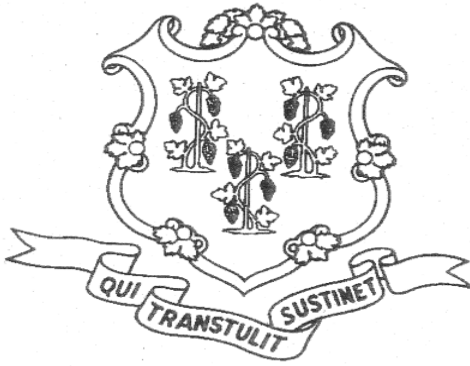


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Health Care Alliance, Inc d/b/a Blair Manor	
Address (No. & Street, City, State, Zip Code) 612 Hazard Ave Enfield, CT 06082	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2155-C	RHNS	(Specify)	Medicare Provider 07-5291
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Medicaid Provider Numbers:	CCNH	RHNS	ICF-MR
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**For Department Use Only**

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

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### General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Health Care Alliance, Inc d/b/a Blair Manor	2155-C	9/30/2015	1	37

#### Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Health Care Alliance, Inc d/b/a Blair Manor [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Judy-Ann Johnson			Printed Name (Owner) Benjamin Z. Fischman		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires  / /	
Address of Notary Public					

(Notary Seal)

State of Connecticut  
**Department of Social Services**  
 25 Sigourney Street, Hartford, Connecticut 06106

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Health Care Alliance, Inc d/b/a Blair Manor		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 612 Hazard Ave Enfield, CT 06082				
Report Prepared By Blair Manor		Phone Number 203-250-2030	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 860-749-8388		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Health Care Alliance, Inc d/b/a Blair Manor			Address (No. & Street, City, State, Zip) 612 Hazard Ave Enfield, CT 06082		
License Numbers:		CCNH 2155-C	RHNS	(Specify)	Medicare Provider No. 07-5291
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No   If "Yes," explain fully.					
<b>Administrator</b>					
Name of Administrator Judy-Ann Johnson			Nursing Home Administrator's License No.:	1317	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		



**General Information and Questionnaire  
 Corporate Owners**

Name of Facility Health Care Alliance, Inc d/b/a Blair Manor	License No. 2155-C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation Health Care Alliance, Inc. d/b/a Blair Manor	Business Address 612 Hazard Ave, Enfield, CT 06082	State(s) in Which Incorporated CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Benjamin Fischman		President	51%	
Samuel Strasser		Secretary	4%	
Names of Stockholders Owning at Least 10% of Shares				
Benjamin Fischman		President	51%	
Toby Hersh		Vice president	3.7%	





**General Information and Questionnaire  
Related Parties\***

Name of Facility Health Care Alliance, Inc d/b/a Blair Manor	License No. 2155-C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Benjamin Fischman, Affinity Health Care Mgt	221 East 33rd St New York , NY 10016	<input type="radio"/>	<input checked="" type="radio"/>		Management of Operations	Pg 16 Line m.11	308,250	308,250
Benjamin Fischman, Affinity Health Care Mgt	221 East 33rd St New York , NY 10016	<input type="radio"/>	<input checked="" type="radio"/>		Consolidated Pension-NonUnion	Pg 15 Line 7		
Joseph Grun & Harold Rubin, Gerimedix	3741 Ocean Ave Brooklyn, NY 11224	<input checked="" type="radio"/>	<input type="radio"/>	99%	Medical Supplies	Various	149,588	Unknown
Blair Manor Associates, LLC	1157 Highland Ave Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Real estate	Pg 22 Line 9	393,505	393,505
Alexandria, Crescent, Douglas and Ellis Manor		<input type="radio"/>	<input checked="" type="radio"/>		None	N/A	N/A	N/A
Douglas Manor		<input type="radio"/>	<input checked="" type="radio"/>		Nurse Coordinator	Pg 10 Line 12.b	22,793	22,793
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

\* Use additional sheets if necessary.

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

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Health Care Alliance, Inc d/b/a Blair Manor	License No. 2155-C	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

## General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Health Care Alliance, Inc d/b/a Blair Manor			2155-C	9/30/2015			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease		Amount Claimed
	Yes	No						
Postage Machine	<input type="radio"/>	<input checked="" type="radio"/>	Pitney Bowes	05/29/97	36 month w/ auto renewal			
GE Capital	<input type="radio"/>	<input checked="" type="radio"/>	Copy Machine	02/28/96	36 month w/ auto renewal	2,092		2,092
Accelerated Care	<input type="radio"/>	<input checked="" type="radio"/>	Therapy Equipment	monthly	month to month	15,460		15,460
Dolphin Capital	<input type="radio"/>	<input checked="" type="radio"/>	Drinking Water	monthly	month to month	1,612		1,612
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
							<b>Total ***</b>	19,164

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes       No

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

\*\* Attach copies of newly acquired leases.

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

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Health Care Alliance, Inc d/b/a Blai	License No. 2155-C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

Is the accounting basis for this period the same as for the previous period?     Yes     No    If "No," explain.

**Independent Accounting Firm**

Name of Accounting Firm 1    Genovese & Wonneberger, LLC 2 3    Whittlsey & Hadley PC 4	Address (No. & Street, City, State, Zip Code) Cheshire, CT  Hartford, CT
---	---

Services Provided by This Firm ( <i>describe fully</i> )	
1    Monthly Accounting / Financial Management	\$    50,030
2	\$
3    HUD Audit	\$    9,400
4	\$
	Charge for Services Provided
	\$    59,430

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

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1    See Attached Page 7A 2 3 4 5	Telephone Number
---	------------------

Address (*No. & Street, City, State, Zip Code*)  
 1  
 2  
 3  
 4  
 5

Services Provided by This Firm ( <i>describe fully</i> )	
1    See Attached Page 7A	\$    58,807
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$    58,807

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

**Schedule of Resident Statistics**

Name of Facility Health Care Alliance, Inc d/b/a Blair Manor			License No. 2155-C			Report for Year Ended 9/30/2015				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period									98	98		
B. On last day of THIS report period	98	98							98	98		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	85	85			85	85						
B. As of midnight of THIS report period	82	82			82	82						
3. Total Number of Days Care Provided During Period												
A. Medicare	3,043	3,043			2,438	2,438			605	605		
B. Medicaid (Conn.)	22,658	22,658			16,656	16,656			6,002	6,002		
C. Medicaid (other states)												
D. Private Pay	3,744	3,744			3,018	3,018			726	726		
E. State SSI for RCH												
F. Other (Specify)	2,851	2,851			2,222	2,222			629	629		
G. Total Care Days During Period (3A thru F)	32,296	32,296			24,334	24,334			7,962	7,962		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. <b>Total Resident Days (3G + 4A + 4B)</b>	32,296	32,296			24,334	24,334			7,962	7,962		

### Schedule of Resident Statistics (Cont'd)

Name of Facility Health Care Alliance, Inc d/b/a Blair Manor			License No. 2155-C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	5		64		9		4						
Per Diem Rate													
a. One bed rm.	RUGs 777.58		236.57				375.00						
b. Two bed rms.	RUGs 195.65				358.00								
c. Three or more bed rms.					333.00								
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								1,482	1,482				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								33	33				
C. Other								11,726	11,726				
D. <b>Total Physical Therapy Treatments</b>								13,241	13,241				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								174	174				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								17	17				
C. Other								456	456				
D. <b>Total Speech Therapy Treatments</b>								647	647				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								881	881				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								40	40				
C. Other								11,668	11,668				
D. <b>Total Occupational Therapy Treatments</b>								12,589	12,589				

### Report of Expenditures - Salaries & Wages

Name of Facility Health Care Alliance, Inc d/b/a Blair Manor	License No. 2155-C	Report for Year Ended 9/30/2015	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	103,512	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	179,199	9,554				
5. Dietary Service						
a. Head Dietitian	22,705	573				
b. Food Service Supervisor	60,407	2,097				
c. Dietary Workers	376,697	21,676				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	149,784	9,545				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	79,730	4,708				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	97,516	6,446				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	91,103	2,098				
b. RN						
1. Direct Care	447,947	10,923				
2. Administrative**	216,629	6,420				
c. LPN						
1. Direct Care	1,071,114	37,022				
2. Administrative**						
d. Aides and Attendants	1,278,014	76,575				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	84,655	4,188				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	61,279	2,103				
n. Marketing						
o. Other (Specify) See Attached Schedule	22,176	1,138				
<i>A-13. Total Salary Expenditures</i>	4,342,467	197,152				

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

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

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

**Schedule of Other Salaries and Wages (Page 10)**

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
50505062 S & W - NURS MED REC	\$ 22,176	1,138				
-	\$ -	-				
-	\$ -	-				
-	\$ -	-				
<b>Total</b>	\$ 22,176	1,138	\$ -	-	\$ -	-

**Schedule of Other Fees (Page 13)**

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
54006190 PURCH SERV - IV NURS	\$ 2,895	39				
MEDICAL STAFF FEES	\$ 100	2				
-	\$ -	-				
-	\$ -	-				
<b>Total</b>	\$ 2,995	41	\$ -	-	\$ -	-



**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	
Health Care Alliance, Inc d/b/a Blair Manor				2155-C	9/30/2015			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>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).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Health Care Alliance, Inc d/b/a Blair Manor				2155-C	9/30/2015			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Judy-Ann Johnson	103,512			Std	Facility Administrator	2,086	A2	None	NA	NA
<b>Section IV - Assistant Administrators</b>										

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

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

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

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Health Care Alliance, Inc d/b/a Blair Manor	2155-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b>						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist	7,644	95				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	278,523	3,310				
b. Other						
6. Social Worker	7,050	282				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	33,531	182				
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	31,669	791				
b. Other						
10. Occupational Therapist						
a. Resident Care	281,518	3,147				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	2,995	41				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>642,930</b>	<b>7,848</b>				

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

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

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

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

Name of Facility Health Care Alliance, Inc d/b/a Blair Manor		License No. 2155-C		Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Jeans, Patricia	Dietician	<input type="radio"/>	<input checked="" type="radio"/>			
Omnicare	Pharmacy, IV, Medical Records	<input type="radio"/>	<input checked="" type="radio"/>			
Foremost Rehab	PT, OT, ST	<input type="radio"/>	<input checked="" type="radio"/>			
David Armstrong	Social Worker	<input type="radio"/>	<input checked="" type="radio"/>			
CT Multi Speciality Group-Joseph Anquillaire MD	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Dushyant Parikh MD	Staff Development	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

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

**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended	Page	of
Health Care Alliance, Inc d/b/a Blair Manor	2155-C	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 184,351	184,351		
2. Disability Insurance	\$ 10,092	10,092		
3. Unemployment Insurance	\$ 46,373	46,373		
4. Social Security (F.I.C.A.)	\$ 329,850	329,850		
5. Health Insurance	\$ 864,351	864,351		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 2,050	2,050		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 218,077	218,077		
8. Uniform Allowance	\$ 20,101	20,101		
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 38,373	38,373		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 59,430	59,430		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 58,807	58,807		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 19,162	19,162		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 31,356	31,356		
2. Cellular Phones	\$ 5,708	5,708		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 593,920	593,920		
<b>Subtotal</b>	\$ 2,482,001	2,482,001		

\* 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**

Health Care Alliance, Inc d/b/a Blair Manor  
9/30/2015

Attachment Page 15

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
70008045 UNION TRAINING FUND	\$ 25,868		
70008007 DENTAL INSURANCE	\$ 12,505		
<b>Total</b>	\$ 38,373	\$ -	\$ -

**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
	\$ -		
<b>Total</b>	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Health Care Alliance, Inc d/b/a Blair Manor	2155-C	9/30/2015	16	37
Item	Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>		2,482,001	2,482,001	
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 250	250		
2. Holiday Parties for Staff	\$ 201	201		
3. Gifts to Staff and Residents	\$ 1,209	1,209		
4. Employee Travel	\$ 3,733	3,733		
5. Education Expenses Related to Seminars and Conventions	\$ 2,304	2,304		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 1,781	1,781		
7. Other ( <i>Specify</i> ) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 2,419	2,419		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 3,020	3,020		
4. Fund-Raising***	\$			
5. Medical Records	\$ 1,425	1,425		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 2,153	2,153		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 6,931	6,931		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 682	682		
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 160,236	160,236		
12. Administrative Management Services**	\$ 308,250	308,250		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 35,939	35,939		
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,012,534	3,012,534		

\* Do not include Subscriptions, which should go in item 9.  
 \*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.  
 \*\*\* Facility should self-disallow the expense on Page 28 of the Cost Report.

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	(Specify)
-	\$ -		
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
80007540 PROMOTIONAL	\$ 3,020		
<b>Total Other Advertising</b>	\$ 3,020	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
Costco -Annual Membership	\$ 110		
CAHCF-Annual Membership Dues	\$ 6,821		
ICNC Hartford Capter dues	\$ -		
	\$ -		
	\$ -		
<b>Total Dues</b>	\$ 6,931	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
-	\$ -		
<b>Total Contributions</b>	\$ -	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
	\$ 229		
	\$ 82		
70008042 EMPLOYEE INQUIRIES	\$ 1,464		
80007450 LICENSES & FEES	\$ 5,254		
80007900 BANK SERVICE FEES	\$ 330		
80007536 RESIDENT ITEMS	\$ 2,822		
51005292 UNION NEGOTIATIONS	\$ 100		
	\$ -		
80007955 PRIOR YEAR EXPENSE	\$ 1,527		
90009710 FINES & PENALTIES	\$ 24,032		
	\$ 99		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
<b>Total Other Administrative and General</b>	\$ 35,939	\$ -	\$ -



**Schedule C-1 - Management Services\***

Name of Facility Health Care Alliance, Inc d/b/a Blair Man	License No. 2155-C	Report for Year Ended 9/30/2015	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Affinity Health Care Mgt, Inc	308,250	Oversight of Operations including , Accounting, Purchasing, Human Resources, Payroll and Policy Review	Page 16/M12

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

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

Name of Facility Health Care Alliance, Inc d/b/a Blair Manor		License No. 2155-C	Report for Year Ended 9/30/2015	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 241,445	241,445		
2.	Non-Food Supplies	\$ 19,096	19,096		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 483	483		
c. Management Services**		\$			
d. Other (Specify) _____		\$			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 261,024</b>	<b>261,024</b>		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*		265	265		
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.	
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.	
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.	
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.	
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.	
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

Name of Facility		License No.	Report for Year Ended	Page	of
Health Care Alliance, Inc d/b/a Blair Manor		2155-C	9/30/2015	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	103	103	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	34,188	34,188	
c. Management Services**		\$			
d. Other (Specify) Laundry Supplies and Chemicals		\$	33	33	
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	<b>34,324</b>	<b>34,324</b>	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

\* 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)**

Name of Facility	License No.	Report for Year Ended	Page	of	
Health Care Alliance, Inc d/b/a Blair Manor	2155-C	9/30/2015	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	21,645	21,645		
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
	Amt. \$	65,061	65,061		
c. Management Services*	\$				
d. Other ( <i>Specify</i> ) REPAIRS & MAINT - HOUSEKEEPIN	\$	63	63		
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>	\$	86,769	86,769		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	209,926	209,926		
b. Medicine Cabinet Drugs	\$	53,568	53,568		
c. Medical and Therapeutic Supplies	\$	19,290	19,290		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	43,591	43,591		
f. X-rays and Related Radiological Procedures***	\$	6,648	6,648		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	18,919	18,919		
i. Recreation	\$	2,423	2,423		
j. Other (Specify)**** See Attached Schedule	\$	105,949	105,949		
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>	\$	460,314	460,314		

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

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

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

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

**Schedule of Other Resident Care**

Description	CCNH	RHNS	(Specify)
51006000 NURSING SUPPLIES	\$ 2,550		
51006080 MINOR EQUIPMENT - NSG	\$ 6,724		
51006100 NON-CHARGE MED SUPPL	\$ 76,675		
51006101 NON-CHARGE MED-ENTNL	\$ 8,846		
51006103 PERSONAL CARE SUPPL	\$ 11,154		
	\$ -		
	\$ -		
<b>Total Other Resident Care</b>	\$ 105,949	\$ -	\$ -

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

Name of Facility Health Care Alliance, Inc d/b/a Blair Manor			License No. 2155-C	Report for Year Ended 9/30/2015	Page 21	of 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
State of Connecticut DSS		<input type="radio"/>	<input checked="" type="radio"/>		Eligibility Worker	34,069			16	m11
Healthcare Services		<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	34,188			19	3b
Healthcare Services		<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Service	63,411			20	4b
USA Hauling		<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	15,870			22	6f
Health Management Solutions		<input type="radio"/>	<input checked="" type="radio"/>		AR and Billing	78,322			16	m11
Digital Media		<input type="radio"/>	<input checked="" type="radio"/>		Satelite TV	11,002			22	6f
ADP		<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	21,943			16	m11
MDI Achieve		<input type="radio"/>	<input checked="" type="radio"/>		Software Maintenance and Support	15,362			16	m11
KTE Property Services		<input type="radio"/>	<input checked="" type="radio"/>		Snow Plowing	12,512			22	6f
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

\*\* Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Health Care Alliance, Inc d/b/a Blair Manor	2155-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 27,513	27,513				
b. Heat	\$ 43,806	43,806				
c. Light & Power	\$ 66,272	66,272				
d. Water	\$ 9,225	9,225				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 19,164	19,164				
f. Other ( <i>itemize</i> )	\$ 68,258	68,258				
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 234,238	234,238				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 1,424	1,424				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 3,780	3,780				
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 5,204	5,204				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 6,436	6,436				
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$ 6,436	6,436				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 393,505	393,505				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 88,483	88,483				
c. Personal property taxes	\$ (597)	(597)				
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 493,031	493,031				

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

**Schedule of Other Repairs and Maintenance**

Description	CCNH	RHNS	(Specify)
63005500 TRASH REMOVAL	\$ 15,870		
85005430 CONTRACT SERV - SNOW	\$ 12,512		
85005420 CNTRCT SERV MAINT	\$ 4,071		
85005425 CONTRACT SERV - LAWN	\$ 5,098		
85005435 CNTRCT SRV GENERATOR	\$ 1,154		
	\$ -		
85005445 CONTRACT SERV - ALARM	\$ 1,846		
CONTRACT SERV - FIRE EXT SERV	\$ 331		
85005451 CONTRACT SERV SPRINK	\$ 1,713		
85005452 ONTRCT SRV FIRE PROT	\$ 2,255		
85005460 CONTRACT SERV - HVAC	\$ 3,908		
85005466 CNTRCT SRV-FAC NET	\$ 2,460		
85005470 COPIER MAINTENANCE	\$ 4,646		
85005490 CNTRCT SRV AQUARIUM	\$ 1,392		
85006550 SATTELITE TV	\$ 11,002		
<b>Total Other Repairs and Maintenance</b>	\$ 68,258	\$ -	\$ -

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Health Care Alliance, Inc d/b/a Blair Manor  
9/30/2015

**Schedule of Land Improvements Acquired during this report period**

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

**Schedule of Building Improvements Acquired during this report period**

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

**Schedule of Non-Movable Equipment Acquired during this report period**

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
12/1/2014	Ice machine	\$ 1,580	10	\$ 132
12/11/2014	Grease Trap Control	\$ 1,361	10	\$ 113
12/15/2014	Heat Exchanger	2901	10	242
<b>Total additions for Movable Equipment</b>		\$ 5,842		\$ 487 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Annual Report of Long-Term Care Facility**

CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Health Care Alliance, Inc d/b/a Blair Manor			2155-C		9/30/2015			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1. Deferred Financing Costs				193,076	94,930			6,436	
2.									
3.									
A-4. Subtotal									6,436
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									6,436

\* 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 Health Care Alliance, Inc d/b/a Blair N	License No. 2155-C	Report for Year Ended 9/30/2015	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If <b>NOT</b> Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	98				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	HUD Fixed				
b. Date Mortgage Obtained	11/01/97				
c. Interest Rate for the Cost Year	4.38%				
d. Term of Mortgage (number of years)	40				
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _____					
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Health Care Alliance, Inc d/b/a Blair		2155-C	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$			

*(Carry Subtotals forward to next page)*

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

Name of Facility		License No.		Report for Year Ended		Page	of
Health Care Alliance, Inc d/b/a Bla		2155-C		9/30/2015		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) See Attachment Page 27A				\$ 108,796	108,796		
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$ 108,796	108,796		
14. Insurance							
a. Insurance on Property (buildings only)				\$			
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)			\$ 10,359	10,359			
2. Fire and Extended Coverage			\$				
3. Other (Specify) See Attachment Page 27A			\$ 61,991	61,991			
14d. <b>Total Insurance Expenditures</b> (14a + b + c)				\$ 72,350	72,350		
15. <b>Total All Expenditures</b> (A-13 thru C-14)				\$ 9,748,777	9,748,777		

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Health Care Alliance, Inc d/b/a Blair Manor				2155-C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$ 281,518	281,518		
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting & Legal	\$ 58,780	58,780		
11.			Telephone	\$			
12.			Cellular Telephone	\$ 4,988	4,988		
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	\$ 1,781	1,781		
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 3,020	3,020		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 24,386	24,386		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 56,895	56,895		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
<b>Subtotal (Items 1 - 26)</b>				\$ 431,368	431,368		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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



Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
		-	\$ -		
		-	\$ -		
		-	\$ -		
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
		-	\$ -		
		-	\$ -		
		-	\$ -		
<b>Total Other Fees Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
		80007511 TRAVEL PARKING & TOLL	\$ 1,180		
		80007521 OFFICE MEALS	\$ 201		
		80007525 BUSINESS GIFTS	\$ 99		
		80007536 RESIDENT ITEMS	\$ 2,822		
		80007955 PRIOR YEAR EXPENSE	\$ 1,527		
		80007530 EMPLOYEE GIFTS	\$ 427		
		85005468 CNTRCT SRV ELIG WORK	\$ 34,069		
		80006553 TELEPHONE - WIDE AREA	\$ 9,749		
		80007400 DUES - A&G	\$ 6,821		
		-	\$ -		
		-	\$ -		
		-	\$ -		
<b>Total Other A&amp;G Adjustments</b>			\$ 56,895	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Health Care Alliance, Inc d/b/a Blair Manor			2155-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 431,368	431,368		
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$ 209,926	209,926		
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$ 6,648	6,648		
30.			Laboratory	\$ 18,919	18,919		
31.			Medical Supplies	\$ 8,885	8,885		
32.			Oxygen (non emergency)	\$ 43,591	43,591		
33.			Occupational Therapy	\$ 1,163	1,163		
34.			Other - See Attached Schedule	\$ 13,651	13,651		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 27,828	27,828		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 761,979	761,979		

\*\*\* 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.

Health Care Alliance, Inc d/b/a Blair Manor  
9/30/2015

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
		54605346 P.S. CONSOL BILLING A	\$ 1,022		
		54006180 IV THERAPY - MEDICARE	\$ 350		
		54006181 IV THERAPY - CONTRACT	\$ 153		
		51006103 PERSONAL CARE SUPPL	\$ 11,154		
			- \$ -		
		55006106 PART B MED SUPPLIES	\$ 972		
			- \$ -		
			- \$ -		
			- \$ -		
<b>Total Other Ancillary Costs</b>			<b>\$ 13,651</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Excess Movable Equipment Depreciation</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
			- \$ -		
<b>Total Other Property Adjustments</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
			\$ 24,032		
		90009700 INTEREST - VENDORS	\$ 3,501		
		90009910 INT-FEDERAL/STATE TAX	\$ 295		
<b>Total Other Adjustments</b>			\$ 27,828	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
			\$ -		
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -

**F. Statement of Revenue**

Name of Facility		License No.		Report for Year Ended		Page	of
Health Care Alliance, Inc d/b/a Blair Man		2155-C		9/30/2015		30	37
Item				Total	CCNH	RHNS	(Specify)
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>							
1.	a.	Medicaid Residents ( <i>CT only</i> )	\$	8,249,874	8,249,874		
	b.	Medicaid Room and Board Contractual Allowance **	\$	(2,910,106)	(2,910,106)		
2.	a.	Medicaid ( <i>All other states</i> )	\$				
	b.	Other States Room and Board Contractual Allowance **	\$				
3.	a.	Medicare Residents ( <i>all inclusive</i> )	\$	1,217,399	1,217,399		
	b.	Medicare Room and Board Contractual Allowance **	\$	282,853	282,853		
4.	a.	Private-Pay Residents and Other	\$	2,267,277	2,267,277		
	b.	Private-Pay Room and Board Contractual Allowance **	\$	(87,658)	(87,658)		
<b>II. Other Resident Revenue</b>							
1.	a.	Prescription Drugs - Medicare	\$	134,256	134,256		
	b.	Prescription Drugs - Medicare Contractual Allowance **	\$	(133,855)	(133,855)		
	c.	Prescription Drugs - Non-Medicare	\$	86,197	86,197		
	d.	Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(84,972)	(84,972)		
2.	a.	Medical Supplies - Medicare	\$				
	b.	Medical Supplies - Medicare Contractual Allowance **	\$				
	c.	Medical Supplies - Non-Medicare	\$				
	d.	Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3.	a.	Physical Therapy - Medicare	\$	226,106	226,106		
	b.	Physical Therapy - Medicare Contractual Allowance **	\$	(194,738)	(194,738)		
	c.	Physical Therapy - Non-Medicare	\$	127,365	127,365		
	d.	Physical Therapy - Non-Medicare Contractual Allowance **	\$	(125,482)	(125,482)		
4.	a.	Speech Therapy - Medicare	\$	31,480	31,480		
	b.	Speech Therapy - Medicare Contractual Allowance **	\$	(23,290)	(23,290)		
	c.	Speech Therapy - Non-Medicare	\$	13,794	13,794		
	d.	Speech Therapy - Non-Medicare Contractual Allowance **	\$	(13,433)	(13,433)		
5.	a.	Occupational Therapy - Medicare	\$	282,227	282,227		
	b.	Occupational Therapy - Medicare Contractual Allowance **	\$	(269,833)	(269,833)		
	c.	Occupational Therapy - Non-Medicare	\$	132,307	132,307		
	d.	Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(130,303)	(130,303)		
6.	a.	Other ( <i>Specify</i> ) - Medicare	\$	12,731	12,731		
	b.	Other ( <i>Specify</i> ) - Non-Medicare	\$	(2,479)	(2,479)		
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)				\$	9,087,717	9,087,717	
<b>IV. Other Revenue*</b>							
1.	Meals sold to guests, employees & others			\$			
2.	Rental of rooms to non-residents			\$			
3.	Telephone			\$			
4.	Rental of Television and Cable Services			\$			
5.	Interest Income ( <i>Specify</i> )			\$	3,539	3,539	
6.	Private Duty Nurses' Fees			\$			
7.	Barber, Coffee, Beauty and Gift shops			\$			
8.	Other ( <i>Specify</i> )			\$	3,410	3,410	
<b>V. Total Other Revenue</b> (1 thru 8)				\$	6,949	6,949	
<b>VI. Total All Revenue</b> (III +V)				\$	9,094,666	9,094,666	

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	40604025 REV-IV THERAPY-EVER A	\$ 1,557		
	42504150 REV - LAB MCR PART B	\$ 3,242		
	42504025 REV-LAB-EVERCARE A	\$ 255		
	42004025 REV-X-RAY-EVERCARE A	\$ 24		
	42004100 REV - X-RAY MEDICARE	\$ 174		
	42504100 REV - LAB MEDICARE	\$ 12,183		
	42504028 REV-LAB-EVERCARE B	\$ 669		
	47504025 ANCILL ALLOW-EVER A	\$ 4,919		
	47504028 ANCILL ALLOW EVER B	\$ (426)		
	47504100 ANCILL ALLOW MED A	\$ (9,701)		
	47504150 ANCILL ALLOW - PRT B	\$ (165)		
	**Account Not Used**	\$ -		
	<b>Total Other Resident Revenue - Medicare</b>	\$ 12,731	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	42504050 REV - LAB CONTRACT	\$ 8,957		
	40604050 REV - IV THERAPY CONT	\$ 1,741		
	42004050 REV - X-RAY CONTRACT	\$ 164		
	43004200 REV - PHARMACY MD CD	\$ 5,084		
	47504060 ANCILLARY ALLOW INS1	\$ (3,108)		
	**Account Not Used**	\$ -		
	47504050 ANCILL ALLOW CNT	\$ (10,708)		
	47504200 ANCILL ALLOW MD CD	\$ (4,609)		
		\$ -		
	<b>Total Other Resident Revenue</b>	\$ (2,479)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	49004700 INTEREST INCOME		\$ 25		
			\$ -		
	49004900 DIVIDEND INCOME		\$ 3,514		
		-	\$ -		
	<b>Total Interest Income</b>		\$ 3,539	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	49004600 MISCELLANEOUS REVENUE	\$ 3,410		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
	<b>Total Other Revenue</b>	\$ 3,410	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Health Care Alliance, Inc d/b/a Blair M	2155-C	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	(34,759)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,753,104
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(760,216)
4. Inventories			\$	50,093
5. Prepaid Expenses			\$	438,188
a. SEE PAGE 31A	438,188			
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	29,823
12101000 Exchange-BofA Debit c	5,972			
12102000 Exchange - Pullman &	12,950			
12100000 EXCHANGE ACCOUNT	9,426			
12110000 MISCELLANEOUS RECEIVA	1,475			
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	1,476,233
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost 988,488		\$	21,064
	Accum. Depreciation 967,424	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
_____				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	21,064

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

(Carry Total forward to next page)

### G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Health Care Alliance, Inc d/b/a Blair M	2155-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	1,497,297
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost <u>3,857,122</u>	
			Accum. Depreciation <u>3,848,441</u>	Net
			\$	8,681
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	8,681
D. Investment and Other Assets				
1. Deferred Deposits			\$	32,767
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost <u>193,076</u>	
			Accum. Depreciation <u>101,366</u>	Net
			\$	91,710
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	324,763
Name and Address		Amount	Loan Date	
See Page 32A		324,763		
7. Other Assets ( <i>itemize</i> )			\$	411,434
<u>17000000 DEFERRED ACQUISITION</u>		411,434		
_____				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	860,674
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	2,366,652

\* 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 Health Care Alliance, Inc d/b/a Blair Manor		License No. 2155-C	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	2,119,395
2. Notes Payable ( <i>itemize</i> )				\$	459,991
24877000 NOTE PAYABLE - METRO				6,250	
24877500 NOTE PAYABLE HLTH CAP				85,556	
24930000 NOTE PAYABLE - HEALTH				328,548	
24901000 NOTE PAYABLE-OMNICARE				39,637	
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	463,908
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	201,041
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	1,326,191
22650000 PAYROLL EM				7,637	
23402500 ACCRUED PROVIDER				1,261,705	
25290000 STATE OF CT					
24100000 PATIENT REFUND CLE				(79,738)	
24800000 LOAN PAYA				(20,913)	
21050000 ACCRUED INTEREST				157,500	
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				\$	<b>4,570,526</b>

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

(Carry Total forward to next page)

### G. Balance Sheet (cont'd)

Name of Facility Health Care Alliance, Inc d/b/a Blair Mano	License No. 2155-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount
Total Brought Forward:				4,570,526
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 4,570,526

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

Name of Facility	License No.	Report for Year Ended	Page	of
Health Care Alliance, Inc d/b/a Blair N	2155-C	9/30/2015	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	87,938
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	87,938
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,638,701)
6. Gain or Loss for Period				
	10/1/2014	thru	9/30/2015	\$ (654,111)
7. Total Net Worth			\$	(2,291,812)
<b>C. Total Reserves and Net Worth</b>			\$	(2,203,874)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	2,366,652

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of	
Health Care Alliance, Inc d/b/a Blair Ma	2155-C	9/30/2015	36	37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(1,600,312)	
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	9,094,666	
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	9,748,777	
D. Net Income or Deficit			\$	(654,111)	
E. Balance			\$	(2,254,423)	
F. Additions					
1. Additional Capital Contributed ( <i>itemize</i> )					
2. Other ( <i>itemize</i> )					
Prior Period Adjustments <span style="float: right; color: red;">(37,389)</span>					
F-3. Total Additions			\$	(37,389)	
G. Deductions					
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$		
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount		
2. Other Withdrawings ( <i>Specify</i> )			\$		
Purpose		Amount			
3. Total Deductions			\$		
H. <b>Balance at End of Period</b>			\$	(2,291,812)	
				09/30/15	

### I. Preparer's/Reviewer's Certification

Name of Facility Health Care Alliance, Inc d/b/a Blair	License No. 2155-C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Affinity Health Care Mgt				
Address Address			Phone Number	
1781 Highland Ave Cheshire, CT			203-250-2030	

Error Check

Level	Item	Reported as			
	Page 22 - Movable Depreciation	3,780	is inconsistent with Page 23	3,780	
	Page 23 - Historical Cost of Building Improvemen	3,857,122	is inconsistent with Page 31	3,857,122	-
	Page 23 - Historical Cost of Movable Eq.	988,488	is inconsistent with Page 31	988,488	(0)
	Page 23 - Accumulated Dep. of Building Improver	3,848,441	is inconsistent with Page 31	3,848,441	-
	Page 23 - Accumulated Dep. of Movable Eq.	967,424	is inconsistent with Page 31	967,424	-
	Page 24 - Historical Cost of Organization Expense	193,076	is inconsistent with Page 32	193,076	-
	Page 24 - Accumulated Amort. of Org. Expense	101,366	is inconsistent with Page 32	101,366	-