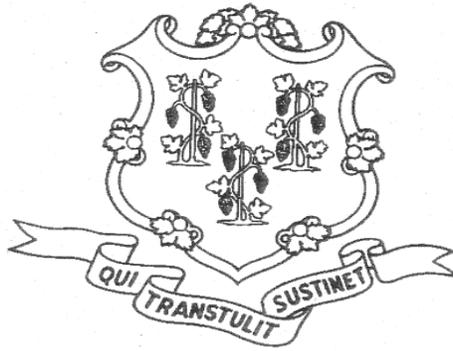


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Maple View Manor of CT, LLC	
Address (No. & Street, City, State, Zip Code) 856 Maple Street, Rocky Hill, CT 06067	
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 940 C	RHNS	(Specify)	Medicare Provider 07-5238
------------------	---------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 000009407	RHNS	ICF-IID
----------------------------	-------------------	------	---------

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) Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2017	Page 1	of 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 Maple View Manor of CT, LLC [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)		Date	Signed (Owner)	Date
Printed Name (Administrator) Lewis Abramson			Printed Name (Owner) Marvin J. Ostreicher	
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
 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Maple View Manor of CT, LLC		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 856 Maple Street, Rocky Hill, CT 06067				
Report Prepared By Blum Shapiro & Company, P.C.		Phone Number (203) 944-2100	Date 2/1/2018	
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 860-563-2861		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Maple View Manor of CT, LLC		Address (No. & Street, City, State, Zip) 856 Maple Street, Rocky Hill, CT 06067		
License Numbers:	CCNH 940 C	RHNS (Specify)	Medicare Provider No. 07-5238	
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 checked="" type="radio"/> LLC <input type="radio"/> Partnership <input 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 Lewis Abramson		Nursing Home Administrator's License No.:	000692	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Related Parties*

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	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? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
See Attachment.		<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.
 ** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire Related Parties*

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	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? 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	%**				
Preferred Therapy Solutions	850 Silas Deane Hwy, Wethersfield, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	37%	PT,OT,ST Services/Consulting	13 5a,9a,10a,12	951,085	939,529
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	82%	Radiology	20 5f	18,686	17,255
National Health Care Associates - Aetna	850 Silas Deane Hwy, Wethersfield, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Health Insurance Trust***	15 1a5	758,772	758,772
National Health Care	20 Sunrise Highway, Valley Stream NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12 / M13	499,295	499,295
850 Silas Deane	850 Silas Deane, Wethersfield, CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	1,740	1,740
20Sunrise	20 Sunrise Highway, Valley Stream NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	9,565	9,565
Stauderman Realty	46 Stauderman Ave, Lynbrook, NY 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	238	238
Mapleview Realty	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent	22 9	454,933	454,933
National Health Care	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Bank Charges	16 M13	23,515	23,515
Procare LTC Pharmacy Of MA LLC	155 Northboro Rd STE 4 Southborough MA 01772	<input checked="" type="checkbox"/>	<input type="checkbox"/>	92%	Drugs	20 5a2	10,771	9,634
Procare LTC Pharmacy of CT	1492 Highland Ave, Cheshire, CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	92%	Drugs/OTC's/Supplies/Consult/Fees	20/13 5a2/b/j; B3/B12	277,863	248,536

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.
 *** Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

**General Information and Questionnaire
Related Parties***

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	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? 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		Cost Reported	Actual Cost to the Related Party
		Yes	No	%**		Page # / Line #			
Bloomfield Health Care Center of CT, LLC	355 Park Ave Bloomfield, CT 06002	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	1,077,761	1,077,761
Harbor Hill Care Center, Inc.	11 Church Street, Middletown, CT 06457	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	21,012	21,012
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	22,220	22,220
Marvin J. Ostreicher	184 Wildacre Ave, Lawrence, NY 11559	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related (Member Loan)	31	A8	200,000	200,000
Mapleview Realty	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	31	A8	21,261	21,261
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Accounts payable	33	A1	1,326,018	1,326,018
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, CT 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	37%	Due to Related	33	A12	590,796	590,796
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	82%	Due to Related	33	A12	5,331	5,331
Cold Spring Hills Center for Nursing & Rehabilitation	378 Syosset-Woodbury Rd, Woodbury, NY 11797	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33	A12	26,367	26,367
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related (Debt)	33	A12	108,516	108,516
Procure LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	92%	Due to Related	33	A12	152,083	152,083
Procure LTC Pharmacy of MA	155 Northboro Rd STE 4 Southborough MA 01772	<input checked="" type="checkbox"/>	<input type="checkbox"/>	92%	Due to Related	33	A12	6,192	6,192

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.
 *** Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2017	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? <input checked="" type="radio"/> Yes <input type="radio"/> 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. Shared expenses, allocated by bed size or geographic territory. See page 17 attachment.				
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.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
N/A				

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 Maple View Manor of CT, LLC			License No. 940 C	Report for Year Ended 9/30/2017			Page 6	of 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						
Reliable Health Systems - 2010 Nostrand Ave, Brooklyn, NY	<input type="radio"/>	<input checked="" type="radio"/>	Computer Software	10/01/08	60 months	4,295	4,295	
Wescom Solutions, PO Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>	Computer Software	08/01/16	Ongoing	20,092	20,092	
Leaf - P.O. Box 644006, Cincinnati, OH 45264 Contract# 100-1200137-002	<input type="radio"/>	<input checked="" type="radio"/>	Copier	02/01/16	39 months	4,029	4,029	
Nissan Motor Acceptance Corp. - PO Box 371447 Pittsburgh PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	Automobile-Administrator transferred from Hebrew Home	08/22/15	36 Months	4,368	1,471	
	<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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
							Total ***	29,887

* 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 Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2017	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 Blum Shapiro & Co. 2 3 4	Address (No. & Street, City, State, Zip Code) 2 Enterprise Drive, Shelton, CT 06484
----------------------------------------------------------------	----------------------------------------------------------------------------------------

Services Provided by This Firm (<i>describe fully</i>)	
1 Compilation, preparation of Medicare and Medicaid cost reports, HUD audit of reality entity,	\$ 29,355
2 and year end tax services	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 29,355

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

Legal Services Information

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

Address (<i>No. & Street, City, State, Zip Code</i>) 1 2 3 4 5	
-------------------------------------------------------------------------------------	--

Services Provided by This Firm (<i>describe fully</i>)	
1 See attachment.	\$ 59,140
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 59,140

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-7 Rev. 6/95

**General Information and Questionnaire
Accounting Basis**

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2017	Page 7	of 37
-------------------------------------------------	----------------------	------------------------------------	-----------	----------

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Jackson Lewis PC	(631) 247-0404
2 Murtha Cullina	(860) 240-6000
3 Goldman Gruder & Wood	(203) 899-8900
4 Amerassist AR Solutions Inc	(877) 770-3978
5 Beverly J Hodgson, Esq.	(203) 497-8571
6 CSC Corporation Service Company	(800) 927-9600

Address (No. & Street, City, State, Zip Code)	
1	58 South Service Rd Suite 250, Melville, NY 11747
2	Dept. 101011 PO Box 150435, Hartford, CT 06115-0435
3	200 Connecticut Ave Norwalk CT 06854
4	PO Box 26095, Columbus, OH 43226
5	17 Temple Court, New Haven, CT 06511
6	2711 Centerville Road, Suite 400, Wilmington, DE 19608

Services Provided by This Firm (describe fully)

1	Labor	\$ 24,605
2	Administration - Disallow	\$ 3,177
3	Collections - Disallow	\$ 29,479
4	Collections - Disallow	\$ 88
5	Administration - Disallow	\$ 1,400
6	Non-Reimbursable - Disallow	\$ 391

	Charge for Services Provided	\$ 59,140
--	------------------------------	-----------

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

Yes No

Schedule of Resident Statistics

Name of Facility Maple View Manor of CT, LLC			License No. 940 C		Report for Year Ended 9/30/2017				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	120	120			120	120			120	120		
B. On last day of THIS report period	120	120			120	120			120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	107	107			107	107			98	98		
B. As of midnight of THIS report period	106	106			98	98			106	106		
3. Total Number of Days Care Provided During Period												
A. Medicare	6,263	6,263			4,663	4,663			1,600	1,600		
B. Medicaid (Conn.)	27,134	27,134			20,328	20,328			6,806	6,806		
C. Medicaid (other states)												
D. Private Pay	3,884	3,884			3,067	3,067			817	817		
E. State SSI for RCH												
F. Other (Specify) Managed Care	345	345			315	315			30	30		
G. Total Care Days During Period (3A thru F)	37,626	37,626			28,373	28,373			9,253	9,253		
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	17	17			15	15			2	2		
5. Total Resident Days (3G + 4A + 4B)	37,643	37,643			28,388	28,388			9,255	9,255		

Schedule of Resident Statistics (Cont'd)

Name of Facility Maple View Manor of CT, LLC			License No. 940 C			Report for Year Ended 9/30/2017			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input checked="" type="radio"/> Yes <input type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare	Medicaid		Self-Pay			Other State Assisted						
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR					
No. of Residents	12	79		15									
Per Diem Rate													
a. One bed rm.	PPS	219.83		463.00									
b. Two bed rms.	PPS	219.83		420/475									
c. Three or more bed rms.	PPS												
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									5,445	5,445			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									726	726			
C. Other									18,575	18,575			
D. Total Physical Therapy Treatments									24,746	24,746			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									612	612			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									17	17			
C. Other									1,709	1,709			
D. Total Speech Therapy Treatments									2,338	2,338			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									5,219	5,219			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									722	722			
C. Other									18,388	18,388			
D. Total Occupational Therapy Treatments									24,329	24,329			

Report of Expenditures - Salaries & Wages

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2017	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)	131,495	2,200				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	226,609	10,566				
5. Dietary Service						
a. Head Dietitian	27,700	844				
b. Food Service Supervisor	56,213	2,121				
c. Dietary Workers	415,478	23,793				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	283,661	17,567				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	63,403	2,080				
b. Other Maintenance Workers	36,312	2,125				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
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	157,220	3,277				
b. RN						
1. Direct Care	571,739	14,187				
2. Administrative**	143,751	3,647				
c. LPN						
1. Direct Care	990,719	33,542				
2. Administrative**						
d. Aides and Attendants	1,728,074	103,109				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	147,197	8,060				
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	176,492	6,930				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	5,156,063	234,048				

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

Name of Facility				License No.	Report for Year Ended				Page	of
Maple View Manor of CT, LLC				940 C	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										
Marvin J. Ostreicher, 184 Wildacre Ave, Lawrence, NY 11559				same as employees	Supervises operations, deals w DNS & financial mgmt	59	p. 16/m13-\$20,800	See attached		
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.

MARVIN J. OSTREICHER - OWNER
 TIME STUDY
 YEAR END SEPTEMBER 30, 2017

Name	Beds	Total w/ Bnft
Augusta	72	53.82
Belair	102	52.61
Bethel	161	76.49
Bloomfield	120	55.03
Brattleboro	80	58.96
Brentwood	78	36.58
Brewer	111	67.73
Bristol	132	64.40
Cambridge	160	45.65
Catskill	136	51.40
Cold Spring Hills	-	-
Colony	92	44.44
Country	111	43.24
Dover	112	61.98
Eastside	69	48.07
Eliot	114	68.33
Glen Falls	120	48.68
Hudson	-	-
Huntington	320	54.42
Kennebunk	78	55.63
Hebrew Home	257	60.77
Ludlowe	144	65.00
Maple View	120	59.26
Marlborough	120	60.47
Maywood	120	47.47
Milford	120	52.00
Newton Wellseley	110	54.42
Norway	70	53.51
Poughkeepsie	200	63.19
Regency	130	48.68
Reservoir	144	53.51
Riverside	345	50.19
Ross	135	-
Rutland	125	55.93
Sachem	111	59.56
Sands Point	180	67.42
Utica	117	54.42
Village Crest	95	48.38
Water's Edge	150	57.75
Westgate	104	52.00
Winship	72	51.10
Total	5,137	2,102.50
Vacation		
Sick		
Personal		
Holiday		
Total Hours		

**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	
Maple View Manor of CT, LLC				940 C	9/30/2017			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***										
Drieu-Ann Connors (10/1/16-7/14/17) - Disallow Overlap	90,957			Similar to other employees	Management & supervision of healthcare facility	1,656	a2			
Lewis Abramson (6/23/17-9/30/17)	40,538					544				
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		
Maple View Manor of CT, LLC	940 C	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						
2. Dentist	6,550	Disallowed				
3. Pharmacist	11,404	Disallowed				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	433,112	8,572				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	51,456	126				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	4,262	Disallowed				
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	95,241	1,327				
b. Other						
10. Occupational Therapist						
a. Resident Care	427,184	7,501				
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	16,519	Disallowed				
B-13 Total Fees Paid in Lieu of Salaries	1,045,728	17,526				

* 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 Maple View Manor of CT, LLC		License No. 940 C	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		
Gordon Holders DDS, 971 Marshall Phelps Rd, Windsor, CT 06095	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Procure LTC of CT, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacy , Consulting Fees - Nursing	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Preferred Therapy Solutions, 850 Silas Deane Hwy, 2nd floor, Wethersfield, CT 06108	PT, OT, ST, Consulting Fees- Rehab Therapy & Ancillary	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Dr Santo Buccheri, 357 Franklin Ave, Hartford, CT 06114	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Josephine Contrino M.D LLC 78 Beaver RD. Suite 1A Wethersfield CT 06109	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
SDX/Swallowing Diagnostics, P.O. Box 484, Avon, CT 06001	ST	<input type="radio"/>	<input checked="" type="radio"/>		
Cardiology P.C. 100 Retreat Avenue Suite 811 Hartford CT 06106	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>		
Consulting Ophthalmologists 499 Farmington Ave. Ste 100 Farmington . CT 06032-1943	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>		
Hartford Orthopedic Surgeons -1000 Asylum Ave 2108 Hartford, CT 06105-1715	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>		
Med-Aid LLC - 284 Racebrook Rd # 4, Orange, CT 06477	Resident Care	<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"/>		
		<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
Maple View Manor of CT, LLC	940 C	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 236,456	236,456		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 79,895	79,895		
4. Social Security (F.I.C.A.)	\$ 390,881	390,881		
5. Health Insurance	\$ 758,772	758,772		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 22,354	22,354		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 29,355	29,355		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 59,140	59,140		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 18,415	18,415		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 19,506	19,506		
2. Cellular Phones	\$ 2,939	2,939		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 750	750		
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	\$ 661,198	661,198		
Subtotal	\$ 2,279,661	2,279,661		

* 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
Maple View Manor of CT, LLC	940 C	9/30/2017		16	37
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		2,279,661	2,279,661		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	1,126	1,126		
3. Gifts to Staff and Residents	\$	10,681	10,681		
4. Employee Travel	\$	3,943	3,943		
5. Education Expenses Related to Seminars and Conventions	\$	2,094	2,094		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	424	424		
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	35,117	35,117		
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	\$	4,188	4,188		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	9,318	9,318		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	675	675		
9. Subscriptions	\$	5,871	5,871		
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>)	\$				
12. Administrative Management Services**	\$	501,141	501,141		
13. Other (<i>Specify</i>) See Attached Schedule	\$	161,180	161,180		
C-14 Total Administrative & General Expenditures		\$ 3,015,419	3,015,419		

* 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)
Promotional Advertising- Marketing	\$ 24,526		
Promotional Advertising- Administration	\$ 10,591		
Total Other Advertising	\$ 35,117	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 8,733		
ACHCA	\$ 310		
American Arbitration	\$ 275		
Total Dues	\$ 9,318	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Consulting Fees- Fiscal Operations	\$ 5,692		
IT Services - Administration	\$ 34,823		
Consulting Fees- Administration - Disallowed via management fee	\$ 9,698		
Purchased Services- Administrative Staff	\$ 20,800		
Purchased Services- Fiscal Operations	\$ 23,791		
Licenses and Permits- Administration	\$ 1,416		
Penalties- Administration- Disallowed	\$ 16,171		
Bank Charges- Administration- Disallowed	\$ 35,237		
Crime Insurance - Disallowed	\$ 3,384		
Background Check- Administration	\$ 4,016		
Miscellaneous Expense- Administration- Disallowed	\$ 6,152		
Total Other Administrative and General	\$ 161,180	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	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 #
National Healthcare Associates, Inc.	501,141	See Attached	Page 16, line 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.**

National Health Care
Profit and Loss Allocated by GL Account

Start Date: 10/1/2016
End Date: 9/30/2017

	0101	0102	0103	0104	0105	0106	0107	0108	0109	0110	0112	0113	0114
	Bloomfield	Bristol	Cambridge	Ludlowe	Maple View Manor	Marlborough	Milford	New Milford	Regency	Riverside	Water's Edge	Bethel Health and Rehabilitation Center	HEBREW HOME
300001-0000-00-000-0	TROY Shared Cost	(3,082.11)	(3,390.21)	(4,109.29)	(3,698.60)	(3,082.11)	(3,082.11)	(2,439.75)	(3,338.75)	(8,861.25)	(3,852.66)	(9,214.41)	(4,920.43)
391500-0000-00-000-0	Misc. Other Income-Nat. Mgmt. - -	(230.77)	(253.85)	(307.69)	(276.93)	(230.77)	(230.77)	(182.66)	(249.96)	(663.47)	(288.48)	(490.42)	(494.21)
400000-0000-00-000-0	Salary-National Healthcare Management - -	315,626.39	347,189.87	416,571.18	378,754.68	315,626.39	315,626.39	251,580.28	344,284.39	907,444.85	394,532.95	539,945.39	510,738.73
401000-0000-04-000-0	FICA-National Healthcare Management-Fiscal Op -	20,604.17	22,664.72	27,084.42	24,725.44	20,604.17	20,604.17	16,511.41	22,595.70	59,238.55	25,755.42	35,585.87	35,056.66
401100-0000-04-000-0	FUI-National Healthcare Management-Fiscal Op -	91.21	100.31	120.44	109.45	91.21	91.21	72.19	98.81	262.25	114.01	156.06	184.12
401200-0000-04-000-0	SUI-National Healthcare Management-Fiscal Op -	1,334.59	1,468.09	1,754.79	1,601.56	1,334.59	1,334.59	1,055.97	1,445.10	3,837.06	1,668.31	2,274.74	2,740.85
401201-0000-00-000-0	SUI - NY-National Healthcare Management - -	(102.24)	(112.46)	(136.33)	(122.72)	(102.24)	(102.24)	(80.96)	(110.78)	(293.99)	(127.83)	(172.98)	(109.49)
401250-0000-00-000-0	NY MTA Tax-Nat. Mgmt. - -	596.40	656.05	779.98	715.79	596.40	596.40	596.40	480.35	657.42	1,714.83	745.53	1,039.96
401300-0000-04-000-0	Health Insurance-National Healthcare-Fiscal Op -	33,107.00	36,417.24	44,141.92	39,730.92	33,107.00	33,107.00	26,207.09	35,864.31	95,186.98	41,386.05	56,027.91	57,068.30
401400-0000-04-000-0	Workers Compensation-National Health-Fiscal Op -	2,355.62	2,591.29	3,140.82	2,826.94	2,355.62	2,355.62	1,864.50	2,551.68	6,772.78	2,944.77	3,985.43	5,044.92
401500-0000-04-000-0	Medical Benefits-National Healthcare-Fiscal Op -	(7.67)	(8.44)	(10.33)	(9.20)	(7.67)	(7.67)	(6.07)	(8.31)	(22.05)	(9.59)	(12.98)	(16.43)
401600-0000-04-000-0	Disability Expense-National Healthca-Fiscal Op -	(91.06)	(100.12)	(121.39)	(109.29)	(91.06)	(91.06)	(91.06)	(98.64)	(261.82)	(113.84)	(154.04)	(133.07)
401700-0000-04-000-0	Pension-National Healthcare Manageme-Fiscal Op -	6,418.84	7,060.44	8,558.00	7,702.73	6,418.84	6,418.84	5,081.06	6,953.32	18,454.51	8,023.53	10,859.59	10,007.07
401800-0000-04-000-0	Employee Benefits - Other-National H-Fiscal Op -	708.47	779.27	944.60	850.19	708.47	708.47	560.82	767.42	2,036.84	885.57	1,198.07	1,118.67
402000-0000-04-000-0	Holiday Expense-National Healthcare - Fiscal Op -	106.86	117.55	142.46	128.21	106.86	106.86	84.59	115.76	307.20	133.55	180.77	74.55
410000-0000-04-000-0	Supplies-National Healthcare Managem-Fiscal Op -	2,856.68	3,142.36	3,808.96	3,428.12	2,856.68	2,856.68	2,264.43	3,094.65	8,213.37	3,570.94	4,791.09	5,014.89
410000-0000-08-000-0	Supplies-National Healthcare Managem-Maintenan-	10.69	11.75	14.25	12.82	10.69	10.69	8.47	11.60	30.73	13.69	18.09	0.70
410000-0000-09-000-0	Supplies-National Healthcare Managem-Housekeep-	22.52	24.76	30.00	27.01	22.52	22.52	17.84	24.36	64.72	28.15	40.42	42.47
411000-0000-04-000-0	Food-National Healthcare Management-Fiscal Op -	27.76	30.52	37.01	33.33	27.76	27.76	21.96	30.08	79.83	30.08	46.97	35.88
431000-0000-03-000-0	Consulting Fees-National Healthcare -Administ-	18.03	19.84	24.04	21.64	18.03	18.03	14.27	19.53	51.84	22.54	30.51	38.62
431000-0000-04-000-0	Consulting Fees-National Healthcare -Fiscal Op -	8,620.19	9,481.77	11,493.28	10,344.69	8,620.19	8,620.19	6,823.93	9,338.21	24,783.91	10,775.60	14,401.14	12,800.60
432000-0000-03-000-0	Accounting Fees-National Healthcare -Administ-	541.16	595.30	721.49	649.41	541.16	541.16	428.36	586.30	1,555.96	676.47	915.53	749.23
433000-0000-03-000-0	Legal Fees-National Healthcare Manag-Administ-	8,472.34	9,219.49	11,296.21	10,167.38	8,472.34	8,472.34	6,706.49	9,177.86	24,359.05	10,690.96	14,331.19	14,974.30
440000-0000-03-000-0	Purch Services-National Healthcare M-Administ-	11,050.58	12,155.52	14,733.60	13,261.53	11,050.58	11,050.58	8,747.49	11,970.89	31,771.33	13,813.66	18,696.03	18,753.34
440000-0000-08-000-0	Purch Services-National Healthcare M-Maintenan-	4,060.58	4,466.78	5,414.06	4,872.98	4,060.58	4,060.58	3,214.16	4,398.65	11,674.64	5,076.06	6,869.97	7,979.89
440000-0000-09-000-0	Purch Services-National Healthcare M-Housekeep-	1,489.60	1,638.50	1,986.19	1,787.73	1,489.60	1,489.60	1,179.29	1,613.64	4,282.32	1,862.18	2,520.33	2,368.28
440000-0000-12-000-0	Purch Services-National Healthcare Ma-Security -	3.49	3.83	4.65	4.18	3.49	3.49	2.76	3.78	10.03	4.36	5.90	7.47
440001-0000-08-000-0	Ground Services-Nat. Mgmt.-Maintenance -	18.25	20.07	24.33	21.89	18.25	18.25	14.42	19.77	52.43	22.81	30.84	27.68
441000-0000-03-000-0	Computer Expense-National Healthcare-Administ-	12,976.69	14,274.04	17,301.36	15,572.95	12,976.69	12,976.69	10,272.48	14,057.75	37,308.86	16,221.30	21,685.61	18,439.19
442000-0000-08-000-0	Pest Control-Nat. Mgmt.-Maintenance -	8.17	8.98	10.89	9.80	8.17	8.17	6.47	8.85	23.49	10.21	13.82	
452000-0000-25-000-0	Equipment Rental-National Healthcare-Fiscal Op -	2,879.22	3,166.92	3,838.70	3,455.18	2,879.22	2,879.22	2,279.21	3,119.01	8,277.99	3,599.21	4,871.10	4,482.71
461000-0000-03-000-0	Telephone-National Healthcare Manag-Administ-	3,831.96	4,215.02	5,109.25	4,598.59	3,831.96	3,831.96	3,033.57	4,151.25	11,017.47	4,790.27	6,483.10	5,691.40
461100-0000-03-000-0	Telephone - Cell-National Healthcare-Administ-	1,779.85	1,957.75	2,373.00	2,135.85	1,779.85	1,779.85	1,408.86	1,928.03	5,117.10	2,224.80	3,004.55	2,866.05
462000-0000-25-000-0	Electric-National Healthcare Manageme-Property -	2,842.62	3,126.81	3,790.05	3,411.30	2,842.62	2,842.62	2,250.29	3,079.44	8,172.84	3,553.35	4,809.26	4,075.05
463000-0000-25-000-0	Gas-National Healthcare Management-Property -	286.27	314.91	381.68	343.56	286.27	286.27	226.63	310.10	823.08	357.94	484.34	512.52
464000-0000-25-000-0	Water-National Healthcare Management-Property -	125.39	137.94	167.19	150.50	125.39	125.39	99.25	135.83	360.51	156.75	212.16	197.85
471000-0000-25-000-0	Rent-National Healthcare Management-Property -	11,904.14	13,093.27	15,871.29	14,285.51	11,904.14	11,904.14	9,424.58	12,896.53	34,225.14	14,880.11	20,139.49	12,476.79
472000-0000-25-000-0	Personal Property Taxes-National Hsa-Fiscal Op -	1,061.56	1,167.79	1,415.52	1,273.89	1,061.56	1,061.56	840.35	1,150.01	3,052.09	1,326.90	1,795.85	2,207.16
473000-0000-25-000-0	Real Estate Taxes-National Healthcare-Fiscal Op -	3,443.49	3,788.25	4,591.57	4,132.72	3,443.49	3,443.49	2,725.32	3,729.98	9,900.97	4,305.09	5,826.20	9,261.26
484000-0000-04-000-0	Amort Exp - LHI-National Healthcare -Fiscal Op -	2,516.86	2,768.45	3,355.70	3,020.36	2,516.86	2,516.86	1,992.36	2,726.52	7,236.24	3,146.16	4,258.13	3,941.29
486000-0000-04-000-0	Dep Exp - Moveable Equip-National He-Fiscal Op -	11,227.34	12,349.82	14,969.42	13,473.47	11,227.34	11,227.34	8,887.35	12,162.26	32,279.85	14,034.76	18,994.98	19,585.47
491000-0000-03-000-0	Dues and Subscriptions-National Heal-Administ-	923.05	1,015.35	1,230.71	1,107.72	923.05	923.05	730.65	999.93	2,653.89	1,153.87	1,561.71	1,636.89
500000-0000-03-000-0	Licenses and Permits-National Health-Administ-	581.40	639.59	775.21	697.74	581.40	581.40	460.26	629.82	1,671.67	726.81	983.64	1,079.59
501000-0000-03-000-0	Advertising Employment-National Heal-Administ-	5,904.90	6,494.59	7,872.45	7,085.66	5,904.90	5,904.90	4,674.72	6,396.87	16,976.31	7,380.55	9,989.70	5,795.97
501100-0000-03-000-0	Advertising Promotional-National Health-Administ-	6,751.42	7,426.73	9,002.04	8,102.13	6,751.42	6,751.42	5,344.56	7,313.87	19,411.29	8,439.87	11,380.63	10,816.81
502000-0000-03-000-0	Interest-National Healthcare Management-Administ-	2,273.15	2,500.56	3,030.81	2,728.05	2,273.15	2,273.15	1,799.44	2,462.54	6,535.70	2,841.61	3,846.98	3,787.91
503000-0000-03-000-0	Penalties-National Healthcare Manag-Administ-												
503600-0000-03-000-0	Bank Charges-Nat. Mgmt.-Administration -	1,390.29	1,529.34	1,853.49	1,668.44	1,390.29	1,390.29	1,100.51	1,506.09	3,997.26	1,737.92	2,352.16	2,304.72
504000-0000-03-000-0	Postage-National Healthcare Manageme-Administ-	1,028.24	1,131.09	1,370.92	1,233.97	1,028.24	1,028.24	813.92	1,113.82	2,956.35	1,285.36	1,739.60	1,917.74
509000-0000-03-000-0	Seminars-National Healthcare Manag-Administ -	580.46	638.51	773.95	696.66	580.46	580.46	459.55	628.81	1,668.93	725.66	981.20	904.13
510000-0000-03-000-0	Liability Insurance-National Healthca-Administ-	2,222.62	2,444.82	2,963.43	2,667.30	2,222.62	2,222.62	1,759.39	2,407.73	6,390.26	2,778.40	3,760.36	3,648.18
511000-0000-03-000-0	Auto Insurance-National Healthcare M-Administ-	1,464.24	1,610.68	1,952.30	1,757.20	1,464.24	1,464.24	1,159.11	1,586.22	4,209.98	1,830.43	2,477.33	2,517.47
512000-0000-03-000-0	Umbrella Insurance-National Healthca-Administ-	1,199.48	1,319.43	1,599.27	1,439.48	1,199.48	1,199.48	949.48	1,299.36	3,448.64	1,499.41	2,029.36	2,047.90
513000-0000-03-000-0	Crime Insurance-National Healthcare -Administ-	67.24	73.99	89.66	80.71	67.24	67.24	53.23	72.86	193.35	84.07	113.74	125.48
517000-0000-03-000-0	Workmans Comp Insurance-National	1,245.82	1,370.25	1,660.94	1,494.91	1,245.82	1,245.82	986.23	1,349.58	3,581.65	1,557.19	2,107.67	1,318.23
520000-0000-03-000-0	Auto Expense-National Healthcare Man-Administ-	1,940.32	2,134.10	2,586.87	2,328.27	1,940.32	1,940.32	1,536.21	2,102.07	5,578.30	2,425.16	3,282.49	1,300.95
520100-0000-03-000-0	Auto Lease Expense-National Healthca-Administ-	3,326.39	3,658.73	4,434.78	3,991.57	3,326.39	3,326.39	2,633.34	3,603.08	9,563.31	4,157.82	5,641.63	4,606.91
521000-0000-00-000-0	Travel Expense-Nat. Mgmt. - -	11.04	12.14	14.72	13.24	11.04	11.04	8.74	11.95	31.74	13.79	18.67	23.63
521000-0000-03-000-0	Travel Expense-National Healthcare M-Administ-	7,274.81	8,002.45	9,699.71									

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
Maple View Manor of CT, LLC		940 C	9/30/2017	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 292,882	292,882			
2. Non-Food Supplies	\$ 26,048	26,048			
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)	\$ 318,930	318,930			
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 Maple View Manor of CT, LLC		License No. 940 C	Report for Year Ended 9/30/2017	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$ 2,260	2,260		
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)		\$ 151,097	151,097		
c. Management Services**		\$			
d. Other (Specify)		\$ 54,409	54,409		
3E. Total Laundry Expenditures (3a + b + c + d)		\$ 207,766	207,766		
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
Maple View Manor of CT, LLC		940 C	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. \$	27,074	27,074		
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)	\$	27,074	27,074		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$	249,054	249,054		
b.	Medicine Cabinet Drugs	\$	13,944	13,944		
c.	Medical and Therapeutic Supplies	\$	76,208	76,208		
d.	Ambulance/Limousine***	\$	11,148	11,148		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	14,541	14,541		
f.	X-rays and Related Radiological Procedures***	\$	18,719	18,719		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	14,236	14,236		
i.	Recreation	\$	18,986	18,986		
j.	Other (<i>Specify</i>)**** See Attached Schedule	\$	48,828	48,828		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	465,664	465,664		

* 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)
Purchased Services- Nursing	\$ 3,023		
Equipment Rental- Nursing	\$ 20,712		
Equipment Rental- Rehabilitation Therapy and Ancillary	\$ 15,456		
IV Therapy Supplies- Rehabilitation Therapy and Ancillary	\$ 5,587		
Flu Vaccine- Medical Services	\$ 4,050		
Total Other Resident Care	\$ 48,828	\$ -	\$ -

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

Name of Facility Maple View Manor of CT, LLC			License No. 940 C	Report for Year Ended 9/30/2017	Page 21	of 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
ADP	325 Chestnut Street, Philadelphia, PA 19103	<input type="radio"/>	<input checked="" type="radio"/>		Payroll	12,537			16	13
Integrated Health Systems	PO Box 23072 Overland Park, KS 66283	<input type="radio"/>	<input checked="" type="radio"/>		Computer Maintenance System	12,890			16	13
ADM Environmental Group	1370 Coney Island Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal/Recycling	19,980			22	6f
Med - Apparel Services	Pkwy, Mount Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry/Linen Services	29,523			19	3b
Unitex Textile Rental	Pkwy, Mount Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry/Linen Services	121,574			19	3b
MJ Daly	110 Mattatuck Heights Waterbury, CT 06705	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	15,678			22	6a
Brothers Landscape	5 Chelsea Dr, Cromwell CT 06416	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping/Plowing	10,568			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"/>							
		<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
Maple View Manor of CT, LLC	940 C	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 41,896	41,896				
b. Heat	\$ 32,847	32,847				
c. Light & Power	\$ 100,372	100,372				
d. Water	\$ 28,415	28,415				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 29,887	29,887				
f. Other (<i>itemize</i>)	\$ 53,520	53,520				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 286,937	286,937				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 33,040	33,040				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 33,040	33,040				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 102,149	102,149				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 102,149	102,149				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 454,933	454,933				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 7,750	7,750				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 597,872	597,872				

* 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)
Supplies- Maintenance	\$ 14,154		
Purchased Services- Security	\$ 1,675		
Pest Control- Maintenance	\$ 3,658		
Carting- Maintenance	\$ 21,275		
Ground Services	11,372		
IT Rentals	\$ 600		
Short Term Lease - Pitney Bowes Mailing Machine	\$ 786		
Total Other Repairs and Maintenance	\$ 53,520	\$ -	\$ -

Depreciation Schedule

Name of Facility Maple View Manor of CT, LLC			License No. 940 C			Report for Year Ended 9/30/2017			Page 23	of 37			
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period			4,479,109		4,479,109								
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			27,332		27,332	27,332	SL						
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,020,752		1,020,752	212,537	SL	Various	21,976	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						132,263		132,263		SL	Various	11,064	
D-3. Subtotal													33,040
E. Total Depreciation													33,040

Maple View Manor of CT, LLC
9/30/2017

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:				
11/30/2016	Qty 2 Electric Hoyer Lift	\$ 3,390	10	\$ 311
12/31/2016	Computer	\$ 860	3	\$ 239
12/31/2016	Steamer	\$ 7,050	10	\$ 588
2/28/2017	Motor	\$ 3,678	10	\$ 245
2/28/2017	Desktop Computer	\$ 903	3	\$ 201
6/30/2017	HIK Vision 16 Camera	\$ 997	5	\$ 66
6/30/2017	PS500S ID Color Printer	\$ 1,657	5	\$ 110
4/30/2017	Reliant Stand-Up Lift	\$ 2,499	10	\$ 125
7/31/2017	Qty-5 32" TVs	\$ 885	5	\$ 44
7/31/2017	Desktop Computer	\$ 921	3	\$ 77
5/31/2017	Integrated Health System - Chromebooks, Servers, Software	\$ 108,516	5	\$ 9,043
9/30/2017	1 LED TV, 1 Apple iPad Mini	\$ 907	5	\$ 15
Total additions for Movable Equipment		\$ 132,263		\$ 11,064 *
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:				
3/31/2017	HVAC Compressors	\$ 9,107	15	\$ 354
1/31/2017	Renovation-Women's Room Door Expansion	\$ 14,825	15	\$ 741
5/31/2017	Combustion Motor Kit	\$ 3,607	15	\$ 100
Total additions for Leasehold Improvement		\$ 27,539		\$ 1,195 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Maple View Manor of CT, LLC			940 C		9/30/2017			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period			Various	1,024,188	449,625	SL		100,954	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)			Various	27,539		SL		1,195	
C-4. Subtotal									102,149
D. Total Amortization									102,149

* 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 Maple View Manor of CT, LLC	License No. 940 C	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		03/17/75		
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		120		
6. Square Footage		40,000		
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	10/01/15			
c. Interest Rate for the Cost Year	2.99%			
d. Term of Mortgage (number of years)	35			
e. Amount of Principal Borrowed	3,848,600			
f. Principal balance outstanding as of 9/30/17	3,746,176			
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
Maple View Manor of CT, LLC		940 C	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	
Maple View Manor of CT, LLC	940 C	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)		\$	7,223	7,223	
A. Item	Rate	Amount			
Equipment Lease - Various	4.43% / 4	\$2,059 / \$4,033 / \$1,131			
Lender					
M&T Bank					
Address of Lender					
B. Item	Rate	Amount			
Lender					
Address of Lender					
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$	7,223	7,223	
12. D. Other Interest Expense (Specify)		\$	282	282	
Admin					
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	7,505	7,505	
14. Insurance					
a. Insurance on Property (buildings only)		\$			
b. Insurance on Automobiles		\$	967	967	
c. Insurance other than Property (as specified above)					
1. Umbrella (Blanket Coverage)		\$	10,400	10,400	
2. Fire and Extended Coverage		\$			
3. Other (Specify)		\$	32,240	32,240	
Liability					
14d. Total Insurance Expenditures (14a + b + c)		\$	43,607	43,607	
15. Total All Expenditures (A-13 thru C-14)		\$	11,172,565	11,172,565	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC				940 C	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.	10	12M	Salaries not related to Resident Care	\$ 19,657	19,657		
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 6,592	6,592		
Page 13 - Professional Fees							
5.	13	B8e	Resident Care Physicians **	\$ 4,262	4,262		
6.	13	B10a	Occupational Therapy	\$ 427,184	427,184		
7.			Other - See attached Schedule	\$ 65,144	65,144		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 41,260	41,260		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,859	1,859		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	L6	Automobile Expense (e.g. personal use)	\$ 424	424		
18.	16	M3	Unallowable Advertising *	\$ 35,117	35,117		
19.	15	1j	Income Tax / Corporate Business Tax	\$ 750	750		
20.			Fund Raising / Contributions	\$			
21.	16	M12	Unallowable Management Fees	\$ 251,455	251,455		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 79,877	79,877		
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)				\$ 933,581	933,581		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A2	Administrator Overlap	\$ 6,592		
Total Other Salaries Adjustment			\$ 6,592	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B2	Dentist	\$ 6,550		
13	B3	Pharmacist	\$ 11,404		
13	B8a	Medical Director Over the Limit	\$ 30,671		
13	B12	Consulting fees - Nursing	\$ 15,026		
13	B13	Consulting fees - Rehab Therapy and Ancillary	\$ 1,493		
Total Other Fees Adjustments			\$ 65,144	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Gifts	\$ 10,681		
16	m13	Penalties	\$ 16,171		
16	m13	Bank Charges	\$ 35,237		
16	m13	Misc. Expenses	\$ 6,152		
16	m13	Crime Insurance	\$ 3,384		
16	M8a	Chamber of Commerce	\$ 675		
15	1a3,4,5,7	Benefits on Salaries not Related to Resident Care	\$ 7,577		
Total Other A&G Adjustments			\$ 79,877	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC				940 C	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 933,581	933,581		
Page 20 - Resident Care Supplies***							
27.	20	5a	Prescription Drugs	\$ 249,054	249,054		
28.	20	5d	Ambulance/Limousine	\$ 11,148	11,148		
29.	20	5f	X-rays, etc	\$ 18,719	18,719		
30.	20	5h	Laboratory	\$ 14,236	14,236		
31.	20	5c	Medical Supplies	\$ 10,524	10,524		
32.	20	5e2	Oxygen (non emergency)	\$ 14,541	14,541		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 60,194	60,194		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 3,875	3,875		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	6d	Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 967	967		
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	\$ 7,472	7,472		
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)			\$ 1,324,311	1,324,311		

*** 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.

Maple View Manor of CT, LLC
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies - Rehab Therapy and Ancillary	\$ 5,587		
20	5j	Equipment Rental - Rehab therapy and Ancillary	\$ 15,456		
20	5a2/b	Procure (disallowance of markups)	\$ 798		
20	5j	Equipment Rental - Nursing	\$ 20,712		
20	5j	Flu Vaccine	\$ 4,050		
20	5i	Cable TV Expense - Resident Rooms	\$ 13,591		
Total Other Ancillary Costs			\$ 60,194	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Disallowed Depreciation - TV's & Mattresses	\$ 3,875		
Total Excess Movable Equipment Depreciation			\$ 3,875	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14b	Auto Insurance	\$ 967		
Total Other Property Adjustments			\$ 967	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV5	Interest Income	\$ 533		
27	12D	Interest - Admin	\$ 282		
30	IV8	Misc Other Income & Interest on patient balances	\$ 6,657		
Total Other Adjustments			\$ 7,472	\$ -	\$ -

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
Maple View Manor of CT, LLC	940 C	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>)	\$ 11,272,112	11,272,112				
b. Medicaid Room and Board Contractual Allowance **	\$ (5,468,892)	(5,468,892)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,751,381	2,751,381				
b. Medicare Room and Board Contractual Allowance **	\$ 651,360	651,360				
4. a. Private-Pay Residents and Other	\$ 1,990,004	1,990,004				
b. Private-Pay Room and Board Contractual Allowance **	\$ (173,007)	(173,007)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 201,538	201,538				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (195,939)	(195,939)				
c. Prescription Drugs - Non-Medicare	\$ 38,475	38,475				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (38,475)	(38,475)				
2. a. Medical Supplies - Medicare	\$ 1,046	1,046				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (1,046)	(1,046)				
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 798,126	798,126				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (658,046)	(658,046)				
c. Physical Therapy - Non-Medicare	\$ 53,846	53,846				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (53,106)	(53,106)				
4. a. Speech Therapy - Medicare	\$ 189,590	189,590				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (137,596)	(137,596)				
c. Speech Therapy - Non-Medicare	\$ 1,211	1,211				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (1,211)	(1,211)				
5. a. Occupational Therapy - Medicare	\$ 824,483	824,483				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (682,155)	(682,155)				
c. Occupational Therapy - Non-Medicare	\$ 70,659	70,659				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (55,905)	(55,905)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 14,216	14,216				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 241	241				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,392,910	11,392,910				
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>)	\$ 533	533				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 5,505	5,505				
V. Total Other Revenue (1 thru 8)	\$ 6,038	6,038				
VI. Total All Revenue (III +V)	\$ 11,398,948	11,398,948				

* 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.

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC	940 C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	461,268
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,462,115
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	10,985
5. Prepaid Expenses			\$	67,922
a. General Insurance	3,384			
b. Taxes (personal property)	1,477			
c. Management fees	51,684			
d. Other	11,377			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	49,039
Patient Funds	49,039			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,051,329
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 <u>1,051,727</u>		\$	499,953
	Accum. Depreciation <u>551,774</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>27,332</u>		\$	
	Accum. Depreciation <u>27,332</u>	Net		
6. Movable Equipment	*Historical Cost <u>516,440</u>		\$	270,863
	Accum. Depreciation <u>245,577</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)			\$	770,816

* 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
Maple View Manor of CT, LLC	940 C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	2,822,145
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	4,479,109		
	Accum. Depreciation	_____	Net	\$ 4,479,109
4. Non-Movable Equipment				
	*Historical Cost	636,757		
	Accum. Depreciation	_____	Net	\$ 636,757
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)			\$	5,115,866
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>)			\$	1,332,819
Due from Related Parties / Realty		1,120,993		
Security Deposits		11,826		
Due from Members		200,000		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,332,819
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	9,270,830

* 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
Maple View Manor of CT, LLC		940 C	9/30/2017	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	2,591,239
2. Notes Payable (<i>itemize</i>)				\$	
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	64,341
Name of Lender	Purpose	Amount	Date Due		
M&T Bank	Equipment Leases	64,341	Through July 2019		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	517,989
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>)				\$	1,253,370
State Assessment	160,908	Accrued Accounting fees	29,355		
Accrued Expenses	46,419	Due to Third Party	38,888		
Patient Personal Funds	49,039	Accrued Workers Compe:	18,215		
Due to Related Parties	910,546				
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	4,426,939

* 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 Maple View Manor of CT, LLC		License No. 940 C	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				4,426,939	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	68,617
Name of Lender	Purpose	Amount	Date Due		
M&T Bank	Equipment Leases	68,617	Through July 2019		
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)				\$	68,617
C. Total All Liabilities (Lines A-13 + B-5)				\$	4,495,556

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

Name of Facility	License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC	940 C	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			\$	4,479,109
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	636,757
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			\$	5,115,866
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(566,975)
6. Gain or Loss for Period			\$	226,383
	10/1/2016	thru 9/30/2017		
7. Total Net Worth			\$	(340,592)
C. Total Reserves and Net Worth			\$	4,775,274
D. Total Liabilities, Reserves, and Net Worth			\$	9,270,830

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC	940 C	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	(376,371)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	11,398,948
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	11,172,565
D. Net Income or Deficit			\$	226,383
E. Balance			\$	(149,988)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Corporate Tax Refund	3,278			
2. Other (<i>itemize</i>)				
Prior Year Rent Adjustment	28,618			
F-3. Total Additions			\$	31,896
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	200,000
Name and Address (<i>No., City, State, Zip</i>)	Title	Amount		
Marvin Ostreicher	President	100,000		
Agnes Zitter	Member	100,000		
2. Other Withdrawings (<i>Specify</i>)			\$	22,500
Purpose	Amount			
Commissioner of Revenue	22,500			
3. Total Deductions			\$	222,500
H. Balance at End of Period			\$	(340,592)
	09/30/17			

I. Preparer's/Reviewer's Certification

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	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	Title	Date Signed		
Printed Name of Preparer				
Blum Shapiro & Co				
Address		Phone Number		
2 Enterprise Drive, Shelton, CT 06484		(203) 944-2100		