

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Bel-Air Manor Nursing & Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 256 New Britain Ave, Newington, CT 06111	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 3108C	RHNS	(Specify)	Medicare Provider 07-5393
------------------	---------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 21080	RHNS	ICF-IID
----------------------------	---------------	------	---------

For Department Use Only

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

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Bel-Air Manor Nursing & Rehabilitation Center	3108C	9/30/2019	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Bel-Air Manor Nursing & Rehabilitation Center [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Marianne Herold			Printed Name (Owner) Martin Sbriglio		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

State of Connecticut
Department of Social Services
 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Bel-Air Manor Nursing & Rehabilitation Center	Period Covered:	From 10/1/2018	To 9/30/2019	
Address of Facility 256 New Britain Ave, Newington, CT 06111				
Report Prepared By Ryders Health Management	Phone Number 1-203-381-1327	Date 1/13/2020		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 1-203-381-1327		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Bel-Air Manor Nursing & Rehabilitation Center		Address (No. & Street, City, State, Zip) 256 New Britain Ave, Newington, CT 06111		
License Numbers:	CCNH 3108C	RHNS (Specify)	Medicare Provider No. 07-5393	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Marianne Herold		Nursing Home Administrator's License No.:	001304	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
Bel-Air Manor Nursing & Rehabilitation Cent	3108C	9/30/2019	3A	37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Bel-Air Manor Nursing & Rehabilitation Center	256 New Britain Ave., Newington, CT 06111	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Dr. Robert Sbriglio, MD, MPH, 2009 Trust	256 New Britain Ave., Newington, CT 06111	Member	25	
Martin Sbriglio, RN, 2009 Trust	256 New Britain Ave., Newington, CT 06111	Member	25	
Dr. Robert Sbriglio, MD, MPH	256 New Britain Ave., Newington, CT 06111	Member	25	
Martin Sbriglio, RN	256 New Britain Ave., Newington, CT 06111	Member	25	
Names of Stockholders Owning at Least 10% of Shares				
Dr. Robert Sbriglio, MD, MPH, 2009 Trust	256 New Britain Ave., Newington, CT 06111	Member	25	
Martin Sbriglio, RN, 2009 Trust	256 New Britain Ave., Newington, CT 06111	Member	25	
Dr. Robert Sbriglio, MD, MPH	256 New Britain Ave., Newington, CT 06111	Member	25	
Martin Sbriglio, RN	256 New Britain Ave., Newington, CT 06111	Member	25	

**General Information and Questionnaire
 Related Parties***

Name of Facility Bel-Air Manor Nursing & Rehabilitation Center	License No. 3108C	Report for Year Ended 9/30/2019	Page 4	of 37
---	----------------------	------------------------------------	-----------	----------

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
See Attached		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.

Bel-Air Manor Nursing & Rehabilitation Center
Cost Report 9/30/2019
List of Related Parties
Page 4 Attachment

Name of Related Individual or Company	Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Services Provided	Indicate Where Costs are Included in Annual Report Page #/ Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%				
Ryders Health Management (RHM)	88 Ryders Lane, Suite 208, Stratford, CT 06614		X		Financial and Managerial Support	16/m12	276,837.65	264,052.00
Due from Cheshire House	3396 East Main St., Waterbury, CT 06705		X		Loan to Facility	32/D7, 34/B4	288,394	288,394
Due from Greentree Manor	4 Greentree Drive, Waterford, CT 06385		X		Loan to Facility	32/D7, 34/B4	12,000	12,000
Due from Lord Chamberlain	7003 Main St., Stratford, CT 06614		X		Loan to Facility	32/D7, 34/B4	40,936	40,936
Due from Mystic Healthcare	475 High St., Mystic, CT 06355		X		Loan to Facility	32/D7, 34/B4	203,914	203,914
Due from Ryders Health	88 Ryders Lane, Suite 208, Stratford, CT 06614		X		Loan to Facility	32/D7, 34/B4	112,823	112,823
Due from Lighthouse	88 Ryders Lane, Stratford, CT 06614		X		Loan to Facility	32/D7, 34/B4	30,000	30,000
Due to BA Realty	256 New Britain Ave., Newington, CT 06111		X		Loan to/from Facility	34/B4	3,485,916	3,485,916
ValueRx	54 Tuttle Place, Middletown, CT	X			Pharmacy Expenses	20/5a2	324,526	Disallowed
ValueRx	54 Tuttle Place, Middletown, CT	X			House Drugs	20/5b	46,825	46,825
Due to Aaron Manor	3 South Wig Hill Road, Chester, CT 06412		X		Loan from Facility	34/B4	166,068	166,068
Due to Chamberlain Manor	7003 Main St., Stratford, CT 06614		X		Loan from Facility	34/B4	70,000	70,000
Due to Douglas Manor			X		Loan from Facility	34/B4	11,710	11,710

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Bel-Air Manor Nursing & Rehabilitation Center	License No. 3108C	Report for Year Ended 9/30/2019	Page 5	of 37
---	----------------------	------------------------------------	-----------	----------

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.	Report for Year Ended			Page	of
Bel-Air Manor Nursing & Rehabilitation Center		3108C	9/30/2019			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Wells Fargo	<input type="radio"/>	<input checked="" type="radio"/>	Copier Lease				4,967
BBI Technologies	<input type="radio"/>	<input checked="" type="radio"/>	Copier Lease				6,107
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?							
<input type="radio"/> Yes							
<input checked="" type="radio"/> No							
Total ***							11,074

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility Bel-Air Manor Nursing & Rehabilit	License No. 3108C	Report for Year Ended 9/30/2019	Page 7	of 37
---	----------------------	------------------------------------	-----------	----------

The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Marcum, LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Dr., New Haven, CT
---	--

Services Provided by This Firm (*describe fully*)

1 Corp Tax Returns and services. Annual review of the financial statements.	\$ 13,185
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 13,185

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

Legal Services Information

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

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

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

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

Bel-Air Manor
 Legal Fees
 9/30/2019

Vendor	Description	Amount	Allowable	
			Yes	No
American Arbitration	Arbitrator's Compensation	\$ 21.43		21.43
State Marshall	Conservatorship	110.00	110	
Treasurer, State of CT	Conservatorship	476.00	476	
Jackson Lewis	General Consultation	121.90	121.9	
Joe D'Agostino	Various Matter	4,401.38		4401.38
Kainen , Escalera & McHale	General Consultation	1,231.07	1231.07	
American Express	ERISA Paperwork	36.00	36	
Seiger Gfeller Laurie, LLP	Collections	200.65		200.65
Carmody Torrance	Partners Pharmacy	594.96		594.96
Total		\$ 7,193.39	\$ 1,974.97	\$ 5,218.42

Schedule of Resident Statistics

Name of Facility Bel-Air Manor Nursing & Rehabilitation Center			License No. 3108C		Report for Year Ended 9/30/2019				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	71	71			71	71			71	71		
B. On last day of THIS report period	71	71			71	71			71	71		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	69	69			69	69			69	69		
B. As of midnight of THIS report period	67	67			69	69			67	67		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,154	4,154			2,956	2,956			1,198	1,198		
B. Medicaid (Conn.)	14,167	14,167			10,435	10,435			3,732	3,732		
C. Medicaid (other states)												
D. Private Pay	2,768	2,768			2,150	2,150			618	618		
E. State SSI for RCH												
F. Other (Specify) Hospice, Managed Care	3,501	3,501			2,827	2,827			674	674		
G. Total Care Days During Period (3A thru F)	24,590	24,590			18,368	18,368			6,222	6,222		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	135	135			90	90			45	45		
B. Other Bed Reserve Days	80	80			34	34			46	46		
5. Total Resident Days (3G + 4A + 4B)	24,805	24,805			18,492	18,492			6,313	6,313		

Annual Report of Long-Term Care Facility

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Facility Bel-Air Manor Nursing & Rehabilitation Cent			License No. 3108C			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input checked="" type="radio"/> Yes <input type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	14		35			18							
Per Diem Rate													
a. One bed rm.	RUGS		253.02			\$497 - \$424							
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									2,962	2,962			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									19,405	19,405			
D. Total Physical Therapy Treatments									22,367	22,367			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									271	271			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									1,478	1,478			
D. Total Speech Therapy Treatments									1,749	1,749			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									899	899			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									17,411	17,411			
D. Total Occupational Therapy Treatments									18,310	18,310			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility Bel-Air Manor Nursing & Rehabilitation Center	License No. 3108C	Report for Year Ended 9/30/2019	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	111,178	2,143				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	180,940	8,390				
5. Dietary Service						
a. Head Dietitian	28,453	1,285				
b. Food Service Supervisor	50,252	2,031				
c. Dietary Workers	253,814	17,213				
6. Housekeeping Service						
a. Head Housekeeper	51,532	2,765				
b. Other Housekeeping Workers	144,370	10,432				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	53,886	2,055				
b. Other Maintenance Workers	34,402	2,083				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	35,625	2,564				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	118,581	2,118				
b. RN						
1. Direct Care	753,632	20,406				
2. Administrative**	251,632	6,243				
c. LPN						
1. Direct Care	632,956	19,871				
2. Administrative**						
d. Aides and Attendants	1,116,997	66,290				
e. Physical Therapists	333,279	9,653				
f. Speech Therapists	57,756	1,025				
g. Occupational Therapists	197,824	5,932				
h. Recreation Workers	76,017	3,929				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	210,767	6,876				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	157,148	5,509				
<i>A-13. Total Salary Expenditures</i>	4,851,041	198,811				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Rehab Program Manager	\$ 101,342	2,491				
Medical Records	\$ 41,390	2,555				
Respiratory Therapy Wages	\$ 14,416	463				
Total	\$ 157,148	5,509	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Therapy Management Consultant	\$ 42,009					
Pulmonary Consultant	\$ 30,000					
Managed Care Consultant	\$ 733					
MDS Consulting	\$ 162					
Harmony Healthcare	\$ (7,216)					
Total	\$ 65,688	-	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Bel-Air Manor Nursing & Rehabilitation Center				3108C	9/30/2019			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Dr. Robert Sbriglio, MD, MPH								Lord Chamberlain, 7003 Main St., Stratford, CT 06614	2,081	130,000
Martin Sbriglio, RN, NHA								Ryders Health Management, 88 Ryders Lane, Suite 208, Stratford, CT 06614	2,284	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 Sbrilgio, LPN, NHA								Ryders Health Management, 88 Ryders Lane, Suite 208, Stratford, CT 06614	1,040	26,000

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Bel-Air Manor Nursing & Rehabilitation Center				3108C	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Marianne Herold	111,178			Non Discriminatory	Administrative	2,143	A2			
Section IV - Assistant Administrators										

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

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

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

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Bel-Air Manor Nursing & Rehabilitation Center	3108C	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	833					
2. Dentist	2,500					
3. Pharmacist	6,507					
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	62,000					
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Medical Staff	1,100	11				
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	65,688					
B-13 Total Fees Paid in Lieu of Salaries	138,627	11				

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

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

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Bel-Air Manor Nursing & Rehabilitation Center		3108C	9/30/2019	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
ValueRx	Pharmacy Consultant	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
LP Managed Care	Manged Care Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Celtic Consulting	MDS Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Sudhir Bhatnagar, 40 Hart St., New Britain, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Joseph Anquillare MD, 100 Retreat Ave., Hartford, CT	Medical Director/Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Steven Horowitz, PO Box 587, Rocky Hill, CT	Medical Director/Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Starling Physicians	Pulmonary Specialist	<input type="radio"/>	<input checked="" type="radio"/>		
LTC Management	Dental Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Charmaine Thompson, 43 Kyle Court, Meriden, CT	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
HealthPro, 307 International Circle, Suite 100, Hunt Valley, MD 21030	Rehab Specialist, Therapy Management PT, ST OT	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Bel-Air Manor Nursing & Rehabilitation Center	3108C	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 168,033	168,033		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 409,946	409,946		
5. Health Insurance	\$ 414,006	414,006		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 8,059	8,059		
8. Uniform Allowance	\$ 17,241	17,241		
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 96,566	96,566		
d. Accounting and Auditing	\$ 13,185	13,185		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 7,193	7,193		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 20,010	20,010		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 18,110	18,110		
2. Cellular Phones	\$ 3,495	3,495		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ (2,432)	(2,432)		
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 387,735	387,735		
Subtotal	\$ 1,561,148	1,561,148		

* 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**

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
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 Nursing & Rehabilitation Center	3108C	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
<i>Subtotals Brought Forward:</i>	1,561,148	1,561,148			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 15,372	15,372			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 252	252			
5. Education Expenses Related to Seminars and Conventions	\$ 6,449	6,449			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 12	12			
7. Other (<i>Specify</i>) See Attached Schedule	\$ 4,552	4,552			
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 3,633	3,633			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 22,989	22,989			
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	\$ 4,760	4,760			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 5,880	5,880			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 550	550			
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 64,653	64,653			
12. Administrative Management Services**	\$ 276,838	276,838			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 22,951	22,951			
<i>C-14 Total Administrative & General Expenditures</i>	\$ 1,990,040	1,990,040			

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Meals & Entertainment	\$ 4,552		
Total Other Travel and Entertainment	\$ 4,552	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Charitable Donations	\$ 56		
Adv & Pub Rel Donations	\$ 22,933		
Total Other Advertising	\$ 22,989	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 5,399		
American Express	\$ 63		
Purchase Power	\$ 418		
Total Dues	\$ 5,880	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Fees & License Expense	\$ 3,143		
Physician Care - Employees	\$ 8,018		
Bank Charges	\$ 3,504		
Bank Charges - Lease	\$ 484		
Fines & Penalties	\$ 6,500		
Unemployment Tax Management	\$ 1,302		
Total Other Administrative and General	\$ 22,951	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Bel-Air Manor Nursing & Rehabilitation	3108C	9/30/2019	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Ryders Health Management, 88 Ryders Lane, Suite 208, Stratford, CT 06614	276,838	Financial & Managerial Support	16/m12

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Bel-Air Manor Nursing & Rehabilitation Center		3108C	9/30/2019	18	37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$	159,831	159,831		
2. Non-Food Supplies	\$	28,013	28,013		
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
c. Other (Specify) _____					
2D. Total Dietary Expenditures (2a + b + c + d)		\$	187,845	187,845	
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F. Resident Meals:	Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No					
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Bel-Air Manor Nursing & Rehabilitation Center		3108C	9/30/2019		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	2,027	2,027		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$	50,331	50,331		
c. Other (<i>Specify</i>) Laundry Supplies		\$	1,265	1,265		
3D. Total Laundry Expenditures (3a + b + c)		\$	53,623	53,623		
3E. Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

*** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Bel-Air Manor Nursing & Rehabilitation Center		3108C	9/30/2019		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	28,848	28,848		
	b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
	C. Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	28,848	28,848		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	324,526	324,526		
	b. Medicine Cabinet Drugs	\$	46,825	46,825		
	c. Medical and Therapeutic Supplies	\$				
	d. Ambulance/Limousine***	\$	16,561	16,561		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	29,060	29,060		
	f. X-rays and Related Radiological Procedures***	\$	30,475	30,475		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	88,401	88,401		
	i. Recreation	\$	28,887	28,887		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	215,881	215,881		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	780,618	780,618		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Physician Care - Patients	\$ 6,356		
Medical Supplies	\$ 144,322		
Medical Supplements	\$ 25,282		
Medical Waste	\$ (500)		
Medical Equipment	\$ 118		
Medical Equipment - Rental	\$ 12,445		
PT Supplies	\$ 18,408		
Telecommunications Diagnostics	\$ 9,450		
Total Other Resident Care	\$ 215,881	\$ -	\$ -

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

Name of Facility Bel-Air Manor Nursing & Rehabilitation Center			License No. 3108C		Report for Year Ended 9/30/2019			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
ADP	1 ADP Plaza, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing Services	21,753			16	m11
Point Click Care	PO Box 8500, Philadelphia, PA 19178	<input type="radio"/>	<input checked="" type="radio"/>		Computer Software Support Services	18,145			16	m11
All Waste, Inc.	PO Box 310158, Newington, CT	<input type="radio"/>	<input checked="" type="radio"/>		Disposal of Garbage	14,374			22	6a
Ernie's Lawn Service	33-B Charles St., New Britain, CT 06051	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping and Snow Removal	21,525			22	6a
Unitex		<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	50,331			19	3b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Bel-Air Manor Nursing & Rehabilitation Cent	3108C	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 179,978	179,978				
b. Heat	\$ 32,784	32,784				
c. Light & Power	\$ 111,501	111,501				
d. Water	\$ 31,506	31,506				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 11,074	11,074				
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 366,843	366,843				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 114,695	114,695				
c. Non-Movable Equipment	\$ 33,810	33,810				
d. Movable Equipment	\$ 14,264	14,264				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 162,770	162,770				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 360,000	360,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 104,780	104,780				
c. Personal property taxes	\$ 8,963	8,963				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 636,513	636,513				

* 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)
Total Other Repairs and Maintenance	\$ -	\$ -	\$ -

Depreciation Schedule

Name of Facility Bel-Air Manor Nursing & Rehabilitation Center			License No. 3108C		Report for Year Ended 9/30/2019			Page 23	of 37			
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period	7,514,756		7,514,756	4,356,290	S/L	Various						
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)	15,350		15,350		S/L	Various						
B-4. Subtotal												
C. Non-Movable Equipment												
1. Acquired prior to this report period	428,344		428,344	308,875	S/L	Various						
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)	91,147		91,147		S/L	Various						
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period												
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)												
D-3. Subtotal												
E. Total Depreciation												

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
2/19/2019	Doors	\$ 2,614		
7/11/2019	Sprinkler Repairs	\$ 11,885		
8/22/2019	Kitchen Tile	\$ 851		
Total additions for Building Improvement		\$ 15,350		\$ - *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2018	PTAC Unit	\$ 3,170		
10/17/2018	PTAC Unit	\$ 1,659		
10/17/2018	Outdoor Thermostat	\$ 682		
10/23/2018	HVAC Circuit Board	\$ 1,332		
10/25/2018	HVAC	\$ 115		
10/31/2018	HVAC	\$ 1,378		
10/31/2018	RTU	\$ 1,006		
10/31/2018	RTU	\$ 1,085		
10/31/2018	Walk in Freezer Repairs	\$ 1,828		
10/1/2018	HVAC Repairs	\$ 1,597		
2/4/2019	Swimming Pool Heater	\$ 1,758		
2/19/2019	HVAC Blower	\$ 1,528		
4/18/2019	Condensing Unit	\$ 4,167		
1/31/2019	Rooftop Project	\$ 11,056		
6/4/2019	Gas Boiler	\$ 4,405		
5/31/2019	Replace AC Valves	\$ 3,832		
6/20/2019	Repair AC Unit	\$ 1,332		
7/10/2019	Central AC Unit	\$ 1,101		
7/9/2019	Gas Boiler	\$ 4,405		
7/26/2019	RTU Compressor	\$ 12,523		

7/17/2019	Fan in Laundry Area	\$ 794		
7/17/2019	LED Lights	\$ 3,067		
7/17/2019	Exhaust Fan	\$ 1,665		
8/6/2019	Indoor Air Units	\$ 4,180		
8/15/2019	Indoor Air Units	\$ 4,715		
8/22/2019	Indoor Air Units	\$ 1,146		
8/28/2019	RTU Compressor	\$ 12,523		
8/30/2019	HVAC Repairs	\$ 2,124		
7/23/2019	Gas Boiler	\$ 975		
Total additions for Non-Movable Equipment		\$ 91,147		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

.....

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/11/2018	TeleHealth	\$ 9,189		
11/19/2018	Bed Controller	\$ 1,423		
11/19/2018	Med Carts	1059.6		
12/4/2018	Chair Lift	1618.56		
1/14/2019	Hot Food Table	2497.82		
1/28/2019	Chair Lift	730.63		
2/27/2019	Vitals Monitor	7742.28		
3/5/2019	Chair Lift	764.56		
3/12/2019	Chest Freezer	797.51		
10/1/2018	Chair Lift	556.42		
3/26/2019	Bed Controller	1864.74		
3/28/2019	Chair Lift	1766.48		
4/5/2019	Beds	1874.41		
4/25/2019	Food Processor	1780.72		
5/8/2019	Beds	4644.69		
5/20/2019	TV's	1530.06		
7/16/2019	Chairs	3910.49		
7/17/2019	Wander Guard	871.75		
7/17/2019	Body Sling	6476.72		
5/21/2019	Dish Dispenser	5752.47		
Total additions for Movable Equipmen		\$ 56,853		\$ - *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Bel-Air Manor Nursing & Rehabilitation Center			3108C		9/30/2019			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility Bel-Air Manor Nursing & Rehabilitati	License No. 3108C	Report for Year Ended 9/30/2019	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*			<input type="radio"/> Yes	<input checked="" type="radio"/> No
			If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		71		
6. Square Footage				
7. Acquisition Cost				
a. Land		7,000		
b. Building		108,929		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		05/15/09		
c. Interest Rate for the Cost Year		517.00%		
d. Term of Mortgage (number of years)		10		
e. Amount of Principal Borrowed		4,000,000		
f. Principal balance outstanding as of 9/30/2019				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Bel-Air Manor Nursing & Rehabilitat		3108C	9/30/2019			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Bel-Air Manor Nursing & Rehabil		3108C		9/30/2019		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) Interest Expense				\$	14,280	14,280	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	14,280	14,280	
14. Insurance							
a. Insurance on Property (buildings only)				\$	10,753	10,753	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	45,773	45,773	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	56,526	56,526	
15. Total All Expenditures (A-13 thru C-14)				\$	9,104,803	9,104,803	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Bel-Air Manor Nursing & Rehabilitation Center				3108C	9/30/2019	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	12g	Occupational Therapy	\$ 197,824	197,824		
4.			Other - See attached Schedule	\$ 14,416	14,416		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 96,566	96,566		
10.			Accounting	\$			
10a.			Legal	\$ 5,218	5,218		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 22,989	22,989		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 11,602	11,602		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 348,615	348,615		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12o	Respiratory Therapy Wages	\$ 14,416		
Total Other Salaries Adjustment			\$ 14,416	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	17	Meals & Entertainment	\$ 4,552		
16	m8a	Chamber of Commerce Dues	\$ 550		
16	m13	Fines & Penalties	\$ 6,500		
Total Other A&G Adjustments			\$ 11,602	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Bel-Air Manor Nursing & Rehabilitation Center			3108C	9/30/2019	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 348,615	348,615		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 324,526	324,526		
28.			Ambulance/Limousine	\$ 16,561	16,561		
29.			X-rays, etc	\$ 30,475	30,475		
30.			Laboratory	\$ 88,401	88,401		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 29,060	29,060		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 837,638	837,638		

*** 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.

Total Other Adjustments			\$	-	\$	-	\$	-

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)			
Total Other Adjustments			\$	-	\$	-	\$	-

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Bel-Air Manor Nursing & Rehabilitation	3108C	9/30/2019		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 5,199,330	5,199,330			
b. Medicaid Room and Board Contractual Allowance **	\$ (2,207,030)	(2,207,030)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,855,197	1,855,197			
b. Medicare Room and Board Contractual Allowance **	\$ 482,457	482,457			
4. a. Private-Pay Residents and Other	\$ 3,657,784	3,657,784			
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,024,680)	(1,024,680)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 267,118	267,118			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (267,118)	(267,118)			
c. Prescription Drugs - Non-Medicare	\$ 84,547	84,547			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 362,772	362,772			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (362,772)	(362,772)			
c. Physical Therapy - Non-Medicare	\$ 461,168	461,168			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 70,347	70,347			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (70,347)	(70,347)			
c. Speech Therapy - Non-Medicare	\$ 86,336	86,336			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 392,686	392,686			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (392,686)	(392,686)			
c. Occupational Therapy - Non-Medicare	\$ 267,454	267,454			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$ 0	0			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 16,385	16,385			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 8,878,949	8,878,949			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 2	2			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 2,499	2,499			
V. Total Other Revenue (1 thru 8)	\$ 2,500	2,500			
VI. Total All Revenue (III +V)	\$ 8,881,450	8,881,450			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Oxygen - Medicare	\$ 8,270		
	X-Ray - Medicare	\$ 19,658		
	Lab - Medicare	\$ 81,370		
	Contractuals	\$ (109,297)		
Total Other Resident Revenue - Medicare		\$ 0	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Oxygen - Managed Care	\$ 1,046		
	X-Ray - Managed Care	\$ 4,084		
	Lab - Private Insurance	\$ 46		
	Lab - Managed Care	\$ 11,210		
Total Other Resident Revenue		\$ 16,385	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income		\$ 2		
Total Interest Income			\$ 2	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Misc Revenue	\$ 2,499		
Total Other Revenue		\$ 2,499	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bel-Air Manor Nursing & Rehabilitation	3108C	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	93,604
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,089,979
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	8,549
a. Prepaid Expenses	2,676			
b. Prepaid Insurance	3,441			
c. Prepaid Corporate Taxes	2,432			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	97,781
Loans & Exchanges	70,575			
Refunds	27,205			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,289,913
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>7,593,352</u>		\$	2,493,062
	Accum. Depreciation <u>5,100,289</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>585,799</u>		\$	199,691
	Accum. Depreciation <u>386,108</u>	Net		
6. Movable Equipment	*Historical Cost <u>628,914</u>		\$	81,885
	Accum. Depreciation <u>547,029</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	2,774,638

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Due from Cheshire House	\$ 288,394
		Due from Greentree Manor	\$ 12,000
		Due from Lord Chamberlain	\$ 40,936
		Due from Mystic Healthcare	\$ 203,914
		Due from Ryders Health Management	\$ 112,823
		Due from Lighthouse	\$ 30,000
Total Other Assets			\$ 688,067

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

Schedule of Other Long-Term Liabilities (Itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
		Due to Aaron Manor	\$ 166,068
		Due to Chamberlain Manor	\$ 70,000
		Due to Douglas Manor	\$ 11,710
		Due to BA Realty	\$ 3,485,916
Total Other Current Liabilities (Itemize)			\$ 3,733,694

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Bel-Air Manor Nursing & Rehabilitatio	3108C	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	4,064,551
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	688,067

See Schedule				
			688,067	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	688,067
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	4,752,618

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

Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility Bel-Air Manor Nursing & Rehabilitation Cent		License No. 3108C	Report for Year Ended 9/30/2019	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	646,549
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	127,795
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	224,544
Patient Fund		2,428	Accrued User Fee	96,355	
AFLAC - Individual		10,447			
Accrued Expenses		14,893			
Accrued PTO		100,421	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	998,887

* 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 Bel-Air Manor Nursing & Rehabilitation Ce		License No. 3108C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				998,887	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 147,831	
Name and Address of Lender	Amount	Loan Date			
	147,831				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 3,733,694	

See Schedule		3,733,694			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 3,881,525	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 4,880,411	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bel-Air Manor Nursing & Rehabilitatio	3108C	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	1,000
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	94,562
6. Gain or Loss for Period	10/1/2018	thru 9/30/2019	\$	(223,355)
7. Total Net Worth			\$	(127,793)
C. Total Reserves and Net Worth			\$	(127,793)
D. Total Liabilities, Reserves, and Net Worth			\$	4,752,618

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of	
Bel-Air Manor Nursing & Rehabilitation	3108C	9/30/2019	36	37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$		
D. Net Income or Deficit			\$		
E. Balance			\$		
F. Additions					
1. Additional Capital Contributed <i>(itemize)</i>					
2. Other <i>(itemize)</i>					
F-3. Total Additions			\$		
G. Deductions					
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>					
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$		
Purpose		Amount			
3. Total Deductions			\$		
H. Balance at End of Period			\$		
09/30/19					

I. Preparer's/Reviewer's Certification

Name of Facility Bel-Air Manor Nursing & Rehabilitation	License No. 3108C	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Elizabeth Maglio				
Address Address			Phone Number	
88 Ryders Lane, Stratford, CT 06614				
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Elizabeth Maglio			203-381-1327	
Contact Email Address				
emaglio@rydershealth.com				