

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2020

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 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 940C	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

**General Information**

Name of Facility (as licensed) Maple View Manor of CT, LLC	License No. 940C	Report for Year Ended 9/30/2020	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, 2019 and ending September 30, 2020, 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)

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State of Connecticut  
**Department of Social Services**  
 55 Farmington Avenue, Hartford, Connecticut 06105

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Maple View Manor of CT, LLC		Period Covered:	From 10/1/2019	To 9/30/2020
Address of Facility 856 Maple Street, Rocky Hill, CT 06067				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 4/8/2021	
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (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 9/30/2020	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 940C	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 checked="" type="radio"/> Proprietorship <input 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.				
N/A				
<b>Administrator</b>				
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  
 Corporate Owners**

Name of Facility Maple View Manor of CT, LLC	License No. 940C	Report for Year Ended 9/30/2020	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
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				





**Annual Report of Long-Term Care Facility**

**General Information and Questionnaire  
Related Parties\***

Name of Facility Maple View Manor of CT, LLC	License No. 940C	Report for Year Ended 9/30/2020	Page 4	of 37
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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	%**				
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>		Consulting Fees	Pg. 16 / Line m12	14,295	14,295
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>		Interest	Pg. 27 / Line 12d	4,445	4,445
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>		Shared Expense	Pg. 16 / Line m12	535,613	535,613
850 SILAS DEANE	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>		Rent	Pg. 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	Pg. 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	801,329	771,921
NOA DIAGNOSTICS	6851 Jericho Tpke, Suite 150 Syosset, NY 11791	<input type="radio"/>	<input checked="" type="radio"/>		Radiology	Pg. 20 / Line 5f	18,218	16,694
PROCARE LTC PHARMACY OF CT	1492 Highland Ave Cheshire CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Drugs/OTC/RX Consulting	Various	271,101	242,286
See attached for continued list	Various	<input type="radio"/>	<input checked="" type="radio"/>		Various	Various	1,377,973	1,377,973

\* Use additional sheets if necessary.

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

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility Maple View Manor of CT, LLC	License No. 940C	Report for Year Ended 9/30/2020	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

### 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. 940C	Report for Year Ended 9/30/2020			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, 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	34,573		34,573	
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	05/01/18	39 Months	8,631		8,631	
PITNEY BOWES GLOBAL F P.O.Box 3711887 Pittsburgh PA 15250-7887	<input type="radio"/>	<input checked="" type="radio"/>	Postage	03/07/12	Ongoing	1,019		1,019	
Nissan Motor Acceptance Corp. - PO Box 371447 Pittsburgh PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	Automobile	08/22/15	36 Months	4,362		4,362	
	<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 ?							<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Total ***</b>	51,515

\* 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. 940C	Report for Year Ended 9/30/2020	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.

**Independent Accounting Firm**

Name of Accounting Firm 1 Marcum LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, 8th Floor, New Haven, CT 06511
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Services Provided by This Firm (*describe fully*)

1	Compilation, preparation of Medicare and Medicaid cost reports and YE tax services	\$	32,485
2		\$	
3		\$	
4		\$	
			Charge for Services Provided
			\$ 32,485

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

- Yes     No    Page 15, Line 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 MURTHA CULLINA LLP 2 ROGIN NASSAU, LLC 3 BYRNE, COSTELLO & PICKARD PC 4 Jackson Lewis PC 5 See Attached	Telephone Number 860-240-6000 860-256-6300 315-474-6448 914-872-8060 Various
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Address (*No. & Street, City, State, Zip Code*)

- 1 280 TRUMBULL ST HARTFORD CT 06103
- 2 185 ASYLUM STREET HARTFORD, CT 06103
- 3 100 MADISON ST SYRACUSE, NY 13202
- 4 44 South Broadway 14th floor White Plains, NY 10601
- 5 Various

Services Provided by This Firm (*describe fully*)

1	EHR Remote Access Issues	\$	198
2	Tax Appeal	\$	255
3	FHA Loan Modification (Disallowed on Pg 28)	\$	6,642
4	Union Negotiations	\$	1,900
5	Various (Disallowed on Pg 28)	\$	9,591
			Charge for Services Provided
			\$ 18,586

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

- Yes     No    Page 15, Line 1e

### Schedule of Resident Statistics

Name of Facility Maple View Manor of CT, LLC		License No. 940C			Report for Year Ended 9/30/2020				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							
B. On last day of THIS report period	120	120							120	120			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	106	106			106	106							
B. As of midnight of THIS report period	77	77							77	77			
3. Total Number of Days Care Provided During Period													
A. Medicare	4,756	4,756			3,426	3,426			1,330	1,330			
B. Medicaid (Conn.)	23,856	23,856			18,984	18,984			4,872	4,872			
C. Medicaid (other states)													
D. Private Pay	2,636	2,636			2,044	2,044			592	592			
E. State SSI for RCH													
F. Other (Specify) Managed Care / Hospice	2,578	2,578			2,170	2,170			408	408			
G. Total Care Days During Period (3A thru F)	33,826	33,826			26,624	26,624			7,202	7,202			
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	10	10			10	10							
5. <b>Total Resident Days (3G + 4A + 4B)</b>	33,836	33,836			26,634	26,634			7,202	7,202			

### Schedule of Resident Statistics (Cont'd)

Name of Facility Maple View Manor of CT, LLC			License No. 940C			Report for Year Ended 9/30/2020			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>													
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)				
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.													
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	13	30		34									
Per Diem Rate													
a. One bed rm.	Various	232.18		490.00									
b. Two bed rms.	Various	232.18		470.00									
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									4,929	4,929			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									408	408			
C. Other									9,747	9,747			
<b>D. Total Physical Therapy Treatments</b>									15,084	15,084			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									546	546			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									108	108			
C. Other									2,004	2,004			
<b>D. Total Speech Therapy Treatments</b>									2,658	2,658			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									3,994	3,994			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									359	359			
C. Other									9,491	9,491			
<b>D. Total Occupational Therapy Treatments</b>									13,844	13,844			

### Report of Expenditures - Salaries & Wages

Name of Facility Maple View Manor of CT, LLC	License No. 940C	Report for Year Ended 9/30/2020	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
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	171,046	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	207,853	9,030				
5. Dietary Service						
a. Head Dietitian	25,423	717				
b. Food Service Supervisor	57,710	2,080				
c. Dietary Workers	440,344	23,054				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	312,005	17,465				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	68,719	2,088				
b. Other Maintenance Workers	47,826	2,236				
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	230,626	4,136				
b. RN						
1. Direct Care	516,105	9,879				
2. Administrative**	288,533	7,359				
c. LPN						
1. Direct Care	1,030,270	31,742				
2. Administrative**						
d. Aides and Attendants	1,661,176	93,900				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	161,640	8,234				
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	63,927	2,124				
n. Marketing						
o. Other (Specify) See Attached Schedule	106,940	3,533				
<i>A-13. Total Salary Expenditures</i>	5,390,143	219,657				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Admissions	\$ 100,538	3,352				
Respiratory Therapist (Disallowed on Pg 28a)	6,402	181				
<b>Total</b>	\$ 106,940	3,533	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
IV Nursing Consultant (Disallowed on Pg 28a)	\$ 21,631	216				
Rehab Consultant (Disallowed on Pg 28a)	1,840	37				
<b>Total</b>	\$ 23,471	253	\$ -	-	\$ -	-



**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				940C		9/30/2020			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)							
<b>Section I - Operators/Owners</b>										
Marvin J Ostreicher				Non Discriminatroy	Supervises Operations, Deals with DNS	51		See Attached		
<b>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).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Maple View Manor of CT, LLC				940C	9/30/2020			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)							
<b>Section III - Administrators***</b>										
Lewis Abramson	171,046			Non Discriminatroy	Administrator	2,080	A2			
<b>Section IV - Assistant Administrators</b>										

\*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.

**Annual Report of Long-Term Care Facility**

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Maple View Manor of CT, LLC	940C	9/30/2020	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	394	10				
2. Dentist	6,369	386				
3. Pharmacist	11,274	113				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	355,421	6,869				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	65,064	332				
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	123,431	1,744				
b. Other						
10. Occupational Therapist						
a. Resident Care	322,332	5,612				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	65,864	949				
2. Administrative***						
b. LPN						
1. Direct Care	751	16				
2. Administrative***						
c. Aides	253	13				
d. Other						
12. Other (Specify)						
See Attached Schedule	23,471	253				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>974,624</b>	<b>16,297</b>				

\* 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. 940C	Report for Year Ended 9/30/2020	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Regency House of Wallingford, 181 E Main St, Wallingford, CT 06492	Dietician	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Gerident Solutions, P.O. Box 290539, Wethersfield, CT 06129	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Procare LTC of CT, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist / IV Nursing Consultant	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Preferred Thearpy-809 Main St., E.Hartford,CT, 06108	PT, OT, ST / Consult Rehab	<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"/>	N/A	
Starling Physicians, 2110 Silas Deane HWY, Rocky Hill CT 06067	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
MASSTEX IMAGING 3 ELECTRONICS AVE DANVERS MA 01923	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
SDX 21 WATERVILLE RD AVON, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
PREFERRED PROFESSIONAL SERVICES 850 Silas Deane Hwy Wethersfield, CT 06109	Contract RNs / LPNs / Aides	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" 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	940C	9/30/2020		15	37
Item	Total	CCNH	RHNS	(Specify)	
<b>1. Administrative and General</b>					
<b>a. Employee Health &amp; Welfare Benefits</b>					
1. Workmen's Compensation	\$ 241,912	241,912			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 56,468	56,468			
4. Social Security (F.I.C.A.)	\$ 405,433	405,433			
5. Health Insurance	\$ 718,281	718,281			
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	\$ 35,276	35,276			
<b>b. Personal Retirement Plans, Pensions, and         Profit Sharing Plans for Owners and         Operators (Discriminatory)*</b>	\$				
<b>c. Bad Debts*</b>	\$ 3,520	3,520			
<b>d. Accounting and Auditing</b>	\$ 32,485	32,485			
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$ 18,586	18,586			
<b>f. Insurance on Lives of Owners and         Operators (<i>Specify</i>)*</b>	\$				
<b>g. Office Supplies</b>	\$ 26,663	26,663			
<b>h. Telephone and Cellular Phones</b>					
1. Telephone & Pagers	\$ 21,983	21,983			
2. Cellular Phones	\$ 1,764	1,764			
<b>i. Appraisal (<i>Specify purpose and         attach copy</i>)*</b>	\$				
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$				
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>					
1. Income*	\$ 29,428	29,428			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 567,238	567,238			
<b>Subtotal</b>	\$ 2,159,037	2,159,037			

\* 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	940C	9/30/2020		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>		2,159,037	2,159,037		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 9,091	9,091			
4. Employee Travel	\$ 120	120			
5. Education Expenses Related to Seminars and Conventions	\$ 399	399			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 99	99			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 100	100			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 36,357	36,357			
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	\$ 4,900	4,900			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 9,739	9,739			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 675	675			
9. Subscriptions	\$ 3,359	3,359			
10. Contributions*** See Attached Schedule	\$ 1,200	1,200			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 98,487	98,487			
12. Administrative Management Services**	\$ 567,537	567,537			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 41,774	41,774			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 2,932,874	2,932,874			

\* 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)
	-		
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	-		
Marketing Supplies (Disallowed on Pg 28)	\$ 3,185		
Promotional Advertising (Disallowed on Pg 28)	32,932		
Other Direct - Marketing (Disallowed on Pg 28)	240		
<b>Total Other Advertising</b>	\$ 36,357	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
CAHCF Dues	\$ 8,539		
ACHCA Dues	1,200		
<b>Total Dues</b>	\$ 9,739	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	-		
Political Contributions (Disallowed on Pg 28)	\$ 1,200		
<b>Total Contributions</b>	\$ 1,200	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Bank Charges (\$1,162 Disallowed on Pg 28a)	\$ 33,378		
Licenses and Permits	6,464		
Penalties (Disallowed on Pg 28a)	103		
Miscellaneous Expenses (Disallowed on Pg 28a)	1,829		
<b>Total Other Administrative and General</b>	\$ 41,774	\$ -	\$ -



**Schedule C-1 - Management Services\***

Name of Facility Maple View Manor of CT, LLC	License No. 940C	Report for Year Ended 9/30/2020	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.	567,537	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
Maple View Manor of CT, LLC		940C	9/30/2020	18	37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 270,252	270,252		
2.	Non-Food Supplies	\$ 31,425	31,425		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
		\$ 26,628	26,628		
c. Other (Specify) _____					
		\$			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 328,305</b>	<b>328,305</b>		
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		License No.	Report for Year Ended		Page	of
Maple View Manor of CT, LLC		940C	9/30/2020		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
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)		\$	138,699	138,699		
c. Other (Specify) Laundry Supplies		\$	73,313	73,313		
<b>3D. Total Laundry Expenditures (3a + b + c)</b>		\$	<b>212,012</b>	<b>212,012</b>		
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	License No.	Report for Year Ended	Page	of	
Maple View Manor of CT, LLC	940C	9/30/2020	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. \$	32,103	32,103		
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. Other ( <i>Specify</i> )	\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c)</b>	\$	32,103	32,103		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$	234,466	234,466		
2. Purchased from	\$				
b. Medicine Cabinet Drugs	\$	15,738	15,738		
c. Medical and Therapeutic Supplies	\$	74,943	74,943		
d. Ambulance/Limousine***	\$	11,149	11,149		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	6,107	6,107		
f. X-rays and Related Radiological Procedures***	\$	18,358	18,358		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	25,185	25,185		
i. Recreation	\$	18,391	18,391		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	85,576	85,576		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	489,913	489,913		

\* 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.



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

Name of Facility Maple View Manor of CT, LLC			License No. 940C		Report for Year Ended 9/30/2020			Page of 21   37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
ADP	P.O. Box 842875, Boston, MA 02284	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Payroll Processing	11,939			16	m11
ADM Environmental Group	1370 Coney Island Ave. Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Waste Services/Monthly Recycling Services	20,924			22	6f
Unitex Textile Rental	Parkway, Mt. Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Laundry / Linen	110,288			19	3b
Med Apparel	Parkway, Mt. Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Laundry / Linen	28,411			19	3b
Intergrated Health Systems	PO Box 23072 Overland Park, KS 66283	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Computer Maintenance System	10,978			16	m11
SMART CARE	P.O. Box 74008980 Chicago, IL 60674-8980	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Dietary Equip Repair	22,220			18	2b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" 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	940C	9/30/2020			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$					
b. Heat	\$ 41,684	41,684				
c. Light & Power	\$ 90,487	90,487				
d. Water	\$ 31,969	31,969				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 51,515	51,515				
f. Other ( <i>itemize</i> )	\$ 107,328	107,328				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 322,983	322,983				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 153,839	153,839				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 50,183	50,183				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 204,022	204,022				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 114,449	114,449				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$ 114,449	114,449				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 546,000	546,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 9,293	9,293				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 873,764	873,764				

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





### Depreciation Schedule

Name of Facility Maple View Manor of CT, LLC			License No. 940C			Report for Year Ended 9/30/2020			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			
<b>A. Land Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period			4,479,109		4,479,109	4,325,270	S/L	Various	153,839				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal										153,839			
<b>C. Non-Movable Equipment</b>													
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	Totals
		Yes	No	Month	Year								
<b>D. Movable Equipment</b>													
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	1,204,530		1,204,530	339,163	S/L	Various	46,540	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)				Var	Var	25,496		25,496		S/L	Various	3,643	
D-3. Subtotal													50,183
<b>E. Total Depreciation</b>													204,022

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Land Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Land Improvement</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Building Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Building Improvement</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
10/31/2019	Lift	\$ 1,666	10	\$ 167
10/31/2019	Scale	756	10	76
11/30/2019	Refridgerator	3,177	10	318
12/31/2019	2 Desktops	1,660	3	553
2/29/2020	Ultrasound Scanner	8,147	7	1,164
12/31/2019	Computer Monitor	1,125	5	225
5/31/2020	Washer & Dryer	1,740	10	174
6/30/2020	Thermal Food Cover	1,091	10	109
6/30/2020	Electric Bed	676	12	56
6/30/2020	Commercial Toaster	604	10	60
8/31/2020	Extractor	2,293	10	229
9/30/2020	Network Equipment	1,000	5	200
9/30/2020	Network Equipment	1,560	5	312
<b>Total additions for Movable Equipmen</b>		<b>\$ 25,496</b>		<b>\$ 3,643 *</b>
<b>Deletions:</b>				
<b>Total deletions for Movable Equipmen</b>		<b>\$ -</b>		<b>\$ - **</b>

\*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
<b>Additions:</b>				
6/30/2020	Water Valve Repair	\$ 1,107	10	\$ 111
6/30/2020	Water Valve Repair	985	10	99
6/30/2020	Walk in Freezer Repair	833	10	83
8/31/2020	Walk in Freezer Repair	17,564	10	1,756
8/31/2020	New Boiler	45,077	20	2,254
9/30/2020	Painting-Morales	26,031	10	2,603
9/30/2020	Network Equipment	5,250	10	525
9/30/2020	Door Repair	4,089	10	409
<b>Total additions for Leasehold Improvermen</b>		<b>\$ 100,935</b>		<b>\$ 7,840 *</b>
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvermen</b>		<b>\$ -</b>		<b>\$ - **</b>

\*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			940C		9/30/2020			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							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	Var	Var	Various	1,456,064	754,457	S/L	Various	106,609	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var	Var	Various	100,935		S/L	Various	7,840	
C-4. Subtotal									114,449
<b>D. Total Amortization</b>									114,449

\* 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. 940C	Report for Year Ended 9/30/2020	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" 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 <b>NOT</b> 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				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing		4th Mortgage		
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 9/30/2020		3,561,021		
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
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				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
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		940C	9/30/2020		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. <b>Total Building Interest Expense</b> (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		940C		9/30/2020		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 ( <i>Specify</i> )				\$			
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 ( <i>Specify</i> )				\$	5,801	5,801	
Notes Payable / Admin / Computer Loan Interest							
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$	5,801	5,801	
14. Insurance							
a. Insurance on Property (buildings only)				\$	19	19	
b. Insurance on Automobiles				\$	1,986	1,986	
c. Insurance other than Property (as specified above)							
1. Umbrella ( <i>Blanket Coverage</i> )				\$	11,413	11,413	
2. Fire and Extended Coverage				\$			
3. Other ( <i>Specify</i> )				\$	62,762	62,762	
Crime / Liability							
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$	76,180	76,180	
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$	11,638,702	11,638,702	

### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Maple View Manor of CT, LLC			940C	9/30/2020	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 26,510	26,510		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 322,332	322,332		
7.			Other - See attached Schedule	\$ 23,471	23,471		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 3,520	3,520		
10.			Accounting	\$			
10a.			Legal	\$ 16,233	16,233		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 4,219	4,219		
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	\$ 120	120		
17.	16	L6	Automobile Expense (e.g. personal use)	\$ 99	99		
18.	16	m2/3	Unallowable Advertising *	\$ 36,357	36,357		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 1,200	1,200		
21.	16	m12	Unallowable Management Fees	\$ 291,357	291,357		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 39,699	39,699		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 765,117	765,117		

\* 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	\$ 20,108		
10	12o	Respiratory Therapist	6,402		
<b>Total Other Salaries Adjustment</b>			\$ 26,510	\$ -	\$ -

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12o	IV Nursing Consultant	\$ 21,631		
13	B12o	Rehab Consultant	1,840		
<b>Total Other Fees Adjustments</b>			\$ 23,471	\$ -	\$ -

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	LOC Bank Charges	\$ 1,162		
16	m8a	Dues to Chamber of Commerce	675		
15	Var	Benefits Associated with Marketing Salary	5,350		
15	1k1	CT PET Tax (Less \$250 CBT)	29,178		
15	Var	Benefits Associated with Respiratory Therapist Salary	1,402		
16	m13	Penalties	103		
16	m13	Miscellaneous Expenses	1,829		
<b>Total Other A&amp;G Adjustments</b>			\$ 39,699	\$ -	\$ -

**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				940C	9/30/2020	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 765,117	765,117		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 234,466	234,466		
28.	20	5d	Ambulance/Limousine	\$ 11,149	11,149		
29.	20	5f	X-rays, etc	\$ 18,358	18,358		
30.	20	5h	Laboratory	\$ 25,185	25,185		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 6,107	6,107		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 36,506	36,506		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 2,055	2,055		
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	\$ 6,348	6,348		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 148,442	148,442		
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,253,733	1,253,733		

\*\*\* 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 - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 8	Miscellaneous Revenue	\$ 18,031		
30	IV 8	Rebates / Refunds	3,677		
30	IV 8	Recovery of Bad Debt Expense	125,785		
30	IV 8	Prior Period Revenue	949		
<b>Total Other Adjustments</b>			\$ 148,442	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Maple View Manor of CT, LLC	940C	9/30/2020			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 9,605,855	9,605,855				
b. Medicaid Room and Board Contractual Allowance **	\$ (4,552,805)	(4,552,805)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents( <i>all inclusive</i> )	\$ 2,195,003	2,195,003				
b. Medicare Room and Board Contractual Allowance **	\$ (1,839,188)	(1,839,188)				
4. a. Private-Pay Residents and Other	\$ 3,354,760	3,354,760				
b. Private-Pay Room and Board Contractual Allowance **	\$ (707,372)	(707,372)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 109,658	109,658				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (112,140)	(112,140)				
c. Prescription Drugs - Non-Medicare	\$ 115,815	115,815				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (117,224)	(117,224)				
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	\$ 343,313	343,313				
b. Physical Therapy - Medicare Contractual Allowance **	\$ 181,768	181,768				
c. Physical Therapy - Non-Medicare	\$ 249,784	249,784				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (153,932)	(153,932)				
4. a. Speech Therapy - Medicare	\$ 146,610	146,610				
b. Speech Therapy - Medicare Contractual Allowance **	\$ 125,616	125,616				
c. Speech Therapy - Non-Medicare	\$ 90,559	90,559				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (62,993)	(62,993)				
5. a. Occupational Therapy - Medicare	\$ 329,098	329,098				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ 147,100	147,100				
c. Occupational Therapy - Non-Medicare	\$ 221,001	221,001				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (154,804)	(154,804)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 1,774,255	1,774,255				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 174,649	174,649				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 11,464,386	11,464,386				
<b>IV. Other Revenue*</b>						
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> )	\$ 873	873				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 410,596	410,596				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 411,469	411,469				
<b>VI. Total All Revenue</b> (III +V)	\$ 11,875,855	11,875,855				

\* 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 A NTA Contra-Maplev	\$ 594,649		
30 II 6a	Medicare A Nsng Comp Contra-Maplev	1,082,996		
30 II 6a	MCR Pt A Chargeable Med Supp-Maplev	3,839		
30 II 6a	MCR Pt A Charge Med Supp Contra-Maplev	(3,839)		
30 II 6a	Medicare Pt A IV Therapy-Maplev	2,482		
30 II 6a	Medicare Pt A Lab-Maplev	78,591		
30 II 6a	Medicare Pt A X-Ray-Maplev	18,467		
30 II 6a	Medicare Pt B Prior Period-Maplev	(2,930)		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ 1,774,255</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6b	Hospice Contra Other	\$ (161)		
30 II 6b	Hospice Lab	161		
30 II 6b	Medicaid Lab-Maplev	10,031		
30 II 6b	Medicaid X-Ray-Maplev	420		
30 II 6b	Medicare Pt B Flu/Pneumonia-Maplev	2,098		
30 II 6b	Private Pharmacy Contra-Maplev	(75)		
30 II 6b	Private Lab-Maplev	203		
30 II 6b	Comm Ins Lab-Maplev	256		
30 II 6b	Mgd Medicare NTA Contra-Maplev	30,758		
30 II 6b	Mgd Medicare Nsng Comp Contra-Maplev	61,444		
30 II 6b	Mgd Medicare IV Therapy	13,562		
30 II 6b	Mgd Medicare Lab	48,943		
30 II 6b	Mgd Medicare X-Ray	10,695		
30 II 6b	Mgd Medicare Prior Period	(3,686)		
<b>Total Other Resident Revenue</b>		<b>\$ 174,649</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
30 IV 5	Interest on Money Market Account	343,287	\$ 873		
<b>Total Interest Income</b>			<b>\$ 873</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Miscellaneous Revenue (Disallowed on Pg 29a)	\$ 18,031		
30 IV 8	Stimulus Revenue	262,154		
30 IV 8	Rebates / Refunds (Disallowed on Pg 29a)	3,677		
30 IV 8	Recovery of Bad Debt Expense (Disallowed on Pg 29a)	125,785		
30 IV 8	Prior Period Revenue (Disallowed on Pg 29a)	949		
<b>Total Other Revenue</b>		<b>\$ 410,596</b>	<b>\$ -</b>	<b>\$ -</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC	940C	9/30/2020	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$	1,479,546
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	866,304
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	2,113,246
4. Inventories			\$	23,547
5. Prepaid Expenses			\$	71,944
a. _____				
b. _____				
c. _____				
d. See Schedule		71,944		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	68,499
_____				
_____				
See Schedule		68,499		
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>4,623,086</b>
<b>B. Fixed Assets</b>				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,556,999</u>		\$	688,093
	Accum. Depreciation <u>868,906</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>1,230,026</u>		\$	840,680
	Accum. Depreciation <u>389,346</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	(643,403)
_____				
See Schedule		(643,403)		
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>885,370</b>

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

(Carry Total forward to next page )

## Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Workers Comp	\$ 16,773
31	A5	Prepaid General Insurance	\$ 20,191
31	A5	Prepaid Expense Other	\$ 10,672
31	A5	Prepaid Person Property Taxes	\$ 5,679
31	A5	Prepaid Mgmt Assets	\$ 18,629
<b>Total Prepaid Expenses</b>			<b>\$ 71,944</b>

## Schedule of Other Current Assets (Itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
31	A8	Resident Refunds	\$ 2,801
31	A8	CT PET Deferred Tax	41,020
31	A8	Due from Realty	8,098
31	A8	CT PET Tax Receivable	16,580
<b>Total Other Current Assets (Itemize)</b>			<b>\$ 68,499</b>

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

Page Ref	Line Ref	Description	
31	B9	F/S vs C/R NBV	\$ (650,134)
31	B9	Construction in Progress	\$ 6,731
<b>Total Other Fixed Assets (Itemize)</b>			<b>\$ (643,403)</b>

## Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
<b>Total Other Assets</b>			<b>\$ -</b>

## Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ -</b>



### G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC	940C	9/30/2020	32	37
<b>Account</b>			<b>Amount</b>	
Total Brought Forward:			\$	5,508,456
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			<b>\$</b>	
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> )			\$	
Loans and Exchange		200,000		
Security Deposits		11,826		
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			<b>\$ 211,826</b>	
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			<b>\$ 5,720,282</b>	

\* 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	940C	9/30/2020	33	37
<b>Account</b>			<b>Amount</b>	
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable			\$	977,621
2. Notes Payable ( <i>itemize</i> )			\$	
_____				
_____				
See Schedule				
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )			\$	15,070
Name of Lender	Purpose	Amount	Date Due	
	Equipment Obligation	15,070		
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )			\$	423,606
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> )			\$	4,654
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities ( <i>itemize</i> )			\$	1,283,094
Unclaimed ADP Checks		13,956	Accrued Expenses 151,253	
Due to Medicaid		227,290	Accrued Workers Comp 63,589	
Deferred Revenue RCF		757,066		
Patient Fund		69,940	See Schedule	
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>			<b>\$</b>	<b>2,704,045</b>

\* 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. 940C	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount
Total Brought Forward:				2,704,045
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
				\$ 58,644
Name of Lender	Purpose	Amount	Date Due	
	Equipment Obligation LT	58,644		
2. Mortgages Payable				\$ 30,193
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ 2,736,341
Name and Address of Lender	Amount	Loan Date		
Due to Realty / Related / Other	2,736,341			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
_____				
_____				
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 2,825,178
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 5,529,223

**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	940C	9/30/2020	35	37
Account			Amount	
<b>A. Reserves</b>				
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>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(194,748)
6. Gain or Loss for Period			\$	385,807
	10/1/2019	thru 9/30/2020		
7. Total Net Worth			\$	191,059
<b>C. Total Reserves and Net Worth</b>			\$	191,059
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	5,720,282

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC	940C	9/30/2020	36	37
<b>Account</b>			<b>Amount</b>	
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	(717,677)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	11,875,855
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	11,490,048
D. Net Income or Deficit			\$	385,807
E. Balance			\$	(331,870)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Total Expenses Per Page 27      \$11,638,702				
F/S vs C/R Depreciation          (148,654)				
Total Expenses Per FS            \$11,490,048				
2. Other <i>(itemize)</i>				
Prior Period Adjustments				22,929
F-3. Total Additions			\$	22,929
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	(500,000)
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
Partner Drawings			(500,000)	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	(500,000)
H. <b><i>Balance at End of Period</i></b>		09/30/20	\$	191,059

### I. Preparer's/Reviewer's Certification

Name of Facility Maple View Manor of CT, LLC	License No. 940C	Report for Year Ended 9/30/2020	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)		
<b>Preparer/Reviewer Certification</b>				
<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				
Matthew S. Bavolack				
Address Address			Phone Number	
555 Long Wharf Drive, New Haven, CT 06511			203-781-9600	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
John Phelps			516-705-4813	
Contact Email Address				
jphelps@nathealthcare.com				