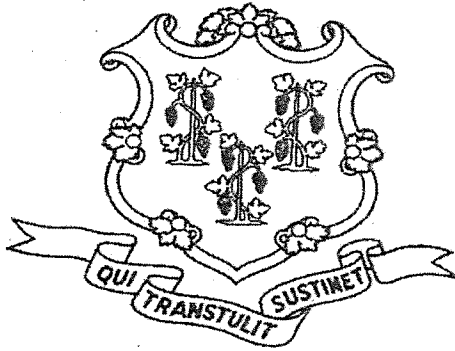


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Bel-Air Manor	
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 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2108C	RHNS	(Specify)	Medicare Provider 07-5393
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Medicaid Provider Numbers:	CCNH 21080	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Bel-Air Manor	License No. 2108C	Report for Year Ended 9/30/2017	Page 1	of 37
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Administrator's/Owner's Certification

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

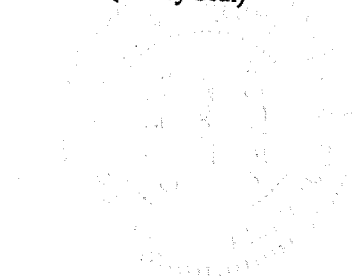
I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Bel-Air Manor [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, and that to the best of my knowledge and 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 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) <i>Marianne Herold</i>		Date 2/13/18	Signed (Owner) <i>Martin Sbriglio</i>		Date 2/13/18
Printed Name (Administrator) Marianne Herold			Printed Name (Owner) Martin Sbriglio		
Subscribed and Sworn to before me: <i>Michelle A.S. Joyner</i>	State of CT	Date 2/13/18	Signed (Notary Public) <i>Mary Jane</i>		Comm. No. MICHELLE A. SNEAD-JOYNER
Address of Notary Public 189 Orange St Stratford, CT 06061			NOTARY PUBLIC State of Connecticut My Commission Expires 12/31/2022		

(Notary Seal)



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		Period Covered: From 10/1/2016	To 9/30/2017
Address of Facility 256 New Britain Ave., Newington, CT 06111			
Report Prepared By Ryders Health Management		Phone Number 203-381-1327	Date 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

Phone No. of Facility 230-381-1327		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Bel-Air Manor		Address (No. & Street, City, State, Zip) 256 New Britain Ave., Newington, CT 06111		
License Numbers:	CCNH 2108C	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.:		N/A

General Information and Questionnaire
Corporate Owners

Name of Facility Bel-Air Manor	License No. 2108C	Report for Year Ended 9/30/2017	Page 3A	of 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 Individual Proprietorship

Name of Facility Bel-Air Manor	License No. 2108C	Report for Year Ended 9/30/2017	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire Related Parties*

Name of Facility Bel-Air Manor	License No. 2108C	Report for Year Ended 9/30/2017	Page 4	of 37			
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input checked="" type="radio"/> Yes <input type="radio"/> No							
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? <input checked="" type="radio"/> Yes <input type="radio"/> No							
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.							
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 %**				
Bel-Air Manor Realty	256 New Britain Ave., Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>	Rental of Real Estate	22/9	360,000	360,000
Ryders Health Management	88 Ryders Lane, Suite 208, Stratford, CT	<input type="radio"/>	<input checked="" type="radio"/>	Financial & Managerial Support	16, m12	228,214	228,214
Ryders Health Management (CT Healthcare W/C Trust)	PO Box 30393, Hartford, CT	<input type="radio"/>	<input checked="" type="radio"/>	Workers Comp Insurance	15, 1a1	140,368	140,368
AFCO	5600 North River Road, Suite 400, Rosemont, IL 60018-5187	<input type="radio"/>	<input checked="" type="radio"/>	Property and Liability Insurance	27, 14c1 & 27, 14a	37,545	37,545
Innovative Health Plan	80 Iron Point Circle, Suite 200, Folsom, CA	<input checked="" type="radio"/>	<input type="radio"/>	Health Insurance	15, 1a5	333,811	333,811
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Bel-Air Manor	License No. 2108C	Report for Year Ended 9/30/2017	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

The preparer of this report must answer the following 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.

Schedule of Resident Statistics

Name of Facility Bel-Air Manor	License No. 2108C		Report for Year Ended 9/30/2017				Page 8	of 37
	Total All Levels	Total CCNH Level	Total RHNS Level	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	
B. On last day of THIS report period	71	71		71		71	71	
2. Number of Residents								
A. As of midnight of PREVIOUS report period	68	68		68		67	67	
B. As of midnight of THIS report period	68	68		67		68	68	
3. Total Number of Days Care Provided During Period								
A. Medicare	6,724	6,724		4,992		1,732	1,732	
B. Medicaid (Conn.)	13,760	13,760		10,131		3,629	3,629	
C. Medicaid (other states)								
D. Private Pay	2,452	2,452		1,878		574	574	
E. State SSI for RCH								
F. Other (Specify) VA, Managed Care	1,274	1,274		1,009		265	265	
G. Total Care Days During Period (3A thru F)	24,210	24,210		18,010		6,200	6,200	
Total Number of Days Not Included in Figures in 4. 3G for Which Revenue Was Received for Reserved Beds								
A. Medicaid Bed Reserve Days	96	96		80		16	16	
B. Other Bed Reserve Days	47	47		43		4	4	
5. Total Resident Days (3G + 4A + 4B)	24,353	24,353		18,133		6,220	6,220	

Schedule of Resident Statistics (Cont'd)

Name of Facility Bel-Air Manor	License No. 2108C	Report for Year Ended 9/30/2017	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				

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

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

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

Item	Medicare		Medicaid		Self-Pay		Other State Assisted		
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	5	37			26				
Per Diem Rate									
a. One bed rm.					\$480-\$445				
b. Two bed rms.					\$410-\$440				
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,703	2,703		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	20,035	20,035		
D. Total Physical Therapy Treatments	22,738	22,738		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	189	189		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	1,444	1,444		
D. Total Speech Therapy Treatments	1,633	1,633		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	1,052	1,052		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	19,431	19,431		
D. Total Occupational Therapy Treatments	20,483	20,483		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Bel-Air Manor	2108C	9/30/2017	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	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)	106,494	2,151				
3. Assistant Administrator (Complete also Sec. IV 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	1,779				
c. Dietary Workers	250,279	17,128				
6. Housekeeping Service						
a. Head Housekeeper	53,035	2,093				
b. Other Housekeeping Workers	141,727	10,525				
7. Repairs & Maintenance Services						
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						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	117,718	2,433				
b. RN						
1. Direct Care	760,288	21,719				
2. Administrative**	240,295	6,120				
c. LPN						
1. Direct Care	456,249	15,811				
2. Administrative**						
d. Aides and Attendants	995,770	65,594				
e. Physical Therapists	327,625	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						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. 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				

* 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	\$ 96,777	2,441				
Medical Records	\$ 51,386	3,268				
Total	\$ 148,163	5,708	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Therapy Management Consultant	\$ 41,664	833				
Pulmonary Consultant	\$ 30,000	300				
Total	\$ 71,664	1,133	\$ -	-	\$ -	-

**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		2108C		9/30/2017		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	2,120	132,500
Martin Sbriglio, RN, NHA							Ryders Health Management, 88 Ryders Lane, Suite 208, 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, 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) Bel-Air Manor	License No. 2108C	Report for Year Ended 9/30/2017		Name and Address of All Other Employment**	Page 12	of 37
		Total Hours Worked	Line Where Claimed on Page 10			
Name	Salary Paid		Full Description of Services Rendered	Total Hours Worked	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)				
Section III - Administrators***						
Marianne Herold	106,494		Administrative	2,151 A2		
Section IV - Assistant Administrators						

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all other employment worked during the cost year.
 *** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Bel-Air Manor	2108C	9/30/2017	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	630	15				
2. Dentist	2,560	26				
3. Pharmacist	5,745	58				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	3,796	76				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	60,000	60				
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	1,200	12				
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	71,664	1,133				
B-13 Total Fees Paid in Lieu of Salaries	145,595	1,380				

* 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 Bel-Air Manor		License No. 2108C	Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Partners Pharmacy of CT, C/O Citibank, PO Box 9869, Uniondale, NY	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
CT Multispecialty Group, 100 Retreat Ave, Suite 605, Hartford, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Shannaz Hussain, MD, Walsh Ave, Newington, CT	Medical Director, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Jeffrey Kagan, 365 Willard Ave, Newington, CT	Medical Staff	<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 Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Steven Horowitz, PO Box 587, Rocky Hill, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Turgut Yetil, 365 Willard Ave., Newington, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Brijesh Chandwani, PO Box 63, Fairfield, CT	Dental Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Charmine 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	<input type="radio"/>	<input checked="" type="radio"/>		
LifeBridge Community Services, 475 Clinton Ave Bridgeport, CT 06605	ST	<input type="radio"/>	<input checked="" type="radio"/>		
ReadyNurse, PO Box 301076, Dallas, TX 75303	LPN	<input type="radio"/>	<input checked="" type="radio"/>		
CT Multispecialty Group, PO Box 587, Rocky Hill, CT 06067	Pulmonary Specialist	<input type="radio"/>	<input checked="" type="radio"/>		
Starling Physicians	Pulmonary Specialist	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

* 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	2108C	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 140,368	140,368		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 409,690	409,690		
5. Health Insurance	\$ 333,811	333,811		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 6,480	6,480		
8. Uniform Allowance	\$ 16,247	16,247		
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*	\$ 339,946	339,946		
d. Accounting and Auditing	\$ 14,601	14,601		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 21,087	21,087		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 20,500	20,500		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 17,815	17,815		
2. Cellular Phones	\$ 4,444	4,444		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 374,262	374,262		
Subtotal	\$ 1,699,251	1,699,251		

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

(Carry Subtotals forward to next page)

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)	
Subtotals Brought Forward:		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			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 942	942			
5. Education Expenses Related to Seminars and Conventions	\$ 3,413	3,413			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 92	92			
7. Other (<i>Specify</i>) See Attached Schedule	\$ 9,074	9,074			
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 4,016	4,016			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 23,176	23,176			
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 Associations (<i>Specify</i>) See Attached Schedule	\$ 5,195	5,195			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 236	236			
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>)	\$ 56,241	56,241			
12. Administrative Management Services**	\$ 228,214	228,214			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 22,897	22,897			
C-14 Total Administrative & General Expenditures	\$ 2,065,112	2,065,112			

* 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	\$ 9,074		
Total Other Travel and Entertainment	\$ 9,074	\$ -	\$ -

Schedule of Other Advertising

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

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 5,195		
Total Dues	\$ 5,195	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

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

Schedule C-1 - Management Services*

Name of Facility Bel-Air Manor	License No. 2108C	Report for Year Ended 9/30/2017	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Ryders Health Management, 88 Ryders Lane, Suite 208, Stratford, CT 06614	228,214	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	2108C	9/30/2017	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 144,934	144,934		
2. Non-Food Supplies	\$ 22,600	22,600		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Management Services**	\$			
d. Other (Specify) _____	\$			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 167,534	167,534		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Bel-Air Manor		2108C	9/30/2017		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. \$	1,830	1,830		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	47,729	47,729		
c. Management Services**		\$				
d. Other (Specify) Laundry Supplies		\$	1,831	1,831		
3E. Total Laundry Expenditures (3a + b + c + d)		\$	51,390	51,390		
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				

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

All allocations should add to total recorded in 3E.

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Bel-Air Manor		2108C	9/30/2017		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. \$	25,629	25,629		
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. Management Services*		\$				
d. Other (<i>Specify</i>)		\$				
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 Procedures***		\$	11,386	11,386		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$				
h. Laboratory***		\$	67,391	67,391		
i. Recreation		\$	30,440	30,440		
j. Other (Specify)**** See Attached Schedule		\$	229,078	229,078		
5K. Total Resident Care Expenditures (5a - 5j)		\$	658,216	658,216		

* 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	\$ 11,623		
Medical Supplies	\$ 151,678		
Medical Supplements	\$ 10,734		
Medical Waste	\$ 21,941		
Medical Equipment	\$ 539		
Medical Equipment Rental	\$ 9,891		
OT - Pool	\$ 1,576		
PT Supplies	\$ 21,096		
Total Other Resident Care	\$ 229,078	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended			Page	of
Bel-Air Manor	2108C	9/30/2017			22	37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
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 <i>(Provide detail on page 6)</i>	\$	13,683	13,683			
f. Other <i>(itemize)</i>	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	335,091	335,091			
7. Depreciation <i>(complete schedule page 23*)</i>						
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 <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	\$	94,419	94,419			
c. Personal property taxes	\$	5,628	5,628			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,011,306	1,011,306			

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

Depreciation Schedule

Name of Facility Bel-Air Manor		License No. 2108C		Report for Year Ended 9/30/2017					Page 23	of 37
		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
A. Land Improvements										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
A-4. Subtotal										
B. Building and Building Improvements										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
B-4. Subtotal										
C. Non-Movable Equipment										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
C-4. Subtotal										
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										
517,030										
28,466										
516,895										
135										
517,030										
308,875										
S/L										
Various										
25,732										
2,734										
28,466										
530,734										
S/L										
Various										
3,413										
19,504										
2,350										
57,763										
551,260										

Total deletions for Non-Movable Equipmen		\$	-	\$ - **

*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:				
10/28/2016	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:				
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 Improvemer		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvemer		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Bel-Air Manor	Date of Acquisition		License No. 2108C	Report for Year Ended 9/30/2017			Page 24	of 37
	Month	Year		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations		
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	License No. 2108C	Report for Year Ended 9/30/2017	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If 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)				
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 9/30/2017				
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		2108C	9/30/2017		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		2108C		9/30/2017		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				\$	7,758	7,758	
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				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	37,545	37,545	
15. Total All Expenditures (A-13 thru C-14)				\$	8,952,767	8,952,767	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Bel-Air Manor				2108C	9/30/2017	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	\$ 204,267	204,267		
4.			Other - See attached Schedule	\$			
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	\$ 339,946	339,946		
10.	15	1e	Accounting & Legal	\$ 19,075	19,075		
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.	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		
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 23,176	23,176		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 236	236		
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)				\$ 595,774	595,774		

* 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)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

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	m8a	Chamber of Commerce	\$ 236		
Total Other A&G Adjustments			\$ 236	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Bel-Air Manor				2108C	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 595,774	595,774		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 248,132	248,132		
28.	20	5d	Ambulance/Limousine	\$ 5,875	5,875		
29.	20	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		
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.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 960,991	960,991		

*** 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.

Bel-Air Manor
9/30/2017

Schedule of Other Ancillary Costs

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

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Property 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	2108C	9/30/2017			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 4,612,128	4,612,128				
b. Medicaid Room and Board Contractual Allowance **	\$ (1,569,193)	(1,569,193)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,305,686	2,305,686				
b. Medicare Room and Board Contractual Allowance **	\$ 533,008	533,008				
4. a. Private-Pay Residents and Other	\$ 2,699,928	2,699,928				
b. Private-Pay Room and Board Contractual Allowance **	\$ (611,911)	(611,911)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 198,635	198,635				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (198,635)	(198,635)				
c. Prescription Drugs - Non-Medicare	\$ 47,921	47,921				
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	\$ 473,707	473,707				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (473,707)	(473,707)				
c. Physical Therapy - Non-Medicare	\$ 349,797	349,797				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 85,817	85,817				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (85,817)	(85,817)				
c. Speech Therapy - Non-Medicare	\$ 45,845	45,845				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 516,654	516,654				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (516,654)	(516,654)				
c. Occupational Therapy - Non-Medicare	\$ 235,132	235,132				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 10,777	10,777				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 8,659,118	8,659,118				
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>)	\$ 50	50				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 637	637				
V. Total Other Revenue (1 thru 8)	\$ 687	687				
VI. Total All Revenue (III +V)	\$ 8,659,805	8,659,805				

* 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	\$ 12,249		
	C/A - Oxygen	\$ (12,249)		
	X-Ray	\$ 10,391		
	C/A - X-Ray	\$ (10,391)		
	Lab	\$ 52,356		
	C/A - Lab	\$ (52,356)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Oxygen - Managed Care	\$ 1,558		
	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 Other Resident Revenue		\$ 10,777	\$ -	\$ -

Interest Income

Account

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

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Misc Income	\$ 637		
Total Other Revenue		\$ 637	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bel-Air Manor	2108C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	247,996
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,158,145
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	2,101
a. Prepaid Expenses	1,415			
b. Prepaid Insurance	686			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	7,947
Refunds	7,947			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,416,189
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>7,526,922</u>		\$	2,653,602
	Accum. Depreciation <u>4,873,320</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>478,987</u>		\$	143,951
	Accum. Depreciation <u>335,036</u>	Net		
6. Movable Equipment	*Historical Cost <u>553,853</u>		\$	35,630
	Accum. Depreciation <u>518,223</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	2,833,183

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Bel-Air Manor	2108C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	4,249,372
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>)				
\$				
606,050				
Due from Cheshire House		288,394	_____	
Due from Mystic Manor		214,833	_____	
Due from Ryders Health Mgmt		102,823	_____	
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$				
606,050				
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$				
4,855,422				

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Bel-Air Manor	2108C	9/30/2017	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	475,157
2. Notes Payable (<i>itemize</i>)			\$	

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>)			\$	84,171
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>)			\$	204,881
Patient Fund	10,684	Accrued PTO	92,569	
AFLAC - Individual	8,150	Accrued User Fee	96,061	
AFLAC - Group	32			
Accrued Expenses	(2,615)			
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	764,209

* 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		License No. 2108C	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				764,209	
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>)					
\$					
Name and Address of Lender		Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)					
Due to Chamberlain Manor		45,000	\$ 3,621,978		
Due to BA Realty		3,429,147			
Notes Payable - Related Party		147,831			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					
\$ 3,621,978					
C. Total All Liabilities (Lines A-13 + B-5)					
\$ 4,386,187					

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bel-Air Manor	2108C	9/30/2017	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			\$	760,985
6. Gain or Loss for Period			\$	(292,750)
				10/1/2016 thru 9/30/2017
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

Name of Facility	License No.	Report for Year Ended	Page	of
Bel-Air Manor	2108C	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	761,985
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	8,660,017
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	8,952,767
D. Net Income or Deficit			\$	(292,750)
E. Balance			\$	469,235
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			\$	469,235
				09/30/17

I. Preparer's/Reviewer's Certification

Name of Facility Bel-Air Manor	License No. 2108C	Report for Year Ended 9/30/2017	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 <i>Elizabeth Maglio</i>	Title <i>Controller</i>	Date Signed <i>2/14/18</i>		
Printed Name of Preparer Elizabeth Maglio				
Address 88 Ryders Lane, Stratford, CT 06614		Phone Number 203-381-1327		