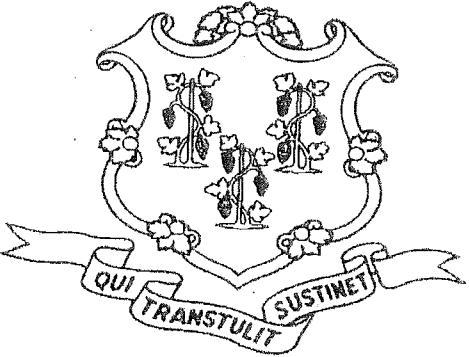


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

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 <input checked="" type="checkbox"/> Nursing Home only (CCNH)		Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)		
Report for Year Beginning 10/1/2018		Report for Year Ending 9/30/2019		

License Numbers:	CCNH 940 C	RHNS	(Specify)	Medicare Provider 07-5238
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Medicaid Provider Numbers:	CCNH 000009407	RHNS	ICF-IID
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For Department Use Only

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

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State of Connecticut

Annual Report of Long-Term Care Facility

CSP-1 Rev.9/2002

General Information

Name of Facility (as licensed) Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2019	Page 1	of 37
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Administrator's/Owner's Certification

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

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

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

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

{a} Subject to Desk Audit Review

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 10/1/2018	To 9/30/2019
Address of Facility 856 Maple Street, Rocky Hill, CT 06067			
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 1/30/2020	
Item	Total	CCNH	RHNS (Specify)
1. Dietary wages paid	\$		
2. Laundry wages paid	\$		
3. Housekeeping wages paid	\$		
4. Nursing wages paid	\$		
5. All other wages paid	\$		
6. Total Wages Paid	\$		
7. Total salaries paid	\$		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$		

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-2 Rev. 10/2005

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Facility 860-563-2861	Report for Year Ended 9/30/2019	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 <input checked="" type="checkbox"/> 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? N/A	<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 N/A	License No.:			

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3 Rev. 10/2005

General Information and Questionnaire Partners/Members

General Information and Questionnaire

Corporate Owners

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2019	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated	
N/A			
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
N/A			
Names of Stockholders Owning at Least 10% of Shares			
N/A			

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire
Individual Proprietorship

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2019	Page of 3B 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire

Related Parties*

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2019			Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?			<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.			
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?			<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," provide the 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	%**				
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>		Consulting Fees	Page 16 / Line m11	21,180	21,180
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>		Interest	Page 27 / Line 12d	5,199	5,199
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>		Shared Expense	Page 16 / Line m12	498,763	498,763
850 SILAS DEANE	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>		Rent/Other	Page 16 / Line m12	1,738	1,738
20 Sunrise	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>		Rent/Other	Page 16 / Line m12	15,891	15,891
Preferred Therapy Solutions	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>		PT,OT,ST Services / Consulting	Various	831,533	809,764
NOA DIAGNOSTICS	6851 Jericho Tpke, Suite 150 Syosset, NY 11791	<input type="radio"/>	<input checked="" type="radio"/>		Radiology	Page 20 / Line 5f	12,251	10,578
PROCARE LTC PHARMACY OF CT	1492 Highland Ave Cheshire CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Drugs/OTC/RX Consulting	Various	228,997	210,794
See attached for continued list	Various	<input type="radio"/>	<input checked="" type="radio"/>		Various	Various	1,419,684	1,419,684

* Use additional sheets if necessary.

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-4 Rev. 10/2005

General Information and Questionnaire
Related Parties*

Name of Facility Maple View Health & Rehab		License No. 940-C			Report for Year Ended 9/30/2019		Page 4a	of 37
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	%**				
National HealthCare Associates-Aetna	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>	0%	Health Insurance	Page 15 / Line 1a5	676,989	676,989
Mapleview Realty	46 Stauderman Ave, Lynbrook, NY 11563	<input type="radio"/>	<input checked="" type="radio"/>	0%	Facility Lease	Page 22 / Line 9	356,548	***356,548
Mapleview Realty	46 Stauderman Ave, Lynbrook, NY 11563	<input type="radio"/>	<input checked="" type="radio"/>	0%	Facility Lease	Page 22 / Line 10b	136,375	136,375
Mapleview Realty	46 Stauderman Ave, Lynbrook, NY 11563	<input type="radio"/>	<input checked="" type="radio"/>	0%	Facility Lease	Page 27 / Line 14a	39,077	39,077
Cambridge Manor	2428 Easton TPKE Fairfield, CT 06825	<input type="radio"/>	<input checked="" type="radio"/>	0%	Workers Comp	Page 15 / Line 1a1	3,659	3,659
Regency House of Wallingford	181 E Main St, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	0%	Workers Comp	Page 15 / Line 1a1	5,778	5,778
Regency House of Wallingford	181 E Main St, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	0%	Social Service Consultant	Page 13 / Line 6	394	394
Regency House of Wallingford	181 E Main St, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	0%	Recreation Consultant	Page 20 / Line 5i	79	79
Mapleview Realty	46 Stauderman Ave, Lynbrook, NY 11563	<input type="radio"/>	<input checked="" type="radio"/>	0%	Building Depreciation	Page 22 / Line 7b	200,785	200,785

* Use additional sheets if necessary.

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

*** N/A Medicaid reimbursement is based upon fair rental value system. Replaced during rate setting.

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 9/30/2019	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

N/A

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

N/A

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

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

N/A

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-6 Rev. 9/2002

**General Information and Questionnaire
Leases (Excluding Real Property)**

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

Name of Facility		License No.		Report for Year Ended			Page of
Maple View Manor of CT, LLC		940 C		9/30/2019			6 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Reliable Health Systems, Nostrand Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	10/01/08	60 Months / Ongoing	2,930	2,930
Wescom Solutions, PO Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>	Software	03/07/12	Ongoing	26,207	26,207
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	05/01/18	39 Months	5,527	5,527
PITNEY BOWES GLOBAL F P.O.Box 3711887 Pittsburgh PA 15250-7887	<input type="radio"/>	<input checked="" type="radio"/>	Postage	03/07/12	Ongoing	1,296	1,296
Nissan Motor Acceptance Corp. - PO Box 371447 Pittsburgh PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	Automobile	08/22/15	36 Months	4,387	4,387
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

No

Total ***

40,347

* 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 9/30/2019	Page 7	of 37
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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.

N/A

Independent Accounting Firm

Name of Accounting Firm 1 Blum, Shapiro & Company, P.C. 2 3 4	Address (No. & Street, City, State, Zip Code) 2 Enterprise Dr., Shelton, CT 06484
---	--

Services Provided by This Firm (*describe fully*)

1	Compilation, preparation of Medicare and Medicaid cost reports and YE tax services	\$	30,873
2		\$	
3		\$	
4		\$	
		Charge for Services Provided	
		\$	30,873

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

Yes No

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 ROGIN NASSAU, LLC	860-256-6300
2 Jackson Lewis PC	914-872-8060
3 BERCHEM MOSES PC	203-783-1200
4 GOLDMAN GRUDER & WOOD	203-899-8900
5 See Attached	Various

Address (No. & Street, City, State, Zip Code)

- 1 185 ASYLUM STREET HARTFORD, CT 06103
- 2 44 South Broadway 14th floor White Plains, NY 10601
- 3 75 BROAD STREET MILFORD, CT 06460
- 4 200 CONNECTICUT AVENUE NORWALK CT 06854
- 5 Various

Services Provided by This Firm (*describe fully*)

1	Tax Appeal	\$	5,128
2	Union Negotiations	\$	23,811
3	Review of Union Agreement	\$	240
4	Collections (Disallowed on Pg 28)	\$	13,184
5	Various (Disallowed on Pg 28)	\$	530

4. The Client Described in the First Line of This Report? If Yes, Specify Expense Classification and Line No.

Page 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 Health & Rehab	License No. 940-C	Report for Year Ended 9/30/2019	Page 7a	of 37
Legal Services Information				
Name of Legal Firm or Independent Attorney 1 Dinardi, Frank 2 Treasurer State of CT			Telephone Number N/A 860-702-3000	
Address (No. & Street, City, State, Zip Code) 1 N/A 2 55 Elm St #2, Hartford, CT 06106				
Services Provided by This Firm (<i>describe fully</i>)				
1 Conservator (Disallowed on Pg 28)			\$ 55	
2 Conservator (Disallowed on Pg 28)			\$ 475	
			Charge for Services Provided \$ 530	

Schedule of Resident Statistics

Name of Facility Maple View Manor of CT, LLC			License No. 940 C				Report for Year Ended 9/30/2019				Page 8		of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30					
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)		
1. Certified Bed Capacity					120	120			120	120				
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					109	109			109	109				
A. As of midnight of PREVIOUS report period	109	109			109	109			107	107				
B. As of midnight of THIS report period	106	106			107	107			106	106				
3. Total Number of Days Care Provided During Period					1,828	1,828			539	539				
A. Medicare	2,367	2,367			1,828	1,828			539	539				
B. Medicaid (Conn.)	32,148	32,148			24,045	24,045			8,103	8,103				
C. Medicaid (other states)														
D. Private Pay	3,236	3,236			2,539	2,539			697	697				
E. State SSI for RCH														
F. Other (Specify) Managed Care / Hospice	2,458	2,458			1,880	1,880			578	578				
G. Total Care Days During Period (3A thru F)	40,209	40,209			30,292	30,292			9,917	9,917				
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds					8	8								
A. Medicaid Bed Reserve Days	8	8			8	8								
B. Other Bed Reserve Days	34	34			34	34								
5. Total Resident Days (3G + 4A + 4B)	40,251	40,251			30,334	30,334			9,917	9,917				

Schedule of Resident Statistics (Cont'd)

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2019	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

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

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.

1st change	Change in Resident Days			CCNH	RHNS	(Specify)
	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)
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	9	82		15				
Per Diem Rate								
a. One bed rm.	Various	230.36		465.00				
b. Two bed rms.	Various	230.36		485.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B	7,173	7,173	(Specify)
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments	560	560	
C. Other	10,815	10,815	
D. Total Physical Therapy Treatments	18,548	18,548	

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	769	769	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments	28	28	
C. Other	1,668	1,668	
D. Total Speech Therapy Treatments	2,465	2,465	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	6,762	6,762	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments	652	652	
C. Other	10,896	10,896	
D. Total Occupational Therapy Treatments	18,310	18,310	

Report of Expenditures - Salaries & Wages

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2019		Page 10	of 37	
Are time records maintained by all individuals receiving compensation?			<input checked="" type="radio"/> Yes	<input type="radio"/> No		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	162,510	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	187,297	8,076				
5. Dietary Service						
a. Head Dietitian	24,919	738				
b. Food Service Supervisor	58,317	2,080				
c. Dietary Workers	417,040	23,217				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	309,041	18,488				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	67,190	2,207				
b. Other Maintenance Workers	60,914	3,258				
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	213,603	4,200				
b. RN						
1. Direct Care	529,477	12,996				
2. Administrative**	265,338	7,316				
c. LPN						
1. Direct Care	1,016,749	34,573				
2. Administrative**						
d. Aides and Attendants	1,693,631	99,950				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	173,469	8,532				
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	62,203	2,124				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	100,953	3,304				
<i>A-13. Total Salary Expenditures</i>	5,342,651	233,139				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Schedule of Other Fees (Page 13)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

**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		9/30/2019			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Marvin J. Otreicher	20,800			Non Discriminatory	Supervises operations, deals with DNS & other	58	16 / m11	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.

Maple View Health & Rehab**Marvin J Ostreicher Time Study****9/30/2019**

	BEDS	Total w/ Bnft
Bethel	161	66.00
Bloomfield	120	67.00
Bristol	132	60.00
Cambridge	160	73.00
Hebrew Home	257	111.00
Ludlowe	144	60.00
Maple View	120	58.00
Marlborough	120	56.00
Milford	120	60.00
Regency	130	62.00
Riverside	345	93.00
Village Crest	95	58.00
Water's Edge	150	64.00
Augusta	72	57.00
Belair	102	53.00
Brattleboro	80	65.00
Brentwood	78	50.00
Brewer	111	64.00
Catskill	136	58.00
Colony	92	55.00
Country	111	58.00
Dover	112	58.00
Eastside	69	51.00
Eliot	114	62.00
Glen Falls	120	56.00
Huntington	320	94.00
Kennebunk	78	51.00
Maywood	120	65.00
Newton Wellseley	110	58.00
Norway	70	48.00
Poughkeepsie	200	74.00
Reservoir	144	71.00
Rutland	125	64.00
Sachem	111	54.00
Sands Point	180	70.00
Utica	117	53.00
Westgate	104	59.00
Winship	72	50.00
Vacation/PTO		
Sick		
Personal		
Holiday		
Total	2,948	1,498.00

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

**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		9/30/2019			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Lewis Abramson	162,510			Non Discriminatory	Administrator	2,080	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2019		Page 13	of 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	6,285	124			
3. Pharmacist	16,581	221			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	361,891	6,857			
b. Other					
6. Social Worker	394	8			
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	50,354	317			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**					
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify)					
9. Speech Therapist					
a. Resident Care	101,715	1,453			
b. Other					
10. Occupational Therapist					
a. Resident Care	364,034	5,979			
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	26,176	394			
B-13 Total Fees Paid in Lieu of Salaries	927,430	15,353			

* 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*

* 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
		9/30/2019		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 299,676	299,676			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 59,751	59,751			
4. Social Security (F.I.C.A.)	\$ 393,620	393,620			
5. Health Insurance	\$ 676,989	676,989			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$				
9. Other (Specify) See Attached Schedule	\$ 27,088	27,088			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 141,879	141,879			
d. Accounting and Auditing	\$ 30,873	30,873			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 42,893	42,893			
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$ 22,200	22,200			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 21,203	21,203			
2. Cellular Phones	\$ 4,086	4,086			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 8,964	8,964			
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$ 41,000	41,000			
2. Other (Specify) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 745,726	745,726			
Subtotal	\$ 2,515,948	2,515,948			

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

(Carry Subtotals forward to next page)

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

Attachment Page 15

Schedule of Other Employee Benefits

Schedule of Other Taxes

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

C. Expenditures Other Than Salaries (cont'd) - Administrative and General

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2019		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
	<i>Subtotals Brought Forward:</i>	2,515,948	2,515,948		
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	5,371	5,371		
3. Gifts to Staff and Residents	\$	4,244	4,244		
4. Employee Travel	\$	593	593		
5. Education Expenses Related to Seminars and Conventions	\$	1,065	1,065		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	4,103	4,103		
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	\$	45,025	45,025		
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	\$	4,579	4,579		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	8,849	8,849		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	675	675		
9. Subscriptions	\$	5,094	5,094		
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>)	\$	89,981	89,981		
12. Administrative Management Services**	\$	537,572	537,572		
13. Other (<i>Specify</i>) See Attached Schedule	\$	44,202	44,202		
C-14 Total Administrative & General Expenditures	\$	3,267,301	3,267,301		

* 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 (Disallowed on Pg 28)	\$ 43,109		
Marketing Supplies (Disallowed on Pg 28)	1,916		
Total Other Advertising	\$ 45,025	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF Dues	\$ 8,539		
ACHCA Dues	310		
Total Dues	\$ 8,849	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses and Permits	\$ 1,966		
Penalties (Disallowed on Pg 28a)	33		
Bank Charges (\$1,892 Disallowed on Pg 28a)	34,480		
Misc Expenses (Disallowed on Pg 28a)	7,142		
Prior Period Expenses (Disallowed on Pg 28a)	581		
Total Other Administrative and General	\$ 44,202	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Maple View Manor of CT, LLC	940 C	9/30/2019	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
National Healthcare Associates, Inc.	537,572	Shared Expenses	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.

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
	940 C	9/30/2019		18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 305,816	305,816		
2. Non-Food Supplies	\$ 26,645	26,645		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 8,488	8,488		
c. Other (Specify) _____	\$ _____			
2D. <i>Total Dietary Expenditures</i> (2a + b + c + d)	\$ 340,949	340,949		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks) at monthly staff meetings, board meetings provided to employees included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2019		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. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$	157,887	157,887		
c. Other (<i>Specify</i>) Diapers	\$	54,664	54,664		
3D. Total Laundry Expenditures (3a + b + c)	\$	212,551	212,551		
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2019		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 27,032	27,032		
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
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.	\$ 173	173		
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	27,205	27,205		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Procare	\$	192,115	192,115		
b. Medicine Cabinet Drugs	\$	8,185	8,185		
c. Medical and Therapeutic Supplies	\$	93,499	93,499		
d. Ambulance/Limousine***	\$	4,538	4,538		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	4,692	4,692		
f. X-rays and Related Radiological Procedures***	\$	12,251	12,251		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	15,096	15,096		
i. Recreation	\$	24,532	24,532		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	21,861	21,861		
5M. Total Resident Care Expenditures (5a - 5j)	\$	376,769	376,769		

* 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

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

* 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).

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CSP-22 Rev. 6/95

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

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2019			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$					
b. Heat	\$	40,426	40,426			
c. Light & Power	\$	90,121	90,121			
d. Water	\$	33,742	33,742			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	40,347	40,347			
f. Other (<i>itemize</i>)	\$	135,162	135,162			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	339,798	339,798			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	200,785	200,785			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	46,540	46,540			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	247,325	247,325			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	114,983	114,983			
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	114,983	114,983			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	356,548	356,548			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	136,375	136,375			
c. Personal property taxes	\$	8,177	8,177			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	863,408	863,408			

* 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

Depreciation Schedule

Name of Facility Maple View Manor of CT, LLC				License No. 940 C			Report for Year Ended 9/30/2019				Page 23	of 37	
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period				4,479,109			4,479,109		4,124,485	S/L	Various	200,785	
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	S/L	Various		
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		
	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			Var	Var	1,164,997		1,164,997		292,623	S/L	Various	42,043	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)			Var	Var	39,533		39,533			S/L	Various	4,497	
D-3. Subtotal													
E. Total Depreciation													
											46,540		
											247,325		

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

*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:				
11/30/2018	Hyper Steam Conception Steamer	\$ 7,105	10	\$ 710
11/30/2018	Dexktop mini PC	707	3	236
12/31/2018	refrigerator- reach-in	4,191	10	419
1/31/2019	tax and gate on asset#308	396	10	40
1/31/2019	Qty 20 Dining Chairs	4,880	15	325
3/31/2019	Nobles Heavy Duty Vaccum	635	8	79
3/31/2019	Meridien Ice & Water Dispenser	6,111	10	611
4/30/2019	Heavy Duty Food Blender	1,283	10	128
6/30/2019	Bariatric bed & Mattress	1,537	15	102
7/31/2019	6 Copiers:3 Kyocera, 3 Toshiba	620	5	124
7/31/2019	6 Copiers:3 Kyocera, 3 Toshiba	1,206	5	241
7/31/2019	3 Full Electric Beds	1,822	12	152
8/31/2019	Network Equipment	3,264	5	653
8/31/2019	1 Electric Bed	607	12	51
8/31/2019	Dish Dispenser	4,079	10	408
9/30/2019	6 Mattresses	1,090	5	218
Total additions for Movable Equipment		\$ 39,533		\$ 4,497 *
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:				
11/30/2018	Install Fan motor on AAon unit	\$ 3,449	10	\$ 345
11/30/2018	nurse call system	45,518	10	4,552
12/31/2018	Loading dock doors & frame	4,020	10	402
1/31/2019	HVAC	1,604	15	107
6/30/2019	Roof replacement	251,225	10	25,123
8/31/2019	IT Set up - Passport Unit	1,840	10	184
8/31/2019	IT Set up	2,120	10	212
9/30/2019	Boiler	57,987	20	2,899
9/30/2019	Cedar Wood Fence	466	8	58
9/30/2019	New Roof	251,225	10	25,123
9/30/2019	Cedar Fence	2,639	8	330
Total additions for Leasehold Improvement		\$ 622,092		\$ 59,335 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

State of Connecticut

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CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility Maple View Manor of CT, LLC			License No. 940 C		Report for Year Ended 9/30/2019			Page 24	of 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	Var	Var	Various	1,085,197	647,848	S/L	Various	55,648	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var	Var	Various	622,092		S/L	Various	59,335	
C-4. Subtotal									114,983
D. Total Amortization									114,983

* 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.

Maple View Health & Rehab
FIXED ASSET / DEPRECIATION SCHEDULE

Asset Type	Description	Date In Service	Method	Life	Historical Cost	2018 A/D	2019 Deprec.	2019 A/D	NBV
LEASEHOLD IMPROVEMENTS									
LI	Prior Period Acquisitions (Per 9/30/18 CR)	Various	S/L	Various	1,085,197	647,848	55,648	703,496	381,701
2019 Additions									
LI	Install Fan motor on AAon unit	11/30/2018	S/L	10	3,449	-	345	345	3,104
LI	nurse call system	11/30/2018	S/L	10	45,518	-	4552	4,552	40,966
LI	Loading dock doors & frame	12/31/2018	S/L	10	4,020	-	402	402	3,618
LI	HVAC	1/31/2019	S/L	15	1,604	-	107	107	1,497
LI	Roof replacement	6/30/2019	S/L	10	251,225	-	25123	25,123	226,102
LI	IT Set up - Passport Unit	8/31/2019	S/L	10	1,840	-	184	184	1,656
LI	IT Set up	8/31/2019	S/L	10	2,120	-	212	212	1,908
LI	Boiler	9/30/2019	S/L	20	57,987	-	2899	2,899	55,088
LI	Cedar Wood Fence	9/30/2019	S/L	8	466	-	58	58	408
LI	New Roof	9/30/2019	S/L	10	251,225	-	25123	25,123	226,102
LI	Cedar Fence	9/30/2019	S/L	8	2,639	-	330	330	2,309
TOTAL LEASEHOLD IMPROVEMENTS					1,707,289	647,848	114,983	762,831	944,458
Building Improvements									
Bldng Imp	Prior Period Acquisitions (Per 9/30/18 CR)	Various	S/L	Various	4,479,109	4,124,485	200,785	4,325,270	153,839
TOTAL Building Improvements					4,479,109	4,124,485	200,785	4,325,270	153,839
Non Movable Equipment									
NME	Prior Period Acquisitions (Per 9/30/18 CR)	Various	S/L	Various	27,332	27,332	-	27,332	-
TOTAL Non Movable Equipment					27,332	27,332	-	27,332	-
MOVABLE EQUIPMENT									
MME	Prior Period Acquisitions (Per 9/30/18 CR)	Various	S/L	Various	1,164,997	292,623	42,043	334,666	830,331
2019 Additions									
MME	Hyper Steam Convection Steamer	11/30/2018	S/L	10	7,105	-	710	710	6,395
MME	Dekstop mini PC	11/30/2018	S/L	3	707	-	236	236	471
MME	refrigerator- reach-in	12/31/2018	S/L	10	4,191	-	419	419	3,772
MME	tax and gate on asset#308	1/31/2019	S/L	10	396	-	40	40	356
MME	Qty 20 Dining Chairs	1/31/2019	S/L	15	4,880	-	325	325	4,555
MME	Nobles Heavy Duty Vaccum	3/31/2019	S/L	8	635	-	79	79	556
MME	Meridien Ice & Water Dispenser	3/31/2019	S/L	10	6,111	-	611	611	5,500
MME	Heavy Duty Food Blender	4/30/2019	S/L	10	1,283	-	128	128	1,155
MME	Bariatric bed & Mattress	6/30/2019	S/L	15	1,537	-	102	102	1,435
MME	6 Copiers:3 Kyocera, 3 Toshiba	7/31/2019	S/L	5	620	-	124	124	496
MME	6 Copiers:3 Kyocera, 3 Toshiba	7/31/2019	S/L	5	1,206	-	241	241	965
MME	3 Full Electric Beds	7/31/2019	S/L	12	1,822	-	152	152	1,670
MME	Network Equipment	8/31/2019	S/L	5	3,264	-	653	653	2,611
MME	1 Electric Bed	8/31/2019	S/L	12	607	-	51	51	556
MME	Dish Dispenser	8/31/2019	S/L	10	4,079	-	408	408	3,671
MME	6 Mattresses	9/30/2019	S/L	5	1,090	-	218	218	872
TOTAL MOVABLE EQUIPMENT					1,204,530	292,623	46,540	339,163	865,367
TOTAL ASSETS PER CR SCHEDULE									
TOTAL ASSETS PER TRIAL BALANCE									
LESS REALTY ASSETS									
ROUNDING									
VARIANCE									
					7,418,260	5,092,288	362,308	5,454,596	1,963,664
					2,302,576	-	161,523	1,129,326	1,173,250
					(4,479,109)	(4,124,485)	(4,325,270)	(153,839)	
					636,575	967,803	200,785	-	636,575

F/S vs C/R NBV - Page 31, Line B9
 F/S vs C/R Depreciation - Page 36, Line F1

(636,575)
 (200,785)

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 9/30/2019	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility
or leased from a Related Party?*

Yes

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 9/30/19	3,626,283			

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 9/30/2019			Page 26	of 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 9/30/2019			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment			\$			
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)			\$			
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)			\$			
12. D. Other Interest Expense (Specify) Note / Admin / Computer Loan Interest			\$	7,347	7,347	
13. Total All Interest Expense (12B7 + 12C3 + 12D)			\$	7,347	7,347	
14. Insurance						
a. Insurance on Property (buildings only)			\$	39,077	39,077	
b. Insurance on Automobiles			\$	4,722	4,722	
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)			\$	8,854	8,854	
2. Fire and Extended Coverage			\$			
3. Other (Specify)			\$	50,403	50,403	
Liability / Crime Insurance						
14d. Total Insurance Expenditures (14a + b + c)			\$	103,056	103,056	
15. Total All Expenditures (A-13 thru C-14)			\$	11,808,465	11,808,465	

D. Adjustments to Statement of Expenditures

Name of Facility Maple View Manor of CT, LLC				License No. 940 C	Report for Year Ended 9/30/2019		Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)	
Page 10 - Salaries and Wages								
1.			Outpatient Service Costs	\$				
2.			Salaries not related to Resident Care	\$				
3.			Occupational Therapy	\$				
4.			Other - See attached Schedule	\$ 18,814	18,814			
Page 13 - Professional Fees								
5.			Resident Care Physicians **	\$				
6.	13	b10a	Occupational Therapy	\$ 364,034	364,034			
7.			Other - See attached Schedule	\$ 26,176	26,176			
Pages 15 & 16 - Administrative and General								
8.			Discriminatory Benefits	\$				
9.	15	1c	Bad Debts	\$ 141,879	141,879			
10.			Accounting	\$				
10a.	15	1e	Legal	\$ 13,714	13,714			
11.			Telephone	\$				
12.	15	1h2	Cellular Telephone	\$ 2,286	2,286			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$				
14.	16	L3	Gifts, flowers and coffee shops	\$ 4,244	4,244			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$				
16.	16	L4	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 593	593			
17.	16	L6	Automobile Expense (e.g. personal use)	\$ 4,103	4,103			
18.	16	m2/3	Unallowable Advertising *	\$ 45,025	45,025			
19.	15	1j	Income Tax / Corporate Business Tax	\$ 8,714	8,714			
20.			Fund Raising / Contributions	\$				
21.	16	m12	Unallowable Management Fees	\$ 265,659	265,659			
22.			Barber and Beauty	\$				
23.			Other - See attached Schedule	\$ 56,254	56,254			
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)			\$ 951,495		951,495			

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12o	Admissions Salary Relating to Marketing	\$ 15,826		
10	12o	Respiratory Therapist	2,988		
Total Other Salaries Adjustment			\$ 18,814	\$ -	\$ -

Schedule of Fees Adjustments

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Non Routine Bank Charges	\$ 1,892		
15	Ik1	Pass Through Entity Tax	41,000		
15	Var	Benefits Associated with Marketing Salary	4,299		
15	Var	Benefits Associated with Respiratory Therapist Salary	632		
16	m13	Penalties	33		
16	m13	Misc Expenses	7,142		
16	m13	Prior Period Expenses	581		
16	m8a	Chamber of Commerce Dues	675		
Total Other A&G Adjustments			\$ 56,254	\$ -	\$ -

National Health Care Associates, Inc. (CT)
Disallowance Schedule for Cell Phones
September 30, 2019

Pg. 28b

	<u>Amount</u>
Total Cell Phone Expense	4,086 TB Linked
Cell Phone Allowed Based on Bed Capacity	5
Monthly Allowable amount per Cell Phone	\$ 30
Months in Cost Report Year	<u>12</u>
Total Allowable Cost	\$ 1,800
Days in Cost Report (365 out of 365 Days)	365
Days in Cost Report Year	<u>365</u>
Partial Year Allowable %	100%
Revised Allowable Cost	\$ 1,800
Disallowed Cell Phone (Page 28, Line 12)	<u>\$ 2,286</u>

Maple View Health & Rehab
Calculation of Allowable Management Fee
September 30, 2019

Pg. 28c

<u>Description</u>	<u>Amount</u>
Management fees Charged	537,572 <small>Page 16, Line m12</small>
Accounting Charges	30,873 <small>Page 15, Line 1d</small>
Total Management Fees Per Agreement	<u>568,445</u>
 Patient Days	40,251 <small>Page 8 of C/R</small>
Imputed Days - 90% Occupancy (365/365 Days)	<u>39,420</u> <small>Calculation</small>
Amount Per Patient Day (Greater of 90% or Actual Days)	\$ 14.42
 PPD Allowance Per Client 2018	7.81 <small>J.01a</small>
2019 CPI Increase %	<u>1.01%</u>
 PPD Allowance 9/30/2019	<u>7.82</u>
 Amount over (Under)	\$ 6.6001
Total Days	<u>40,251</u> <small>Page 8 of C/R</small>
Disallowable Management Fee	<u>\$ 265,659</u>

Respiratory Therapist Benefits Disallowance

Respiratory Therapist Salary	2,988	Page 10
Total Salaries	5,342,651	TB Linked
Percent to Total Salaries	0.06%	

Total Benefits (Pg 15, Line 1a3 - 1a6)	1,130,360	TB Linked
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Respiratory Therapist Benefits Disallowed	632	Page 28 attachment
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State of Connecticut
Annual Report of Long-Term Care Facility
CSP-29 Rev. 9/2018

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	9/30/2019		29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 951,495	951,495		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 192,115	192,115		
28.	20	5d	Ambulance/Limousine	\$ 4,538	4,538		
29.	20	5f	X-rays, etc	\$ 12,251	12,251		
30.	20	5h	Laboratory	\$ 15,096	15,096		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 4,692	4,692		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 37,022	37,022		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 3,085	3,085		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 9,109	9,109		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 7,057	7,057		
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)			\$ 1,236,460	1,236,460			

*** 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.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable Television Disallowance (See Attached)	\$ 10,439		
20	5i	IV Thy Supplies - Rehab Tpy and Ancillary	5,011		
20	5i	Physician Fees - Medical Services - Con Billing	905		
20	5i	Physician Fees - Medical Services - Con Billing	327		
20	5i	Equip Rental - Nursing	3		
20	5i	Equip Rental - Rehab Tpy and Ancillary	10,298		
20	5c	Med B Nursing Supplies	10,039		
Total Other Ancillary Costs			\$ 37,022	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

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

age 29

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref **Line Ref** **Description** **CCNH** **RHNS** **(Specify)**

Schedule of Other - Direct Adjustments

Attachment Page 29

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12d	Interest Expense on Late Payments	\$ 48		
30	IV 8	Medical Record Revenue	46		
30	IV 8	Donation Revenue	500		
30	IV 8	Rebates / Refunds	4,830		
30	IV 8	Misc Revenue	1,633		
Total Other Adjustments			\$ 7,057	\$ -	\$ -

Schedule of Unallowable Building Interest

National Health Care Associates, Inc. (CT)
Cable TV Disallowance
September 30, 2019

Pg. 29b

Total Cable TV Expense	14,039	TB Linked
Total Monthly Fee Allowed	\$ 300	
Total Months	12	
Total Allowable Expense	\$ 3,600	
Partial Year Cost Report (365 out of 365 Days)	\$ 365	
Days in Cost Report Year	365	
Partial Year Allowable %	100.00%	
Revised Allowable Cost	\$ 3,600	
Disallowed Expense	<u>\$ 10,439</u>	{a}

Tickmark

{a}

Ties to page 29a

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2019			Page 30 37
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 13,264,493	13,264,493			
b. Medicaid Room and Board Contractual Allowance **	\$ (6,450,247)	(6,450,247)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,103,141	1,103,141			
b. Medicare Room and Board Contractual Allowance **	\$ 346,156	346,156			
4. a. Private-Pay Residents and Other	\$ 3,516,644	3,516,644			
b. Private-Pay Room and Board Contractual Allowance **	\$ (530,960)	(530,960)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 77,221	77,221			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (77,221)	(77,221)			
c. Prescription Drugs - Non-Medicare	\$ 163,822	163,822			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (163,281)	(163,281)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 444,761	444,761			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (281,932)	(281,932)			
c. Physical Therapy - Non-Medicare	\$ 263,876	263,876			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (204,062)	(204,062)			
4. a. Speech Therapy - Medicare	\$ 135,968	135,968			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (100,228)	(100,228)			
c. Speech Therapy - Non-Medicare	\$ 89,770	89,770			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (62,778)	(62,778)			
5. a. Occupational Therapy - Medicare	\$ 459,789	459,789			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (308,814)	(308,814)			
c. Occupational Therapy - Non-Medicare	\$ 272,112	272,112			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (199,365)	(199,365)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 43,405	43,405			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 58,018	58,018			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,860,288	11,860,288			
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>)	\$ 332	332			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 24,211	24,211			
V. Total Other Revenue (1 thru 8)	\$ 24,543	24,543			
VI. Total All Revenue (III +V)	\$ 11,884,831	11,884,831			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 II 6a	Medicare Pt A IV Therapy	\$ 1,122		
30 II 6a	Medicare Pt A Lab	35,959		
30 II 6a	Medicare Pt A X-Ray	12,075		
30 II 6a	Medicare Pt B Prior Period	(5,751)		
Total Other Resident Revenue - Medicare		\$ 43,405	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 II 6b	Medicaid Lab	\$ 4,146		
30 II 6b	Medicare Pt B Flu/Pneumonia	5,038		
30 II 6b	Private Lab	80		
30 II 6b	Comm Ins Lab	450		
30 II 6b	Mgd Medicare IV Therapy	5,622		
30 II 6b	Mgd Medicare Lab	34,467		
30 II 6b	Mgd Medicare X-Ray	9,420		
30 II 6b	Mgd Medicare Prior Period	(1,205)		
Total Other Resident Revenue		\$ 58,018	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV 5	Interest on Money Market Account	343,287	\$ 332		
Total Interest Income		\$ 332	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	UHC Income	\$ 12,880		
30 IV 8	Medical Record Revenue (Disallowed on Pg 29a)	46		
30 IV 8	Donation Revenue (Disallowed on Pg 29a)	500		
30 IV 8	Rebates / Refunds (Disallowed on Pg 29a)	4,830		
30 IV 8	Class Action Settlement Revenue (No CY Expense)	24		
30 IV 8	Reversal of PY Expenses	3,026		
30 IV 8	Misc Revenue (Disallowed on Pg 29a)	1,633		
30 IV 8	Prior Period Revenue	1,272		
Total Other Revenue		\$ 24,211	\$ -	\$ -

G. Balance Sheet

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2019	Page 31	of 37
Account		Amount		
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)		\$ 589,236		
2. Resident Accounts Receivable (Less Allowance for Bad Debts)		\$ 477,295		
3. Other Accounts Receivable (Excluding Owners or Related Parties)		\$ 1,655,168		
4. Inventories		\$ 14,821		
5. Prepaid Expenses		\$ 92,009		
a. _____				
b. _____				
c. _____				
d. See Schedule		92,009		
6. Interest Receivable		\$		
7. Medicare Final Settlement Receivable		\$		
8. Other Current Assets (<i>itemize</i>)		\$ 55,716		
CT PET Deferred Tax		47,618		
Due from Realty		8,098		
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)		\$ 2,884,245		
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 1,707,289	\$ 944,458		
	Accum. Depreciation 762,831	Net		
5. Non-Movable Equipment	*Historical Cost 27,332	\$		
	Accum. Depreciation 27,332	Net		
6. Movable Equipment	*Historical Cost 1,204,530	\$ 865,367		
	Accum. Depreciation 339,163	Net		
7. Motor Vehicles	*Historical Cost _____	\$		
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable		\$		
9. Other Fixed Assets (<i>itemize</i>)		\$ (636,575)		
	F/S vs C/R NBV (636,575)			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)		\$ 1,173,250		

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

(Carry Total forward to next page)

State of Connecticut

Annual Report of Long-Term Care Facility

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC	940 C	9/30/2019	32	37
Account		Amount		
		Total Brought Forward:	\$	4,057,495
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements	*Historical Cost _____	Accum. Depreciation _____	Net	\$
3. Buildings	*Historical Cost _____	Accum. Depreciation _____	Net	\$
4. Non-Movable Equipment	*Historical Cost _____	Accum. Depreciation _____	Net	\$
5. Movable Equipment	*Historical Cost _____	Accum. Depreciation _____	Net	\$
6. Motor Vehicles	*Historical Cost _____	Accum. Depreciation _____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense	*Historical Cost _____	Accum. Depreciation _____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	211,826
Loans and Exchange	200,000			
Security Deposits	11,826			
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	211,826
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	4,269,321

* 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 Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2019	Page 33	of 37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 1,596,500
2. Notes Payable (itemize)				\$
See Schedule				
3. Loans Payable for Equipment (Current portion) (itemize)				\$ 14,281
Name of Lender	Purpose	Amount	Date Due	
	Equipment Lease ST	14,281		
4. Accrued Payroll (Exclusive of Owners and/or Stockholders only)				\$ 491,534
5. Accrued Payroll (Owners and/or Stockholders only)				\$
6. Accrued Payroll Taxes Payable				\$
7. Medicare Final Settlement Payable				\$
8. Medicare Current Financing Payable				\$
9. Mortgage Payable (Current Portion)				\$ 27,251
10. Interest Payable (Exclusive of Owner and/or Related Parties)				\$
11. Accrued Income Taxes*				\$
12. Other Current Liabilities (itemize)				\$ 613,221
Unclaimed ADP checks		6,854	Accrued Purchase	3,322
Patients Fund		85,223	CT PET Tax Accrued Ex	1,893
Accrued Expenses		472,920		
Accrued Worker's Comp		43,009	See Schedule	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 2,742,787

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

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Annual Report of Long-Term Care Facility

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G. Balance Sheet (cont'd)

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount
Total Brought Forward:				2,742,787
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	
	Equipment Lease LT	73,714		
2. Mortgages Payable				\$ 4,654
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 2,174,217
Name and Address of Lender	Amount	Loan Date		
	2,174,217			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 2,252,585
C. Total All Liabilities (Lines A-13 + B-5)				\$ 4,995,372

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Workers Comp	\$ 16,821
31	A5	Prepaid Gen. Ins	15,589
31	A5	Prepaid Expense Other	22,185
31	A5	Prepaid Personal Property Taxes	1,894
31	A5	Prepaid Mgmt Assets	35,520
Total Prepaid Expenses			\$ 92,009

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

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

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

Schedule of Other Assets Page 32 Line D7

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$

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

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

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

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Annual Report of Long-Term Care Facility

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

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2019	Page 35	of 37
Account				Amount
A. Reserves				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
B. Net Worth				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ (1,003,202)
6. Gain or Loss for Period	10/1/2018	thru	9/30/2019	\$ 277,151
7. Total Net Worth				\$ (726,051)
C. Total Reserves and Net Worth				\$ (726,051)
D. Total Liabilities, Reserves, and Net Worth				\$ 4,269,321

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Annual Report of Long-Term Care Facility

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H. Changes in Total Net Worth

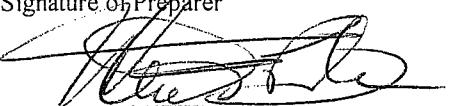
Name of Facility	License No.	Report for Year Ended	Page of
Maple View Manor of CT, LLC	940 C	9/30/2019	36 37
Account			Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$ (491,203)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$ 11,884,831
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$ 11,607,680
D. Net Income or Deficit			\$ 277,151
E. Balance			\$ (214,052)
F. Additions			
1. Additional Capital Contributed (<i>itemize</i>)			
Expenses Per Page 27		\$ 11,808,465	
F/S vs C/R Depreciation		(200,785)	
Expenses Per F/S		\$ 11,607,680	
2. Other (<i>itemize</i>)			
F-3. Total Additions			\$
G. Deductions			
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$ 511,999
Name and Address (No., City, State, Zip)		Title	Amount
Partner Drawings			511,999
2. Other Withdrawals (<i>Specify</i>)			\$
Purpose		Amount	
3. Total Deductions			\$ 511,999
H. Balance at End of Period			\$ (726,051)

I. Preparer's/Reviewer's Certification

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2019	Page of 37 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

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.

Signature of Preparer 	Title Principal	Date Signed 2/13/20
Printed Name of Preparer Matthew S. Bavolack		
Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600
Contacted Person Regarding Additional Information Needed Regarding This Report John Phelps		Phone Number 516-705-4813
Contact Email Address jphelps@nathealthcare.com		

ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Maple View Manor of CT, LLC for the year ended September 30, 2019, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Maple View Manor of CT, LLC. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of Maple View Manor of CT, LLC and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT
February 11, 2020

Annual Report of Long-Term Care Facility Cost Year 2019 Checklist

This checklist is not required to be submitted with the Annual Report

Facility Name Maple View Manor of CT, LLC

Complete the following check list. **Provide an explanation for any “No” answers.** Attach additional sheets to explain further, if necessary.

Yes No

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

Explanation: _____

Yes No

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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2. Are the methods of allocating costs consistent with prior year? If not, explain the reporting change.

Explanation: _____

Yes No

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.

Explanation: _____

Yes No

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Explanation: _____

Yes No

5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?

Explanation: _____

Yes No

6. During cost year, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?

Explanation: _____

Yes No

7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?

Explanation: _____

Yes No

8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation: _____

Yes No

9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation: _____

Yes No

10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation: _____

Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

Explanation: _____

Yes No

12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?

Explanation: _____

Yes No

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from the prior cost year?

Explanation: _____

Yes No

14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?

Explanation: _____

Yes No

15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation: _____

Yes No

16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation: _____

Yes No

17. Have all contractual allowances been properly reported on Page 30?

Explanation: _____

Yes No

18. Were all discrepancies on the Error Page addressed?

Explanation: _____

Yes No

19. Have Pages 1 and 37 been signed? *Cost reports without a signed Page 1 and 37 will not be accepted.*

Explanation: _____

Yes No

20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? *If detail is not provided, appropriate disallowances will be made.*

Explanation: _____

Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?

Explanation: _____

Yes No

22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Explanation: _____
