23	51
					Cost	Less		Accumulated Depreciation to	Method of			
					Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
Property Item					Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements					Lund	vuide	Depreciated	rear 5 operations	Depreciation	Life	Tor This Tou	Totals
1. Acquired prior to this report period					3,000		3,000	3,000	Amortization	10		
2. Disposals (attach schedule)					3,000		5,000	5,000	7 Infortizution	10		
3. Acquired during this report period (atta	ch sch	edule)										
A-4. Subtotal	en sen	eaule)										
B. Building and Building Improvements												
1. Acquired prior to this report period					21,370		21,370	21,370	S/L	20		
2. Disposals (attach schedule)							1,0,0					
3. Acquired during this report period (atta	ch sch	edule)										
B-4. Subtotal												
C. Non-Movable Equipment												
1. Acquired prior to this report period					141,109		141,109	128,972	S/L	various	1,592	
2. Disposals (attach schedule)					,		,	,			,	
3. Acquired during this report period (atta	ch sch	edule)										
C-4. Subtotal		,										1,592
	Ic o m	nileage										
		hook		6	Historical			Accumulated				
	-	ained?		e of isition	Cost	Less		Depreciation to	Method of			
					Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment	103	110	Wonun	Tear	Lund	, arao	Depresiated	real s'operations	Depresium	Line	Tor This Tour	100000
1. Motor Vehicles (Specify name, model												
and year of each vehicle)												
a. 2006 Dodge Caravan	Х		6	2006	19,752		19,752	19,752	S/L	4		
b.					,		,	,				
с.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period			var	var	94,050		94,050	86,692	S/L	various	1,936	
b. Disposals (attach schedule)												
c. Acquired during this report period												
(attach schedule)					12,976						1,169	
D-3. Subtotal												3,105
E. Total Depreciation												4,697

Alberta Manor, Inc. 9/30/2016

Schedule of Land Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Fotal additions for Land Imp	rovements	\$ -		\$ -
Deletions:				
				<i>•</i>
Fotal deletions for Land Imp	rovements	\$ -		\$ -

**Ties to Page 23, Line A2

Thes to rage 23, Line A2

Schedule of Building Improvements Acquired during this report period

g improvements required during tins report period				
		Useful		
Description of Item	Cost	Life	Depreciation	
				1
Building Improvements	\$ -		\$ -	*
Building Improvements	\$ -		\$ -	**
	Description of Item	Description of Item Cost Image: Image of Item Image of Item Image of Item <	Useful Cost Useful Life Description of Item Cost Image: Image of the second	Useful Useful Useful Description of Item Cost Life Depreciation Image: Ima

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Fotal additions for Non-Movab	le Equipment	\$ -		\$ -
Deletions:				
Total deletions for Non-Movab	le Equipment	\$ -		\$ -
*Ties to Page 23, Line C3			1	

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

	e Eduburen undan en an uit en stehere herren		Useful		
Acquisition Date	Description of Item	Cost	Life	Depreciation	
Additions:					
1/6/2016	Phone system	\$ 3,309	10	\$	248
1/18/2016	Lounge Furniture	\$ 9,667	7	\$	921
Fotal additions for	Movable Equipment	\$ 12,976		\$	1,169
Deletions:					
Fotal 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

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
			-	
Total additions for Leasehold I	nprovement	\$ -		\$ -
Deletions:				
			1	
Fotal deletions for Leasehold In	nnrovement	\$ -		\$ -
*Ties to Page 24, Line C3	nprovement	\$ -		φ

**Ties to Page 24, Line C5

Amortization Schedule*

Nam	Name of Facility					Report for Year Ended			Page	of
Albe	rta Manor, Inc.			17.	31	9/30/2016			24	37
			e of sition			Accumulated Amort. to Beginning of	Basis for			
	_			Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
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	Var	534,386	426,763			14,995	
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
	(attach schedule)									
C-4.	Subtotal									14,995
D.	Total Amortization									14,995

* 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	License No.		Report for Year En	ded		Page	of
Alberta Manor, Inc.	1731		9/30/2016			25	37
11. Property Questionnaire							
Part A							
Is the property either owned by the	e Facility	•	Vac	0	No	If "Yes," complet	e Part B.
or leased from a Related Party?*		0	105	0	NO	If "No," complete	e Part C.
*If any owner or operator of this fa	cility is related by fami	ily, ma	arriage, ownership, abi	lity to control or			
business association to any person	or organization from w	whom t	ouildings are leased, th	en it is considered			
a related party transaction.			T-4-1				
Description 1. Date Land Purchased			Total				
2. Date Structure Completed			12/31/76				
3. If NOT Original Owner, Date	of Purchase						
4. Date of Initial Licensure			12/31/76				
5. Total Licensed Bed Capacity			30				
6. Square Footage			50				
7. Acquisition Cost							
a. Land							
b. Building							
Part B - Owner and Related Pa	rties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortga	age
1. Financing			1st Wortguge	2nd Wortguge	Sid Mongage	til Moltge	450
a. Type of Financing (e.g., f	ixed, variable)						
b. Date Mortgage Obtained	ineu, (unuere)						
c. Interest Rate for the Cost	Year						
d. Term of Mortgage (numb							
e. Amount of Principal Borr							
f. Principal balance outstand							
Complete if Mortgage was 1							
During Current Cost Ye							
g. Type of Financing (e.g., f							
h. Date of Refinancing							
i. New Interest Rate							
j. Term of Mortgage (numb	er of years)						
k. Amount of Principal Borr	owed						
1. Principal Outstanding on	Note Paid-Off						
Part C - Arms-Length Leas	es for Real Proper	rty Ir	nprovements Only	y			
Name and Address of Lesso	r	Prop	erty 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		Report for Ye		Page of		
Alberta Manor, Inc.	1731		9/30/2016			26 37
						Residential Care
Item			Total	CCNH	RHNS	Home
12. Interest	0 NT Nf1-1					
A. Building, Land Improven Equipment	ient & Non-Movabl	e				
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					
1. Original Loan Amoun	t	\$				
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Exper	nse					
12 B7. Total Building Interest Expen		\$				

(Carry Subtotals forward to next page)

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

Name of Facility		Report for Y		Page of		
Alberta Manor, Inc.	1731		9/30/2016			27 37
						Residential
Ite	m		Total	CCNH	RHNS	Care Home
	Subtotals Bro	ught Forward:				
12. C. Movable Equipment						
1. Automotive Equipme	ent	\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (<i>Specify</i>)	1	\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
D. L.	D. (A	-			
B. Item	Rate	Amount				
Lender			-			
Lender						
Address of Lender						
Address of Lender						
12. C. 3. Total Movable Equip	ment Interest					
Expense $(C1 + 2)$		\$				
12. D. Other Interest Expense (Specify)	\$				
	1 557					
13. Total All Interest Expense (12B7 + 12C3 + 12I	D) \$				
14. Insurance						
a. Insurance on Property (b	ouildings only)	\$	12,666			12,666
b. Insurance on Automobil	es	\$	3,374			3,374
c. Insurance other than Pro						
1. Umbrella (Blanket Co		\$ \$				
2. Fire and Extended Co	overage					
3. Other (<i>Specify</i>)		\$	2,596			2,596
Pension insurance an	d EPLI					
14d. Total Insurance Expenditur		\$				18,636
15. Total All Expenditures (A-1	5 thru C-14)	\$	1,060,447			1,060,447

Name	Name of Facility				cense No.	Report for Ye	ar Ended	Page of
	rta Ma	-			1731	9/30/2016		28 37
	Page				Total Amount of		DINIG	Residential Care
	No.		Item Description		Decrease	CCNH	RHNS	Home
Page	<i>10 - S</i>	Salarie	es and Wages	ф.				
1.			Outpatient Service Costs	\$				
2.			Salaries not related to Resident Care	\$				-
3.			Occupational Therapy	\$	10.000			10.000
4.	10 1		Other - See attached Schedule	\$	10,000			10,000
0	13 - I	rofes	sional Fees	ф.				
5.			Resident Care Physicians **	\$				_
6.			Occupational Therapy	\$				
7.			Other - See attached Schedule	\$				
~	s 15 &	z 16 -	Administrative and General	+				
8.			Discriminatory Benefits	\$				
9.			Bad Debts	\$				
10.			Accounting & Legal	\$				
11.			Telephone	\$				
12.			Cellular Telephone	\$				
13.			Life insurance premiums on the life					
			of Owners, Partners, Operators	\$				
14.			Gifts, flowers and coffee shops	\$				
15.			Education expenditures to colleges or					
			universities for tuition and related costs					
			for owners and employees	\$				
16.			Travel for purposes of attending					
			conferences or seminars outside the					
			continental U.S. Other out-of-state					
			travel in excess of one representative	\$				
17.			Automobile Expense (e.g. personal use)	\$				
18.			Unallowable Advertising *	\$				
19.	16	m13	Income Tax / Corporate Business Tax	\$	43			43
20.			Fund Raising / Contributions	\$				
21.			Unallowable Management Fees	\$				
22.			Barber and Beauty	\$				
23.			Other - See attached Schedule	\$	1,085			1,085
Page	18 - I	Dietar _.	y Expenditures					
24.			Meals to employees, guests and others					
			who are not residents	\$				
Page	<u> 19 - 1</u>	Laund	ry Expenditures					
25.			Laundry services to employees, guests					
			and others who are not residents	\$				
Page	20 - 1	Jouse	keeping Expenditures					
26.			Housekeeping services to employees, guests					
	1	1						

\$

\$

11,128

D. Adjustments to Statement of Expenditures

* All except "Help Wanted".

(Carry Subtotal forward to next page)

11,128

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

Subtotal (Items 1 - 26)

and others who are not residents

Alberta Manor, Inc. 9/30/2016

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	idential e Home
10	A2	Katherine Richeimer excess salary			\$ 5,000
10	A4	Patricia Richheimer excess salary			\$ 5,000
Total Othe	r Salaries A	Adjustment	\$ -	\$ -	\$ 10,000

Schedule of Fees Adjustments

Dogo Dof	I ino Dof	Description	CCNH	RHNS	Residential Care Home
Page Ref	Line Kei	Description	CUNI	KIINS	Care nome
Total Othe	r Fees Adju	istments	\$-	\$ -	\$ -

Schedule of Other A&G Adjustments

					Resi	dential	
Page Ref	Line Ref	Description	CCNH	RHNS	Care Home		
16	13	Miscellaneous unallowable expense			\$	1,085	
Total Othe	Fotal Other A&G Adjustments \$ - \$ -						

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Nom	e of Fa	aility	D. Adjustments to Stateme		cense No.	Report for Y	,	Daga	of
	rta Ma	•			1731	9/30/2016	ear Ended	Page 29	37
Alber	ta Ma	nor, i				9/30/2010		29	57
Téama	Daga	T in a			Total			Desider	tial Cama
	Page		Item Description		Amount of	CONIL	DUNC		tial Care
INO.	No.	INO.	Item Description	¢	Decrease	CCNH	RHNS	HO	me
D	20 1		Subtotals Brought Forward	\$	11,128				11,128
27.	20 - I	<i>lesiae</i>	nt Care Supplies*** Prescription Drugs	¢					
27.			Ambulance/Limousine	\$ \$					
28. 29.									
29. 30.			X-rays, etc	\$ \$					
30.			Laboratory Medical Supplies	ֆ \$					
31.			**	ب \$					
32. 33.			Oxygen (non emergency)						
33. 34.			Occupational Therapy Other - See Attached Schedule	\$ \$	2 772				2 772
	22 1	Anicat		\$	3,773				3,773
<i>Page</i> 35.	22 - IV		enance and Property						
33.			Excess Movable Equipment Depreciation See Attached Schedule	¢					
26				\$					
36.			Depreciation on Unallowable Motor Vehicles	¢					
37.				\$					
57.			Unallowable Property and Real	¢					
20			Estate Taxes	\$					
38. 39.			Rental of Building Space or Rooms	\$					
	27 1		Other - See Attached Schedule	\$					
	27 - I	nsura		¢					
40. 41.			Mortgage Insurance	\$					
		11	Property Insurance	\$					_
	r - Mis	scella		¢					
42. 43.			Research or Experimental Activities Radio and Television Revenue	\$					
				\$					
44.			Vending Machine Revenue Purchase Discounts and Allowances	\$					
45.				\$					
46.			Duplications of functions or services	\$					
47.			Expenditures made for the protection,						
			enhancement or promotion of the	¢					
40			providers interest	\$					
48.			Interest Income on Accounts Rec	\$					
49.			Other (include personnel and other						
			costs unrelated to resident care) - See	ሰ					
NT- 4		a C 4 D	Attached Schedule	\$					
	or Pr	ojit P	roviders Only						
50.			Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -	4					
7 1	T		See Attached Schedule	\$	14.001				14.001
51.	1 otal	Amo	unt of Decrease (Items 1 - 50)	\$	14,901				14,901

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

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

Alberta Manor, Inc. 9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	dential Home
20	5j	Excess cable expense			\$ 3,773
Total Othe	r Ancillary	Costs	\$ -	\$ -	\$ 3,773

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Exce	ss Movable	e Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Othe	r Property	Adjustments	\$-	\$-	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Othe	r Adjustme	nts	\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Unal	lowable Bu	ilding Interest	\$ -	\$ -	\$ -
		·			

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F. Statement of Revenue

Name of Facility	License No.	Report for Ye	ear Ended		Page of
Alberta Manor, Inc.	1731	 9/30/2016		·	30 37
	Item	Total	CCNH	RHNS	Residential Care Home
I. Resident Room, Board & Rout	ine Care Revenue				
1. a. Medicaid Residents (CT of	only)	\$ 1,055,675			1,055,675
b. Medicaid Room and Boar	rd Contractual Allowance **	\$			
2. a. Medicaid (All other states	s)	\$			
b. Other States Room and B	oard Contractual Allowance **	\$			
3. a. Medicare Residents (all in	nclusive)	\$			
b. Medicare Room and Boar	d Contractual Allowance **	\$			
4. a. Private-Pay Residents and	l Other	\$ 54,711			54,711
b. Private-Pay Room and Bo	oard Contractual Allowance **	\$			
II. Other Resident Revenue					
1. a. Prescription Drugs - Med	icare	\$			
b. Prescription Drugs - Med	icare Contractual Allowance **	\$			
c. Prescription Drugs - Non-	-Medicare	\$			
d. Prescription Drugs - Non-	-Medicare Contractual Allowance **	\$			
2. a. Medical Supplies - Medic	care	\$			
b. Medical Supplies - Medic	care Contractual Allowance **	\$			
c. Medical Supplies - Non-M	Aedicare	\$			
d. Medical Supplies - Non-M	Medicare Contractual Allowance **	\$			
3. a. Physical Therapy - Medic	are	\$			
b. Physical Therapy - Medic	are Contractual Allowance **	\$			
c. Physical Therapy - Non-M	Aedicare	\$			
d. Physical Therapy - Non-M	Aedicare Contractual Allowance **	\$			
4. a. Speech Therapy - Medica	re	\$			
b. Speech Therapy - Medica	re Contractual Allowance **	\$			
c. Speech Therapy - Non-M	edicare	\$			
d. Speech Therapy - Non-M	edicare Contractual Allowance **	\$			
5. a. Occupational Therapy - I	Medicare	\$			
b. Occupational Therapy - I	Medicare Contractual Allowance **	\$			
c. Occupational Therapy - I	Non-Medicare	\$			
d. Occupational Therapy - I	Non-Medicare Contractual Allowance **	\$			
6. <u>a.</u> Other (Specify) - Medicar	re	\$			
b. Other (Specify) - Non-Me	edicare	\$			
III. Total Resident Revenue (Sect	ion I. thru Section II.)	\$ 1,110,386			1,110,386
IV. Other Revenue*					
1. Meals sold to guests, employ	vees & others	\$			
2. Rental of rooms to non-resid	ents	\$			
3. Telephone		\$			
4. Rental of Television and Cat	ble Services	\$			
5. Interest Income (Specify)		\$			
6. Private Duty Nurses' Fees		\$			
7. Barber, Coffee, Beauty and C	Gift shops	\$			
8. Other (<i>Specify</i>)		\$ 2,913			2,913
V. Total Other Revenue (1 thru 8)		\$ 2,913			2,913
VI. Total All Revenue (III +V)		\$ 1,113,299			1,113,299

* 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.

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Othe	er Resident Revenue - Medicare	\$-	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Othe	r Resident Revenue	\$-	\$-	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
Total Inte	rest Income		\$-	\$-	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	dential e Home
	MAT Training-Reimbursement for salary expense			\$ 2,913
Total Oth	er Revenue	\$ -	\$ -	\$ 2,913

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G. Balance Sheet

Name of	•	License No.	Report for Year Ended	Page	of
Alberta N	Manor, Inc.	1731	9/30/2016	31	37
		Account		I	Amount
Assets					
	rrent Assets				
	Cash (on hand and in banks	-		\$	96,707
				\$	65,851
3.	Other Accounts Receivable	(Excluding Owners o	r Related Parties)	\$	
	Inventories			\$	150
5.	Prepaid Expenses			\$	17,635
	a. Prepaid Insurance		6,125	_	
	b. Prepaid Taxes		1,383	_	
	c. Prepaid Pension		2,627	_	
	d. Prepaid - deps on F/A		7,500		
6.	Interest Receivable			\$	
7.	Medicare Final Settlement F	Receivable		\$	
8.	Other Current Assets (itemiz	ze)		\$	
				_	
				_	
A-9. Tot	tal Current Assets (Lines Al	thru 8)		\$	180,34
	ed Assets	,)-
	Land			\$	
	Land Improvements	*Historical Cost	3,000	\$	
		Accum. Depreciati		÷	
3	Buildings	*Historical Cost	21,370	\$	
5.	Dunungs	Accum. Depreciati		Ψ	
1	Leasehold Improvements	*Historical Cost	534,386	\$	92,62
4.	Leasenoid improvements	Accum. Depreciati		Φ	92,020
5	Non-Movable Equipment	*Historical Cost	141,109	\$	10,54
5.	Non-movable Equipment			Φ	10,34.
6	M 11 E ' /	Accum. Depreciati		¢	17.00
	Movable Equipment	*Historical Cost	107,026	\$	17,229
0.		A course Doprociati	on 89,797 Net		
		Accum. Depreciati			
	Motor Vehicles	*Historical Cost	19,752	\$	
7.		*Historical Cost Accum. Depreciati	19,752		
7.	Motor Vehicles Minor Equipment-Not Depre	*Historical Cost Accum. Depreciati	19,752	\$ \$	
7.	Minor Equipment-Not Depre	*Historical Cost Accum. Depreciati eciable	19,752		
7. 8.		*Historical Cost Accum. Depreciati eciable	19,752	\$	
7.	Minor Equipment-Not Depre	*Historical Cost Accum. Depreciati eciable	19,752	\$	

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

(Carry Total forward to next page)

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G. Balance Sheet (cont'd)

		Facility	License No.	Report for Year Ended	Page		of
Albe	erta l	Manor, Inc.	1731	9/30/2016	32		37
			Account		Amo	ount	
				Total Brought Forward:	\$	30	0,745
C.	Lea	asehold or like property record	ded for Equity Purpose	S.			
		Land			\$		
	2.	Land Improvements	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	3.	Buildings	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	4.	Non-Movable Equipment	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	5.	Movable Equipment	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	6.	Motor Vehicles	*Historical Cost				
			Accum. Depreciation	n Net	\$		
		Minor Equipment-Not Depre			\$		
C-8	То	tal Leasehold or Like Proper	ties (C1 thru 7)		\$		
D.	Inv	vestment and Other Assets					
	1.	Deferred Deposits			\$		
	2.	Escrow Deposits			\$		
	3.	Organization Expense	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	4.	Goodwill (Purchased Only)			\$	1	5,000
	5.	Investments Related to Resid	lent Care (<i>itemize</i>)		\$		
	6.	Loans to Owners or Related	Parties (itemize)		\$		
		Name and Address	Amount	Loan Date			
	7.	Other Assets (itemize)			\$		
		tal Investments and Other As	· · · · · · · · · · · · · · · · · · ·		\$	1	5,000
D-9.	To	tal All Assets (Lines A9 + B1	0 + C8 + D8)		\$	31	5,745

* 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 Alberta Manor, Inc.		License No.	Report for Year E	Inded	Page	of	
Alberta Mano	or, In	с.	1731	9/30/2016		33	37
		1	Account			Am	ount
Liabilities							
А.		rrent Liabilities					
	1.	2				\$	11,198
	2.	Notes Payable (itemize)			5	\$	
				× /•. • ×		Φ.	
	3.	Loans Payable for Equipme	-			\$	
		Name of Lender	Purpose	Amount	Date Due		
	4.	Accrued Payroll (Exclusive	e of Owners and/or S	Stockholders only)		\$	4,519
	5.	Accrued Payroll (Owners a	und/or Stockholders	only)		\$	10,933
	6.	Accrued Payroll Taxes Pay	able		5	\$	
	7.	Medicare Final Settlement	Payable		5	\$	
	8.	Medicare Current Financin			5	\$	
	9.				5	\$	
	10.	Interest Payable (Exclusive		elated Parties)	5	\$	
		Accrued Income Taxes*	0	,		\$	
	12.	Other Current Liabilities (i	temize)			\$	
A-13.	To	tal Current Liabilities (Line	es A1 thru 12)			\$	26,650

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

(Carry Total forward to next page)

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Yea	r Ended	Page	of
Alberta Manor, Inc.	1731	9/30/2016		34	37
	Account	Total Prov	ght Forward:	Amo	26,650
Liabilities (cont'd)					20,030
B. Long-Term Liabilities					
1. Loans Payable-Equipment	(itemize)		\$		
Name of Lender	Purpose	Amount	Date Due		
	<u>^</u>				
2. Mortgages Payable			\$		
2. Mortgages Payable 3. Loans from Owners or Ref.	atad Partias (itamiza)		\$		54,160
Name and Address of Lender	Amount	Loan I			54,100
	Alloulli	LUali I	Jate		
Katherine Richheimer	27,080	onon			
Kaulenne Kichhennei	27,080	open			
Patricia Santovenere	27.090	onon			
Fatticia Santovenere	27,080	open			
4. Other Long-Term Liabiliti	l es (itemize)	1	\$		
4. Other Long-Term Liaoniti	es (lieniize)		ψ		
			_		
B-5. Total Long-Term Liabilities	Lines B1 thru 4)		\$		54,160
C. Total All Liabilities (Lines A-			\$		80,810

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

Name of Facility Alberta Manor, Inc.		License No.		Report for Year Ended 9/30/2016		Page	of
		1731 Account	9/30,			35	Amount 37
A.	Reserves					AIIIOUIII	
	1. Reserve for value of leased land					\$	
	2. Reserve for depreciation vation to be amortized	alue of leased build	ings and	appurtei	nances	\$	
	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 Owner's Capital 					\$	
	2. Capital Stock					\$	1,000
	3. Paid-in Surplus					\$	
	4. Treasury Stock					\$	
	5. Cumulated Earnings					\$	181,083
	6. Gain or Loss for Period	10/1/20)15	thru	9/30/2016	\$	52,852
	7. Total Net Worth					\$	234,935
C.	Total Reserves and Net Worth	2				\$	234,935
D.	Total Liabilities, Reserves, an	d Net Worth				\$	315,745

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H. Changes in Total Net Worth

Name	of Facility	License No.	Report for Year	Ended	Page		of	
	ta Manor, Inc.	1731	9/30/2016		36	I	37	
	Account					Amount		
A. 1							81,083	
	Total Revenue (From Statement of	5	5		13,299			
С. ′						1,0	60,447	
D .]	Net Income or Deficit				5		52,852	
	Balance			S	\$	2	33,935	
	Additions Additional Capital Contributed Other (<i>itemize</i>) 	(itemize)						
F-3. '	Total Additions				\$			
_	Deductions				þ			
	1. Drawings of Owners/Operators/Partners (<i>Specify</i>)							
	Name and Address (<i>No., City,</i>		Title	Amount	r			
					5			
	2. Other Withdrawings (Specify) Purpose Amount							
	Purpose		Amo	unt				
-	3. Total Deductions			S				
Н. 4	Balance at End of Period	09/30/1	б	S	\$	2	33,935	

Name of Facility	License No.	Report for Year Ended	Page	of				
Alberta Manor, Inc.	1731	9/30/2016	37	37				
	Check appropriate catego	ory						
□ Chronic and Convalescent Nursing Home only (CCNH)	□ Rest Home with Nursing Supervision only (RHNS)	☑ Residential Care Home						
	Preparer/Reviewer Cert	tification						
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.								
Signature of Preparer	Title	Date Signed	Date Signed					
Printed Name of Preparer								
Davis, Mascola & Phillips, LLC								
Addres Address		Phone Number						
1062 Barnes Rd - Ste. 203, Wallingford, CT	203-265-0488	203-265-0488						

I. Preparer's/Reviewer's Certification

Error Check

Level Item

Reported as