

General Information

Name of Facility (as licensed) Whitney Center	License No. 985-C	Report for Year Ended 9/30/2021	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.

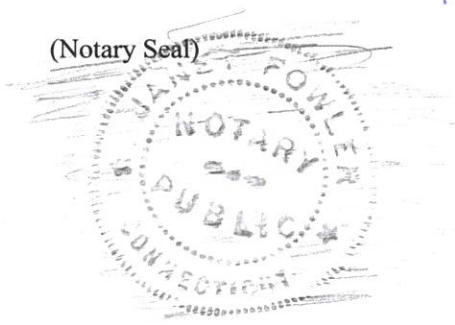
I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Whitney Center [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator) <i>Margaret C Joyce</i>	Date <i>09/15/22</i>	Signed (Owner)	Date
Printed Name (Administrator) Margaret Joyce		Printed Name (Owner)	
Subscribed and Sworn to before me: <i>Janet Fowler</i>	State of <i>CT</i>	Date <i>2/15/22</i>	Signed (Notary Public) <i>Janet Fowler</i>
Comm. Expires <i>03,31,2022</i>			
Address of Notary Public <i>200 Leeder Hill Drive, Hamden CT 06517</i>			

(Notary Seal)



I. Preparer's/Reviewer's Certification

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Check appropriate category

Chronic and Convalescent Nursing Home only (CCNH)

Rest Home with Nursing Supervision only (RHNS)

Other

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 Controller	Date Signed 2/15/2022
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Printed Name of Preparer

Anne Matis

Address 200 Leeder Hill Dr., Hamden, CT 06517	Phone Number 203-848-2661
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Contacted Person Regarding Additional Information Needed Regarding This Report

Anne Matis

Contact Email Address matista@whitneycenter.com	Phone Number 203-848-2661
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