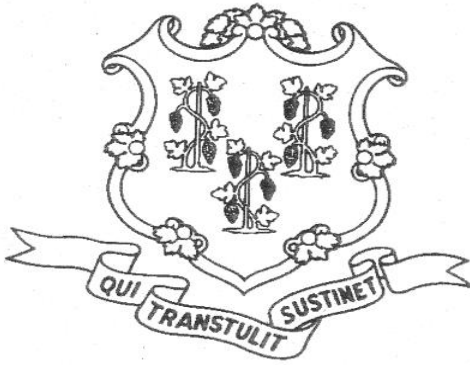


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Health Care Alliance, Inc d/b/a Blair Manor	
Address (No. & Street, City, State, Zip Code) 612 Hazard Ave Enfield, CT 06082	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2155-C	RHNS	(Specify)	Medicare Provider 07-5291
------------------	----------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH	RHNS	ICF-MR
----------------------------	------	------	--------

For Department Use Only

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

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

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Health Care Alliance, Inc d/b/a Blair Manor	2155-C	9/30/2016	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Health Care Alliance, Inc d/b/a Blair Manor [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, 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) Valerie Romano			Printed Name (Owner) Benjamin Z. Fischman		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Health Care Alliance, Inc d/b/a Blair Manor		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 612 Hazard Ave Enfield, CT 06082				
Report Prepared By Blair Manor		Phone Number 203-250-2030	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. 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 860-749-8388	Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Health Care Alliance, Inc d/b/a Blair Manor		Address (No. & Street, City, State, Zip) 612 Hazard Ave Enfield, CT 06082		
License Numbers:	CCNH 2155-C	RHNS	(Specify)	Medicare Provider No. 07-5291
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Valerie Romamo		Nursing Home Administrator's License No.:	2004	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Health Care Alliance, Inc d/b/a Blair Manor	License No. 2155-C	Report for Year Ended 9/30/2016	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		
Health Care Alliance, Inc. d/b/a Blair Manor	612 Hazard Ave, Enfield, CT 06082	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Benjamin Fischman		President	51%	
Samuel Strasser		Secretary	4%	
Names of Stockholders Owning at Least 10% of Shares				
Benjamin Fischman		President	51%	
Toby Hersh		Vice president	3.7%	

**General Information and Questionnaire
 Related Parties***

Name of Facility Health Care Alliance, Inc d/b/a Blair Manor	License No. 2155-C	Report for Year Ended 9/30/2016	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	%**				
Benjamin Fischman, Affinity Health Care Mgt	221 East 33rd St New York , NY 10016	<input type="radio"/>	<input checked="" type="radio"/>		Management of Operations	Pg 16 Line m.11	343,092	343,092
Benjamin Fischman, Affinity Health Care Mgt	221 East 33rd St New York , NY 10016	<input type="radio"/>	<input checked="" type="radio"/>		Consolidated Pension-NonUnion	Pg 15 Line 7		
Joseph Grun & Harold Rubin, Gerimedix	3741 Ocean Ave Brooklyn, NY 11224	<input checked="" type="radio"/>	<input type="radio"/>	99%	Medical Supplies	Various	115,093	Unknown
Blair Manor Associates, LLC	1157 Highland Ave Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Real estate	Pg 22 Line 9	534,626	534,626
Alexandria, Crescent, Douglas and Ellis Manor		<input type="radio"/>	<input checked="" type="radio"/>		None	N/A	N/A	N/A
Douglas Manor		<input type="radio"/>	<input checked="" type="radio"/>		Nurse Coordinator	Pg 10 Line 12.b	22,888	22,888
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Health Care Alliance, Inc d/b/a Blair Manor	License No. 2155-C	Report for Year Ended 9/30/2016	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
Health Care Alliance, Inc d/b/a Blair Manor			2155-C	9/30/2016			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						
	<input type="radio"/>	<input checked="" type="radio"/>						
GE Capital	<input type="radio"/>	<input checked="" type="radio"/>	Copy Machine	02/28/96	36 month w/ auto renewal	467		467
Accelerated Care	<input type="radio"/>	<input checked="" type="radio"/>	Therapy Equipment	monthly	month to month	21,649		21,649
Dolphin Capital	<input type="radio"/>	<input checked="" type="radio"/>	Drinking Water	monthly	month to month	1,500		1,500
	<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"/>						
							Total ***	23,616

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes No

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

General Information and Questionnaire
Accounting Basis

Name of Facility Health Care Alliance, Inc d/b/a Blai	License No. 2155-C	Report for Year Ended 9/30/2016	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 Genovese & Wonneberger, LLC 2 3 4	Address (No. & Street, City, State, Zip Code) Cheshire, CT
---	---

Services Provided by This Firm (describe fully)

1 Monthly Accounting / Financial Management	\$ 11,840
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 11,840

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

Legal Services Information

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

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

Services Provided by This Firm (describe fully)

1 See Attached Page 7A	\$ 68,117
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 68,117

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

Schedule of Resident Statistics

Name of Facility Health Care Alliance, Inc d/b/a Blair Manor			License No. 2155-C			Report for Year Ended 9/30/2016				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period									98	98		
B. On last day of THIS report period	98	98							98	98		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	82	82			82	82						
B. As of midnight of THIS report period	92	92			92	92						
3. Total Number of Days Care Provided During Period												
A. Medicare	2,660	2,660			2,067	2,067			593	593		
B. Medicaid (Conn.)	22,396	22,396			16,547	16,547			5,849	5,849		
C. Medicaid (other states)												
D. Private Pay	3,319	3,319			2,296	2,296			1,023	1,023		
E. State SSI for RCH												
F. Other (Specify)	2,415	2,415			1,803	1,803			612	612		
G. Total Care Days During Period (3A thru F)	30,790	30,790			22,713	22,713			8,077	8,077		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	30,790	30,790			22,713	22,713			8,077	8,077		

Schedule of Resident Statistics (Cont'd)

Name of Facility Health Care Alliance, Inc d/b/a Blair Manor			License No. 2155-C			Report for Year Ended 9/30/2016			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	5		67		12		8						
Per Diem Rate													
a. One bed rm.	RUGs 777.58		241.21				375.00						
b. Two bed rms.	RUGs 195.65				380.00								
c. Three or more bed rms.					350.00								
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								2,073	2,073				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								225	225				
C. Other								9,779	9,779				
D. Total Physical Therapy Treatments								12,077	12,077				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								168	168				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								16	16				
C. Other								1,056	1,056				
D. Total Speech Therapy Treatments								1,240	1,240				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,143	1,143				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								24	24				
C. Other								9,173	9,173				
D. Total Occupational Therapy Treatments								10,340	10,340				

Report of Expenditures - Salaries & Wages

Name of Facility Health Care Alliance, Inc d/b/a Blair Manor	License No. 2155-C	Report for Year Ended 9/30/2016	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)	90,148	2,091				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	189,640	9,551				
5. Dietary Service						
a. Head Dietitian	21,596	544				
b. Food Service Supervisor	57,614	2,091				
c. Dietary Workers	412,659	22,902				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	123,509	7,807				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	93,521	4,697				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	125,019	7,253				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	91,177	1,971				
b. RN						
1. Direct Care	457,664	11,108				
2. Administrative**	223,805	6,204				
c. LPN						
1. Direct Care	1,088,650	37,510				
2. Administrative**						
d. Aides and Attendants	1,326,674	74,835				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	87,520	4,184				
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	67,413	2,378				
n. Marketing						
o. Other (Specify) See Attached Schedule	22,976	1,264				
<i>A-13. Total Salary Expenditures</i>	4,479,585	196,390				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
50505062 S & W - NURS MED REC	\$ 22,976	1,264				
-	\$ -	-				
-	\$ -	-				
-	\$ -	-				
Total	\$ 22,976	1,264	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
54006190 PURCH SERV - IV NURS	\$ 1,860	25				
	\$ -	-				
-	\$ -	-				
-	\$ -	-				
Total	\$ 1,860	25	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Health Care Alliance, Inc d/b/a Blair Manor				2155-C	9/30/2016			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										
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).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Health Care Alliance, Inc d/b/a Blair Manor				2155-C	9/30/2016			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***										
Judy-Ann Johnson (transferred to Ellis Manor)	-2,485			Std-Accrued Vacation and Sick transferred	Facility Administrator	200	A2	None	NA	NA
Valerie Romano (hire date 12/7/2015)	92,632			Std	Facility Administrator	1,891	A2	None	N/A	N/A
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		
Health Care Alliance, Inc d/b/a Blair Manor	2155-C	9/30/2016	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						
2. Dentist						
3. Pharmacist	7,154	95				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	304,325	3,019				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	40,150	249				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	60,529	791				
b. Other						
10. Occupational Therapist						
a. Resident Care	232,596	2,585				
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	1,860	25				
B-13 Total Fees Paid in Lieu of Salaries	646,614	6,764				

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

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

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

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

Name of Facility Health Care Alliance, Inc d/b/a Blair Manor		License No. 2155-C		Report for Year Ended 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Jeans, Patricia	Dietician	<input type="radio"/>	<input checked="" type="radio"/>			
Omnicare	Pharmacy, IV, Medical Records	<input type="radio"/>	<input checked="" type="radio"/>			
Foremost Rehab	PT, OT, ST	<input type="radio"/>	<input checked="" type="radio"/>			
David Armstrong	Social Worker	<input type="radio"/>	<input checked="" type="radio"/>			
CT Multi Speciality Group-Joseph Anquillaire MD and Dr Younas Masih	Medical Director	<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 type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Health Care Alliance, Inc d/b/a Blair Manor	2155-C	9/30/2016		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 147,810	147,810			
2. Disability Insurance	\$ 4,506	4,506			
3. Unemployment Insurance	\$ 43,555	43,555			
4. Social Security (F.I.C.A.)	\$ 342,986	342,986			
5. Health Insurance	\$ 819,081	819,081			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 1,701	1,701			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 223,544	223,544			
8. Uniform Allowance	\$ 17,853	17,853			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 35,095	35,095			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 11,840	11,840			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 68,117	68,117			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 15,379	15,379			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 35,349	35,349			
2. Cellular Phones	\$ 3,623	3,623			
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	\$ 580,005	580,005			
Subtotal	\$ 2,350,444	2,350,444			

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

(Carry Subtotals forward to next page)

***** DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Health Care Alliance, Inc d/b/a Blair Manor
9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
70008045 UNION TRAINING FUND	\$ 25,750		
70008007 DENTAL INSURANCE	\$ 9,345		
Total	\$ 35,095	\$ -	\$ -

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
Health Care Alliance, Inc d/b/a Blair Manor	2155-C	9/30/2016	16	37
Item	Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>	2,350,444	2,350,444		
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 400	400		
2. Holiday Parties for Staff	\$ 71	71		
3. Gifts to Staff and Residents	\$ 1,248	1,248		
4. Employee Travel	\$ 3,289	3,289		
5. Education Expenses Related to Seminars and Conventions	\$ 1,133	1,133		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 1,929	1,929		
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 605	605		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 1,876	1,876		
4. Fund-Raising***	\$			
5. Medical Records	\$ 911	911		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 2,207	2,207		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 410	410		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 637	637		
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>)	\$ 137,675	137,675		
12. Administrative Management Services**	\$ 343,092	343,092		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 23,873	23,873		
<i>C-14 Total Administrative & General Expenditures</i>	\$ 2,869,800	2,869,800		

* 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)
-	\$ -		
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
80007540 PROMOTIONAL	\$ 1,876		
Total Other Advertising	\$ 1,876	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Costco -Annual Membership	\$ 350		
New England Healthcare	\$ 60		
	\$ -		
	\$ -		
	\$ -		
Total Dues	\$ 410	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
50507450 LICENSES & FEES - NGG	\$ 1,750		
62007450 LICENSE & FEE DIET	\$ 575		
70008042 EMPLOYEE INQUIRIES	\$ 804		
80007450 LICENSES & FEES	\$ 1,661		
80007900 BANK SERVICE FEES	\$ 615		
80007536 RESIDENT ITEMS	\$ -		
51005292 UNION NEGOTIATIONS	\$ 150		
	\$ -		
80007955 PRIOR YEAR EXPENSE	\$ 7,265		
90009710 FINES & PENALTIES	\$ 11,010		
80007525 BUSINESS GIFTS	\$ 43		
Total Other Administrative and General	\$ 23,873	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Health Care Alliance, Inc d/b/a Blair Man	License No. 2155-C	Report for Year Ended 9/30/2016	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Affinity Health Care Mgt, Inc	343,092	Oversight of Operations including , Accounting, Purchasing, Human Resources, Payroll and Policy Review	Page 16/M12

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

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

Name of Facility Health Care Alliance, Inc d/b/a Blair Manor		License No. 2155-C	Report for Year Ended 9/30/2016	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$	248,990	248,990		
2. Non-Food Supplies	\$	20,143	20,143		
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
	\$	336	336		
c. Management Services**					
	\$				
d. Other (Specify) _____					
	\$				
2E. Total Dietary Expenditures (2a + b + c + d)		\$	269,469	269,469	
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals:	Total no. of meals served per day:*	253	253		
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility		License No.	Report for Year Ended	Page	of
Health Care Alliance, Inc d/b/a Blair Manor		2155-C	9/30/2016	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. \$	39	39	
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)		\$	41,273	41,273	
c. Management Services**		\$			
d. Other (Specify) Laundry Supplies and Chemicals		\$	206	206	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	41,518	41,518	
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

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

All allocations should add to total recorded in 3E.

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Health Care Alliance, Inc d/b/a Blair Manor		2155-C	9/30/2016		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. \$	23,055	23,055		
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. \$	66,193	66,193		
c.	Management Services*	\$				
d.	Other (<i>Specify</i>) REPAIRS & MAINT - HOUSEKEEPIN	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	89,248	89,248		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	193,177	193,177		
b.	Medicine Cabinet Drugs	\$	17,744	17,744		
c.	Medical and Therapeutic Supplies	\$	15,373	15,373		
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	52,343	52,343		
f.	X-rays and Related Radiological Procedures***	\$	3,129	3,129		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	16,651	16,651		
i.	Recreation	\$	1,357	1,357		
j.	Other (Specify)**** See Attached Schedule	\$	100,575	100,575		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	400,349	400,349		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
51006000 NURSING SUPPLIES	\$ 1,577		
51006080 MINOR EQUIPMENT - NSG	\$ 4,767		
51006100 NON-CHARGE MED SUPPL	\$ 83,683		
51006101 NON-CHARGE MED-ENTNL	\$ 2,152		
51006103 PERSONAL CARE SUPPL	\$ 7,971		
80005545 BILLING FEES - PART B	\$ 425		
	-		
Total Other Resident Care	\$ 100,575	\$ -	\$ -

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

Name of Facility Health Care Alliance, Inc d/b/a Blair Manor				License No. 2155-C	Report for Year Ended 9/30/2016	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
State of Connecticut DSS		<input type="radio"/>	<input checked="" type="radio"/>		Eligibility Worker	15,012			16	m11
Healthcare Services		<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	41,273			19	3b
Healthcare Services		<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Service	62,160			20	4b
USA Hauling		<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	15,896			22	6f
Health Management Solutions		<input type="radio"/>	<input checked="" type="radio"/>		AR and Billing	74,473			16	m11
Digital Media		<input type="radio"/>	<input checked="" type="radio"/>		Satelite TV	12,991			22	6f
ADP		<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	23,417			16	m11
MDI Achieve		<input type="radio"/>	<input checked="" type="radio"/>		Software Maintenance and Support	13,916			16	m11
KTE Property Services		<input type="radio"/>	<input checked="" type="radio"/>		Snow Plowing	8,554			22	6f
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Health Care Alliance, Inc d/b/a Blair Manor	2155-C	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 24,530	24,530				
b. Heat	\$ 34,714	34,714				
c. Light & Power	\$ 68,601	68,601				
d. Water	\$ 6,281	6,281				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 23,616	23,616				
f. Other (<i>itemize</i>)	\$ 77,124	77,124				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 234,866	234,866				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 1,521	1,521				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 3,682	3,682				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 5,203	5,203				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 6,436	6,436				
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 6,436	6,436				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 534,626	534,626				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 85,342	85,342				
c. Personal property taxes	\$ 154	154				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 631,761	631,761				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
63005500 TRASH REMOVAL	\$ 15,896		
85005430 CONTRACT SERV - SNOW	\$ 8,554		
85005420 CNTRCT SERV MAINT	\$ 3,750		
85005425 CONTRACT SERV - LAWN	\$ 5,258		
85005435 CNTRCT SRV GENERATOR	\$ 5,078		
	\$ -		
85005445 CONTRACT SERV - ALARM	\$ 1,820		
85005450 CONTRACT SERV - FIRE	\$ 651		
85005451 CONTRACT SERV SPRINK	\$ 3,974		
85005452 ONTRCT SRV FIRE PROT	\$ 1,739		
85005460 CONTRACT SERV - HVAC	\$ 5,565		
85005466 CNTRCT SRV-FAC NET	\$ 2,588		
85005470 COPIER MAINTENANCE	\$ 7,915		
85005490 CNTRCT SRV AQUARIUM	\$ 1,345		
85006550 SATTELITE TV	\$ 12,991		
Total Other Repairs and Maintenance	\$ 77,124	\$ -	\$ -

Health Care Alliance, Inc d/b/a Blair Manor
9/30/2016

Schedule of Land Improvements Acquired during this report period

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

*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:				
Total additions for Building Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*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:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
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:				
8/17/2016	Ice machine	\$ 2,563	10	\$ 21
Total additions for Movable Equipment		\$ 2,563		\$ 21
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Health Care Alliance, Inc d/b/a Blair Manor			2155-C		9/30/2016			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. Deferred Financing Costs				193,076	101,366			6,436	
2.									
3.									
A-4. Subtotal									6,436
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									6,436

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Health Care Alliance, Inc d/b/a Blair N	License No. 2155-C	Report for Year Ended 9/30/2016	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		98		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		HUD Fixed		
b. Date Mortgage Obtained		11/01/97		
c. Interest Rate for the Cost Year		4.38%		
d. Term of Mortgage (number of years)		40		
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
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
Health Care Alliance, Inc d/b/a Blair	2155-C	9/30/2016	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
Health Care Alliance, Inc d/b/a Bla		2155-C		9/30/2016		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) See Attachment Page 27A				\$ 106,263	106,263		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 106,263	106,263		
14. Insurance							
a. Insurance on Property (buildings only)				\$			
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)			\$ 10,000	10,000			
2. Fire and Extended Coverage			\$				
3. Other (Specify) See Attachment Page 27A			\$ 64,282	64,282			
14d. Total Insurance Expenditures (14a + b + c)				\$ 74,282	74,282		
15. Total All Expenditures (A-13 thru C-14)				\$ 9,843,755	9,843,755		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Health Care Alliance, Inc d/b/a Blair Manor			2155-C	9/30/2016	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.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$ 232,596	232,596		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting & Legal	\$ 68,117	68,117		
11.			Telephone	\$			
12.			Cellular Telephone	\$ 2,903	2,903		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 1,929	1,929		
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 1,876	1,876		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 59,228	59,228		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 37,264	37,264		
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)				\$ 403,913	403,913		

* 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)
		80007511 TRAVEL PARKING & TOLL		\$ 560		
		80007521 OFFICE MEALS		\$ 14		
		80007525 BUSINESS GIFTS		\$ 43		
		80007536 RESIDENT ITEMS		\$ -		
		80007955 PRIOR YEAR EXPENSE		\$ 7,265		
		80007530 EMPLOYEE GIFTS		\$ 670		
		85005468 CNTRCT SRV ELIG WORK		\$ 15,012		
		80006553 TELEPHONE - WIDE AREA		\$ 13,400		
		80007400 DUES - A&G		\$ 300		
			-	\$ -		
			-	\$ -		
			-	\$ -		
Total Other A&G Adjustments				\$ 37,264	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Health Care Alliance, Inc d/b/a Blair Manor			2155-C	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 403,913	403,913		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 193,177	193,177		
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$ 3,129	3,129		
30.			Laboratory	\$ 16,501	16,501		
31.			Medical Supplies	\$ 6,494	6,494		
32.			Oxygen (non emergency)	\$ 52,343	52,343		
33.			Occupational Therapy	\$ 6	6		
34.			Other - See Attached Schedule	\$ 14,129	14,129		
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	\$ 12,273	12,273		
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)			\$ 701,965	701,965		

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

Health Care Alliance, Inc d/b/a Blair Manor
9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
		54605346 P.S. CONSOL BILLING A	\$ 939		
		54006180 IV THERAPY - MEDICARE	\$ 325		
		54006181 IV THERAPY - CONTRACT	\$ 1,399		
		51006103 PERSONAL CARE SUPPL	\$ 7,971		
		54006179 IV THERAPY - EVER A	\$ 225		
		55006106 PART B MED SUPPLIES	\$ 2,254		
		54605347 NURSING RENT EQ-CNT	\$ 1,016		
			- \$ -		
			- \$ -		
Total Other Ancillary Costs			\$ 14,129	\$ -	\$ -

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)
		90009710 FINES & PENALTIES	\$ 11,010		
		90009700 INTEREST - VENDORS	\$ 1,263		
			\$ -		
Total Other Adjustments			\$ 12,273	\$ -	\$ -

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
Health Care Alliance, Inc d/b/a Blair Man		2155-C		9/30/2016		30	37
Item				Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue							
1.	a.	Medicaid Residents (<i>CT only</i>)	\$	8,059,612	8,059,612		
	b.	Medicaid Room and Board Contractual Allowance **	\$	(2,758,528)	(2,758,528)		
2.	a.	Medicaid (<i>All other states</i>)	\$				
	b.	Other States Room and Board Contractual Allowance **	\$				
3.	a.	Medicare Residents (<i>all inclusive</i>)	\$	1,202,531	1,202,531		
	b.	Medicare Room and Board Contractual Allowance **	\$	230,178	230,178		
4.	a.	Private-Pay Residents and Other	\$	2,016,758	2,016,758		
	b.	Private-Pay Room and Board Contractual Allowance **	\$	(92,325)	(92,325)		
II. Other Resident Revenue							
1.	a.	Prescription Drugs - Medicare	\$	113,273	113,273		
	b.	Prescription Drugs - Medicare Contractual Allowance **	\$	(112,899)	(112,899)		
	c.	Prescription Drugs - Non-Medicare	\$	67,524	67,524		
	d.	Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(65,751)	(65,751)		
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	\$	233,608	233,608		
	b.	Physical Therapy - Medicare Contractual Allowance **	\$	(180,891)	(180,891)		
	c.	Physical Therapy - Non-Medicare	\$	112,816	112,816		
	d.	Physical Therapy - Non-Medicare Contractual Allowance **	\$	(111,317)	(111,317)		
4.	a.	Speech Therapy - Medicare	\$	45,002	45,002		
	b.	Speech Therapy - Medicare Contractual Allowance **	\$	(38,435)	(38,435)		
	c.	Speech Therapy - Non-Medicare	\$	29,655	29,655		
	d.	Speech Therapy - Non-Medicare Contractual Allowance **	\$	(29,343)	(29,343)		
5.	a.	Occupational Therapy - Medicare	\$	243,415	243,415		
	b.	Occupational Therapy - Medicare Contractual Allowance **	\$	(219,122)	(219,122)		
	c.	Occupational Therapy - Non-Medicare	\$	95,966	95,966		
	d.	Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(93,131)	(93,131)		
6.	a.	Other (<i>Specify</i>) - Medicare	\$	18,408	18,408		
	b.	Other (<i>Specify</i>) - Non-Medicare	\$	498	498		
III. Total Resident Revenue (Section I. thru Section II.)				\$	8,767,502	8,767,502	
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>)			\$	3,835	3,835	
6.	Private Duty Nurses' Fees			\$			
7.	Barber, Coffee, Beauty and Gift shops			\$			
8.	Other (<i>Specify</i>)			\$	6,750	6,750	
V. Total Other Revenue (1 thru 8)				\$	10,585	10,585	
VI. Total All Revenue (III +V)				\$	8,778,087	8,778,087	

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	40604025 REV-IV THERAPY-EVER A	\$ 146		
	42504150 REV - LAB MCR PART B	\$ 8,048		
	42504025 REV-LAB-EVERCARE A	\$ 352		
		\$ -		
	42004100 REV - X-RAY MEDICARE	\$ 3,513		
	42504100 REV - LAB MEDICARE	\$ 7,811		
	42504028 REV-LAB-EVERCARE B	\$ 152		
	47504025 ANCILL ALLOW-EVER A	\$ 4,353		
	47504028 ANCILL ALLOW EVER B	\$ (143)		
	47504100 ANCILL ALLOW MED A	\$ (4,888)		
	47504150 ANCILL ALLOW - PRT B	\$ (936)		
		\$ -		
	Total Other Resident Revenue - Medicare	\$ 18,408	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	42504050 REV - LAB CONTRACT	\$ 6,310		
	40604050 REV - IV THERAPY CONT	\$ 5,400		
	42004050 REV - X-RAY CONTRACT	\$ -		
	43004200 REV - PHARMACY MD CD	\$ (3,519)		
	47504060 ANCILLARY ALLOW INS1	\$ (578)		
		\$ -		
	47504050 ANCILL ALLOW CNT	\$ (11,407)		
	47504200 ANCILL ALLOW MD CD	\$ 4,319		
		\$ (27)		
	Total Other Resident Revenue	\$ 498	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	49004700 INTEREST INCOME		\$ 120		
			\$ -		
	49004900 DIVIDEND INCOME		\$ 3,715		
		-	\$ -		
	Total Interest Income		\$ 3,835	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	49004600 MISCELLANEOUS REVENUE	\$ 6,750		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
	Total Other Revenue	\$ 6,750	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Health Care Alliance, Inc d/b/a Blair M	2155-C	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	(39,071)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,216,359
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(1,511,828)
4. Inventories			\$	50,093
5. Prepaid Expenses			\$	528,524
a. SEE PAGE 31A	528,524			
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	30,790
12101000 Exchange-BofA Debit c	4,114			
12102000 Exchange - Pullman &	12,950			
12100000 EXCHANGE ACCOUNT	11,523			
12110000 MISCELLANEOUS RECEIVA	2,203			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,274,867
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost 985,209		\$	14,590
	Accum. Depreciation 970,619	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)			\$	14,590

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Health Care Alliance, Inc d/b/a Blair M	2155-C	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	1,289,457
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost <u>3,857,122</u>	
			Accum. Depreciation <u>3,849,962</u>	Net
			\$	7,160
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)			\$	7,160
D. Investment and Other Assets				
1. Deferred Deposits			\$	47,627
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost <u>193,076</u>	
			Accum. Depreciation <u>107,802</u>	Net
			\$	85,274
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	677,933
Name and Address		Amount	Loan Date	
See Page 32A		677,933		
7. Other Assets (<i>itemize</i>)			\$	411,434
<u>17000000 DEFERRED ACQUISITION</u>		<u>411,434</u>		

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,222,268
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	2,518,885

* 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
Health Care Alliance, Inc d/b/a Blair Manor	2155-C	9/30/2016	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	3,216,745
2. Notes Payable (<i>itemize</i>)			\$	452,786
24877000 NOTE PAYABLE - METRO			6,250	
24877500 NOTE PAYABLE HLTH CAP			85,556	
24930000 NOTE PAYABLE - HEALTH			328,548	
24901000 NOTE PAYABLE-OMNICARE			32,432	
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>)			\$	415,515
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	285,076
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$	1,448,807
22650000 PAYROLL EM			11,963	
23402500 ACCRUED PROVIDER			1,508,788	
25290000 STATE OF CT				
24100000 PATIENT REFUND CLE			(102,714)	
24800000 LOAN PAYA			50,352	
21050000 ACCRUED INTEREST			11,666	
23000000 ACCRUED PI			(31,248)	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	5,818,929

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Health Care Alliance, Inc d/b/a Blair Manor	License No. 2155-C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount
Total Brought Forward:				5,818,929
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>)				\$
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$
C. Total All Liabilities (Lines A-13 + B-5)				\$ 5,818,929

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

Name of Facility	License No.	Report for Year Ended	Page	of
Health Care Alliance, Inc d/b/a Blair N	2155-C	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	76,147
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			\$	76,147
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,311,523)
6. Gain or Loss for Period	10/1/2015	thru	9/30/2016	\$ align="right">(1,065,668)
7. Total Net Worth			\$	(3,376,191)
C. Total Reserves and Net Worth			\$	(3,300,044)
D. Total Liabilities, Reserves, and Net Worth			\$	2,518,885

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Health Care Alliance, Inc d/b/a Blair Ma	2155-C	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(2,291,812)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	8,778,087
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	9,843,755
D. Net Income or Deficit			\$	(1,065,668)
E. Balance			\$	(3,357,480)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i> Prior Period Adjustments (18,711)				
F-3. Total Additions			\$	(18,711)
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			\$	(3,376,191)
				09/30/16