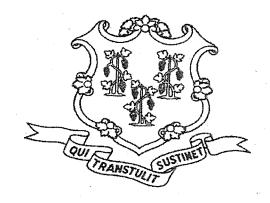
## **State of Connecticut**



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

Cost Year 2017

| Name of Facility (as              | licensed)                               |   |   |          |   |   |     |                            |
|-----------------------------------|---|---|---|----------|---|---|-----|----------------------------|
| Bel-Air Manor                     |   | *************************************** |   |          | ·                                       |   |     |                            |
| Address (No. & Stree              | • |   |   |          |   |   |     |                            |
| 256 New Britain Ave               | e., Newington, C                        | T 06111                                 |   |          |   |   |     |                            |
| Type of Facility                  |   |   |   |          |   |   |     |                            |
| Chronic and C<br>Nursing Home     | Convalescent<br>e only (CCNH)           |   | Rest Home wit<br>Supervision on<br>(RHNS) | _        |   | (Specify)                               |     |                            |
| Report for Year Begi<br>10/1/2016 |   |   | Report for Yea<br>9/30/2017               | r Ending |   |   |     |                            |
|                                   |   |   |   |          |   |   |     |                            |
| License Numbers:                  |   | CCNH<br>2108C                           | RHNS                                      |          | (Specify)                               |   | Me  | dicare Provider<br>07-5393 |
|                                   |   |   |   |          |   | _                                       |     |                            |
| Medicaid Provider N               | umbers:                                 |   | NH  | RF       | INS                                     |   | ICI | F-IID                      |
|                                   |   | 21080                                   |   |          |   |   |     |                            |
| For Department Use                | e Only                                  |   |   |          |   |   |     |                            |
| Sequence Number                   | Signed and                              | Date                                    | Sequence N                                | umber    | Cionada                                 |   | 1   | D. ( D . 1                 |
| Assigned                          | Notarized                               | Received                                | Assign                                    | ed       | Signed a                                | nd Notarize                             | a   | Date Received              |
|                                   |   |   |   |          |   |   |     |                            |
|                                   |   |   |   |          |   |   |     |                            |
|                                   |   |   |   |          | *************************************** | *************************************** |     | <del></del>                |

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|   | 12 varie of 1 delilly (35 licences) | neral Information |                       |      |    |
|---|-------------------------------------|-------------------|-----------------------|------|----|
| ì | Bel-Air Manor                       | License No.       | Report for Year Ended | Page | of |
|   |                                     |                   | 9/30/2017             | 11   | 37 |

### Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT 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 Bel-Air Manor [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, 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

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

| Signed (Administrator)  Manuarul Hurld  Printed Name (Administrator)  Marianne Herold   | Date  Signed (Owner)  Printed Name (Owner)  Martin Sbriglio | Date 2/13/18  |      |
|---|---|---|------|
| Subscribed and Sworn to before me:  MICHUR AS TOYNE  Address of Notary Publicy  State of  Toyne  Address of Notary Publicy  State of  Toyne  Address of Notary Publicy  State of  Toyne  Toyne | 11/00)////  | ConMICHERE A. SNEA  NOTARY PUE  / State of Conne  My Commission Expires | DLIC |

(Notary Seal)

# State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

| Data Required for Real Wage Adju                            | stm | ent        | <del></del> | Page      | of        |
|---|-----|------------|-------------|-----------|-----------|
|   |     |            |             | 1A        | 37        |
| Name of Facility  |     | Period Cov | ered:       | From      | То        |
| Bel-Air Manor   |     |            |             | 10/1/2016 | 9/30/2017 |
| Address of Facility   |     |            |             |           |           |
| 256 New Britain Ave., Newington, CT 06111                   |     |            |             |           |           |
| Report Prepared By  |     | Phone Nun  | nber        | Date      |           |
| Ryders Health Management                                    |     | 203-381-13 | 327         | 1/4/2018  |           |
| Item  |     | Total      | CCNH        | RHNS      | (Specify) |
| 1. Dietary wages paid                                       | \$  |            |             |           |           |
| 2. Laundry wages paid                                       | \$  |            |             |           |           |
| 3. Housekeeping wages paid                                  | \$  |            |             |           |           |
| 4. Nursing wages paid                                       | \$  |            |             |           |           |
| 5. All other wages paid                                     | \$  |            |             |           |           |
| 6. Total Wages Paid   | \$  |            |             |           |           |
| 7. Total salaries paid                                      | \$  |            |             |           |           |
| 8. Total Wages and Salaries Paid (As per page 10 of Report) | \$  |            |             |           |           |

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

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

|  | Ph          | one No. of Fac               | cility      | Report for Ye    | ear Ended  | Page          | of           |
|--|-------------|------------------------------|-------------|------------------|------------|---------------|--------------|
|  |             | 0-381-1327                   |             | 9/30/2017        |            | 2             | 37           |
| Name of Facility (as shown on license)                     |             | Address (No                  | o. & 1      | Street, City, St | ate, Zip ) |               |              |
| Bel-Air Manor  |             |                              |             | Ave., Newing     |            | 6111          |              |
| CCNH   |             | RHNS                         |             | (Specify)        |            | Medicare F    | Provider No. |
| License Numbers: 2108C                                     | L_          |                              | <u> </u>    |                  |            | 07-5393       |              |
| Type of Facility (Check appropriate box(es))               |             |                              |             |                  |            |               |              |
| Chronic and Convalescent Nursing Home only (CCNH)          |             | est Home with pervision only |             |                  | (Specify)  | )             |              |
| Type of Ownership (Check appropriate box)                  |             |                              |             |                  |            |               |              |
| O Proprietorship O LLC O Partnership                       | •           | Profit Corp.                 | 0           | Non-Profit Co    | rp. O      | Government    | O Trust      |
| If this facility opened or closed during report year prov  | vide:       |                              | Date        | e Opened         | Date Clo   | sed           |              |
| Has there been any change in ownership                     |             |                              | <del></del> |                  | L          |               |              |
| or operation during this report year?                      | C           | Yes                          | 0           | No               | If "Yes,"  | explain fully | y.           |
|  |             |                              |             |                  |            |               |              |
| Administrator  |             |                              |             |                  |            |               |              |
| Name of Administrator                                      |             |                              |             | Nursing Ho       | 3          |               |              |
| Marianne Herold  |             |                              |             | Administrat      | 1          | 001304        |              |
| Other Operators/Osumers who are assistant administrate     | (£.         | 11 4 4                       | . C (1      | License 1        | Vo.:       |               |              |
| Other Operators/Owners who are assistant administrate Name | ors (Iu     | ii or part time)             | or th       | License 1        |            |               |              |
| N/A  |             |                              |             | License i        | i          | N/A           |              |
|  |             |                              |             |                  |            |               |              |
|  | <del></del> |                              |             |                  |            |               |              |
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|  |             |                              |             |                  | 1          |               |              |

### General Information and Questionnaire Partners/Members

| Name of Facility<br>Bel-Air Manor |             | License No.<br>2108C                   | Report for Y 9/30/2017 | ear Ended | Page of 3 37            |
|-----------------------------------|-------------|--|------------------------|-----------|-------------------------|
| Legal Name of Part                |             | Business A                             |                        |           | or Town(s) in egistered |
|                                   |             |  |                        |           |                         |
| Name of Partners/Members          | Business Ad | ldress                                 | -                      | Γitle     | % Owned                 |
| N/A                               |             | ************************************** |                        |           |                         |
|                                   |             |  |                        |           |                         |
|                                   |             |  |                        | •         |                         |
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|                                   |             |  |                        |           |                         |
|                                   |             |  |                        |           | ,                       |
|                                   |             |  |                        |           |                         |

### General Information and Questionnaire Corporate Owners

| Name of Facility                                    | License No.                 | Report for Year E    | nded           | Page              | of     |
|---|-----------------------------|----------------------|----------------|-------------------|--------|
| Bel-Air Manor                                       | 2108C                       | 9/30/2017            |                | 3A                | 37     |
| If this facility is owned or operated as a corpo    | oration, provide            | he following informa | tion:          |                   |        |
| Legal Name of Corporation                           | Busi                        | ness Address         | State(s) in Wi | nich Incorp       | orated |
| Bel-Air Manor Nursing & Rehabiliation Center        | 256 New Britai<br>CT 06111  | n Ave., Newington,   | СТ             |                   |        |
| Name of Directors, Officers                         | Busin                       | ness Address         | Title          | No. Sh<br>Held by |        |
| Dr Robert Sbriglio, MD, MPH, 2009 Trust             | 256 New Britai<br>CT 06111  | n Ave., Newington,   | Member         | 25                | •      |
| Martin Sbriglio, RN, 2009 Trust                     | 256 New Britai<br>CT 06111  | n Ave., Newington,   | Member         | 25                |        |
| Dr Robert Sbriglio, MD, MPH                         | 256 New Britai<br>CT 06111  | n Ave., Newington,   | Member         | 25                |        |
| Martin Sbriglio, RN                                 | 256 New Britai<br>CT 06111  | n Ave., Newington,   | Member         | 25                |        |
| Names of Stockholders Owning at Least 10% of Shares |                             |                      |                |                   |        |
| Dr Robert Sbriglio, MD, MPH, 2009 Trust             | 256 New Britain<br>CT 06111 | 1 Ave., Newington,   | Member         | 25                |        |
| Martin Sbriglio, RN, 2009 Trust                     | 256 New Britain<br>CT 06111 | n Ave., Newington,   | Member         | 25                |        |
| Dr Robert Sbriglio, MD, MPH                         | 256 New Britain<br>CT 06111 | Ave., Newington,     | Member         | 25                |        |
| Martin Sbriglio, RN                                 | 256 New Britair<br>CT 06111 | Ave., Newington,     | Member         | 25                |        |
|   |                             |                      |                |                   |        |

State of Connecticut

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CSP-3B Rev. 10/2005

### General Information and Questionnaire Individual Proprietorship

| Name of Facility                                      | License No.                             | Report for Year Ended          | Page of                                 |
|---|---|--------------------------------|---|
| Bel-Air Manor   | 2108C                                   | 9/30/2017                      | 3B 37                                   |
| If this facility is owned or operated as an individua | ıl proprietorship, p                    | provide the following informat | tion:                                   |
| Ow  | ner(s) of Facility                      |                                |   |
|   | *************************************** |                                |   |
| N/A   |   |                                |   |
|   |   |                                |   |
|   |   |                                |   |
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|   |   | <b>***</b>                     | <del></del>                             |
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|   |   |                                | *************************************** |
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# General Information and Questionnaire Related Parties\*

| Name of Facility<br>Bel-Air Manor   |  | License No.<br>2108               | No.<br>2108C                       | Report for Year Ended<br>9/30/2017 |   | Page<br>4   | of<br>37                          |
|---|--|-----------------------------------|------------------------------------|------------------------------------|---|-------------|-----------------------------------|
| Are any individuals rece<br>marriage, ability to cont   | Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  | acility re                        | gno                                | gh<br>• Yes O No                   | If "Yes," provide the Name/Address and complete the information on Page 11 of the report. | e Name/Ad   | dress and<br>ge 11 of the report. |
| Are any individuals or c including the rental of p related through family a association to any of the | 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 bus association to any of the owners, operators, or officials of this facility? | or servi<br>to this fa<br>control | ces, icility, or business ucility? | • Yes O No                         | If "Yes," provide the following information:  | e following | information:                      |
|   |  |                                   |                                    |                                    |   |             |                                   |
|   |  | Als                               | Also Provides                      |                                    | Indicate Where  |             |                                   |
|   |  | Goods,                            | s/Services to                      |                                    | Costs are Included  |             |                                   |
| Name of Related   | Business   | Non-R                             |                                    | bescription of Goods/Services      |   | Cost        | Actual Cost to the                |
| Individual or Company   | Address  | Yes                               | No   %**                           | Provided                           | Page #/Line #   | Reported    | Related Party                     |
| Bel-Air Manor Realty  | 256 New Britain Ave., Newington, CT 06111  | 0                                 | •                                  | Rental of Real Estate              | 22/9  | 360.000     | 360.000                           |
| 88 Ryders La Ryders Health Management   Stratford, CT   | 88 Ryders Lane, Suite 208,<br>Stratford, CT  | 0                                 | 0                                  | Financial & Managerial Support     | 16. m12   | 228.214     | 228.214                           |
| Ryders Health Management (CT Healthcare W/C Trust)  | PO Box 30393, Hartford, CT   | 0                                 | 0                                  | Workers Comp Insurance             | [5] [9]   | 140 368     | 140 368                           |
| AFCO  | 5600 North River Road, Suite 400,<br>Rosemont, IL 60018-5187   | 0                                 | 0                                  | Property and Liability Insurance   | 27. 14c1 & 27. 14a  | 37 545      | 37 545                            |
| Innovative Health Plan  | 80 Iron Point Circle, Suite 200,<br>Folsom, CA   | •                                 | 0                                  | Health Insurance                   | 15, la5   | 333.811     | 333.811                           |
|   |  | 0                                 | 0                                  |                                    |   |             |                                   |
| ,   |  | 0                                 | 0                                  |                                    |   |             |                                   |
|   |  | 0                                 | 0                                  |                                    |   |             |                                   |
|   |  | 0                                 | 0                                  |                                    |   |             |                                   |
| * Use additional sheets if necessary  | ifnecessary  |                                   |                                    |                                    |   |             |                                   |

<sup>\*</sup> 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    |              | Report for Year Ended                  | Page of                                 |
|---|---------------|--------------|--|---|
| Bel-Air Manor                                       | 2108C         |              | 9/30/2017                              | 5 37                                    |
| If the facility is licensed as CDH and/or RCH or    | provides Al   | IDS or TBI   | services with special Medica           | id rates, costs                         |
| must be allocated to CCNH and RHNS as follow        | 's:           |              |  |   |
| Item  |               |              | Method of Allocation                   | on                                      |
| Dietary   |               | Number of    | meals served to residents              |   |
| Laundry   |               | Number of    | pounds processed                       |   |
| Housekeeping  |               | Number of    | square feet serviced                   |   |
|   |               | Number of    | hours of routine care provide          | ed by EACH                              |
| Nursing   |               | employee c   | lassification, i.e., Director (c       | or Charge Nurse),                       |
|   |               | Registered   | Nurses, Licensed Practical N           | lurses, Aides and                       |
|   |               | Attendants   |  |   |
| Direct Resident Care Consultants                    |               | Number of    | hours of resident care provid          | led by EACH                             |
|   |               | specialist ( | See listing page 13 )                  |   |
| Maintenance and operation of plant                  |               | Square feet  |  |   |
| Property costs (depreciation)                       |               | Square feet  |  |   |
| Employee health and welfare                         |               | Gross salari | es                                     |   |
| Management services                                 |               | Appropriate  | e cost center involved.                |   |
| All other General Administrative expenses           |               |              | ect and Allocated Costs                |   |
| The preparer of this report must answer the follow  | ving question | ons applicab | le to the cost information pro         | ovided.                                 |
| 1. In the preparation of this Report, were all      |               |              | If "No," explain fully why si          |   |
| costs allocated as required?                        | <b>⊙</b> Yes  | O 190        | made.                                  |   |
|   |               |              |  | *************************************** |
|   |               |              |  |   |
|   |               |              |  |   |
|   |               |              |  |   |
|   |               |              |  |   |
| 2. Explain the allocation of related company expe   | enses and at  | tach copy of | f appropriate supporting data          | 1                                       |
|   |               |              | appropriate supporting date            | h b                                     |
|   |               |              | ;                                      |   |
|   |               |              | •                                      |   |
|   |               |              |  |   |
|   |               |              |  |   |
| 3. Did the Facility appropriately allocate and self | -disallow d   | rect and ind | lirect costs to non-nursing he         | me cost centers?                        |
| (e.g., Assisted Living, Home Health, Outpatier      |               |              |  | and cost contents:                      |
| ( 8 ) · · · · · · · · · · · · · · · · · ·           |               | -            | •                                      |   |
|   | ⊙ Yes         | 0 140        | If "No," explain fully why su<br>made. | ch allocation was no                    |
|   |               |              |  |   |
|   |               |              |  |   |
|   |               |              |  |   |
|   |               |              |  |   |

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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 Year Ended | ear Ended |          | Page of |
|--|------------|--------------|-----------------------------|-----------------------|-----------|----------|---------|
| Bel-Air Manor  |            |              | 2108C                       | 9/30/2017             |           |          |         |
|  | Relate     | Related * to |                             |                       |           |          |         |
|  | Owners,    | iers,        |                             |                       |           |          |         |
|  | Operators, | ators,       |                             |                       |           | Annual   |         |
|  | Officers   | cers         |                             | Date of               | Term of   | Amount   | Amount  |
| Name and Address of Lessor                             | Yes        | No           | Description of Items Leased | Lease**               | Lease     | of Lease | Claimed |
| Kioch USA, Inc., PO Box 827577, Philadelphia, PA 19182 | 0          | 0            | Copier Lease                | 96/01/15              |           | 13,683   | 13,683  |
|  | 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 Leased Vehicles?

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

13,683

Total \*\*\*

0 No

O Yes

<sup>\*\*</sup> Attach copies of newly acquired leases.

<sup>\*\*\*</sup> Amount should agree to Page 22, Line 6e.

# General Information and Questionnaire Accounting Basis

| Name of Facility   | License No.                           | Report for Year Ended                           | Page of                      |
|--|---------------------------------------|---|------------------------------|
| Bel-Air Manor  | 2108C                                 | 9/30/2017                                       | 7   37                       |
| The records of this facility for the p                   | eriod covered by this report          | were maintained on the following basis:         |                              |
|  | Modified Cash                         |   | <u> </u>                     |
| Is the accounting basis for this                         |                                       |   |                              |
| 1.   | Yes                                   | If "No," explain.                               |                              |
| previous period?   | No                                    |   |                              |
|  |                                       |   |                              |
| Independent Accounting Firm                              |                                       |   |                              |
| Name of Accounting Firm                                  |                                       | Address (No. & Street, City, State, Zip Code    |                              |
| 1 Marcum, LLP  |                                       | 555 Long Wharf Dr., New Haven, CT               | ,                            |
| 2  |                                       | Jong Mark Bri, Now Havon, Cr                    |                              |
| 3  |                                       |   |                              |
| 4  |                                       |   |                              |
| Services Provided by This Firm (de.                      | scribe fully )                        |   | :                            |
| l Tax returns, annual review of financial                | l statements                          |   | \$ 14,601                    |
| 2  |                                       |   | \$                           |
| 3  |                                       |   | \$                           |
| 4  |                                       |   | S                            |
|  |                                       |   | Charge for Services Provided |
|  |                                       |   | \$ 14,601                    |
| Are These Charges Reflected in the Expendi               | iture Portion of This Report? If Ye   | es, Specify Expense Classification and Line No. | 14,001                       |
|  | 15, 1d                                |   |                              |
| Legal Services Information                               |                                       |   |                              |
| Name of Legal Firm or Independent                        | Attorney                              |   | Telephone Number             |
| 1 Partners Pharmacy                                      |                                       |   |                              |
| 2 Murtha Cullina, LLP                                    |                                       |   | 860-240-6000                 |
| 3 Josehp D'Agostino Jr                                   |                                       |   |                              |
| <ul><li>4 Seiger Gfeller Laurie, LLP</li><li>5</li></ul> |                                       |   | 860-760-8400                 |
| Address (No. & Street, City, State, Z                    | in Codo)                              |   |                              |
| 1  | ip Code)                              |   |                              |
| <ul><li>2 City Place I, 185 Asylum Street</li></ul>      | Hartford CT                           |   |                              |
| 3 88 Ryders Lane, Stratford, CT                          | , Hartiola, C1                        |   |                              |
| 4 977 Farmington Ave, Suite 200.                         | West Hartford CT                      |   |                              |
| 5  | , • • • • • • • • • • • • • • • • • • |   |                              |
| Services Provided by This Firm (des                      | cribe fully)                          |   |                              |
| 1 Settlement - Disallowed                                |                                       |   | \$ 12,857                    |
| 2 Health care regulatory issues, general n               | natters                               |   | \$ 2,012                     |
| 3 Corporate matters - disallowed                         |                                       |   | \$ 521                       |
| 4 Collections - disallowed                               |                                       |   | \$ 5,697                     |
| 5  |                                       |   | \$                           |
|  |                                       |   | Charge for Services Provided |
|  |                                       |   | \$ 21,087                    |
|  |                                       | s, Specify Expense Classification and Line No.  | 21,007                       |
| ⊙ Yes O No   | 15, 1e                                |   |                              |
|  |                                       |   | 1                            |

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-8 Rev. 9/2002

# Schedule of Resident Statistics

| Name of Facility  |           |               | License No.   | 4o.       |        |                       | Report fo  | Report for Year Ended | Į.       |            | Page                 | of        |
|---|-----------|---------------|---------------|-----------|--------|-----------------------|------------|-----------------------|----------|------------|----------------------|-----------|
| Bel-Air Manor   |           |               | 21            | 2108C     |        |                       | 9/30/2017  | _                     | <b>!</b> |            |                      | 37        |
|   |           |               |               |           |        | Period 10/1 Thru 6/30 | 1 Thru 6/2 | 30                    |          | Period 7/1 | Period 7/1 Thru 9/30 | 0         |
|   | Total All | Total<br>CCNH | Total<br>RHNS | Total     |        |                       |            |                       |          |            |                      |           |
|   | Levels    | Level         | Level         | (Specify) | Total  | CCNH                  | RHINS      | (Specify)             | Total    | CCNH       | RHNS                 | (Specify) |
| 1. Certified Bed Capacity   |           |               |               |           |        |                       |            |                       |          |            |                      |           |
| A. On last day of PREVIOUS report period  | 17        | 71            |               |           | 71     | 71                    |            |                       | 71       | 71         |                      |           |
| B. On last day of THIS report period  | 71        | 71            |               |           | 11/    | 71                    |            |                       | 71       | 71         |                      |           |
| 2. Number of Residents  |           |               |               |           |        |                       |            |                       |          |            |                      |           |
| A. As of midnight of PREVIOUS report period   | 89        | 89            |               |           | 89     | 89                    |            |                       | 29       | 19         | •                    |           |
| B. As of midnight of THIS report period   | 89        | 89            |               |           | 19     | 19                    |            |                       | 89       | 89         |                      |           |
| 3. Total Number of Days Care Provided During Period   |           |               |               |           |        |                       |            |                       |          |            |                      |           |
| A. Medicare   | 6,724     | 6,724         |               |           | 4,992  | 4,992                 |            |                       | 1,732    | 1,732      |                      |           |
| B. Medicaid (Conn.)   | 13,760    | 13,760        |               |           | 10,131 | 10,131                |            |                       | 3,629    | 3,629      |                      |           |
| C. Medicaid (other states)  |           |               |               |           |        |                       |            |                       |          |            |                      |           |
| D. Private Pay  | 2,452     | 2,452         |               |           | 1,878  | 1,878                 |            |                       | 574      | 574        |                      |           |
| E. State SSI for RCH  |           |               |               |           |        |                       |            |                       |          |            |                      |           |
| F. Other (Specify) VA, Managed Care   | 1,274     | 1,274         |               |           | 1,009  | 1,009                 |            |                       | 265      | 265        |                      |           |
| G. Total Care Days During Period (3A thru F)  | 24,210    | 24,210        |               |           | 18,010 | 18,010                |            |                       | 6.200    | 6.200      |                      |           |
| Total Number of Days Not Included in Figures in 4. 3G for Which Revenue Was Received for Reserved |           |               |               |           |        |                       |            |                       |          |            |                      |           |
| Deus A. Medicaid Bed Reserve Days   | 96        | 96            |               |           | 08     | 08                    |            |                       | 91       | 91         |                      |           |
| B. Other Bed Reserve Days   | 47        | 47            |               |           | 43     | 43                    |            |                       | 4        | 4          |                      |           |
| 5. Total Resident Days (3G + 4A + 4B)   | 24,353    | 24,353        |               | -         | 18,133 | 18,133                |            |                       | 6,220    | 6,220      |                      | -         |
|   |           |               |               |           |        |                       |            |                       |          |            | ļ                    |           |

Schedule of Resident Statistics (Cont'd)

| Name of Faci        | lity                                    |                                       | !  | Lice                                    | nse No.            |   |   | 1                                       | Repor                      | t for Year                              | Ended  |  | Page   | of           |
|---------------------|---|---------------------------------------|--|---|--------------------|---|---|---|----------------------------|---|--|--|--|--------------|
| Bel-Air Mano        | or                                      |                                       |  | 2                                       | 2108C              |   |   |   | <u></u>                    | 9/30/201                                |  |  | 9  | 37           |
| 4 Were the          | ere any (                               | changes                               | in the certified be                                |   | -soity du          | -ing ti                                 | La rana                                 | -+                                      | n                          |   | Vaa  | -  | 3.1  |              |
| į.                  |   |                                       | llowing informat                                   |   | pacity dui         | ing u                                   | ie repoi                                | T year                                  | ?                          | O                                       | Yes  | •  | No No  |              |
| 11 110              | T                                       |                                       | f Change   | 1011.                                   |                    |   | - n                                     |   |                            | т                                       |  | ~ ~  | <u> </u>   |              |
| D-46                | CONTI                                   | · · · · · · · · · · · · · · · · · · · | <del>,                                      </del> |   |                    | iange                                   | in Beds                                 |   |                            | Ca                                      | pacity Ar  | fter Change  | 4  |              |
| Date of             | CCNH                                    | RHNS                                  | (Specify)  | <u></u>                                 | Lost               |   | <del></del>                             | Gainec                                  | 1 '                        | .                                       | 1  |  | l  |              |
| Change              | (1)                                     | (2)                                   | (2)  |   | (2)                | 101                                     | 1 (1)                                   |   | 1 (2)                      | CONTI                                   | DIDIC  | (2)  |  |              |
|                     | 111                                     | (4)                                   | (3)  | (1)                                     | (2)                | (3)                                     | (1)                                     | (2)                                     | (3)                        | CCNH                                    | RHNS   | (Specify)  | Keason   | for Change   |
|                     | <del> </del>                            | <del>  </del>                         |  | H                                       | <b></b>            | <del>  </del>                           | <b>—</b>                                |   |                            | <b> </b>                                | <b></b>  | <del> </del>   | <del> </del>   |              |
|                     | <del> </del>                            | 1                                     |  | H                                       |                    | $\vdash$                                |   | -                                       |                            |   | <del> </del>   | -  | -  | water        |
|                     |   |                                       |  |   | Ī                  |   |   |   | ,!<br>'                    |   |  |  | <del> </del>   |              |
| C 40.1              | *************************************** |                                       |  |   |                    | <u>-</u>                                |   |   |                            | <u></u>                                 |  |  | 1  | ******       |
|                     |   |                                       | in certified bed ca                                |   |                    | the re                                  | port ye                                 | ar (as                                  | reporte                    | ed in item                              | 4 above)   | provide the nun  | nber of  |              |
| RESIDE              | ENT DA                                  | YS for 9                              | 90 days following                                  | g the                                   | change.            | <del></del>                             |   |   |                            |   |  |  |  |              |
|                     |   |                                       |  |   |                    |   |   |   |                            |   |  |  |  | *****        |
|                     |   |                                       | Change in Re                                       | esiden                                  | it Days            |   |   |   | 1                          | CC                                      | CNH  | RHNS   | (Sp  | ecify)       |
| 1st chang           |   |                                       |  |   |                    |   |   |   |                            |   |  |  |  |              |
| 2nd chan            |   | <del></del>                           |  |   |                    |   |   |   |                            |   |  |  |  |              |
| 3rd chang           |   |                                       |  |   |                    |   |   |   |                            |   |  |  |  |              |
| 4th chang 6. Number |   | Janta and                             | J Datas on Conta                                   | L                                       | 20 -£Co.           | · W.a.                                  |   |   |                            | L                                       |  | <u> </u>   |  | ****         |
| O. INUITION         | 01 Kesia                                | ents and                              | d Rates on Septer<br>Medicare                      | noer.                                   | 30 of Cos<br>Medic |   | <u>r</u>                                |   |                            | C-                                      | 100  | ***************************************  | T 0:1 0:   |              |
|                     |   | ŀ                                     | ivieuleale   |   | Medic              | aid                                     |   | <del> </del>                            |                            | <u>Se</u>                               | elf-Pay  | Т  | Other Sta  | nte Assisted |
|                     |   | 1                                     | Į.   | 1                                       | 1                  | i                                       | ,                                       | ĺ                                       | 1                          |   |  |  |  |              |
|                     | Item                                    | 1                                     | COMIT  | 1 6                                     |                    | l pr                                    |   | 1 00                                    | /                          |   |  |  |  |              |
| No. of Re           |   |                                       | CCNH   | <u>~~</u> '                             | CNH                |   | HNS                                     | <del>- cc</del>                         | CNH                        | 1                                       | INS  | (Specify)  | R.C.H.   | ICF-MR       |
| Per Diem            |   |                                       | 3  |   | 37                 |   |   |   | 26                         |   |  |  |  |              |
| a. One be           |   |                                       |  | <u> </u>                                |                    | i                                       |   |   | \$480-\$445                | -                                       |  |  |  |              |
| b. Two b            |   |                                       |  | <i></i>                                 |                    |   |   |   | \$480-\$445<br>\$410-\$440 |   |  |  |  | <del> </del> |
| c. Three            |   |                                       |  | i                                       |                    | <del></del>                             |   | i T                                     | 1                          | ,                                       |  | <del> </del>   | <del> </del>   | <del> </del> |
| bed ri              |   |                                       | 1  | i                                       |                    | i                                       | 1                                       | i                                       | ļ                          | l                                       | J  |  |  |              |
|                     |   |                                       |  | *************************************** |                    |   |   | *************************************** |                            |   |  | <del> </del>   | ļ  | <u> </u>     |
|                     |   |                                       |  |   |                    |   |   |   | -                          | i                                       | 1  |  |  |              |
| 7. Total Nur        | mber of                                 | Physica!                              | l Therapy Treatm                                   | nents                                   |                    |   |   |   |                            | ТОТ                                     | ΓAL  | CCNH   | RHNS   | (Specify)    |
| Α.                  | Medicar                                 | re - Part                             | В  |   |                    |   |   |   |                            |   | 2,703  | 2,703  | 1  | (Specify)    |
|                     |   |                                       | usive of Part B)                                   |   |                    |   |   | *                                       |                            |   | CALCULATION OF THE PARTY OF THE |  |  |              |
|                     |   |                                       | Treatments   |   |                    | *************************************** |   |   |                            |   | William Control  | AND THE PROPERTY OF THE PROPER |  |              |
|                     |   | orative T                             | <u>Freatments</u>                                  |   |                    |   |   |   |                            |   |  |  |  |              |
|                     | Other                                   | · · · · · · · · · · · · · · · · · · · | eri er   |   |                    |   |   |   |                            | *************************************** | 20,035   | 20,035   |  |              |
|                     |   |                                       | Therapy Treatme                                    |   |                    |   |   |   |                            |   | 22,738   | 22,738   |  |              |
|                     |   |                                       | Therapy Treatme                                    | ents                                    |                    |   |   |   |                            |   |  |  |  |              |
|                     |   | re - Part I                           |  |   |                    |   |   |   |                            |   | 189  | 189  |  |              |
|                     |   |                                       | usive of Part B) Treatments                        |   |                    |   |   |   | ľ                          |   |  | TANGE SEED OF THE SEED OF  |  |              |
|                     |   |                                       | Freatments   |   |                    |   | *************************************** |   | +                          |   |  | <del> </del> '   |  |              |
|                     | Other                                   | нашус 1                               | <u>reaments</u>                                    |   |                    |   | *************************************** |   |                            |   | 3 444  | <del> </del>   |  |              |
|                     |   | neech Tl                              | herapy Treatmen                                    | nts                                     |                    |   |   |   |                            |   | 1,444  | 1,444  |  |              |
|                     |   |                                       | tional Therapy Tr                                  |   | ents               |   |   |   |                            |   | 1,055  | 1,633  |  |              |
|                     |   | re - Part I                           |  | · Cum.                                  | VIIIG              |   |   |   |                            |   | 1,052  | 1.052  |  |              |
|                     | viculcai                                |                                       |  |   |                    |   |   |   |                            |   | 1,024  | 1,052  |  |              |
| В. 1                |   | d (Exclu                              | sive of Part B)                                    |   |                    |   |   |   | la la                      | To the second                           | CHARLES CONTRACTOR   | A PROPERTY OF THE PROPERTY OF  | AND THE PROPERTY OF THE PARTY O |              |
|                     | Medicaio<br>1. Main                     | ntenance                              | usive of Part B) Treatments                        |   |                    |   |   |   |                            |   |  |  |  |              |
|                     | Medicaio<br>1. Main                     | ntenance                              |  |   |                    |   | ·                                       |   |                            |   |  |  |  |              |
| C. (                | Medicaion 1. Main 2. Resto Other        | ntenance<br>orative T                 | Treatments   |   |                    |   |   |   |                            |   | 19,431   | 19,431   |  |              |

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

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

| Name of Facility   | License No.        |                 | Report for Yea |           | Page      | of                                      |
|--|--------------------|-----------------|----------------|-----------|-----------|---|
| Bel-Air Manor  | 2108C              |                 | 9/30/2017      |           | 10        | 37                                      |
| Are time records maintained by all individuals receiving co                    | mpensation?        | •               | Yes            | 0         | No        |   |
|  |                    |                 | Total Cost a   | ınd Hours |           |   |
|  |                    |                 |                |           |           |   |
|  |                    |                 |                |           |           |   |
| Item   | CCNH               | Hours           | RHNS           | Hours     | (Specify) | Hours                                   |
| A. Salaries and Wages*   |                    |                 |                |           |           | 3.5                                     |
| <ol> <li>Operators/Owners (Complete also Sec. I<br/>of Schedule A1)</li> </ol> |                    |                 |                |           |           |   |
| 2. Administrator(s) (Complete also Sec. III                                    |                    |                 |                |           |           |   |
| of Schedule A1)  | 106,494            | 2,151           |                |           |           | alle Gorthadae                          |
| 3. Assistant Administrator (Complete also Sec. IV                              | 100,494            | 2,131           |                |           |           |   |
| of Schedule A1)  |                    |                 |                |           |           |   |
| 4. Other Administrative Salaries (telephone                                    |                    |                 |                |           |           |   |
| operator, clerks, receptionists, etc.)   | 158,123            | 8,254           |                |           |           |   |
| 5. Dietary Service   |                    |                 |                |           |           |   |
| a. Head Dietitian  | 26,900             | 754             |                |           |           |   |
| b. Food Service Supervisor   | 40,124             |                 |                |           |           |   |
| c. Dietary Workers   | 250,279            | 17,128          |                |           |           |   |
| 6. Housekeeping Service  |                    |                 |                |           |           |   |
| a. Head Housekeeper b. Other Housekeeping Workers                              | 53,035             |                 |                |           |           |   |
| 7. Repairs & Maintenance Services  | 141,727            | 10,525          | 1000           |           |           |   |
| a. Engineer or Chief of Maintenance  | 54,724             | 2,069           |                |           |           |   |
| b. Other Maintenance Workers   | 34,573             | 2,139           |                |           |           |   |
| 8. Laundry Service   |                    | -,-             |                |           |           |   |
| a. Supervisor  |                    |                 |                |           |           |   |
| b. Other Laundry Workers   | 31,289             | 2,285           |                |           |           |   |
| 9. Barber and Beautician Services  |                    |                 |                |           |           |   |
| 10. Protective Services  |                    |                 |                |           |           |   |
| 11. Accounting Services a. Head Accountant                                     |                    |                 |                |           |           |   |
| b. Other Accountants   | <del> </del>       |                 |                |           |           |   |
| 12. Professional Care of Residents   |                    |                 |                |           |           |   |
| a. Directors and Assistant Director of Nurses                                  | 117,718            | 2,433           |                |           |           |   |
| b. RN  | 117,716            | 2,433           |                |           |           |   |
| Direct Care  | 760,288            | 21,719          |                |           |           |   |
| 2. Administrative**  | 240,295            | 6,120           |                |           |           |   |
| c. LPN   |                    |                 |                |           |           |   |
| 1. Direct Care   | 456,249            | 15,811          |                |           |           |   |
| 2. Administrative**  | 005.550            | (2.50)          |                |           |           |   |
| d. Aides and Attendants e. Physical Therapists                                 | 995,770<br>327,625 | 65,594<br>9,706 |                |           |           |   |
| f. Speech Therapists   | 72,148             | 1,296           |                |           |           |   |
| g. Occupational Therapists   | 204,267            | 6,364           |                |           |           |   |
| h. Recreation Workers  | 67,804             | 3,957           |                |           |           | ****                                    |
| i. Physicians  |                    |                 |                |           |           |   |
| Medical Director   |                    |                 |                |           |           |   |
| 2. Utilization Review  |                    |                 |                |           |           |   |
| 3. Resident Care***  |                    |                 |                |           |           | 2-2-2-2-2-1-1-2-2-2-2-2-2-2-2-2-2-2-2-2 |
| 4. Other (Specify)   |                    |                 |                |           |           |   |
| j. Dentists  |                    |                 |                |           |           | *************************************** |
| k. Pharmacists   |                    |                 |                |           |           |   |
| I. Podiatrists   |                    |                 |                |           |           |   |
| m. Social Workers/Case Management  | 159,996            | 6,096           |                |           |           | *************************************** |
| n. Marketing   |                    |                 |                |           |           |   |
| o. Other (Specify)   |                    |                 |                |           |           |   |
| See Attached Schedule  | 148,163            | 5,708           |                |           |           |   |
| A-13. Total Salary Expenditures  | 4,447,591          | 193,981         | 1              |           |           |   |

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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)

|                       |               | CCNH      | l      | RHNS  | (Spe | ecify) |
|-----------------------|---------------|-----------|--------|-------|------|--------|
| Position              | S             | Hours     | S      | Hours | S    | Hours  |
| Rehab Program Manager | \$ 96         | ,777 2,44 | 1      |       |      |        |
| Medical Records       | \$ 51         | ,386 3,26 | 8      |       | 1    |        |
|                       |               |           |        |       |      |        |
|                       |               |           |        |       | 1    |        |
|                       |               |           | 1      |       |      |        |
|                       |               |           |        |       |      |        |
|                       |               |           |        |       |      |        |
|                       |               |           |        |       |      |        |
|                       |               |           |        |       |      |        |
|                       | 40.00         |           |        |       |      |        |
|                       |               |           |        |       |      |        |
|                       |               |           |        |       |      |        |
|                       |               |           |        |       |      |        |
|                       |               |           |        | 8.48  |      |        |
|                       | 120           |           |        |       |      |        |
|                       |               |           |        |       |      |        |
|                       |               | 4.00      | -      |       |      |        |
|                       |               |           |        |       |      |        |
|                       |               |           |        |       |      |        |
|                       | On the second |           |        |       |      |        |
|                       |               |           |        |       |      |        |
|                       |               |           |        |       |      |        |
| Total                 | \$ 148.       | 163 5,708 | 3 \$ - | -     | \$ - | -      |

### Schedule of Other Fees (Page 13)

|  | CCN  | NH    | RI     | HNS      | (Spe         | ecify) |
|--|--|-------|--------|----------|--------------|--------|
| Service  | S  | Hours | S      | Hours    | S            | Hours  |
| Therapy Management Consultant  | \$ 41,664  | 833   |        |          |              |        |
| Pulmonary Consultant   | \$ 30,000  | 300   |        |          |              |        |
|  | ine de la companya de |       |        |          |              |        |
| THE SECOND SECON |  |       |        |          |              |        |
|  |  |       |        |          |              |        |
|  |  |       |        |          | +            |        |
|  |  |       |        |          |              |        |
|  |  | 2.7   |        |          |              |        |
|  |  | 100   |        |          |              |        |
|  | 300  |       |        |          |              |        |
|  |  |       |        |          |              |        |
|  |  |       |        |          | 1            |        |
|  |  |       |        | 7 (50)   | 0.00         |        |
| Y Company  |  |       |        |          |              |        |
|  | 2 2 2  |       |        |          | <del> </del> |        |
|  |  |       |        | -        |              |        |
|  |  |       | are en |          |              |        |
|  |  |       |        |          |              |        |
| Total  |  |       | _      | 10.5     |              |        |
| Total  | \$ 71,664  | 1,133 | \$ -   | <u> </u> | \$ -         |        |

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\*

|  |      |             | Assistar  | it Administra                   | Assistant Administrators and Other Related Parties* | r Kelate                                | 1 Parties*            |  |       |                          |
|--|------|-------------|-----------|---------------------------------|---|---|-----------------------|--|-------|--------------------------|
| Name of Facility   |      |             |           | License No.                     |   | Report for                              | Report for Year Ended |  | Page  | Jo                       |
| Bel-Air Manor  |      |             |           | 2108C                           |   | 9/30/2017                               |                       |  | -     | 37                       |
|  |      | Colon, Do.  | -         |                                 |   |   |                       |  |       |                          |
|  |      | Salaiy raid | 3         | Fringe Benefits<br>and/or Other |   | Total                                   | Line Where            |  | Total |                          |
| Name   | CCNH | RHINS       | (Specify) | Payments (describe fully)       | Full Description of<br>Services Rendered            | Hours<br>Worked                         | Claimed on<br>Page 10 | Name and Address of All<br>Other Employment**                                  | Hours | Compensation<br>Received |
| Section I - Operators/Owners   |      |             |           |                                 |   |   |                       |  |       |                          |
| Dr. Robert Sbriglio, MD, MPH   |      |             |           |                                 |   |   |                       | Lord Chamberlain, 7003<br>Main St., Stratford, CT 06614                        | 2,120 | 132.500                  |
| Martin Sbriglio, RN, NHA   |      |             |           |                                 |   |   |                       | Ryders Health Management,<br>88 Ryders Lane, Suite 208,<br>Stratford, CT 06614 | 2.056 | 130.000                  |
|  |      |             |           |                                 |   |   |                       |  |       |                          |
| 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). |      |             |           |                                 |   |   |                       |  |       |                          |
| Margaret Sbriglio, LPN, NHA  |      |             |           |                                 |   |   |                       | Ryders Health Management,<br>88 Ryders Lane, Suite 208,<br>Stratford, CT 06614 | 1,040 | 26,000                   |
|  |      |             |           |                                 |   | -                                       |                       |  |       |                          |
|  |      |             |           |                                 |   |   |                       |  |       |                          |
|  |      |             |           |                                 |   | *************************************** |                       |  |       |                          |
| * Mo official for solution of *  | 1    | 11 0        | •         |                                 |   |   |                       |  |       |                          |

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

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

State of Connecticut

# Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Assistant Administrators and Other Related Dawies\*

|  |                                       | Į.          | Assistant | t Administra   | Assistant Administrators and Other Related Parties* | Kelated               | Jarties*                            |   |                          |              |
|--|---------------------------------------|-------------|-----------|--|---|-----------------------|-------------------------------------|---|--------------------------|--------------|
| Name of Facility (as licensed)           |                                       |             |           | License No.  |   | Report for Year Ended | ar Ended                            |   | Page                     | Jo           |
| Bel-Air Manor                            |                                       |             |           | 2108C  |   | 9/30/2017             |                                     |   | 12                       | 37           |
|  |                                       | Salary Paid | -         |  |   |                       |                                     |   |                          |              |
| Name                                     | CCNH                                  | RHNS        | (Specify) | Fringe Benefits and/or Other Payments (describe fully) | Full Description of<br>Services Rendered            | Total Hours (         | Line Where<br>Claimed on<br>Page 10 | Name and Address of All<br>Other Employment** | Total<br>Hours<br>Worked | Compensation |
| Section III - Administrators***          |                                       |             |           |  |   |                       |                                     |   | DON'T                    | DA FOOM      |
| Marianne Herold                          | 106,494                               |             |           | Non-<br>discriminatory                                 | Administrative                                      | 2,151 A2              |                                     | N/A   |                          |              |
|  |                                       |             |           |  |   |                       |                                     |   |                          |              |
|  |                                       |             |           |  |   |                       |                                     |   |                          |              |
| Section IV - Assistant<br>Administrators |                                       |             |           |  |   |                       |                                     |   |                          |              |
|  |                                       |             |           |  |   |                       |                                     |   |                          |              |
|  |                                       |             |           |  |   |                       |                                     |   |                          |              |
|  |                                       |             |           |  |   |                       |                                     |   |                          |              |
|  | · · · · · · · · · · · · · · · · · · · |             |           |  |   |                       |                                     |   |                          |              |
|  |                                       | T           |           |  |   |                       |                                     |   |                          |              |

<sup>\*</sup>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.

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

### Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

| B. Report of E   |             |  |  |              | ·                                       |   |
|--|-------------|--|--|--------------|---|---|
| Name of Facility   | License No. |  | Report for Y   | ear Ended    | Page                                    | of                                      |
| Bel-Air Manor  | 210         | )8C  | 9/30/2017  |              | 13                                      | 37                                      |
| 4.75   |             | 7  | Total Cost   | and Hours    | ·                                       | · · · · · · · · · · · · · · · · · · ·   |
|  |             |  | -  |              |   |   |
| Item   | COM         | 7.7  | Dinic  |              |   |   |
| *B. Direct care consultants paid on a fee  | CCNH        | Hours  | RHNS   | Hours        | (Specify)                               | Hours                                   |
| for service basis in lieu of salary  |             |  |  |              |   |   |
| (For all such services complete Schedule B1)   |             |  |  |              |   |   |
| 1. Dietitian   | 630         | 15   | 10 mm 10 | Sec. 17. 18. |   |   |
| 2. Dentist   | 2,560       | 26   |  |              |   | <u> </u>                                |
| 3. Pharmacist  | 5,745       | 58   |  |              |   |   |
| 4. Podiatrist  | 3,743       | 36   |  |              |   | <del> </del>                            |
| 5. Physical Therapy  |             |  | 1000   |              |   |   |
| a. Resident Care   | 3,796       | 76   |  |              |   |   |
| b. Other   | 1 3,750     | /0   | <del> </del>   |              |   |   |
| 6. Social Worker   |             |  |  |              |   |   |
| 7. Recreation Worker   |             |  |  |              |   |   |
| 8. Physicians  |             |  |  |              |   |   |
| a. Medical Director (entire facility)  | 60,000      | 60   |  |              |   |   |
| b. Utilization Review  | 00,000      | 00   |  |              |   |   |
| (Title 18 and 19 only) monthly meeting   |             |  |  |              |   |   |
| c. Resident Care**   |             |  |  |              |   |   |
| d. Administrative Services facility  | 240         |  |  |              |   |   |
| Infection Control Committee  |             |  |  |              |   |   |
| (Quarterly meetings)   |             |  |  |              |   |   |
| Pharmaceutical Committee     (Quarterly meetings)  |             |  |  |              |   |   |
| 3. Staff Development Committee   |             |  |  |              |   |   |
| (Once annually)  |             |  |  |              |   |   |
| e. Other (Specify)   |             |  |  |              |   |   |
| Medical Staff  | 1,200       | 12   |  |              |   |   |
| 9. Speech Therapist  |             |  |  |              |   |   |
| a. Resident Care   |             | - The second |  |              |   |   |
| b. Other   |             |  |  |              | *************************************** |   |
| 10. Occupational Therapist   |             |  |  |              |   |   |
| a. Resident Care   |             |  |  |              |   | *************************************** |
| b. Other   |             |  |  |              |   |   |
| 11. Nurses and aides and attendants  |             |  |  |              |   |   |
| a. RN  |             |  | 100  |              |   |   |
| 1. Direct Care   |             |  |  |              |   |   |
| 2. Administrative***   |             |  |  |              |   |   |
| b. LPN   |             | 100  |  |              |   |   |
| 1. Direct Care   |             |  |  |              |   |   |
| 2. Administrative***   |             |  |  |              |   |   |
| c. Aides   |             |  |  | <u> </u>     |   |   |
| d. Other   |             |  |  |              |   |   |
| 12. Other (Specify) See Attached Schedule  |             |  |  |              |   |   |
|  | 71,664      | 1,133  |  |              |   |   |
| B-13 Total Fees Paid in Lieu of Salaries  * Do not include in this section management consultants or carries which | 145,595     | 1,380  |  |              |   |   |

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

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

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

| Name of Facility   | License No.                          |          | Report for   | Year Ended                              | Page                                    |   | of                                      |
|--|--------------------------------------|----------|--------------|---|---|---|---|
| Bel-Air Manor  | 2108C                                |          | 9/30/2017    |   | 14                                      | 1                                       | 37                                      |
|  |                                      | Related* | * to Owners, |   | <u> </u>                                |   |   |
| Name & Address of Individual   | Full Explanation of Service          |          | rs, Officers | Expla                                   | nation of                               | Relati                                  | onship                                  |
| Portragg Pharman of CT, C/O Civil and PO P                               |                                      | Yes      | No           |   |   |   | *************************************** |
| Partners Pharmacy of CT, C/O Citibank, PO Box 9869, Uniondale, NY        | Pharmacy Consultant                  | 0        | 0            |   |   |   |   |
| CT Multispecialty Group, 100 Retreat Ave, Suite 605, Hartford, CT        | Medical Director                     | 0        | •            |   |   |   |   |
| Shannaz Hussain, MD, Walsh Ave, Newington, C                             | Medical Director, Medical Staff      | 0        | 0            |   | *************************************** |   |   |
| Dr. Jeffrey Kagan, 365 Willard Ave, Newington, CT                        | Medical Staff                        | 0        | 0            |   |   |   | ***                                     |
| Dr. Sudhir Bhatnagar, 40 Hart St., New Britain,<br>CT                    | Medical Staff                        | 0        | 0            |   | *****                                   | ······                                  |   |
| Joseph Anquillare MD, 100 Retreat Ave.,<br>Hartford, CT                  | Medical Staff                        | 0        | 0            |   |   |   | ***                                     |
| Dr. Steven Horowitz, PO Box 587, Rocky Hill,<br>CT                       | Medical Staff                        | 0        | 0            |   |   |   |   |
| Dr. Turgut Yetil, 365 Willard Ave., Newington, CT                        | Medical Staff                        | 0        | 0            |   |   |   |   |
| Brijesh Chandwani, PO Box 63, Fairfield, CT                              | Dental Consultant                    | 0        | 0            |   |   | *************************************** |   |
| Charmine Thompson, 43 Kyle Court, Meriden, CT                            | Dietician                            | 0        | 0            |   |   |   |   |
| HealthPro, 307 International Circle, Suite 100,<br>Hunt Valley, MD 21030 | Rehab Specialist, Therapy Management | 0        | 0            |   |   |   |   |
| LifeBridge Community Services, 475 Clinton Ave<br>Bridgeport, CT 06605   | ST                                   | 0        | 0            |   |   |   |   |
| ReadyNurse, PO Box 301076, Dallas, TX 75303                              | LPN                                  | 0        | 0            |   |   |   |   |
| CT Multispecialty Group, PO Box 587, Rocky<br>Hill, CT 06067             | Pulmonary Specialist                 | 0        | 0            |   |   |   |   |
| Starling Physicians  | Pulmonary Specialist                 | 0        | 0            |   |   |   |   |
|  |                                      | 0        | 0            |   |   |   |   |
|  |                                      | 0        | 0            |   |   |   | *************************************** |
|  |                                      | 0        | 0            |   |   | ****                                    | ***                                     |
|  |                                      | 0        | 0            | :                                       |   |   | *************************************** |
|  |                                      | 0        | 0            | -                                       |   |   |   |
|  |                                      | 0        | 0            | *************************************** | **************************************  |   |   |
|  |                                      | 0        | 0            | *************************************** | ***********                             |   |   |

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

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

| Name of Facility  | License No.                             |                | Report for Y | ear Ended                               | Page   | of          |
|---|---|----------------|--------------|---|--|-------------|
| Bel-Air Manor   | 2108C                                   |                | 9/30/2017    |   | 15   | 37          |
|   |   |                |              |   |  |             |
| Item  |   |                | Total        | CCNH                                    | RHNS   | (Cmaaif.)   |
| 1. Administrative and General                                   |   |                | 1 Otal       | CCNH                                    | KHNS   | (Specify)   |
| a. Employee Health & Welfare Benefits                           |   |                |              |   |  |             |
| Dimployee Health & Welfale Beliefits     Workmen's Compensation |   | \$             | 140,368      | 140.260                                 | No. of the last of |             |
| Disability Insurance  |   | <del></del> \$ | <del></del>  | 140,368                                 |  |             |
| 3. Unemployment Insurance                                       |   | <del></del> \$ |              |   |  |             |
| 4. Social Security (F.I.C.A.)                                   |   | <u> </u>       |              | 409,690                                 |  |             |
| 5. Health Insurance   |   | <del>\$</del>  | <del> </del> | 333,811                                 |  |             |
| 6. Life Insurance (employees only)                              |   | Ψ              | 333,811      | 333,611                                 |  |             |
| (not-owners and not-operators)                                  |   | \$             |              |   |  |             |
| 7. Pensions (Non-Discriminatory)                                |   | \$             | 6,480        | 6,480                                   |  |             |
| (not-owners and not-operators)                                  |   | Ψ              | 0,700        | 0,400                                   | E  | *           |
| 8. Uniform Allowance  |   | \$             | 16,247       | 16,247                                  |  |             |
| 9. Other (Specify)  |   | <del></del> \$ | 10,277       | 10,247                                  |  |             |
| See Attached Schedule   |   | *              |              |   |  |             |
| b. Personal Retirement Plans, Pensions, ar                      | nd                                      | \$             |              |   |  |             |
| Profit Sharing Plans for Owners and                             |   | •              |              |   |  |             |
| Operators (Discriminatory)*                                     |   |                |              |   |  |             |
|   |   |                |              |   |  |             |
| c. Bad Debts*   | ······································  | \$             | 339,946      | 339,946                                 |  |             |
| d. Accounting and Auditing                                      |   | \$             | 14,601       | 14,601                                  |  | <del></del> |
| e. Legal (Services should be fully describe                     | d on Page 7)                            | \$             | 21,087       | 21,087                                  |  |             |
| f. Insurance on Lives of Owners and                             |   | \$             |              |   | ``   |             |
| Operators (Specify )*   |   |                |              |   |  |             |
| g. Office Supplies  | *************************************** | \$             | 20,500       | 20,500                                  |  |             |
| h. Telephone and Cellular Phones                                |   |                |              | ,                                       |  |             |
| 1. Telephone & Pagers   |   | \$             | 17,815       | 17,815                                  | 10-30-3  |             |
| 2. Cellular Phones  |   | \$             | 4,444        | 4,444                                   |  |             |
| i. Appraisal (Specify purpose and                               |   | \$             |              |   |  | P-11        |
| attach copy )*  |   |                |              |   |  |             |
|   |   |                | 100          |   |  |             |
| j. Corporation Business Taxes (franchise to                     | ax)                                     | \$             |              |   |  |             |
| k. Other Taxes (Not related to property - S                     | ee Page 22)                             |                |              |   |  |             |
| 1. Income*  | - <i>,</i>                              | \$             |              |   |  |             |
| 2. Other (Specify)  |   | \$             |              |   |  |             |
| See Attached Schedule   |   |                |              |   |  |             |
| 3. Resident Day User Fee  |   | \$             | 374,262      | 374,262                                 |  |             |
| Subtotal  |   | \$             | 1,699,251    | *************************************** |  |             |
| · · · · · · · · · · · · · · · · · · ·                           |   |                |              | 374,262<br>1,699,251                    |  |             |

<sup>\*</sup> 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

Bel-Air Manor 9/30/2017

Attachment Page 15

### **Schedule of Other Employee Benefits**

| Description | CCI | NH RHNS   | (Specify) |
|-------------|-----|-----------|-----------|
|             |     |           | 100 Maria |
|             |     |           |           |
|             |     |           |           |
|             |     |           |           |
|             |     |           |           |
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|             |     |           |           |
|             |     |           |           |
|             |     |           |           |
|             |     |           |           |
|             |     |           |           |
|             |     | 100 miles |           |
| Total       | \$  | - \$ -    | \$ -      |

### **Schedule of Other Taxes**

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

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

| Name of Facility                                  | License No.       |    | Report for ' | Year Ended | Page                                    | of                                    |
|---|-------------------|----|--------------|------------|---|---------------------------------------|
| Bel-Air Manor                                     | 2108C             |    | 9/30/2017    |            | 16                                      | 37                                    |
|   |                   |    |              |            |   |                                       |
|   |                   |    |              |            |   |                                       |
| Item  |                   |    | Total        | CCNH       | RHNS                                    | (Specify)                             |
|   | s Brought Forward | d: | 1,699,251    | 1,699,251  | *************************************** | · · · · · · · · · · · · · · · · · · · |
| l. Travel and Entertainment                       |                   |    |              |            |   |                                       |
| 1. Resident Travel and Entertainment              |                   | \$ | 50           | 50         |   |                                       |
| 2. Holiday Parties for Staff                      |                   | \$ | 8,083        | 8,083      |   |                                       |
| <ol><li>Gifts to Staff and Residents</li></ol>    |                   | \$ |              |            |   |                                       |
| 4. Employee Travel                                |                   | \$ | 942          | 942        |   |                                       |
| 5. Education Expenses Related to Seminars and     |                   | \$ | 3,413        | 3,413      |   |                                       |
| 6. Automobile Expense (not purchase or depred     | ciation)          | \$ | 92           | 92         |   |                                       |
| 7. Other ( <i>Specify</i> )                       |                   | \$ | 9,074        | 9,074      |   |                                       |
| See Attached Schedule                             |                   |    |              |            |   |                                       |
| m. Other Administrative and General Expenses      |                   |    |              |            |   |                                       |
| 1. Advertising Help Wanted (all such expenses     | )                 | \$ | 4,016        | 4,016      |   |                                       |
| 2. Advertising Telephone Directory (all such exp  | penses )***       | \$ |              |            |   | ,                                     |
| 3. Advertising Other (Specify)***                 |                   | \$ | 23,176       | 23,176     |   |                                       |
| See Attached Schedule                             |                   |    |              |            |   |                                       |
| 4. Fund-Raising***                                |                   | \$ |              |            |   |                                       |
| 5. Medical Records                                |                   | \$ |              |            |   |                                       |
| 6. Barber and Beauty Supplies (if this service is | supplied          | \$ |              |            |   |                                       |
| directly and not by contract or fee for service   | ***               |    |              |            |   |                                       |
| 7. Postage  |                   | \$ | 4,232        | 4,232      |   |                                       |
| * 8. Dues and Membership Fees to Professional     |                   | \$ | 5,195        | 5,195      |   |                                       |
| Associations (Specify)                            |                   |    |              |            |   |                                       |
| See Attached Schedule                             |                   |    |              |            |   |                                       |
| 8a. Dues to Chamber of Commerce & Other Non-All   | lowable Org.***   | \$ | 236          | 236        |   |                                       |
| 9. Subscriptions                                  |                   | \$ |              |            |   |                                       |
| 10. Contributions***                              |                   | \$ |              |            |   |                                       |
| See Attached Schedule                             |                   |    |              |            |   |                                       |
| 11. Services Provided by Contract (Specify and C  | omplete           | \$ | 56,241       | 56,241     |   |                                       |
| Schedule C-2, Page 21 for each firm or indiv      |                   |    |              |            |   |                                       |
| 12. Administrative Management Services**          |                   | \$ | 228,214      | 228,214    |   |                                       |
| 13. Other (Specify)                               |                   | \$ | 22,897       | 22,897     |   |                                       |
| See Attached Schedule                             |                   |    |              |            |   |                                       |
| C-14 Total Administrative & General Expenditures  |                   | \$ | 2,065,112    | 2,065,112  |   |                                       |

<sup>\*</sup> Do not include Subscriptions, which should go in item 9.

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

<sup>\*\*\*</sup> Facility should self-disallow the expense on Page 28 of the Cost Report.

### Schedule of Other Travel and Entertainment

| Description                          | CCNH     | RHNS | (Specify) |
|--------------------------------------|----------|------|-----------|
| Meals & Entertainment                | \$ 9,074 |      |           |
|                                      |          |      |           |
|                                      |          |      |           |
|                                      |          |      |           |
|                                      |          |      |           |
|                                      |          |      |           |
|                                      |          |      |           |
| Total Other Travel and Entertainment | S 9,074  | s -  | S -       |

### Schedule of Other Advertising

| Description             | CCNH      | RHNS | (Specify) |
|-------------------------|-----------|------|-----------|
| Adv & Pub Rel Donations | \$ 23,176 |      |           |
|                         |           |      |           |
|                         |           |      |           |
| Total Other Advertising | \$ 23,176 | s -  | s -       |

### Schedule of Dues

| Description          | CCNH     | RHNS | (Specify) |
|----------------------|----------|------|-----------|
| Description<br>CAHCF | \$ 5,195 |      | 1         |
|                      |          |      |           |
|                      |          |      | 1         |
|                      |          |      |           |
|                      |          |      | 1         |
|                      |          |      |           |
|                      |          |      |           |
|                      |          |      |           |
|                      |          |      |           |
|                      |          |      | <b>-</b>  |
| Fotal Dues           | \$ 5,195 | \$ . | s -       |

### Schedule of Contributions

| Description         | CCNH | RHNS | (Specify) |
|---------------------|------|------|-----------|
|                     |      |      | T in      |
|                     |      |      |           |
|                     |      |      |           |
| Total Contributions | S -  | \$ - | s .       |

### Schedule of Other Administrative and General

| Description                            | CCNH      | RHNS | (Specify) |
|--|-----------|------|-----------|
| Fees & License                         | S 1,184   |      |           |
| Physician Care - Employees             | \$ 11,244 |      |           |
| Bank Charges                           | \$ 2,009  |      |           |
| Bank Charges - Lease                   | \$ 484    |      |           |
| A/R Solutions - Billing Assistance     | S 2,998   |      |           |
| Unemployment Tax Management            | \$ 1,348  |      |           |
| Managed Care Contract Consulting       | \$ 3,352  |      |           |
| American Express                       | \$ 278    |      |           |
|  |           |      |           |
|  |           |      |           |
|  |           |      |           |
| Total Other Administrative and General | \$ 22,897 | s -  | s -       |

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

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

| Name of Facility   | License No.                      | Report for Year Ended                      | Page of  |
|--|----------------------------------|--|--|
| Bel-Air Manor  | 2108C                            | 9/30/2017                                  | 17   37  |
| Name & Address of Individual or<br>Company Supplying Service | Cost of<br>Management<br>Service | Full Description of Mgmt. Service Provided | Indicate Where Costs<br>are Included in Annual<br>Report Page #/Line # |
| Ryders Health Management, 88 Ryders                          | 228,214                          | Financial & Managerial Support             | 16, m12  |
| Lane, Suite 208, Stratford, CT 06614                         |                                  |  |  |
|  |                                  |  |  |
|  |                                  |  |  |
|  |                                  | 4  |  |
|  |                                  |  |  |
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|  |                                  |  |  |
|  |                                  |  |  |
|  |                                  |  |  |
|  |                                  |  |  |

<sup>\*</sup> 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)

| NIO  |   |       | <del></del> | n Page 5)      | T                     |           |                       | т   |  |
|--|---|-------|-------------|----------------|-----------------------|-----------|-----------------------|---|--|
| j .  | ne of Facility  |       | Licens      |                | Report for Year Ended |           |                       | Page                                      | of                                     |
| Bei  | -Air Manor  |       | <u> </u>    | 2108C          | <u> </u>              | 9/30/2017 | /                     | 18  | 37                                     |
|  | Item  |       |             | Total          |                       | CCNH      | RHNS                  | (5  | Specify)                               |
| 2.   | Dietary   |       |             |                |                       |           |                       |   | , ,,                                   |
|  | a. In-House Preparation & Service   |       |             |                |                       |           |                       |   |  |
| · .  | 1. Raw Food   |       | 9           |                |                       | 144,934   |                       |   |  |
|  | 2. Non-Food Supplies  |       | 9           |                |                       | 22,600    |                       |   |  |
|  | 3. Other (Specify)  |       | _           |                |                       |           |                       |   |  |
|  |   |       |             |                |                       |           |                       | - 5 4 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |  |
|  | b. Purchased Services (by contract other  |       | 9           |                |                       |           |                       |   |  |
|  | than through Management Services)   |       |             |                |                       |           |                       |   |  |
|  | (Complete Schedule C-2 att. Page 21)  |       | ···         |                |                       |           | 100                   |   |  |
|  | c. Management Services**  |       | \$          |                |                       |           |                       |   |  |
|  | d. Other (Specify)  |       | _ \$        |                |                       |           |                       |   |  |
|  |   |       |             |                |                       |           |                       |   |  |
| 2E.  | Total Dietary Expenditures $(2a + b + c + d)$   |       | •           | 167.524        |                       | 165.504   |                       |   |  |
| 41.  | Total Dictary Experimeres (2a + b + c + a)  |       | \$          | 167,534        | +                     | 167,534   |                       |   |  |
| 2F   | Dietary Questionnaire   |       |             | Total          |                       | CCNH      | RHNS                  | (6  | :6.                                    |
| <u> </u>                                     | Resident Meals: Total no. of meals served per   | · das | ,.*         | 1 Otal         | <del>  '</del>        | CCNII     | KINS                  | (3  | pecify)                                |
| <del>U.</del><br>Н.                          | Is cost of employee meals included in 2E?   |       | Yes         | · · · · · ·    | No                    |           |                       | <u> </u>                                  |  |
| I.   | Did you receive revenue from employees?   | 0     | Yes         |                | No                    |           | If yes, specify amt.  | ~~~                                       |  |
| J.   | Where is the revenue received reported in the   | Cos   | st Repor    | t? (Page/Line) | Item                  | )         |                       |   |  |
|  | Is cost of meals provided to persons other  |       | ×           |                |                       |           |                       |   |  |
| K.   | than employees or residents (i.e., Board  | 0     | Yes         | •              | No                    |           | If yes, specify       |   |  |
|  | Members, Guests) included in 2E?  |       |             |                |                       |           | cost.                 |   |  |
| L.   | Is any revenue collected from these people?   | 0     | Yes         | 0              | No                    |           | If yes, specify amt.  |   |  |
| M.   | Where is the revenue received reported in the   | Cos   | t Repor     | ? (Page/Line)  | Item)                 | )         | *. *** **             |   | ···                                    |
|  | Is cost of food (other than meals, e.g.,  |       |             |                |                       |           |                       |   |  |
| N.   | snacks at monthly staff meetings, board meetings) provided to employees included in 2E? | 0     | Yes         | •              | No                    |           | If yes, specify cost. |   |  |
| Ο.   | Is any revenue collected from employees?  | 0     | Yes         | •              | No                    |           | If yes, specify amt.  | ***************************************   | ************************************** |
| P.   | Where is the revenue received reported in the   | Cos   | t Report    | ? (Page/Line I | Item)                 | )         |                       | *****                                     |  |
| <u>.                                    </u> | where is the revenue received reported in the   | CUS   | t Kepon     | (rage/Line i   | nem)                  | )         |                       |   |  |

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

<sup>\*\*</sup> 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 |   | Report for |                       | Page | of                                     |
|------------------|---|---------|---|------------|-----------------------|------|--|
| Bel              | Bel-Air Manor   |         | 2108C                                   | 9/30/2017  | 7                     | 19   | 37                                     |
|                  | Item  |         | Total                                   | CCNH       | RHNS                  | (S   | pecify)                                |
| 3.               | Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,   | Lbs.    | 1.000                                   |            |                       |      |  |
|                  | gowns and other resident care items washed, ironed, and/or processed.***  | Amt. \$ | 1,830                                   | 1,830      |                       |      |  |
|                  | <ol> <li>Employee items including uniforms,<br/>gowns, etc. washed, ironed and/or<br/>processed.***</li> </ol>        | Lbs.    |   |            |                       |      |  |
| ļ                | processed.***   | Amt. \$ |   |            |                       |      |  |
|                  | 3. Personal clothing of residents   | Lbs.    |   |            |                       |      | ······································ |
|                  | washed, ironed, and/or processed.***  | Amt. \$ |   |            |                       |      |  |
|                  | 4. Repair and/or purchase of linens.***   | Lbs.    |   |            | :                     |      |  |
|                  |   | Amt. \$ | *************************************** |            |                       |      |  |
|                  | b. Purchased Services (by contract other<br>than through Management Services)<br>(Complete Schedule C-2 att. Page 21) | \$      | 47,729                                  | 47,729     |                       |      |  |
|                  | c. Management Services**  | \$      |   |            |                       |      |  |
|                  | d. Other ( <i>Specify</i> )  Laundry Supplies   | \$      | 1,831                                   | 1,831      |                       |      |  |
| 3E.              | Total Laundry Expenditures (3a + b + c + d)   | \$      | 51,390                                  | 51,390     |                       |      |  |
| 3F.<br>G.        | Laundry Questionnaire  Is cost of employee laundry included in 3E? O  | Yes     | •                                       | No         | If yes, specify cost. |      |  |
| Н.               | Did you receive revenue from employees?   | Yes     | 0                                       | INIA       | If yes, specify amt.  |      | ·                                      |
| I.               | Where is the revenue received reported in the Cost  | Report? |   | (Page/Line |                       |      |  |
| J.               | Is Cost of laundry provided to persons other  | Yes     | •                                       | No         | If yes, specify cost. |      |  |
| K.               | Did you receive revenue from these people? O  | Yes     | •                                       | NIA        | If yes, specify amt.  |      |  |
| L.               | Where is the revenue received reported in the Cost  | Report? |   | (Page/Line |                       |      |  |

<sup>\*</sup> 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.

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

<sup>\*\*\*</sup> 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)

| Nan | ne of Facility                                    | License No.      | Rep | ort for Year E | nded    | Page | of                                     |
|-----|---|------------------|-----|----------------|---------|------|--|
| Bel | -Air Manor  | 2108C            |     | 9/30/2017      |         | 20   | 37                                     |
|     |   |                  |     |                |         |      |  |
|     |   |                  |     |                |         |      |  |
|     | Item  | <b>7</b>         |     | Total          | CCNH    | RHNS | (Specify)                              |
| 4.  | Housekeeping                                      | Sq. Ft. Serviced |     |                |         |      |  |
|     | a. In-House Care                                  | by Personnel     |     |                |         |      |  |
|     | 1. Supplies - Cleaning (Mops,                     | Amt.             | \$  | 25,629         | 25,629  |      | ,                                      |
|     | pails, brooms, etc. )                             |                  |     |                |         | ÷    |  |
|     | b. Purchased Services (by contract other          | Sq. Ft. Serviced |     |                |         |      |  |
| ļ   | than through Management Services)                 | by Personnel     |     |                |         |      |  |
|     | (Complete Schedule C-2 att.                       | Amt.             | \$  |                |         |      |  |
|     | Page 21)  |                  |     |                |         |      |  |
|     | c. Management Services*                           |                  | \$  |                |         |      |  |
|     | d. Other (Specify)                                |                  | \$  |                |         |      |  |
|     |   |                  |     |                | 447     |      |  |
| 4E. | Total Housekeeping Expenditures (4a +             | b+c+d)           | \$  | 25,629         | 25,629  |      |  |
| 5.  | Resident Care (Supplies)**                        |                  |     |                |         |      |  |
|     | a. Prescription Drugs***                          |                  |     |                |         |      |  |
|     | 1. Own Pharmacy                                   |                  | \$  |                |         |      |  |
|     | 2. Purchased from                                 |                  | \$  | 248,132        | 248,132 |      | ***                                    |
|     |   |                  |     |                |         |      |  |
|     | b. Medicine Cabinet Drugs                         |                  | \$  | 35,057         | 35,057  |      |  |
|     | c. Medical and Therapeutic Supplies               |                  | \$  |                |         |      |  |
|     | d. Ambulance/Limousine***                         |                  | \$  | 5,875          | 5,875   |      |  |
|     | e. Oxygen   |                  |     |                |         |      |  |
|     | 1. For Emergency Use                              |                  | \$  |                |         |      |  |
|     | 2. Other***                                       |                  | \$  | 30,857         | 30,857  |      |  |
|     | f. X-rays and Related Radiological                |                  | \$  | 11,386         | 11,386  |      | ······································ |
|     | Procedures***                                     |                  |     |                | ,       |      |  |
|     | g. Dental (Not dentists who should be incl        | uded under       | \$  |                |         |      |  |
|     | salaries or fees)                                 |                  |     |                |         |      |  |
|     | h. Laboratory***                                  |                  | \$  | 67,391         | 67,391  |      |  |
|     | i. Recreation                                     |                  | \$  | 30,440         | 30,440  |      |  |
|     | j. Other (Specify)****                            |                  | \$  | 229,078        | 229,078 |      |  |
|     | See Attached Schedule                             |                  |     | ,              |         |      |  |
| 5K. | Total Resident Care Expenditures (5a - 5          | i)               | \$  | 658,216        | 658,216 |      |  |
|     | Schedule C-1 Page 17 must be fully completed or t | 6-C              |     |                |         |      | <del>~~</del>                          |

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

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

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

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

### **Schedule of Other Resident Care**

| Description               | CCNH   | RHNS                                    | (Specify)  |
|---------------------------|--|---|--|
| Physician Care - Patients | \$ 11,623  |   |  |
| Medical Supplies          | \$ 151,678   |   |  |
| Medical Supplements       | \$ 10,734  |   |  |
| Medical Waste             | \$ 21,941  |   |  |
| Medical Equipment         | \$ 539   |   | 180  |
| Medical Equipment Rental  | \$ 9,891   |   |  |
| OT - Pool                 | \$ 1,576   |   |  |
| PT Supplies               | \$ 21,096  |   |  |
|                           |  |   |  |
|                           |  |   |  |
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|                           |  |   |  |
|                           |  |   |  |
| Total Other Resident Care | \$ 229,078   | \$ -                                    | \$ -   |

State of Connecticut

Annual Report of Long-Term Care Facility CSP-21 Rev. 10/2001

# Schedule C-2 - Individuals or Firms Providing Services by Contract $^{\ast}$ Report of Expenditures

| Name of Facility<br>Bel-Air Manor       |  |                       |           | License No.<br>2108C        | Report for Year Ended<br>9/30/2017 | 75     |             |                        | Page of 21 37 |
|---|--|-----------------------|-----------|-----------------------------|------------------------------------|--------|-------------|------------------------|---------------|
|   |  | Related ** to Owners, | o Owners, |                             |                                    |        |             |                        |               |
|   |  | Operators, Officers   | Officers  |                             |                                    |        | Fotal Cost/ | Total Cost/Page Ref.** |               |
| Name of Individual or<br>Company        | Address                                    | Yes                   | ź         | Explanation of Relationshin | Full Explanation of                | CCNE   | DLING       | (Picons)               |               |
| ADP                                     | 1 ADP Plaza, Milford,<br>CT 06460          | 0                     | 0         |                             | Payroll processing services        | 16 903 | CATTAL      | (Shortis)              | 1 & Linic     |
| Point Click Care                        | PO Box 8500,<br>Philadelphia, PA 19178     | 0                     | 0         |                             | Computer software support services | 16.399 |             |                        | 16 m 11       |
| Allwaste, Inc                           | PO Box 310158,<br>Newington, CT            | 0                     | 0         |                             | Disposal of garbage                | 15 042 |             |                        | 22 69         |
| Emie's Lawn Service                     | 33-B Charles St., New<br>Britain, CT 06051 | 0                     | 0         |                             | Landscaping and snow removal       | 17.425 |             |                        | 22 69         |
|   |  | 0                     | 0         |                             |                                    |        |             |                        |               |
|   |  | 0                     | 0         |                             |                                    |        |             |                        |               |
|   |  | 0                     | 0         |                             |                                    |        |             |                        |               |
|   |  | 0                     | 0         |                             |                                    |        |             |                        |               |
|   |  | 0                     | 0         |                             |                                    |        |             |                        |               |
|   |  | 0                     | 0         |                             |                                    |        |             |                        |               |
|   |  | 0                     | 0         |                             |                                    |        |             |                        |               |
|   |  | 0                     | 0         |                             |                                    |        |             |                        |               |
|   |  | 0                     | 0         |                             |                                    |        |             |                        |               |
|   |  | 0                     | 0         |                             |                                    |        |             |                        |               |
| *************************************** | 4  |                       |           |                             |                                    | 7      |             |                        |               |

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

<sup>\*\*</sup> Refer to Page 4 for definition of related.

<sup>\*\*\*</sup> 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

|  | License No.                             | Report for Y | ear Ended | ······································  | Page                                    | of                                      |
|--|---|--------------|-----------|---|---|---|
| Bel-Air Manor                                    | 2108C                                   | 9/30/2017    |           |   | 22                                      | 37                                      |
| Item   |   | Total        | CCNH      | RHNS                                    | (Spe                                    | cify)                                   |
| 6. Maintenance & Operation of Plant              | *************************************** |              |           | 10110                                   | l (Spe                                  | <u> </u>                                |
| a. Repairs & Maintenance                         | \$                                      | 149,422      | 149,422   |   |   |   |
| b. Heat  | \$                                      | 29,902       | 29,902    |   |   |   |
| c. Light & Power                                 | \$                                      | 119,826      | 119,826   |   |   |   |
| d. Water   | \$                                      | 22,258       | 22,258    |   |   |   |
| e. Equipment Lease (Provide detail on pa         |   | 13,683       | 13,683    | i i                                     |   |   |
| f. Other (itemize)                               | \$                                      |              |           |   |   |   |
| See Attached Schedule                            |   |              |           |   |   |   |
| 6g. Total Maint. & Operating Expense (6a-        | 6f) \$                                  | 335,091      | 335,091   |   |   |   |
| 7. Depreciation (complete schedule page 23*      | )                                       |              | ******    | *************************************** |   |   |
| a. Land Improvements                             | \$                                      |              |           |   |   |   |
| b. Building & Building Improvements              | \$                                      | 517,030      | 517,030   |   |   |   |
| c. Non-Movable Equipment                         | \$                                      | 28,466       | 28,466    | ****                                    |   | ······································  |
| d. Movable Equipment                             | \$                                      | 5,763        | 5,763     |   |   | *************************************** |
| *7e. Total Depreciation Costs $(7a + b + c + d)$ | \$                                      | 551,259      | 551,259   |   |   |   |
| 8. Amortization (Complete att. Schedule Page     | e 24*)                                  |              |           |   |   |   |
| <ul> <li>a. Organization Expense</li> </ul>      | \$                                      |              |           |   |   |   |
| b. Mortgage Expense                              | \$                                      |              |           | ÷ i                                     |   |   |
| c. Leasehold Improvements                        | \$                                      |              |           |   |   |   |
| d. Other (Specify)                               | \$                                      |              |           |   |   |   |
| *8e. Total Amortization Costs $(8a + b + c + d)$ | \$                                      |              |           |   |   |   |
| 9. Rental payments on leased real property le    | SS                                      |              |           |   |   |   |
| real estate taxes included in item 10b           | \$                                      | 360,000      | 360,000   |   |   |   |
| 10. Property Taxes                               |   |              |           |   |   |   |
| a. Real estate taxes paid by owner               | \$                                      |              |           |   |   |   |
| b. Real estate taxes paid by lessor              | \$                                      | 94,419       | 94,419    |   | *************************************** |   |
| c. Personal property taxes                       | \$                                      | 5,628        | 5,628     |   |   | *************************************** |
| 11. Total Property Expenses $(7e + 8e + 9 + 16)$ | 0) \$                                   | 1,011,306    | 1,011,306 | ;                                       |   |   |

<sup>\*</sup> 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)                                     |
|--|------|----------|---|
|  |      |          |   |
|  |      |          |   |
|  |      | Sec. 25. |   |
|  |      |          | 2 12 x 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
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| A Company of the Comp |      |          |   |
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|  |      |          |   |
|  |      |          |   |
|  |      |          |   |
|  |      |          | 3.20  |
|  |      |          |   |
| Total Other Repairs and Maintenance  | \$ - | \$ -     | \$ -  |

State of Connecticut Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2006 Depreciation Schedule

| Name of Facility<br>Bel-Air Manor  |   |                     | License No.                                     | Ş       |             | Report for Year Ended 9/30/2017 | nded         |            | Page          | of<br>27 |
|--|---|---------------------|---|---------|-------------|---------------------------------|--------------|------------|---------------|----------|
|  |   |                     |   |         |             |                                 |              |            |               | 1.0      |
|  |   |                     |   |         |             | Accumulated                     |              |            |               |          |
|  |   |                     | Historical Cost                                 | Less    |             | Depreciation to                 | Method of    |            |               |          |
|  |   |                     | Exclusive of                                    | Salvage | Cost to Be  | Beginning of Year's             |              | Heafil     | Denraciation  |          |
| Property Item  |   |                     | Land  | Value   | Denreciated | Onerations                      | ,            | Life       | for This Veer | Totals   |
| A. Land Improvements   |   |                     |   |         | name and a  | champing                        | Depredation  | 3          | TO THIS TOU   | LOIGIS   |
| 1. Acquired prior to this report period                                  |   |                     |   |         |             |                                 |              |            |               |          |
| 2 Disnosals (attach schedule)  | *************************************** |                     |   |         |             |                                 |              |            |               |          |
|  |   |                     |   |         |             |                                 |              |            |               |          |
| <ol> <li>Acquired during this report period (attach schedule)</li> </ol> | sh schedule)                            |                     |   |         |             |                                 |              |            |               |          |
| A-4. Subtotal  |   |                     |   |         |             |                                 |              |            |               |          |
| B. Building and Building Improvements                                    |   |                     |   |         |             |                                 |              |            |               |          |
| 1. Acquired prior to this report period                                  |   |                     | 7 514 756                                       |         | 7511756     | 4 256 200                       | 1/0          |            | 200 711       |          |
| 2. Disposals (attach schedule)   |   |                     | 2000  |         | 007,4106    |                                 |              | various    | 510,895       |          |
| 3. Acquired during this report period (attach schedule)                  | th schedule)                            |                     | 12 165  |         |             |                                 |              |            | # C *         |          |
| B-4. Subtotal  |   |                     | 12,100  |         |             |                                 |              |            | 133           |          |
| C Non-Moyothe Fourisment   |   |                     |   |         |             |                                 |              |            |               | 517,030  |
|  |   |                     |   |         |             |                                 |              |            |               |          |
| 1. Acquired prior to this report period                                  |   |                     | 428,344   |         | 428,344     | 308,875                         | S/L          | Variuos    | 25,732        |          |
| <ol><li>Disposals (attach schedule)</li></ol>                            |   |                     |   |         |             |                                 |              |            |               |          |
| <ol> <li>Acquired during this report period (attach schedule)</li> </ol> | h schedule)                             |                     | 50,643  |         |             |                                 |              |            | 2.734         |          |
| C-4. Subtotal  |   |                     |   |         |             |                                 |              |            |               | 28 466   |
|  | Is a mileage                            |                     |   |         |             |                                 |              |            |               | 20,100   |
|  | logbook                                 |                     |   |         |             | Accumulated                     |              |            |               |          |
|  | maintained?                             | Date of Acquisition | maintained? Date of Acquisition Historical Cost | Less    |             | Depreciation to                 | Method of    | •••        |               |          |
|  |   |                     | Exclusive of                                    | S       | Cost to Be  | Beginning of                    | Computing    | Hefin      | Denreciation  |          |
|  | Yes No                                  | Month Year          | Land  | Value   | Depreciated | Year's Operations               | Denreciation | Life       | for This Year | Totals   |
| D. Movable Equipment   |   |                     |   |         |             |                                 | manusarda z  | 2007       | tor time rear | LOKAIS   |
| 1. Motor Vehicles (Specify name, model                                   |   |                     |   |         |             |                                 |              |            |               |          |
| and year of each vehicle)  |   |                     |   |         |             |                                 |              |            |               |          |
| a.   |   |                     |   |         |             |                                 |              |            |               |          |
| ·q   |   |                     |   |         |             |                                 |              |            |               |          |
| '3   |   |                     |   |         |             |                                 |              |            |               |          |
| d.   |   |                     |   |         |             |                                 |              |            |               |          |
| 2. Movable Equipment   |   |                     |   |         |             |                                 |              |            |               |          |
| a. Acquired prior to this report period                                  |   |                     | 530 734   |         | 530 734     | 510156                          | 6.11         | Voniens    | 2 413         |          |
| b. Disposals (attach schedule)   |   |                     | 2,623   |         | 101,000     |                                 | 7/0          | v at 10 us | 3,413         |          |
| c. Acquired during this report period                                    |   |                     |   |         |             |                                 |              |            |               |          |
| (attach schedule)  |   |                     | 19.504  |         |             |                                 |              |            | 0360          |          |
| D-3. Subtotal  |   |                     |   |         |             |                                 |              |            | 0000,2        | 2003     |
| E. Total Depreciation  |   |                     |   |         |             |                                 |              |            |               | 5,763    |
| 1  |   |                     |   |         |             |                                 |              |            |               | 551,260  |

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

| Acquisition Date        | Description of Item  | Cost | Useful<br>Life | Depreciation |
|-------------------------|--|------|----------------|--------------|
| Additions:              |  |      |                | T            |
|                         |  |      |                |              |
|                         |  |      |                |              |
|                         | And the control of th |      |                |              |
|                         |  |      |                |              |
|                         |  |      |                |              |
|                         |  |      |                | -            |
| Fotal additions for I   | Land Improvement   | S -  |                | \$ -         |
| Deletions:              |  |      |                |              |
|                         |  |      |                |              |
|                         |  |      |                |              |
|                         |  |      |                |              |
|                         |  |      |                | -            |
|                         |  |      |                |              |
|                         |  |      |                |              |
| Fotal deletions for L   | and Improvement  |      |                |              |
| i viai ucicilviis ivi L | and improvement  | S -  |                | S -          |

<sup>\*</sup>Ties to Page 23, Line A3

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

| Acquisition Date       | Description of Item         | Cost   | Useful<br>Life | Depreciation |
|------------------------|-----------------------------|--|----------------|--------------|
| Additions:             |                             |  | Line           | Depreciation |
| 8/11/2017              | Commercial Doors & Hardware | \$ 12,165  | 15             | \$ 135       |
|                        |                             |  |                |              |
|                        |                             |  |                |              |
| 3.04                   |                             | The second secon |                |              |
|                        |                             |  |                |              |
| Total additions for l  | Building Improvemen         | \$ 12,165  |                | \$ 135 *     |
| Deletions:             |                             |  |                |              |
|                        |                             |  |                |              |
|                        |                             |  |                |              |
|                        |                             | 100  |                |              |
|                        |                             |  |                |              |
|                        |                             |  |                | 21           |
| Total deletions for F  | SI Har Taylor               |  |                |              |
| I VIAI UCICLIONS IOF E | Building Improvement        | \$ -   |                | \$ -  *      |

<sup>\*</sup>Ties to Page 23, Line B3

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

| Acquisition Date      | Description of Item  | Cost      | Useful<br>Life | Depreciation |
|-----------------------|----------------------|-----------|----------------|--------------|
| Additions:            |                      | Cost      | Lite           | Depreciation |
| 12/29/2016            | Carpet               | \$ 7,765  | 7              | \$ 832       |
| 1/31/2017             | Heat Exchanger       | 4,641     | 10             |              |
| 1/31/2017             | Hot Water Heater     | 4,025     | 10             | 268.36       |
| 2/24/2017             | Kitchen Grease Trap  | 8,804     | 10             | 513,56       |
| 9/9/2017              |                      | 9,985     | 10             | 83.21        |
| 4/21/2017             | Water Heater         | 7,441     | 7              | 442.94       |
| 7/1/2017              | Boiler, Water Heater | 7,982     | 7              | 285,06       |
|                       |                      |           |                |              |
|                       |                      |           |                |              |
| Total additions for l | Non-Movable Equipmer | \$ 50,643 |                | \$ 2.734     |
| Deletions:            |                      |           |                |              |
|                       |                      |           |                |              |

<sup>\*\*</sup>Ties to Page 23, Line A2

<sup>\*\*</sup>Ties to Page 23, Line B2

|  |     | ttachment Pages 23 24 |
|--|-----|-----------------------|
|  |     |                       |
|  |     |                       |
|  |     |                       |
| Total deletions for Non-Movable Equipmen | S - | S - **                |

<sup>\*</sup>Ties to Page 23, Line C3
\*\*Ties to Page 23, Line C2

| Acquisition Date      | Description of Item | Cost      | Useful<br>Life | Depreciation |
|-----------------------|---------------------|-----------|----------------|--------------|
| Additions:            |                     |           |                |              |
| 10/28/2016            | Ultracare Bed       | \$ 2,106  | 5              | \$ 386       |
| 1/27/2017             | Vitascan            | \$ 9,670  | 5              | 1,289        |
| 6/30/2017             | Computers           | 1,161     | 5              | 58           |
| 9/6/2017              | Ultracare Bed       | 2,159     | 5              | 432          |
| 10/28/2016            | Gerimenu            | 4,408     | 3              | 185          |
| Total additions for   | Movable Equipmen    | \$ 19,504 |                | \$ 2,350     |
| Deletions:            |                     |           |                |              |
|                       |                     |           |                |              |
|                       |                     |           | 1000           |              |
|                       |                     |           |                |              |
|                       |                     |           |                |              |
|                       |                     |           |                |              |
|                       |                     |           |                |              |
| Total deletions for N | Aovable Equipmen    | S -       |                | S -          |

<sup>\*</sup>Ties to Page 23, Line D2c \*\*Ties to Page 23, Line D2b

### Schedule of Leasehold Improvements Acquired during this report peri-

|                             |   |      | Useful |              |
|-----------------------------|---|------|--------|--------------|
| Acquisition Date Additions: | Description of Item   | Cost | Life   | Depreciation |
| Additions:                  |   |      |        |              |
|                             |   |      |        |              |
|                             |   |      |        |              |
|                             |   |      |        |              |
|                             |   |      |        |              |
|                             |   |      | 1000   |              |
|                             |   |      |        |              |
| otal additions for Lease    | hold Improvemer   | S -  |        | S -          |
| Deletions:                  |   |      |        |              |
|                             |   |      |        |              |
|                             |   |      |        |              |
|                             |   |      |        |              |
|                             |   |      |        | <del> </del> |
|                             |   |      |        | +            |
|                             |   |      |        | <del> </del> |
| otal deletions for Leasel   | TATE OF THE PARTY |      |        |              |
| Total desertous for Leaser  |   | S -  |        | S -          |

<sup>\*</sup>Ties to Page 24, Line C3

<sup>\*\*</sup>Ties to Page 24, Line C2

State of Connecticut

# Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

# Amortization Schedule\*

| Name of Facility                        |              | License No.  |            | Report for Year Ended | r Ended        |      | Page                | Jo                                      |
|---|--------------|--------------|------------|-----------------------|----------------|------|---------------------|---|
| Bel-Air Manor                           |              | 2108C        | 8C         | 9/30/2017             |                |      | 24                  | 37                                      |
| val.                                    |              |              |            | Accumulated           |                |      |                     |   |
|   | Date of      |              |            | Amort. to             |                |      |                     |   |
|   | Acquisition  | 1            |            | Beginning of          | Basis for      |      |                     | *************************************** |
|   | ************ | Length of    | Cost to Be | Year's                | Computing      | Rate | Rate   Amortization |   |
| Item                                    | Month  Year  | Amortization | Amortized  | Operations            | Amortization** | %    | for This Year       | Totals                                  |
| A. Organization Expense                 |              |              |            |                       |                |      |                     |   |
|   |              |              |            |                       |                |      |                     |   |
| 2.                                      |              |              |            |                       |                |      |                     |   |
| 3.                                      |              |              |            |                       |                |      |                     |   |
| A-4. Subtotal                           |              |              |            |                       |                |      |                     |   |
| B. Mortgage Expense                     |              |              |            |                       |                |      |                     |   |
|   |              |              |            |                       |                |      |                     |   |
| 2.                                      |              |              |            |                       |                |      |                     |   |
| 3.                                      |              |              |            |                       |                |      |                     |   |
| B-4. Subtotal                           |              |              |            |                       |                |      |                     |   |
| C. Leasehold Improvements and Other     | er           |              |            |                       |                |      |                     |   |
| 1. Acquired prior to this report period | pc pc        |              |            |                       |                |      |                     |   |
| 2. Disposals (attach schedule)          |              |              |            |                       |                |      |                     |   |
| 3. Acquired during this report period   | P            |              |            |                       |                |      |                     |   |
| (attach schedule)                       |              |              |            |                       |                |      |                     |   |
| C-4. Subtotal                           |              |              |            |                       |                |      |                     |   |
| D. Total Amortization                   |              |              |            |                       |                |      |                     |   |
| * Ct                                    |              |              |            |                       |                |      |                     |   |

\* 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 Er        | nded                 |                | Page of  |
|--|--|---------------------------|----------------------|----------------|--|
| Bel-Air Manor  | 2108C                                  | 9/30/2017                 |                      |                | 25   37  |
| 11. Property Questionnaire                                       |  |                           |                      |                | Name of the second seco |
| Part A   |  |                           |                      |                |  |
| Is the property either owned by the                              | ne Facility                            | N 37                      | 0                    | N.T.           | If "Yes," complete Part B.   |
| or leased from a Related Party?*                                 | ٠                                      | ) Yes                     | U                    | No             | If "No," complete Part C.  |
| *If any owner or operator of this fac                            | cility is related by family, 1         | marriage, ownership, abil | ity to control or    |                | ·  |
| business association to any person or related party transaction. | r organization from whom               | buildings are leased, the | n it is considered a | 1              |  |
| Description  |  | Total                     |                      |                |  |
| Date Land Purchased  |  | 1000                      | -                    |                |  |
| 2. Date Structure Completed                                      |  |                           | 1                    |                |  |
| 3. If NOT Original Owner, Date                                   | of Purchase                            |                           |                      |                |  |
| 4. Date of Initial Licensure                                     |  |                           |                      |                |  |
| 5. Total Licensed Bed Capacity                                   |  | 71                        |                      |                |  |
| 6. Square Footage  | ************************************** |                           |                      |                |  |
| 7. Acquisition Cost  |  | <b>7</b> 000              |                      |                |  |
| a. Land b. Building  |  | 7,000                     | 4                    |                |  |
| Part B - Owner and Related Part                                  |  | 108,929                   |                      | [ 2] Mantanana | 44.14  |
| 1. Financing   | rties                                  | 1st Mortgage              | 2nd Mortgage         | 3rd Mortgage   | 4th Mortgage   |
| a. Type of Financing (e.g., fi                                   | ixed. variable)                        |                           |                      |                |  |
| b. Date Mortgage Obtained  | 7,000, 100,100,00                      | 05/15/09                  |                      |                |  |
| c. Interest Rate for the Cost                                    | Year                                   | 517.00%                   | ·                    |                |  |
| d. Term of Mortgage (number                                      | er of years)                           | 10                        |                      | 1              |  |
| e. Amount of Principal Borro                                     |  | 4,000,000                 |                      |                |  |
| f. Principal balance outstand                                    |  |                           |                      |                |  |
| Complete if Mortgage was F                                       |  |                           |                      |                |  |
| During Current Cost Ye   |  |                           |                      |                |  |
| g. Type of Financing (e.g., fi                                   | xed, variable)                         |                           |                      |                |  |
| h. Date of Refinancing i. New Interest Rate                      |  |                           |                      |                |  |
| j. Term of Mortgage (number                                      | er of vears)                           |                           |                      |                |  |
| k. Amount of Principal Borro                                     |  |                           |                      |                |  |
| l. Principal Outstanding on N                                    |  |                           |                      |                |  |
| Part C - Arms-Length Lease                                       |  | Improvements Only         | ·                    | <u>'</u>       |  |
| Name and Address of Lesson                                       |  | operty Leased             |                      | Term of Lease  | Annual Amount of Lease   |
|  |  |                           |                      |                |  |
|  |  |                           |                      |                |  |
|  |  |                           |                      |                |  |
|  |  |                           |                      |                | ,  |
|  |  |                           |                      |                |  |
|  |  |                           |                      |                |  |
|  |  | İ                         |                      |                |  |
| <del>,</del>   |  |                           |                      |                |  |
|  |  |                           | ;                    |                |  |

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 Ye | ar Ended      | *************************************** | Page   | of      |
|---------------------------------------|---|---------|---------------|---------------|---|--|---------|
| Bel-Air Manor                         | 2108C                                   |         | 9/30/2017     |               |   | 26   | 37      |
|                                       |   |         |               |               |   |  |         |
| Iter                                  | n                                       |         | Total         | CCNH          | RHNS                                    | (S   | pecify) |
| 12. Interest                          |   | L.      |               |               |   |  |         |
| A. Building, Land Improv<br>Equipment | rement & Non-Movabl                     | e       |               |               |   |  |         |
| 1. First Mortgage                     |   | \$      |               |               |   |  |         |
| Name of Lender                        | *************************************** | Rate    |               |               |   |  |         |
| Address of Lender                     |   |         |               |               | 1877                                    |  |         |
| Address of Lender                     |   |         |               |               |   |  |         |
| 2. Second Mortgage                    |   | \$      |               |               |   |  |         |
| Name of Lender                        |   | Rate    |               |               |   |  |         |
| Address of Lender                     |   |         |               |               |   |  |         |
| 3. Third Mortgage                     |   | \$      |               |               |   |  |         |
| Name of Lender                        |   | Rate    |               |               |   |  |         |
| Address of Lender                     | <del></del>                             | 1       |               |               |   |  |         |
| 4. Fourth Mortgage                    |   | \$      |               |               |   |  |         |
| Name of Lender                        |   | Rate    | 1,000         |               |   |  |         |
| Address of Lender                     |   | <u></u> |               |               |   |  |         |
| B. CHEFA Loan Informat                | ion                                     |         |               |               |   |  |         |
| <ol> <li>Original Loan Amo</li> </ol> | unt                                     | \$      |               |               |   |  |         |
| 2. Loan Origination D                 | ate                                     |         |               | 1.2           |   |  |         |
| 3. Interest Rate %                    |   |         |               |               |   |  |         |
| 4. Term                               |   |         |               |               |   |  |         |
| 5. CHEFA Interest Ex                  | pense                                   |         |               |               |   | THE RESERVE OF THE PARTY OF THE |         |
| 12 B7. Total Building Interest Exp    | vense (A1 - A4 + B5)                    | \$      |               |               |   |  |         |
|                                       |   |         | (0            | Subtatals for | l                                       |  |         |

(Carry Subtotals forward to next page)

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

| Bel-Air Manor         2108C         9/30/2017  | Nam                                     | e of Facility            | License N                               | 0.                                    |                 | Report for Y | ear Ended   |  | Page                                    | of                                      |
|--|---|--------------------------|---|---------------------------------------|-----------------|--------------|-------------|--|---|---|
| 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  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) Interest Expense  13. Total All Interest Expense (12B7 + 12C3 + 12D)  14. Insurance a. Insurance on Property (buildings only)  5. J. Total Residual Specified above) I. Umbrella (Blanket Coverage)  2. Fire and Extended Coverage  5. 28,317  28,317  |   |                          | 1                                       |                                       |                 |              |             |  | 27                                      | 37                                      |
| 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  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) Interest Expense  13. Total All Interest Expense (12B7 + 12C3 + 12D)  14. Insurance a. Insurance on Property (buildings only)  5 9,228  9,228  9,228  1. Umbrella (Blanket Coverage)  1. Umbrella (Blanket Coverage)  2. Fire and Extended Coverage  \$ 28,317   |   |                          |   |                                       |                 |              |             |  |   |   |
| 12. C. Movable Equipment 1. Automotive Equipment 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) S 12. D. Other Interest Expense (Specify) Interest Expense  13. Total All Interest Expense (12B7 + 12C3 + 12D) S 14. Insurance a. Insurance on Property (buildings only) S D. Insurance on Automobiles C. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) S S 28,317 S 28,317 S 28,317 S 28,317 S 3.317 S 3.         |   |                          | Item                                    |                                       |                 | Total        | CCNH        | RHNS   | (Spe                                    | ecify)                                  |
| 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) Interest Expense  13. Total All Interest Expense (12B7 + 12C3 + 12D)  14. Insurance a. Insurance on Property (buildings only)  b. Insurance on Automobiles c. Insurance on Automobiles c. Insurance on Automobiles c. Insurance on Expense (12Banket Coverage) 1. Umbrella (Blanket Coverage) 1. Umbrella (Blanket Coverage) 2. Fire and Extended Coverage)  \$ 28,317 28,317  |   |                          | Subt                                    | otals Bro                             | ught Forward    |              |             |  |   |   |
| 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) \$  13. Total All Interest Expense (12B7 + 12C3 + 12D) \$  14. Insurance a. Insurance on Property (buildings only) \$  15. Insurance on Automobiles \$  16. Insurance on Automobiles \$  17. Insurance on Automobiles \$  18. Insurance on Property (as specified above) 1. Umbrella (Blanket Coverage) \$  28. 28.317 28.317   | 12.                                     |                          |   |                                       |                 |              |             |  |   |   |
| 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) \$ Interest Expense  13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 14. Insurance a. Insurance on Property (buildings only) \$ 15. Insurance on Automobiles \$ 16. Insurance on Automobiles \$ 17. Insurance on Automobiles \$ 18. Insurance on Automobiles \$ 19. 228 317 28,317 38,317 |   |                          | oment                                   |                                       | \$              |              |             |  |   |   |
| 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) Interest Expense  13. Total All Interest Expense (12B7 + 12C3 + 12D)  14. Insurance a. Insurance on Property (buildings only) b. Insurance on Automobiles  c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage)  5 28,317  2. Fire and Extended Coverage   |   | A. Item                  |   | Rate                                  | Amount          |              |             |  |   | 20.20                                   |
| 2. Other (Specify)   | Lend                                    | er                       | <u> </u>                                |                                       | <u> </u>        |              |             | and the second s |   |   |
| A. Item Rate Amount  Lender  Address of Lender  B. Item Rate Amount  Lender  Address of Lender  Address of Lender  12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)  12. D. Other Interest Expense (Specify) Interest Expense  13. Total All Interest Expense (12B7 + 12C3 + 12D)  14. Insurance a. Insurance on Property (buildings only) b. Insurance on Automobiles c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) 2. Fire and Extended Coverage  \$ 28,317 28,317   | Addr                                    | ess of Lender            | *************************************** | · · · · · · · · · · · · · · · · · · · | Western Artists |              |             |  |   |   |
| A. Item Rate Amount  Lender  Address of Lender  B. Item Rate Amount  Lender  Address of Lender  Address of Lender  12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)  12. D. Other Interest Expense (Specify) Interest Expense  13. Total All Interest Expense (12B7 + 12C3 + 12D)  14. Insurance a. Insurance on Property (buildings only) b. Insurance on Automobiles c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) 2. Fire and Extended Coverage  \$ 28,317 28,317   |   | 2. Other (Specify)       |   |                                       | •               |              |             |  |   |   |
| 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) \$ 7,758 7,758 Interest Expense  13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 7,758 7,758  14. Insurance a. Insurance on Property (buildings only) \$ 9,228 9,228 b. Insurance on Automobiles \$ 0.  c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) \$ 28,317 28,317 2. Fire and Extended Coverage   |   | A. Item                  | T                                       | Rate                                  | r               |              |             |  |   |   |
| 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) \$ 7,758 7,758 Interest Expense  13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 7,758 7,758  14. Insurance a. Insurance on Property (buildings only) \$ 9,228 9,228 b. Insurance on Automobiles \$ 0.  c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) \$ 28,317 28,317 2. Fire and Extended Coverage   |   |                          |   |                                       |                 |              |             |  |   |   |
| B. Item Rate Amount  Lender  Address of Lender  12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)  12. D. Other Interest Expense (Specify) Interest Expense  13. Total All Interest Expense (12B7 + 12C3 + 12D)  14. Insurance a. Insurance on Property (buildings only) b. Insurance on Automobiles c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage)  28,317  28,317  | Lende                                   | er                       |   |                                       |                 |              |             |  |   |   |
| B. Item Rate Amount  Lender  Address of Lender  12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)  12. D. Other Interest Expense (Specify) Interest Expense  13. Total All Interest Expense (12B7 + 12C3 + 12D)  14. Insurance a. Insurance on Property (buildings only) b. Insurance on Automobiles c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage)  28,317  28,317  | Addr                                    | ess of Lender            |   |                                       |                 |              | 1000        |  |   |   |
| Lender  Address of Lender  12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) \$ 7,758  7,758  112. D. Other Interest Expense (Specify) \$ 7,758  7,758  114. Insurance a. Insurance on Property (buildings only) \$ 9,228  9,228   | Addiv                                   | 555 Of Leffder           |   |                                       |                 |              |             |  |   |   |
| Address of Lender  12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)  12. D. Other Interest Expense (Specify) Interest Expense  13. Total All Interest Expense (12B7 + 12C3 + 12D)  14. Insurance a. Insurance on Property (buildings only) b. Insurance on Automobiles c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) 28,317 2. Fire and Extended Coverage  |   | B. Item                  |   | Rate                                  | Amount          |              |             |  |   |   |
| Address of Lender  12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)  12. D. Other Interest Expense (Specify) Interest Expense  13. Total All Interest Expense (12B7 + 12C3 + 12D)  14. Insurance a. Insurance on Property (buildings only) b. Insurance on Automobiles c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) 2. Fire and Extended Coverage  \$ 28,317  | <del></del>                             |                          | <u> </u>                                |                                       |                 |              |             |  |   | 150                                     |
| 12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) \$  12. D. Other Interest Expense (Specify) Interest Expense  13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 7,758 7,758  14. Insurance a. Insurance on Property (buildings only) \$ 9,228 9,228 b. Insurance on Automobiles \$ c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) \$ 28,317 28,317 2. Fire and Extended Coverage   | Lende                                   | er .                     |   |                                       |                 |              |             |  |   |   |
| 12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) \$  12. D. Other Interest Expense (Specify) Interest Expense  13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 7,758 7,758  14. Insurance a. Insurance on Property (buildings only) \$ 9,228 9,228 b. Insurance on Automobiles \$ c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) \$ 28,317 2. Fire and Extended Coverage  | Addro                                   | ess of Lender            |   |                                       |                 |              |             |  |   |   |
| Expense (C1 + 2) \$  12. D. Other Interest Expense (Specify) \$  Interest Expense   \$  13. Total All Interest Expense (12B7 + 12C3 + 12D) \$  14. Insurance  a. Insurance on Property (buildings only) \$  b. Insurance on Automobiles \$  c. Insurance other than Property (as specified above)  1. Umbrella (Blanket Coverage) \$  28,317 28,317  2. Fire and Extended Coverage   |   |                          |   |                                       |                 |              |             |  |   |   |
| 12. D. Other Interest Expense (Specify) Interest Expense  13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 7,758 7,758  14. Insurance a. Insurance on Property (buildings only) \$ 9,228 9,228 b. Insurance on Automobiles \$ c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) \$ 28,317 2. Fire and Extended Coverage  | 12.                                     | C. 3. Total Movable Equ  | uipment Interes                         | t                                     |                 |              |             |  |   |   |
| Interest Expense  13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 7,758 7,758  14. Insurance a. Insurance on Property (buildings only) \$ 9,228 9,228 b. Insurance on Automobiles \$ c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) \$ 28,317 28,317 2. Fire and Extended Coverage   |   | Expense (C1 + 2)         | _                                       |                                       | \$              |              |             |  |   |   |
| 13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 7,758 7,758  14. Insurance a. Insurance on Property (buildings only) \$ 9,228 9,228 b. Insurance on Automobiles \$ 0. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) \$ 28,317 28,317 2. Fire and Extended Coverage   | 12.                                     |                          | se (Specify )                           |                                       | \$              | 7,758        | 7,758       |  |   |   |
| 14. Insurance a. Insurance on Property (buildings only) \$ 9,228 9,228 b. Insurance on Automobiles \$  c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) \$ 28,317 28,317 2. Fire and Extended Coverage \$  |   | Interest Expense         |   |                                       |                 |              |             |  |   |   |
| 14. Insurance a. Insurance on Property (buildings only) \$ 9,228 9,228 b. Insurance on Automobiles \$  | 10                                      | 200                      |   |                                       |                 |              |             |  |   |   |
| a. Insurance on Property (buildings only) \$ 9,228 9,228 b. Insurance on Automobiles \$  |   |                          | e (12B7 + 12C3                          | 3 + 12D)                              | \$              | 7,758        | 7,758       |  |   | ·····                                   |
| b. Insurance on Automobiles \$ c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) \$ 28,317 28,317 2. Fire and Extended Coverage \$  |   |                          | د (امینا النسمی مساد                    |                                       | ø               | 0.000        | 0.000       | ,  |   |   |
| c. Insurance other than Property (as specified above)  1. Umbrella (Blanket Coverage) \$ 28,317 28,317  2. Fire and Extended Coverage \$   |   |                          |   | y)                                    |                 |              | 9,228       |  |   | *************************************** |
| 1. Umbrella (Blanket Coverage) \$ 28,317 28,317 2. Fire and Extended Coverage \$   |   |                          |   | cified abo                            |                 |              |             |  |   |   |
| 2. Fire and Extended Coverage \$   |   |                          |   | cificu abi                            |                 | 28 317       | 28 317      |  |   |   |
|  | *************************************** |                          |   |                                       | <u>\$</u>       | 20,017       | 20,317      |  | *************************************** | HT1111777777777777777777777777777777777 |
|  | *************************************** |                          |   |                                       |                 | -            |             |  |   |   |
|  |   | 12 00 /                  |   |                                       |                 |              |             |  |   |   |
|  |   |                          |   |                                       |                 |              |             |  |   |   |
| 14d. Total Insurance Expenditures $(14a+b+c)$ \$ 37,545  | 14d.                                    | Total Insurance Expendit | tures (14a + b +                        | - c)                                  | s.              | 37.545       | 37.545      |  |   |   |
| 15. Total All Expenditures (A-13 thru C-14) \$ 8,952,767 8,952,767   |   |                          |   |                                       |                 |              | <del></del> |  |   |   |

## D. Adjustments to Statement of Expenditures

| Name  | e of F                                | acility | /  | Li       | cense No.    | Report for Ye         | ear Ended             | Page   |   | of                                     |
|-------|---------------------------------------|---------|--|----------|--------------|-----------------------|-----------------------|--|---|--|
| Bel-A | ir M                                  | anor    |  |          | 2108C        | 9/30/2017             |                       | 28   | ı                                       | 37                                     |
|       |                                       |         |  | <u></u>  | Total        |                       |                       | <b>†</b>   |   |  |
| Item  | Page                                  | Line    |  |          | Amount of    |                       |                       |  |   |  |
|       | No.                                   |         | Item Description                           |          | Decrease     | CCNH                  | RHNS                  | 1 0  | Speci                                   | fv)                                    |
| Page  | 10 - 2                                | Salari  | es and Wages                               |          |              |                       |                       | (-   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | -)/                                    |
| 1.    |                                       | 1       | Outpatient Service Costs                   | \$       |              |                       |                       |  |   |  |
| 2.    |                                       |         | Salaries not related to Resident Care      | \$       |              |                       |                       | <del> </del>                                     |   | ·                                      |
| 3.    | 10                                    | 12g     | Occupational Therapy                       | \$       |              | 204,267               |                       | <del>                                     </del> |   |  |
| 4.    | ************                          |         | Other - See attached Schedule              | \$       | ·            |                       |                       |  |   |  |
| Page  | 13 - 1                                | Profes  | sional Fees                                |          |              |                       |                       |  |   |  |
| 5.    |                                       |         | Resident Care Physicians **                | \$       |              |                       |                       |  |   |  |
| 6.    |                                       |         | Occupational Therapy                       | \$       |              |                       |                       |  | ***********                             | ***********                            |
| 7.    |                                       |         | Other - See attached Schedule              | \$       |              |                       |                       | <b></b>  |   | <del></del>                            |
| Page  | s 15 &                                | 2 16 -  | Administrative and General                 |          |              |                       |                       |  |   |  |
| 8.    |                                       |         | Discriminatory Benefits                    | \$       |              |                       |                       |  |   |  |
| 9.    | 15                                    | 1c      | Bad Debts                                  | \$       |              | 339,946               |                       | l  |   | ······································ |
| 10.   | 15                                    | 1e      | Accounting & Legal                         | \$       | <del> </del> | 19,075                |                       |  |   |  |
| 11.   |                                       |         | Telephone                                  | \$       | <del></del>  | 19,079                |                       |  |   |  |
| 12.   |                                       |         | Cellular Telephone                         | \$       | ·            |                       |                       |  |   |  |
| 13.   | ~                                     |         | Life insurance premiums on the life        |          |              |                       |                       |  |   |  |
|       |                                       |         | of Owners, Partners, Operators             | \$       |              | International Control |                       |  | ina ana                                 |  |
| 14.   |                                       |         | Gifts, flowers and coffee shops            | \$       |              |                       |                       |  |   |  |
| 15.   | · · · · · · · · · · · · · · · · · · · |         | Education expenditures to colleges or      |          |              |                       |                       |  |   |  |
|       |                                       |         | universities for tuition and related costs |          |              |                       |                       |  |   |  |
|       |                                       |         | for owners and employees                   | \$       |              |                       |                       |  | ard San                                 |  |
| 16.   | 16                                    | 17      | Travel for purposes of attending           |          |              |                       |                       |  |   |  |
|       |                                       |         | conferences or seminars outside the        |          |              |                       |                       |  |   |  |
|       |                                       |         | continental U.S. Other out-of-state        |          |              |                       |                       |  |   |  |
|       |                                       |         | travel in excess of one representative     | \$       | 9,074        | 9,074                 |                       | pine.  | Name to America                         | and the second                         |
| 17.   |                                       |         | Automobile Expense (e.g. personal use)     | \$       | 2,074        | 2,014                 |                       |  |   |  |
| 18.   | 16                                    | m3      | Unallowable Advertising *                  | \$       | 23,176       | 23,176                |                       | ·····  |   |  |
| 19.   |                                       |         | Income Tax / Corporate Business Tax        | \$       | 23,170       | 23,170                |                       |  |   |  |
| 20.   |                                       |         | Fund Raising / Contributions               | \$       |              |                       |                       |  |   |  |
| 21.   |                                       |         | Unallowable Management Fees                | \$       |              | ·                     |                       |  |   |  |
| 22.   |                                       |         | Barber and Beauty                          | \$       |              |                       |                       |  |   |  |
| 23.   |                                       |         | Other - See attached Schedule              | \$       | 236          | 236                   |                       |  |   |  |
|       | 18 - L                                | ietar   | Expenditures                               | ۳        | 230          | 230                   |                       |  |   |  |
| 24.   |                                       |         | Meals to employees, guests and others      |          |              |                       |                       |  |   |  |
|       |                                       |         | who are not residents                      | \$       |              |                       |                       |  | 4                                       |  |
| Page  | 19 - I                                | aund    | ry Expenditures                            | Ψ        |              |                       |                       |  |   |  |
| 25.   | Ĩ                                     |         | Laundry services to employees, guests      | $\dashv$ |              |                       | state in the state of |  |   |  |
|       | 1                                     |         | and others who are not residents           | \$       |              |                       |                       |  |   |  |
| Page  | 20 - F                                | 1       | keeping Expenditures                       | Φ        |              |                       |                       |  |   |  |
| 26.   | Ť                                     |         | Housekeeping services to employees, guests |          |              |                       |                       |  |   |  |
| -0.   |                                       | 1       | and others who are not residents           | \$       |              |                       |                       |  |   | Code Code                              |
|       | 1                                     | 1       | Subtotal (Items 1 - 26)                    | \$       | 595,774      | 505 774               |                       |  |   |  |
|       |                                       |         | Wanted"                                    | Ψ1       |              | 595,774               | muard to next         |  |   |  |

<sup>\*</sup> All except "Help Wanted".

(Carry Subtotal forward to next page)

<sup>\*\*</sup> 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

| age Ref   | Line Ref     | Description     | CCNH | RHNS  | (Specify) |
|-----------|--------------|-----------------|------|---|-----------|
|           |              |                 |      |   |           |
|           |              |                 |      | de la companya de la |           |
|           |              |                 |      | 1000  |           |
|           |              |                 |      |   |           |
|           |              |                 |      |   |           |
|           |              |                 | 4.0  |   |           |
|           |              |                 |      |   |           |
| otal Othe | r Salaries   | Adjustment      | s -  | s -   | · s -     |
| otal Othe | r Salaries . | L<br>Adjustment | S -  | \$  | -         |

Schedule of Fees Adjustments

| Page Ref   | Line Ref   | Description | CCNH | RHNS     | (Specify) |
|------------|------------|-------------|------|----------|-----------|
|            |            |             |      |          |           |
|            |            |             |      | ALC: NO. |           |
|            |            |             |      |          |           |
|            |            |             |      |          |           |
|            |            |             |      |          |           |
|            |            |             | 100  |          | 3.3 (2.1) |
|            |            |             |      |          |           |
|            |            |             |      |          |           |
| Total Othe | r Fees Adj | ustments    | S -  | \$ -     | s -       |

Schedule of Other A&G Adjustments

| Page Ref Li    | ne Ref Description    | CCNH   | RHNS | (Specify) |
|----------------|-----------------------|--------|------|-----------|
| 16 m8a         | a Chamber of Commerce | \$ 236 |      |           |
|                |                       |        |      |           |
|                |                       | 200    |      |           |
|                |                       |        |      |           |
|                |                       |        |      |           |
|                |                       |        |      | 100       |
| Total Other Ad | &G Adjustments        | \$ 236 | \$ - | s -       |

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

|       |         |             | D. Adjustments to Stateme               |       |           |              |            |               |       |
|-------|---------|-------------|---|-------|-----------|--------------|------------|---------------|-------|
| 1     | e of Fa |             | •                                       | Li    | cense No. | Report for ' | Year Ended | Page          | of    |
| Bel-A | Air Ma  | nor         |   |       | 2108C     | 9/30/2017    |            | 29            | 37    |
|       |         |             |   |       | Total     |              |            |               |       |
|       | Page    |             |   |       | Amount of |              |            |               |       |
| No.   | No.     | No.         | Item Description                        |       | Decrease  | CCNH         | RHNS       | (Spe          | cify) |
|       |         |             | Subtotals Brought Forward               | \$    | 595,774   | 595,774      |            |               |       |
|       |         |             | ent Care Supplies***                    |       |           |              | 200        |               |       |
| 27.   |         |             | Prescription Drugs                      | \$    | 248,132   | 248,132      |            |               |       |
| 28.   |         | 5d          | Ambulance/Limousine                     | \$    | 5,875     | 5,875        |            |               |       |
| 29.   |         | 5f          | X-rays, etc                             | \$    | 11,386    | 11,386       |            |               |       |
| 30.   | 20      | 5h          | Laboratory                              | \$    | 67,391    | 67,391       |            |               |       |
| 31.   |         |             | Medical Supplies                        | \$    |           |              |            |               |       |
| 32.   | 20      | 500         | Oxygen (non emergency)                  | \$    | 30,857    | 30,857       |            |               |       |
| 33.   |         |             | Occupational Therapy                    | \$    |           |              |            |               |       |
| 34.   |         |             | Other - See Attached Schedule           | \$    | 1,576     | 1,576        | ;          |               |       |
|       | 22 - N  | 1ainte      | enance and Property                     |       |           |              |            |               |       |
| 35.   |         |             | Excess Movable Equipment Depreciation   |       |           |              | 100        |               |       |
|       |         |             | See Attached Schedule                   | \$    |           |              |            |               |       |
| 36.   |         |             | Depreciation on Unallowable             |       |           |              |            |               |       |
|       |         |             | Motor Vehicles                          | \$    |           |              |            |               |       |
| 37.   |         |             | Unallowable Property and Real           |       |           |              |            |               |       |
|       |         |             | Estate Taxes                            | \$    |           |              |            |               |       |
| 38.   |         |             | Rental of Building Space or Rooms       | \$    |           |              |            |               |       |
| 39.   |         |             | Other - See Attached Schedule           | \$    |           |              |            | ************* |       |
| Page  | 27 - II | nsura       |   |       |           | 1.1          | 1          |               |       |
| 40.   |         |             | Mortgage Insurance                      | \$    |           |              |            |               |       |
| 41.   |         |             | Property Insurance                      | \$    |           |              |            |               |       |
| Other | · - Mis | cellar      | neous                                   |       |           |              |            |               |       |
| 42.   |         |             | Research or Experimental Activities     | \$    |           |              |            |               |       |
| 43.   |         |             | Radio and Television Revenue            | \$    |           |              |            |               |       |
| 44.   |         |             | Vending Machine Revenue                 | \$    |           |              |            | <del></del>   |       |
| 45.   |         |             | Purchase Discounts and Allowances       | \$    |           |              |            |               |       |
| 46.   |         |             | Duplications of functions or services   | \$    |           |              |            |               |       |
| 47.   |         |             | Expenditures made for the protection,   |       |           |              |            |               |       |
|       |         |             | enhancement or promotion of the         |       |           |              | -100       |               |       |
|       | l       |             | providers interest                      | \$    |           |              |            |               |       |
| 48.   |         |             | Interest Income on Accounts Rec         | \$    |           |              |            |               |       |
| 49.   |         |             | Other (include personnel and other      | 1     |           |              |            |               |       |
|       |         |             | costs unrelated to resident care) - See | 10000 |           |              |            |               |       |
|       |         |             | Attached Schedule                       | \$    |           |              |            |               |       |
| Not F | or Pro  |             | oviders Only                            | Ť     |           |              |            |               |       |
| 50.   | T       | <del></del> | Building/Non Movable Eq. Depreciation   |       |           |              |            |               |       |
| ĺ     |         |             | Unallowable Building Interest -         |       |           |              |            |               |       |
|       |         |             | See Attached Schedule                   | \$    |           |              |            |               |       |
| 51.   | Total   |             | ent of Decrease (Items 1 - 50)          | \$    | 960,991   | 960,991      |            |               |       |
|       |         |             | 7                                       | Ψ     | 700,331   | 700,371      |            |               |       |

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

#### Schedule of Other Ancillary Costs

| Page Ref    | Line Ref  | Description | CCNH     | RHNS | (Specify) |
|-------------|-----------|-------------|----------|------|-----------|
| 20          | 5j        | OT Pool     | \$ 1,576 |      |           |
|             |           |             | 100      |      |           |
|             |           |             |          |      |           |
|             |           |             |          |      |           |
|             |           |             |          |      |           |
|             |           |             |          |      |           |
|             |           |             |          |      |           |
|             |           |             |          |      |           |
|             |           |             |          |      |           |
|             |           |             |          |      |           |
| Total Other | Ancillary | Costs       | \$ 1,576 | s -  | \$ -      |

#### Schedule of Excess Movable Equipment Depreciation

| Page Ref   | Line Ref  | Description            | CCNH  | RHNS | (Specify) |
|------------|-----------|------------------------|-------|------|-----------|
|            |           |                        |       |      |           |
|            |           |                        |       |      | and the   |
|            |           |                        |       | 100  |           |
|            |           |                        |       |      |           |
|            |           |                        |       |      |           |
|            |           |                        |       |      |           |
|            |           |                        | 100   |      |           |
|            |           |                        | 44    |      |           |
|            |           |                        | 10000 |      |           |
| otal Exces | s Movable | Equipment Depreciation | \$ -  | S -  | S -       |

#### Schedule of Other Property Adjustments

| Page Ref   | Line Ref   | Description  | CCNH | RHNS          | (Specify) |
|------------|------------|--|------|---------------|-----------|
|            |            | A Property of the Control of the Con |      | 3 S. L. S. S. |           |
|            |            |  |      |               |           |
|            |            |  | 1000 |               | 75,16.9   |
|            |            |  |      |               | 100       |
|            |            |  |      |               |           |
| 1000       |            |  |      |               |           |
|            |            |  |      |               |           |
|            | 904        |  |      |               | 7 - Land  |
|            |            |  |      |               |           |
| otal Other | r Property | Adjustments  | S -  | \$ -          | \$ -      |

| Page Ref    | Line Ref | Description  | CCNH | RHNS      | (Specify) |
|-------------|----------|--|------|-----------|-----------|
|             |          |  | - 77 |           | 1         |
|             |          |  |      |           |           |
|             |          |  |      | Section 1 |           |
|             |          |  |      |           |           |
|             |          |  |      |           |           |
|             |          |  |      |           |           |
|             |          |  |      |           |           |
|             |          |  |      |           |           |
|             |          |  |      |           |           |
|             |          |  |      |           |           |
| Total Other | Adjustme | nts - Harris Commission of the | \$ - | \$ -      | S -       |

Schedule of Unallowable Building Interest

| Page Ref    | Line Ref   | Description  | CCNH | RHNS | (Specify)     |
|-------------|------------|--|------|------|---------------|
|             |            |  |      |      | 1             |
|             |            |  |      |      |               |
|             |            | The state of the s |      |      |               |
|             |            |  |      |      |               |
|             |            |  |      |      |               |
|             |            |  |      |      | 1             |
|             | 117        |  |      |      |               |
|             |            |  |      |      |               |
|             |            |  |      |      |               |
|             |            |  |      |      |               |
| Fotal Unall | owable Bui | lding Interest   | \$ - | \$ - | <u>  S - </u> |

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

CSP-30 Rev.10/2005

#### F. Statement of Revenue

| Name of Facility                            | License No.                                 |                 | Report for Y                                     | ear Ended     |              | Page     | of                                      |
|---|---|-----------------|--|---------------|--------------|----------|---|
| Bel-Air Manor                               | 2108C                                       |                 | 9/30/2017  | our Bridge    |              | 30       | 37                                      |
|   |   |                 |  |               |              | <b> </b> |   |
|   | Item  |                 | Total  | CCNH          | RHNS         | (Specif  | ỳ)                                      |
| I. Resident Room, Board &                   | Routine Care Revenue                        |                 |  |               |              |          |   |
| 1. a. Medicaid Resident                     | s (CT only)                                 | \$              | 4,612,128  | 4,612,128     |              |          | * ************************************  |
|   | nd Board Contractual Allowance **           | <u> </u>        | (1,569,193)                                      | (1,569,193)   |              | <u> </u> | -                                       |
| 2. a. Medicaid (All othe                    |   | <u>-</u>        | **************************************           | (1,507,170)   | <del> </del> |          |   |
| ***************************************     | and Board Contractual Allowance **          | <del>-</del> \$ |  | ļ <del></del> |              |          |   |
| 3. a. Medicare Resident                     |   | \$              | <del> </del>                                     | 2,305,686     |              | <b> </b> |   |
| ***************************************     | nd Board Contractual Allowance **           | \$              | <del> </del>                                     | 533,008       |              |          |   |
| 4. a. Private-Pay Reside                    |   | <del>-</del> \$ | <del> </del>                                     | 2,699,928     |              |          |   |
|   | and Board Contractual Allowance **          | \$<br>\$        | <del></del>                                      | (611,911)     |              |          |   |
| II. Other Resident Revenu                   |   | Ψ               | (011,511)  | (011,711)     |              |          |   |
| a. Prescription Drugs                       |   | ¢               | 100 625  | 100 (25       |              |          |   |
|   | - Medicare Contractual Allowance **         | \$              | <del> </del>                                     | 198,635       |              |          |   |
| c. Prescription Drugs                       |   | \$              | <del>                                     </del> | (198,635)     |              |          |   |
|   | - Non-Medicare Contractual Allowance **     | \$              | <del> </del>                                     | 47,921        |              |          |   |
| 2. a. Medical Supplies -                    |   | \$              | <del> </del>                                     |               |              |          |   |
|   | Medicare Contractual Allowance **           | \$              | <del></del>                                      |               |              |          | <del></del>                             |
|   |   | \$              | <del> </del>                                     |               |              |          |   |
| c. Medical Supplies -                       |   | \$              | ***************************************          |               |              |          |   |
|   | Non-Medicare Contractual Allowance **       | <u>\$</u>       |  |               |              |          |   |
| 3. <u>a. Physical Therapy</u> -             |   | \$              |  | 473,707       |              |          |   |
|   | Medicare Contractual Allowance **           | <u>\$</u>       |  | (473,707)     |              |          |   |
| c. Physical Therapy -                       |   | \$              | 349,797  | 349,797       |              |          |   |
|   | Non-Medicare Contractual Allowance **       | \$              |  |               |              |          |   |
| 4. a. Speech Therapy - N                    |   | \$              |  | 85,817        |              |          | ············                            |
|   | Medicare Contractual Allowance **           | \$              | (85,817)   | (85,817)      |              |          |   |
| c. Speech Therapy - N                       |   | \$              | 45,845   | 45,845        |              |          |   |
|   | Non-Medicare Contractual Allowance **       | \$              |  |               |              |          |   |
| 5. a. Occupational Ther                     |   | \$              | 516,654  | 516,654       |              |          |   |
|   | apy - Medicare Contractual Allowance **     | \$              | (516,654)  | (516,654)     |              |          |   |
| c. Occupational Ther                        |   | \$              | 235,132  | 235,132       |              |          |   |
|   | apy - Non-Medicare Contractual Allowance ** | \$              |  |               |              | ****     |   |
| 6. a. Other (Specify) - M                   |   | \$              |  |               |              |          |   |
| b. Other (Specify) - N                      |   | \$              | 10,777   | 10,777        |              |          |   |
| III. Total Resident Revenue                 | (Section I. thru Section II.)               | \$              | 8,659,118  | 8,659,118     |              |          |   |
| IV. Other Revenue*                          |   |                 | Section Section                                  |               |              |          |   |
| <ol> <li>Meals sold to guests, e</li> </ol> |   | \$              |  |               |              |          |   |
| <ol><li>Rental of rooms to nor</li></ol>    | n-residents                                 | \$              |  |               |              |          |   |
| 3. Telephone                                |   | \$              |  |               |              |          |   |
| 4. Rental of Television ar                  |   | \$              |  |               |              |          |   |
| <ol><li>Interest Income (Specij</li></ol>   | <del></del>                                 | \$              | 50   | 50            |              |          |   |
| 6. Private Duty Nurses' F                   | ~   | \$              |  |               |              |          |   |
| 7. Barber, Coffee, Beauty                   | and Gift shops                              | \$              |  |               |              |          |   |
| 8. Other (Specify)                          |   | \$              | 637  | 637           |              | 711111   | *************************************** |
| V. Total Other Revenue (1 t                 | hru 8)                                      | \$              | 687  | 687           |              | ******   |   |
| VI. Total All Revenue (III +                | V)  | \$              |  |               |              |          |   |
| (222  |   |                 | 8,659,805  | 8,659,805     | l            |          |   |

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

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

#### Schedule of Other Resident Revenue - Medicare

#### Related Exp

| Page Ref   | Description                   | CCNH   | RHNS | (Specify) |
|------------|-------------------------------|--|------|-----------|
|            |                               | 12,249   |      |           |
|            | C/A - Oxygen                  | (12,249  |      |           |
|            | X-Ray .                       | CONTROL AND      |      |           |
|            | C/A - X-Ray                   | (10,391)   |      |           |
|            | Lab                           | POR Microsoft Continues and Concession and Statement |      |           |
|            | C/A - Lab                     | (52,356)   |      |           |
| Total Othe | r Resident Revenue - Medicare | the discussion made of the production of the         | \$ - | S -       |

#### Schedule of Other Non-Medicare Resident Revenue

#### Related Exp

| Page Ref   | Description               | CCNH      | RHNS | (Specify) |
|------------|---------------------------|-----------|------|-----------|
|            | Oxygen - Managed Care     | \$ 1,558  |      | T         |
|            | X-Ray - Private Insurance | \$ 87     |      |           |
|            | X-Ray - Managed Care      | \$ 1,061  |      |           |
|            | Lab - Private Pay         | \$ 69     |      |           |
|            | Lab - Private Insurance   | \$ 356    |      |           |
|            | Lab - Managed Care        | \$ 7,646  |      |           |
| Total Othe | er Resident Revenue       | \$ 10,777 | \$ - | s -       |

#### **Interest Income**

#### Account

| Page Ref   | Account         | Balance | CCNH  | RHNS | (Specify) |
|------------|-----------------|---------|-------|------|-----------|
|            | Interest Income | 100     | \$ 50 |      |           |
|            |                 |         |       |      |           |
|            |                 |         |       |      |           |
|            |                 |         |       |      |           |
| Total Inte | rest Income     |         | \$ 50 | \$ - | \$ -      |

#### Schedule of Other Revenue

| Page Ref  | Description  | CCNH   | RHNS   | (Specify) |
|-----------|--|--------|--|-----------|
|           | Misc Income  | \$ 637 | E TOTAL CONTRACTOR OF THE STATE |           |
|           |  |        |  |           |
|           |  |        |  |           |
| 10000     |  |        |  |           |
|           |  |        |  |           |
|           |  |        |  |           |
|           |  |        |  |           |
|           |  |        |  |           |
|           |  |        |  |           |
|           |  |        |  |           |
|           | Committee Commit |        |  |           |
|           |  |        |  | 200       |
| Fotal Oth | er Revenue   | \$ 637 | \$ -   | \$ -      |

#### G. Balance Sheet

|         |           | f Facility                   | License No.         | Report for Yea                          | r Ended                                | Page                                   | of                    |
|---------|-----------|------------------------------|---------------------|---|--|--|-----------------------|
| Bel-    | Air       | Manor                        | 2108C               | 9/30/2017                               |  | 31                                     | 37                    |
|         |           |                              | Account             |   |  | Aı                                     | nount                 |
| Asse    |           |                              |                     |   |  |  |                       |
| A.      | Cı        | arrent Assets                |                     |   |  |  |                       |
|         | 1.        | Cash (on hand and in banks   |                     |   | ······································ | \$                                     | 247,996               |
|         | 2.        |                              |                     |   |  | \$                                     | 1,158,145             |
|         |           | Other Accounts Receivable    | (Excluding Owners o | r Related Parties)                      |  | \$                                     |                       |
|         | 4         | Inventories                  |                     |   |  | \$                                     |                       |
|         | 5.        | Prepaid Expenses             |                     |   |  | 5                                      | 2,101                 |
|         |           | a. Prepaid Expenses          |                     | 1,415                                   |  |  |                       |
|         |           | b. Prepaid Insurance         |                     | 686                                     | 5                                      |  |                       |
|         |           | c                            |                     |   |  | 10                                     |                       |
|         |           | d.                           |                     | *************************************** |  |  |                       |
|         | 6.        | Interest Receivable          |                     |   | 19                                     |  |                       |
|         | <u>7.</u> |                              |                     |   | 9                                      |  |                       |
|         | 8.        | Other Current Assets (itemiz | re)                 | <b></b>                                 | _                                      | 5                                      | 7,947                 |
|         |           | Refunds                      |                     | 7,947                                   | <u>′</u>                               |  | artist to the         |
|         |           |                              |                     |   |  |  | 100 graph (100 graph) |
|         |           |                              |                     |   |  |  |                       |
|         |           | tal Current Assets (Lines Al | thru 8)             |   | 9                                      | 3                                      | 1,416,189             |
| B.      |           | ked Assets                   |                     |   |  |  |                       |
|         |           | Land                         |                     |   |  |  |                       |
|         | 2.        | Land Improvements            | *Historical Cost    |   | _  \$                                  | S                                      |                       |
|         |           |                              | Accum. Depreciation | on                                      | Net                                    |  |                       |
|         | 3.        | Buildings                    | *Historical Cost    | 7,526,922                               | _ \\$                                  | 3                                      | 2,653,602             |
|         |           |                              | Accum. Depreciation | on 4,873,320                            | <del></del>                            |  |                       |
|         | 4.        | Leasehold Improvements       | *Historical Cost    | *******                                 | _  \$                                  | 3                                      |                       |
|         |           |                              | Accum. Depreciation | on                                      | Net                                    |  |                       |
|         | 5.        | Non-Movable Equipment        | *Historical Cost    | 478,987                                 | _  \$                                  | 3                                      | 143,951               |
|         |           |                              | Accum. Depreciation | on 335,036                              | Net                                    |  |                       |
|         | 6.        | Movable Equipment            | *Historical Cost    | 553,853                                 | _  \$                                  |  | 35,630                |
|         |           |                              | Accum. Depreciation | on 518,223                              | Net                                    |  |                       |
|         | 7.        | Motor Vehicles               | *Historical Cost    |   | _ \$                                   | )                                      |                       |
|         |           |                              | Accum. Depreciation | on                                      | Net                                    |  |                       |
|         | 8.        | Minor Equipment-Not Depre    | eciable             |   | \$                                     |  |                       |
| ······· | 9.        | Other Fixed Assets (itemize) |                     |   | \$                                     |  |                       |
|         |           |                              |                     |   |  |  |                       |
| 3-10    |           | Total Fixed Assets (Lines B  | 1 thru 9)           |   | \$                                     | ************************************** | 2,833,183             |

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

# G. Balance Sheet (cont'd)

| Nam      | ne o | f Facility  | License No.  | Report for Year Ended |      | Page  |       | of     |
|----------|------|---|--|-----------------------|------|-------|-------|--------|
| Bel-     | Air  | Manor   | 2108C  | 9/30/2017             |      | 32    |       | 37     |
|          |      |   | Account  |                       | T    | Ar    | nount |        |
|          |      |   |  | Total Brought Forward | : \$ |       |       | 19,372 |
| C.       | Le   | asehold or like property recor                                  | ded for Equity Purpos  |                       | Ť    |       |       |        |
|          | 1.   | Land  |  |                       | \$   |       |       |        |
|          | 2.   | Land Improvements   | *Historical Cost   |                       |      |       |       |        |
|          |      |   | Accum. Depreciatio   | n Net                 | \$   |       |       |        |
|          | 3.   | Buildings   | *Historical Cost   |                       | T    |       |       |        |
|          |      |   | Accum. Depreciatio   | n Net                 | \$   |       |       |        |
|          | 4.   | Non-Movable Equipment   | *Historical Cost   |                       | T    |       |       |        |
| <u> </u> |      |   | Accum. Depreciatio   | n Net                 | \$   |       |       |        |
|          | 5.   | Movable Equipment   | *Historical Cost   |                       |      |       |       |        |
| ļ        |      |   | Accum. Depreciatio   | n Net                 | \$   |       |       |        |
|          | 6.   | Motor Vehicles  | *Historical Cost   |                       |      |       |       |        |
|          |      |   | Accum. Depreciatio   | n Net                 | \$   |       |       |        |
|          |      | Minor Equipment-Not Depre                                       |  | ,                     | \$   |       |       |        |
| C-8      |      | tal Leasehold or Like Proper                                    | ties (C1 thru 7)   |                       | \$   |       |       |        |
| D.       | Inv  | vestment and Other Assets                                       |  |                       |      |       |       |        |
|          | 1.   |   |  |                       | \$   |       |       |        |
|          |      | Escrow Deposits   |  |                       | \$   |       |       |        |
|          | 3.   | Organization Expense  | *Historical Cost   |                       |      |       |       |        |
|          |      | 75.5  | Accum. Depreciation  | n Net                 | \$   |       |       |        |
|          | 4.   | Goodwill (Purchased Only)                                       |  |                       | \$   |       |       |        |
|          | 5.   | Investments Related to Resid                                    | ent Care (temize)  |                       | \$   |       |       |        |
|          |      | ***************************************                         |  |                       |      | uni e |       |        |
| ļ        |      |   |  |                       |      |       |       |        |
|          | 6.   | Loans to Owners or Related                                      | <del></del>  |                       | \$   |       |       |        |
|          |      | Name and Address  | Amount   | Loan Date             |      |       |       |        |
|          |      |   |  |                       |      |       |       |        |
|          |      |   |  |                       |      |       |       |        |
|          |      |   |  |                       |      |       |       |        |
|          | 7    | Other Association   |  | 1                     |      |       |       |        |
|          | 1.   | Other Assets (itemize)  |  | 000.00                | \$   |       | 60    | 6,050  |
|          |      | Due from Cheshire House   |  | 288,394               |      |       |       |        |
|          |      | Due from Mystic Manor   |  | 214,833               |      |       |       |        |
| D 0      | Ta   | Due from Ryders Health N  |  | 102,823               |      |       |       |        |
| D-0.     | To   | tal Investments and Other Ass<br>tal All Assets (Lines A9 + B1) | sets (Lines D1 thru 7) $\frac{1}{100} + \frac{1}{100} + \frac{1}{100} = \frac{1}{100}$ |                       | \$   |       |       | 6,050  |
| レーブ.     | 101  | LIIICS MY T DI  | J - C0 T D0)   |                       | \$   |       | 4,85  | 5,422  |

<sup>\*</sup> 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 Fac                             | -   |   | License No.                             | Report for Year                         | Ended    | Page | of                                     |
|---|-----|---|---|---|----------|------|--|
| Bel-Air Mar                             | ıor |   | 2108C                                   | 9/30/2017                               |          | 33   | 37                                     |
|   |     |   | Account                                 |   |          | Am   | ount                                   |
| Liabilities                             |     |   |   |   |          |      |  |
| A.                                      | Cu  | rrent Liabilities                       |   |   |          |      |  |
|   | 1.  | Trade Accounts Payable                  | *** · · · · · · · · · · · · · · · · · · | *************************************** | \$       |      | 475,157                                |
|   | 2.  | Notes Payable (itemize)                 |   |   | \$       |      |  |
|   |     |   |   |   |          |      |  |
|   |     |   |   |   |          |      |  |
|   |     |   |   |   |          |      |  |
|   | 3.  | Loons Davable for Equipm                | ant C                                   | \                                       | 6        |      |  |
|   | J.  | Loans Payable for Equipm Name of Lender | · [ · · · · · · · · · · · · · · · · · · |   | \$       |      |  |
|   |     | Name of Lender                          | Purpose                                 | Amount                                  | Date Due |      |  |
|   |     |   |   |   |          |      |  |
|   |     |   |   |   |          |      |  |
|   |     |   |   |   |          |      |  |
|   |     |   |   |   |          |      |  |
|   |     |   |   |   |          |      |  |
|   |     |   |   |   |          |      |  |
|   |     |   |   |   |          |      |  |
|   |     |   | V-1                                     |   |          |      |  |
|   |     |   |   |   |          |      |  |
|   | 4.  | Accrued Payroll (Exclusive              | of Owners and/or S                      | Stockholders only)                      | \$       |      | 84,171                                 |
|   | 5.  | Accrued Payroll (Owners a               |   | only)                                   | \$       |      | ************************************** |
|   | 6.  | Accrued Payroll Taxes Pay               | able                                    |   | \$       |      |  |
| *************************************** | 7.  | Medicare Final Settlement               |   |   | \$       |      |  |
|   | 8.  | Medicare Current Financin               | g Payable                               |   | \$       |      |  |
|   | 9.  | Mortgage Payable (Current               | Portion)                                |   | \$       |      |  |
|   | 10. | Interest Payable (Exclusive             | of Owner and/or Re                      | elated Parties)                         | \$       |      |  |
|   | 11. | Accrued Income Taxes*                   |   |   | \$       |      |  |
|   | 12. | Other Current Liabilities (it           | emize )                                 |   | \$       |      | 204,881                                |
|   |     | Patient Fund                            | 10,6                                    | 584 Accrued PTO                         | 92,569   |      |  |
|   |     | AFLAC - Individual                      | 8,1                                     | 50 Accrued User Fee                     | 96,061   |      |  |
|   |     | AFLAC - Group                           |   | 32                                      |          |      |  |
|   |     | Accrued Expenses                        | (2,6                                    | 515)                                    |          |      |  |
| A-13.                                   | Tot | tal Current Liabilities (Line           | s A1 thru 12)                           |   | \$       |      | 764,209                                |

<sup>\*</sup> 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                              | License No.  | Report for Year | Ended        | Page | of   |
|---|--------------|-----------------|--------------|------|--|
| Bel-Air Manor                                 | 2108C        | 9/30/2017       |              | 34   | 37   |
|   | Account      |                 |              | Am   | ount   |
|   |              | Total Broug     | ght Forward: |      | 764,209  |
| Liabilities (cont'd)                          |              |                 |              |      |  |
| B. Long-Term Liabilities                      |              |                 |              |      |  |
| <ol> <li>Loans Payable-Equipment (</li> </ol> | (itemize )   |                 | \$           |      |  |
| Name of Lender                                | Purpose      | Amount          | Date Due     |      |  |
|   |              |                 |              |      | and the second s |
|   |              |                 |              |      |  |
|   |              |                 |              |      |  |
|   |              |                 |              |      |  |
|   |              |                 |              |      |  |
|   |              |                 |              |      |  |
|   |              |                 |              |      |  |
|   |              |                 |              |      |  |
|   |              |                 |              |      |  |
| 0 No. 11                                      | <u> </u>     |                 |              |      |  |
| 2. Mortgages Payable                          |              |                 | \$           |      |  |
| 3. Loans from Owners or Rela                  | T            |                 | \$           |      |  |
| Name and Address of Lender                    | Amount       | Loan D          | ate          |      |  |
|   |              |                 |              |      |  |
|   |              |                 |              |      |  |
|   |              |                 | F 17.        |      |  |
| İ   |              |                 |              |      |  |
|   |              |                 |              |      |  |
|   |              |                 |              |      |  |
|   |              |                 |              |      |  |
|   |              |                 |              |      |  |
|   |              |                 |              |      |  |
|   |              |                 |              |      |  |
| 4. Other Long-Term Liabilities                | s (itemize ) |                 | \$           |      | 3,621,978  |
| Due to Chamberlain Manor                      |              | 45,000          |              |      |  |
| Due to BA Realty                              |              | 3,429,147       |              |      |  |
| Notes Payable - Related Par                   | ty           | 147,831         |              |      |  |
|   |              |                 |              |      | 10   |
| B-5. Total Long-Term Liabilities (L           |              |                 | \$           |      | 3,621,978  |
| C. Total All Liabilities (Lines A-1           | 3 + B-5)     |                 | \$           |      | 4,386,187  |

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

|     | ne of Facility                   | License No.  | Report for Y                            | ear Ended                   | Pa | age of   |
|-----|----------------------------------|--|---|-----------------------------|----|--|
| Bel | -Air Manor                       | 2108C  | 9/30/2017                               |                             | 3  | 5   37   |
| _   |                                  | Account  |   |                             |    | Amount   |
| A.  | Reserves                         |  |   |                             |    |  |
|     | 1. Reserve for value of leased   | land   |   |                             | \$ |  |
|     | 2. Reserve for depreciation val  | ue of leased building  | ngs and appurten                        | ances                       |    |  |
|     | to be amortized                  |  |   |                             | \$ |  |
|     | 3. Reserve for depreciation val  | ue of leased person  | al property (Equ                        | ity)                        | \$ |  |
|     | 4. Reserve for leasehold real p  | roperties on which   | fair rental value                       | is based                    | \$ | <del></del>  |
|     | 5. Reserve for funds set aside a | s donor restricted   |   |                             | \$ | Mark to the second seco |
|     | 6. Total Reserves                | one of the second secon |   |                             | \$ | ***************************************  |
| B.  | Net Worth                        |  |   |                             | 1  |  |
|     | 1. Owner's Capital               |  |   |                             | \$ | 1,000  |
|     | 2. Capital Stock                 |  |   |                             | \$ | Manager and the second  |
|     | 3. Paid-in Surplus               | ***************************************  |   |                             | \$ |  |
|     | 4. Treasury Stock                |  |   |                             | \$ |  |
|     | 5. Cumulated Earnings            | FILM TO THE STATE OF THE STATE  |   | 1181 V. ARIBINA & MANAGAS V | \$ | 760,985  |
|     | 6. Gain or Loss for Period       | 10/1/20  | 16 thru                                 | 9/30/2017                   | \$ | (292,750)  |
|     | 7. Total Net Worth               |  | *************************************** |                             | \$ | 469,235  |
| C.  | Total Reserves and Net Worth     | *******************************  |   |                             | \$ | 469,235  |
| D.  | Total Liabilities, Reserves, and | Net Worth  |   |                             | \$ | 4,855,422  |

# H. Changes in Total Net Worth

|           |   | License No.                             | Report for Year | Ended    | Page | of        |  |  |
|-----------|---|---|-----------------|----------|------|-----------|--|--|
| Bel-      | Air Manor   | 2108C                                   | 9/30/2017       |          | 36   | 37        |  |  |
|           | Account   |   |                 |          |      | Amount    |  |  |
| <u>A.</u> | ······································                      |   |                 |          |      | 761,985   |  |  |
|           | B. Total Revenue (From Statement of Revenue Page 30)        |   |                 |          |      | 8,660,017 |  |  |
| C.        | Total Expenditures (From Statement of Expenditures Page 27) |   |                 | \$       |      | 8,952,767 |  |  |
| D.        | Net Income or Deficit                                       |   |                 | \$       |      | (292,750) |  |  |
| E.        | Balance   |   |                 | \$       |      | 469,235   |  |  |
| F.        | Additions  1. Additional Capital Contributed                | (itemize )                              |                 |          |      |           |  |  |
|           | 2. Other (itemize)  |   |                 |          |      |           |  |  |
| F-3.      | Total Additions   |   |                 | \$       |      |           |  |  |
| G.        | Deductions  |   |                 |          |      |           |  |  |
|           | . Drawings of Owners/Operators/Partners (Specify)           |   |                 | \$       |      |           |  |  |
|           | Name and Address (No., City,                                | State, Zip )                            | Title           | Amount   |      |           |  |  |
|           | 2. Other Withdrawings (Specify)                             | *************************************** |                 | <u> </u> |      |           |  |  |
| <b></b>   | 2. Other Withdrawings (Specify) Purpose Amount              |   |                 |          |      |           |  |  |
|           |   |   | Amot            |          |      |           |  |  |
| H.        | 3. Total Deductions  Balance at End of Period               | 00/00/                                  | 17              | \$       |      |           |  |  |
| п.        | Butunce at Ena of Perioa                                    | 09/30/                                  | 1/              | \$       |      | 469,235   |  |  |

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

| Name of Facility  | License No.                                    | Report for Year Ended | Page | of |  |  |  |  |
|---|--|-----------------------|------|----|--|--|--|--|
| Bel-Air Manor   | 2108C  | 9/30/2017             | 37   | 37 |  |  |  |  |
| Check appropriate category  |  |                       |      |    |  |  |  |  |
| Chronic and Convalescent Nursing Home only (CCNH)   | Rest Home with Nursing Supervision only (RHNS) | ☐ (Specify)           |      |    |  |  |  |  |
| Preparer/Reviewer Certification   |  |                       |      |    |  |  |  |  |
| I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. 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 Elizabeth Magli   | Title Controller                               | Date Signed           | -    |    |  |  |  |  |
| Printed Name of Preparer  |  |                       |      |    |  |  |  |  |
|   |  |                       |      |    |  |  |  |  |
| Elizabeth Maglio  |  |                       |      |    |  |  |  |  |
| Address   |  | Phone Number          |      |    |  |  |  |  |
|   |  |                       |      |    |  |  |  |  |
| 88 Ryders Lane, Stratford, CT 06614   | 203-381-1327                                   | 203-381-1327          |      |    |  |  |  |  |