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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration 04/01/200(

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Alliance for Quality Nursing Home Care

Address 1001 Pennsylvania Avenue NW Suite 600 South

City Washington State DC Zip 20004 US

4. Principal place of business (if different than line 3)

City State Zip

5. Telephone number and contact name

202-742-6740 Contact Mr. Alan Rosenbloom E-mail arosenbloom@aqnhc.org

6. General description of registrant's business or activities

The AQNHC is a coalition of skilled nursing home providers which conducts advocacy on related health policy

CLIENT

A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the bo labeled "Self" and proceed to line 10. ☒ *Self*

7. Client name Alliance for Quality Nursing Home Care

Address

City State Zip

8. Principal place of business (if different than line 7)

City State Zip

9. General description of client's business or activities

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person li section has served as a "covered executive branch official" or "covered legislative branch official" within two years of firs a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name	Covered Official Position (if applicable)
Alan Rosenbloom	President

30015245

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Registrant Name Alliance for Quality Nursing Home Care Client Name Alliance for Quality Nursing Home Care

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, pag

HCR

12. Specific lobbying issues (current and anticipated)

Issues affecting providers of skilled nursing home care.

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the registrant in a semiannual period **and** in whole or in major part plans supervises or controls the registrant's lobbying activities?

☐ No ⇨ Go to line 14. ☒ Yes⇨ Complete the rest of this section for each entity matching t criteria above, then proceed to line 14.

Name	Address	Principal place of Business (city and state or country
Advocat, Inc.	1621 Galleria Blvd Brentwood TN 37027	
Britthaven Inc.	P.O. Box 6159 Kingston NC 28501	
Complete Health Care Resources	120 Gibralter Road Horsham PA 19044	

FOREIGN ENTITIES

14. Is there any foreign entity that:

a) holds at least 20% equitable ownership in the client or any organization identified on line 13: **or**

b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes acti the client or any organization identified on line 13; **or**

c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of lobbying activity?

☒ No ⇨ Sign and date the registration. ☐ Yes⇨ Complete the rest of this section for each entity matching the criteria above, then sign and date t registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ov pe ir

Edit Form > File with

Senate Password File with

Signature Alan D Rosenbloom Date 4/20/2006

Printed Name and Title Alan Rosenbloom

LD-1DS (Rev. 4.04) Page 2

10015245

Registrant Name Alliance for Quality Nursing Home Care

Client Name Alliance for Quality Nursing Home Care

ADDITIONAL LOBBYISTS

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

Name	Covered Official Position (if applicable)

ADDITIONAL LOBBYING ISSUES

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

AFFILIATED ORGANIZATIONS

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, numbe

Name	Address	Principal place of Business (city and state or country)
Cypress Healthcare	44 South Broadway White Plains NY 10601	
Direct Supply Inc	6767 N. Industrial Road Milwaukee WI 53223	
Extendicare Health Services Inc.	111 W. Michigan Street, 5th Floor Milwaukee WI 53203	

ADDITIONAL FOREIGN ENTITIES

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ov percen

Signature _____ Date 4/20/2006

Printed Name and Title Alan Rosenbloom

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Registrant Name Alliance for Quality Nursing Home Care

Client Name Alliance for Quality Nursing Home Care

ADDITIONAL LOBBYISTS

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

Name			Covered Official Position (if applicable)
First	Last	Suffix	

ADDITIONAL LOBBYING ISSUES

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AFFILIATED ORGANIZATIONS

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, numbe

Name	Address	Principal place of Business (city and state or country)
Fundamental Long Term Care Holdings LLC	930 Ridgebrook Road Sparks MD 21152	
Genesis Health Care Corporation	101 East State Street Kennett Square PA 19348	
Harborside Healthcare	1 Beacon Street S1100 Boston MA 02108	

ADDITIONAL FOREIGN ENTITIES

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ov percen

Signature _____ Date _____

Printed Name and Title _____

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Registrant Name Alliance for Quality Nursing Home Care

Client Name Alliance for Quality Nursing Home Care

ADDITIONAL LOBBYISTS

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Name			Covered Official Position (if applicable)
First	Last	Suffix	

ADDITIONAL LOBBYING ISSUES

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AFFILIATED ORGANIZATIONS

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, numbe

Name	Address	Principal place of Business (city and state or country)
HCR Manor Care	333 North Summit Street Box 10086 Toledo OH 43699	
Kindred Healthcare Inc	680 South Fourth Avenue Louisville KY 40202	
Medical Facilities of America	Box 29600 2917 Penn Forest Blvd #200 Roanoke VA 24018	

ADDITIONAL FOREIGN ENTITIES

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ov percen

Signature _____ Date _____

Printed Name and Title _____

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Registrant Name Alliance for Quality Nursing Home Care

Client Name Alliance for Quality Nursing Home Care

ADDITIONAL LOBBYISTS

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

Name			Covered Official Position (if applicable)
First	Last	Suffix	

ADDITIONAL LOBBYING ISSUES

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

AFFILIATED ORGANIZATIONS

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, numbe

Name	Address	Principal place of Business (city and state or country)
NHS Management LLC	931 Fairfax Park Tuscaloosa AL 35406	
SavaSeniorCare LLC	One Ravina Drive, Suite 1400 Atlanta GA 30346	
Sun Healthcare Group Inc	18831Von Karman, Suite 400 Irvine CA 92612	

ADDITIONAL FOREIGN ENTITIES

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ov percent

Signature _____ Date _____

Printed Name and Title _____

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Registrant Name Alliance for Quality Nursing Home Care

Client Name Alliance for Quality Nursing Home Care

ADDITIONAL LOBBYISTS

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

Name			Covered Official Position (if applicable)
First	Last	Suffix	

ADDITIONAL LOBBYING ISSUES

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AFFILIATED ORGANIZATIONS

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, numbe

Name	Address	Principal place of Business (city and state or country)
Tandem Health Care Inc.	800 Concourse Parkway, Suite 280 Maitland FL 32751	
UHS-Pruitt Corporation	3945 Lawrenceville Highway Lilburn GA 30047	

ADDITIONAL FOREIGN ENTITIES

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ov percen

Signature _____ Date _____

Printed Name and Title _____

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