

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

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 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)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 940 C	RHNS	(Specify)	Medicare Provider 07-5238
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Medicaid Provider Numbers:	CCNH	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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General Information

Name of Facility (as licensed) Maple View Manor of CT, LLC	License No. 940-C	Report for Year Ended 9/30/2015	Page 1	of 37
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Administrator's/Owner's Certification


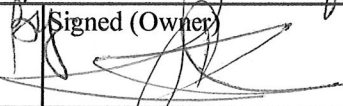
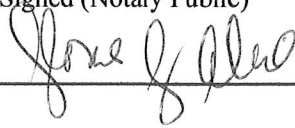
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Bloomfield Health [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, 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.

Maple View Manor of CT, LLC

Signed (Administrator) 		Date 2/6/16	Signed (Owner) 		Date 02/09/16
Printed Name (Administrator) Drieu Connors			Printed Name (Owner) Marvin Ostreicher		
Subscribed and Sworn to before me:	State of N.Y	Date 2/8/16	Signed (Notary Public) 	Comm. Expires 7,01,18	
Address of Notary Public					

(Notary Seal)

GLORIA G. ALARIO
 NOTARY PUBLIC STATE OF NEW YORK
 NO. 01AL6077129 NASSAU COUNTY
 TERM EXPIRES JULY 01, 2018

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 10/1/2014	To 9/30/2015
Address of Facility 856 Maple Street, Rocky Hill, CT 06067				
Report Prepared By Blum Shapiro & Company, P.C.		Phone Number 860-561-4000	Date 2/8/2016	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-563-2861		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Maple View Manor of CT, LLC			Address (No. & Street, City, State, Zip) 856 Maple Street, Rocky Hill, CT 06067		
License Numbers:	CCNH 940 C	RHNS	(Specify)	Medicare Provider No. 07-5238	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Drieu-Ann Connors			Nursing Home Administrator's License No.:	001654	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

**General Information and Questionnaire
 Related Parties***

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2015	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	%**				
See attachment.		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

* Use additional sheets if necessary.

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

**General Information and Questionnaire
Related Parties***

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2015	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	%**				
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, Ct 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24%	PT,OT,ST Services/Consulting	16/ 13 M13/ 5a,9a,10a,12	924,606	879,075
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	79%	Radiology	20 5f	13,254	12,174
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Health Insurance Trust***	15 1a5	634,030	634,030
Marlborough Health Care	85 Stage Harbor Rd, Marlborough, Ct 06447	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Bank Charges	16 13	1,297	1,297
National Health Care Associates	46 Stauderman Ave, Lynbrook, NY 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Banking Transactions	16 13	11,837	11,837
Mapleview Realty	46 Stauderman Ave, Lynbrook, NY 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent	22 9	1,200,000	1,200,000
National Health Care Associates	46 Stauderman Ave, Lynbrook, NY 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	422,503	422,503
850 Silas Deane Realty	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	1,577	1,577
Stauderman Realty	46 Stauderman Ave, Lynbrook, NY 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	4,902	4,902
Procare LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	83%	Drugs/OTC's/Supplies/Consult/Med Record	20/13/16 5a2,b,j/B12,B3	249,199	233,885

* Use additional sheets if necessary.

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

*** Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2015	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.

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

Shared expenses, allocated by bed size. See page 17 attachment.

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

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			License No.	Report for Year Ended			Page	of
Maple View Manor of CT, LLC			940 C	9/30/2015			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, 2610 Nostrand Ave Brooklyn, NY 11210	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	10/1/2008/ Ongoing	60 months	5,439	5,439	
Wells Fargo, 3601 Minnesota Drive, Bloomington MN 55435	<input type="radio"/>	<input checked="" type="radio"/>	Copier	12/24/12	39 months	4,226	4,226	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***							9,665	

* 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 9/30/2015	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 Blum Shapiro 2 3 4	Address (No. & Street, City, State, Zip Code) 29 S. Main St., West Hartford, CT 06127
--	--

Services Provided by This Firm (describe fully)

1 Compilation, preparation of Medicare and Medicaid cost reports, HUD audit of reality entity,	\$	27,800
2 and year end tax services	\$	
3	\$	
4	\$	
Charge for Services Provided		
\$		27,800

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

Legal Services Information

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

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

Services Provided by This Firm (describe fully)

1 See attachment.	\$	20,657
2	\$	
3	\$	
4	\$	
5	\$	
Charge for Services Provided		
\$		20,657

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-7 Rev. 6/95

**General Information and Questionnaire
Accounting Basis**

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2015	Page 7	of 37
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Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Altus Global Trade Solutions	(800) 509-6060
2 Marshall Frederick DiNardi	(860) 563-3085
3 CSC Corporation Services	(302) 636-5450 Ext. 0000
4 Goldman Gruder & Wood	(203) 899-8900 Ext. 0000
5 Rogin Nassau, LLC	(860) 278-7480 Ext. 0000
6 Treasury State of Connecticut	

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

1	2400 Veterans Blvd Suite 300 Kenner, LA 70062
2	P.O. Box 977 Rocky Hill, CT 06067
3	2711 Centerville Road, Suite 400 Wilmington, DE 19808
4	200 Connecticut Ave Norwalk CT 06854
5	185 Asylum Street -22nd Floor Hartford, CT 06103-3460
6	55 Elm St #2, Hartford, CT, 06106

Services Provided by This Firm (*describe fully*)

1	Collections	\$	32
2	Conservator	\$	165
3	Conservator	\$	366
4	Collections	\$	19,149
5	Audit Appeal	\$	480
6	Conservator	\$	465
			Charge for Services Provided
			\$ 20,657

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

Yes No

Schedule of Resident Statistics

Name of Facility Maple View Manor of CT, LLC		License No. 940 C			Report for Year Ended 9/30/2015				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	120	120			120	120			120	120			
B. On last day of THIS report period	120	120			120	120			120	120			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	114	114			114	114			117	117			
B. As of midnight of THIS report period	107	107			117	117			107	107			
3. Total Number of Days Care Provided During Period													
A. Medicare	6,595	6,595			5,268	5,268			1,327	1,327			
B. Medicaid (Conn.)	30,414	30,414			22,722	22,722			7,692	7,692			
C. Medicaid (other states)													
D. Private Pay	2,667	2,667			1,936	1,936			731	731			
E. State SSI for RCH													
F. Other (Specify)	1,519	1,519			968	968			551	551			
G. Total Care Days During Period (3A thru F)	41,195	41,195			30,894	30,894			10,301	10,301			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	58	58			42	42			16	16			
B. Other Bed Reserve Days	113	113			100	100			13	13			
5. Total Resident Days (3G + 4A + 4B)	41,366	41,366			31,036	31,036			10,330	10,330			

2015 Cost Report - Page 8 attachment

Page 8, Line 3F: Total Number of Other Days Care Provided During the Period

Managed Care	<u>325</u>
Hospice	<u>1,194</u>
VA	<u>-</u>
	-

Schedule of Resident Statistics (Cont'd)

Name of Facility Maple View Manor of CT, LLC			License No. 940 C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	10		83		14								
Per Diem Rate													
a. One bed rm.	PPS		214.56		444.00								
b. Two bed rms.	PPS		214.56		402/465								
c. Three or more bed rms.	PPS		214.56										
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								3,952	3,952				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								58	58				
C. Other								18,654	18,654				
D. Total Physical Therapy Treatments								22,664	22,664				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								879	879				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								6	6				
C. Other								2,190	2,190				
D. Total Speech Therapy Treatments								3,075	3,075				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								4,640	4,640				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								83	83				
C. Other								18,962	18,962				
D. Total Occupational Therapy Treatments								23,685	23,685				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Maple View Manor of CT, LLC	940 C	9/30/2015	10	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)	117,845	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	212,825	10,837				
5. Dietary Service						
a. Head Dietitian	23,556	732				
b. Food Service Supervisor	52,211	2,080				
c. Dietary Workers	378,878	22,259				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	269,457	17,090				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	61,277	2,080				
b. Other Maintenance Workers	35,220	2,227				
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	180,128	3,910				
b. RN						
1. Direct Care	584,690	14,861				
2. Administrative**	156,298	4,273				
c. LPN						
1. Direct Care	959,347	32,950				
2. Administrative**						
d. Aides and Attendants	1,721,826	106,148				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	142,326	7,941				
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	242,744	7,586				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	5,138,628	237,054				

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

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

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

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Maple View Manor of CT, LLC				940 C	9/30/2015			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Marvin J. Ostreicher, 184 Wildacre Ave, Lawrence, NY 11559				same as employees	Supervises operations, deals	68	p. 16/m12	See attached		
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

MARVIN J. OSTREICHER
TIME STUDY
Y/E SEPTEMBER 2015

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL
Augusta	3.00	8.50	7.00	4.00	7.50	7.50	1.50	4.50	7.50	5.50	4.50	6.50	67.50
Belair	5.00	5.50	7.00	3.00	5.50	4.50	2.50	2.00	3.00	5.00	6.50	5.00	54.50
Bloomfield	3.50	2.50	5.00	4.50	4.00	11.50	3.50	7.00	6.00	2.50	3.50	7.00	60.50
Brattleboro	5.50	4.00	3.00	4.00	4.50	4.50	1.00	3.50	8.00	3.00	4.50	7.00	52.50
Brentwood	2.50	9.50	2.50	7.00	3.00	7.00	7.50	3.50	3.00	4.00	2.50	4.00	56.00
Brewer	9.50	16.00	4.50	4.50	8.50	5.50	3.50	4.00	2.50	4.50	7.50	10.00	80.50
Bristol	3.50	2.00	4.50	12.50	6.50	3.00	3.50	6.50	8.50	4.00	1.00	4.50	60.00
Cambridge	5.50	4.00	5.00	16.00	5.00	6.00	1.50	7.00	4.50	3.00	3.50	8.50	69.50
Catskill	2.50	5.00	8.50	6.50	3.00	6.00	0.50	6.00	13.50	4.00	3.50	6.50	65.50
Cold Spring Hills	0.50	1.50	7.50	5.00	8.50	5.00	3.00	4.00	6.50	2.50	2.00	3.00	49.00
Colony	6.00	4.00	9.00	2.00	6.50	7.00	6.00	1.00	4.00	5.00	6.50	5.50	62.50
Country	7.00	8.50	3.00	7.00	3.50	6.00	4.00	6.50	9.00	5.00	5.50	10.50	75.50
Dover	2.00	0.50	9.50	5.00	2.50	4.00	2.00	1.00	4.50	6.00	1.50	3.50	42.00
Eastside	4.00	6.00	5.00	7.50	8.00	5.00	2.50	2.50	7.50	3.50	4.00	3.00	58.50
Eliot	0.50	5.00	9.00	4.50	2.00	2.00	2.50	2.50	6.50	1.50	4.50	2.50	43.00
Glen Falls	7.50	2.50	4.50	4.50	6.50	7.50	8.50	2.50	7.50	3.50	1.00	6.00	62.00
Hudson	1.00	7.00	12.50	2.50	6.00	1.50	4.00	0.50	12.00	4.50	2.50	5.50	59.50
Huntington	3.00	1.00	4.50	3.50	3.50	3.50	4.50	0.50	4.50	2.50	2.50	1.00	34.50
Kennebunk	1.00	6.50	6.50	2.00	2.00	7.50	3.00	0.50	5.50	2.50	12.00	0.00	49.00
Ludlowe	6.00	6.00	6.00	3.50	3.50	0.50	3.00	3.00	6.50	5.50	7.00	5.00	55.50
Maple View	4.50	5.50	9.50	3.00	6.00	7.50	6.50	5.50	2.00	9.00	3.50	5.00	67.50
Marlborough	0.50	1.00	3.00	5.50	2.00	2.50	3.50	0.50	3.00	4.00	1.00	2.00	28.50
Maywood	6.00	3.00	5.50	4.50	3.50	3.00	2.50	3.50	5.50	3.50	0.00	5.00	45.50
Milford	2.50	2.50	3.00	0.50	4.00	7.00	4.00	1.00	2.00	2.50	1.00	7.00	37.00
Newton Wellsley	4.50	4.50	3.00	4.00	3.00	7.50	2.50	0.00	2.00	3.00	0.00	1.50	35.50
Norway	5.50	2.00	2.50	2.00	3.50	5.50	5.00	3.50	1.50	5.00	5.50	4.50	46.00
Poughkeepsie	8.50	11.00	3.50	4.00	3.50	7.00	5.50	4.00	14.00	9.00	2.50	9.00	81.50
Regency	1.00	3.50	5.50	1.50	3.50	5.50	4.50	1.50	1.50	2.50	1.00	2.50	34.00
Reservoir	3.00	3.00	6.00	0.50	1.00	3.50	9.00	3.00	3.50	3.50	1.00	5.50	42.50
Riverside	3.00	6.50	4.50	1.50	5.50	2.00	5.50	4.00	4.00	4.50	7.00	2.00	50.00
Ross	7.00	5.50	3.50	5.50	6.00	5.00	6.50	6.50	4.00	2.50	4.50	2.00	58.50
Rutland	1.00	4.00	5.50	0.50	3.00	2.50	2.00	0.50	2.50	1.50	1.00	1.50	25.50
Sachem	4.50	2.50	5.00	4.00	2.50	7.00	2.50	2.50	2.00	3.00	5.50	2.50	43.50
Sands Point	0.50	3.00	4.00	0.50	6.50	7.00	6.50	0.50	2.50	2.50	2.50	2.50	38.50
Utica	2.00	4.50	3.50	4.50	4.50	6.00	3.00	0.50	6.00	6.50	2.50	4.00	47.50
Village Crest	0.50	3.00	4.50	3.50	4.50	7.00	9.50	3.00	2.50	5.00	4.00	0.50	47.50
Water's Edge	1.50	2.50	2.50	4.00	2.00	3.50	2.50	1.50	2.00	3.50	8.50	4.50	38.50
Westgate	1.00	2.00	3.50	7.50	4.50	3.00	3.50	0.00	1.00	0.00	2.00	4.50	32.50
Winship	5.50	4.50	9.50	4.00	4.00	3.00	4.00	1.00	3.50	4.00	1.50	11.00	55.50
Vacation	48.00	0.00	0.00	24.00	0.00	0.00	24.00	48.00	0.00	24.00	40.00	0.00	208.00
Sick	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Personal	0.00	0.00	0.00	8.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.00
Holiday	16.00	0.00	0.00	0.00	0.00	0.00	8.00	8.00	0.00	0.00	0.00	0.00	32.00
Total	205.50	179.50	211.50	202.00	181.00	200.00	188.50	167.00	195.50	176.50	180.50	181.50	2269.00

**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	9/30/2015			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Drieu-Ann Connors (10/1/2014 - 9/30/2015)	117,845			Similar to other employees	Management & supervision of healthcare facility	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	License No.	Report for Year Ended	Page	of		
Maple View Manor of CT, LLC	940 C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	5,400	104				
3. Pharmacist	10,746	36				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	396,408	9,651				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	37,008	22				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	222	Disallowed				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	122,995	2,300				
b. Other						
10. Occupational Therapist						
a. Resident Care	412,063	9,000				
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	19,630	Disallowed				
B-13 Total Fees Paid in Lieu of Salaries	1,004,472	21,113				

* 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.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC	940 C	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 300,803	300,803		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 103,939	103,939		
4. Social Security (F.I.C.A.)	\$ 383,113	383,113		
5. Health Insurance	\$ 636,534	636,534		
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	\$ 20,154	20,154		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 27,800	27,800		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 20,657	20,657		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 25,156	25,156		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 15,142	15,142		
2. Cellular Phones	\$ 2,699	2,699		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	250		
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 736,287	736,287		
Subtotal	\$ 2,272,534	2,272,534		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC	940 C	9/30/2015	16	37
Item	Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>	2,272,534	2,272,534		
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 4,693	4,693		
3. Gifts to Staff and Residents	\$ 4,184	4,184		
4. Employee Travel	\$ 3,355	3,355		
5. Education Expenses Related to Seminars and Conventions	\$ 5,743	5,743		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 792	792		
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	\$ 21,176	21,176		
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	\$ 5,003	5,003		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 11,536	11,536		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 675	675		
9. Subscriptions	\$ 130	130		
10. Contributions*** See Attached Schedule	\$ 325	325		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$			
12. Administrative Management Services**	\$ 428,982	428,982		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 122,080	122,080		
<i>C-14 Total Administrative & General Expenditures</i>	\$ 2,881,208	2,881,208		

* Do not include Subscriptions, which should go in item 9.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional Advertising- Marketing	\$ 21,176		
Total Other Advertising	\$ 21,176	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 8,189		
Curaspan	\$ 3,037		
ACHCA	\$ 310		
Total Dues	\$ 11,536	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Political Contributions - Administration	\$ 325		
Total Contributions	\$ 325	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Consulting Fees- Fiscal Operations	\$ 23,174		
Computer License Fee- Administration	\$ 856		
Computer Expense- Administration	\$ 647		
Purchased Services- Administrative Staff	\$ 20,400		
Purchased Services- Fiscal Operations	\$ 33,870		
Licenses and Permits- Administration	\$ 770		
Penalties- Administration- Disallowed	\$ 27		
Bank Charges- Administration- Disallowed	\$ 24,642		
Background Check- Security	\$ 112		
Background Check- Administration	\$ 2,752		
Miscellaneous Expense- Administration- Disallowed	\$ 9,563		
Crime Insurance - Disallowed	\$ 801		
IT Services - Administration	\$ 4,367		
Consulting Fees - Administration	\$ 76		
In Service - Administration	\$ 23		
Total Other Administrative and General	\$ 122,080	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2015	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.	428,982	See Attached	Page 16, line M12

*** In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**

NHCA Manage

Report Date :10/1/2014 - 09/30/2015

	120 Bloomfield	132 Bristol	160 Cambridge	144 Ludlowe	120 Maple View Manor	120 Marlborough	120 Milford	95 New Milford	130 Regency	345 Riverside	150 Water's Edge
Intercompany adjustments (Troy)	(2,575.61)	(2,832.59)	(3,433.76)	(3,090.04)	(2,575.61)	(2,575.61)	(2,575.61)	(2,039.27)	(2,790.15)	(7,405.04)	(3,219.22)
310000-0000-00-0000-0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
400000-0000-00-0000-0	282,655.95	310,874.90	376,948.26	339,185.53	282,655.95	282,655.95	282,655.95	225,193.75	306,200.82	812,641.54	353,304.40
400010-0000-00-0000-0	1,567.09	1,722.79	2,088.64	1,880.49	1,567.09	1,567.09	1,567.09	1,241.08	1,697.60	4,505.76	1,958.10
401000-0000-04-0000-0	18,621.21	20,480.28	24,626.55	22,345.41	18,621.21	18,621.21	18,621.21	14,742.89	20,172.35	53,536.57	23,275.64
401100-0000-04-0000-0	454.22	499.51	605.53	545.03	454.22	454.22	454.22	359.66	462.04	1,305.89	567.74
401101-0000-00-0000-0	(3.74)	(4.11)	(4.99)	(4.49)	(3.74)	(3.74)	(3.74)	(2.96)	(4.05)	(10.75)	(4.68)
401200-0000-04-0000-0	1,653.60	1,818.56	2,204.44	1,984.27	1,653.60	1,653.60	1,653.60	1,309.24	1,791.30	4,754.08	2,066.78
401202-0000-00-0000-0	(102.62)	(112.86)	(136.81)	(123.15)	(102.62)	(102.62)	(102.62)	(81.25)	(111.17)	(295.05)	(128.27)
401250-0000-00-0000-0	518.54	570.35	691.33	622.33	518.54	518.54	518.54	410.56	561.75	1,490.90	648.13
401300-0000-04-0000-0	22,866.50	25,147.97	30,485.17	27,439.83	22,866.50	22,866.50	22,866.50	18,104.85	24,771.16	65,742.55	28,580.53
401400-0000-04-0000-0	20.84	22.53	27.79	25.01	20.84	20.84	20.84	16.50	22.59	59.94	26.05
401600-0000-04-0000-0	502.39	552.47	669.75	602.81	502.39	502.39	502.39	397.73	544.21	1,444.30	627.88
401700-0000-04-0000-0	4,667.41	5,133.07	6,222.49	5,600.86	4,667.41	4,667.41	4,667.41	3,695.46	5,056.17	13,419.02	5,833.72
401800-0000-04-0000-0	682.30	750.45	909.66	818.76	682.30	682.30	682.30	540.18	739.16	1,961.70	852.91
402000-0000-04-0000-0	1,473.35	1,620.36	1,964.25	1,768.02	1,473.35	1,473.35	1,473.35	1,166.53	1,596.08	4,235.95	1,841.54
410000-0000-04-0000-0	3,165.44	3,415.57	4,140.54	3,726.84	3,165.44	3,165.44	3,165.44	2,499.03	3,364.44	8,929.00	3,881.87
410000-0000-09-0000-0	15.27	16.78	20.36	18.33	15.27	15.27	15.27	12.09	16.54	43.90	19.09
410000-0000-09-0000-0	33.37	36.69	44.48	40.04	33.37	33.37	33.37	26.44	36.15	95.94	41.70
410000-0000-12-0000-0	2.53	2.79	3.38	3.04	2.53	2.53	2.53	2.01	2.74	7.28	3.17
411000-0000-04-0000-0	19.64	21.61	26.19	23.57	19.64	19.64	19.64	15.55	21.28	56.46	24.55
431000-0000-03-0000-0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
431000-0000-04-0000-0	7,030.70	7,732.13	9,373.07	8,436.78	7,030.70	7,030.70	7,030.70	5,566.63	7,616.30	20,213.47	8,787.48
432000-0000-03-0000-0	2,283.74	2,511.85	3,044.88	2,740.45	2,283.74	2,283.74	2,283.74	1,807.96	2,473.99	6,565.68	2,854.65
433000-0000-03-0000-0	1,771.23	1,947.98	2,361.37	2,125.50	1,771.23	1,771.23	1,771.23	1,402.38	1,918.79	5,092.41	2,213.88
433100-0000-03-0000-0	(611.80)	(672.84)	(815.64)	(734.16)	(611.80)	(611.80)	(611.80)	(484.40)	(662.76)	(1,758.96)	(764.68)
440000-0000-03-0000-0	9,082.05	9,082.05	11,009.45	9,909.64	8,257.92	8,257.92	8,257.92	6,538.34	8,946.10	23,742.37	10,321.68
440000-0000-08-0000-0	688.71	757.44	918.16	826.58	688.71	688.71	688.71	545.29	746.15	1,980.08	860.81
440000-0000-09-0000-0	900.89	990.69	1,200.92	1,080.87	900.89	900.89	900.89	713.22	975.72	2,589.66	1,125.86
440000-0000-12-0000-0	53.36	58.71	71.17	64.05	53.36	53.36	53.36	42.29	57.83	153.47	66.73
440001-0000-08-0000-0	366.53	403.10	488.63	439.78	366.53	366.53	366.53	290.28	397.06	1,053.73	458.14
441000-0000-03-0000-0	5,676.21	6,242.55	7,567.30	6,811.14	5,676.21	5,676.21	5,676.21	4,494.20	6,148.82	16,319.02	7,094.38
442000-0000-08-0000-0	20.00	21.95	26.65	23.98	20.00	20.00	20.00	15.81	21.62	57.43	24.95
452000-0000-25-0000-0	2,706.81	2,976.72	3,688.72	3,248.36	2,706.81	2,706.81	2,706.81	2,143.04	2,932.26	7,782.25	3,383.22
452100-0000-25-0000-0	(1,194.52)	(1,313.70)	(1,592.51)	(1,433.42)	(1,194.52)	(1,194.52)	(1,194.52)	(945.77)	(1,294.02)	(3,434.31)	(1,493.01)
461000-0000-03-0000-0	2,712.85	2,983.31	3,616.64	3,255.35	2,712.85	2,712.85	2,712.85	2,147.76	2,938.63	7,799.37	3,390.65
461100-0000-03-0000-0	2,006.26	2,206.37	2,674.65	2,407.48	2,006.26	2,006.26	2,006.26	1,588.40	2,173.30	5,767.96	2,507.54
462000-0000-25-0000-0	1,529.87	1,682.44	2,039.55	1,835.81	1,529.87	1,529.87	1,529.87	1,211.25	1,657.25	4,398.44	1,912.13
463000-0000-25-0000-0	443.34	487.58	591.08	523.03	443.34	443.34	443.34	351.02	480.27	1,274.68	554.15
466000-0000-25-0000-0	72.43	79.68	96.60	86.95	72.43	72.43	72.43	57.36	78.50	208.30	90.55
471000-0000-25-0000-0	6,469.09	7,114.48	8,624.40	7,762.81	6,469.09	6,469.09	6,469.09	5,121.91	7,007.84	18,598.85	8,085.55
472000-0000-25-0000-0	516.53	567.96	688.68	619.75	516.53	516.53	516.53	408.91	559.46	1,484.89	645.51
472000-0000-04-0000-0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
473000-0000-25-0000-0	3,426.41	3,788.25	4,568.02	4,111.67	3,426.41	3,426.41	3,426.41	2,712.89	3,711.81	9,851.10	4,282.62
484000-0000-04-0000-0	1,327.68	1,460.13	1,770.03	1,593.23	1,327.68	1,327.68	1,327.68	1,051.22	1,438.25	3,817.12	1,659.43
484100-0000-04-0000-0	13.35	14.69	17.82	16.16	13.35	13.35	13.35	10.59	14.51	38.39	16.71
486000-0000-04-0000-0	7,709.31	8,478.48	10,277.90	9,251.17	7,709.31	7,709.31	7,709.31	6,103.96	8,351.46	22,164.73	9,635.76
491000-0000-03-0000-0	257.10	282.74	342.75	308.54	257.10	257.10	257.10	203.56	278.48	739.13	321.30
500000-0000-03-0000-0	21.32	23.43	28.41	25.57	21.32	21.32	21.32	16.88	23.08	61.27	26.63
501000-0000-03-0000-0	8,395.23	9,232.87	11,192.42	10,074.37	8,395.23	8,395.23	8,395.23	6,647.11	9,094.54	24,136.88	10,493.18
501100-0000-03-0000-0	2,515.58	2,757.65	3,364.56	3,028.53	2,515.58	2,515.58	2,515.58	2,000.00	2,650.00	7,000.00	3,000.00
503000-0000-03-0000-0	403.92	470.31	570.07	513.28	403.92	403.92	403.92	338.59	463.27	1,229.67	534.49
503500-0000-03-0000-0	3.16	133.97	162.47	146.25	3.16	3.16	3.16	96.41	131.87	350.19	152.24
503600-0000-03-0000-0	931.40	1,024.35	1,241.72	1,117.67	931.40	931.40	931.40	737.43	1,008.96	2,677.79	1,164.16
504000-0000-03-0000-0	984.22	1,082.49	1,312.19	1,181.11	984.22	984.22	984.22	779.28	1,066.23	2,825.69	1,230.12
509000-0000-03-0000-0	2,053.89	2,258.79	2,738.16	2,464.68	2,053.89	2,053.89	2,053.89	1,626.30	2,224.99	5,905.05	2,567.16
510000-0000-03-0000-0	2,748.78	3,022.96	3,664.56	3,298.53	2,748.78	2,748.78	2,748.78	2,176.33	2,977.70	7,902.80	3,435.67
511000-0000-03-0000-0	963.25	1,059.28	1,284.11	1,155.92	963.25	963.25	963.25	762.68	1,043.51	2,769.34	1,203.91
512000-0000-03-0000-0	790.75	869.69	1,054.24	948.94	790.75	790.75	790.75	626.14	856.65	2,273.52	988.38
513000-0000-03-0000-0	23.14	25.48	30.93	27.80	23.14	23.14	23.14	18.37	25.12	66.63	28.94
517000-0000-03-0000-0	391.28	430.37	521.69	469.60	391.28	391.28	391.28	309.82	423.89	1,125.10	489.10
520000-0000-03-0000-0	38.53	42.39	51.40	46.24	38.53	38.53	38.53	30.50	41.81	110.77	48.10
520100-0000-03-0000-0	2,966.65	2,965.51	3,595.01	3,235.78	2,966.65	2,966.65	2,966.65	2,134.84	2,921.04	7,752.31	3,369.97
521000-0000-03-0000-0	4,708.93	5,179.26	6,278.29	5,650.74	4,708.93	4,708.93	4,708.93	3,728.03	5,101.27	13,538.39	5,885.96
522000-0000-03-0000-0	4,686.54	5,154.73	6,248.54	5,623.81	4,686.54	4,686.54	4,686.54	3,710.28	5,076.90	13,473.77	5,858.17
540000-0000-31-0000-0	54.63	60.08	72.83	65.55	54.63	54.63	54.63	43.25	59.18	157.05	68.28
541000-0000-03-0000-0	136.48	150.07	181.96	163.77	136.48	136.48	136.48	108.05	147.83	392.41	170.59
541200-0000-31-0000-0	594.10	653.24	792.13	712.97	594.10	594.10	594.10	453.12	643.67	1,788.20	745.20
541001-0000-03-0000-0	5.46	6.01	7.28	6.56	5.46	5.46	5.46	4.33	5.92	15.71	6.83
542000-0000-31-0000-0	199.40	219.30	265.85	239.31	199.40	199.40	199.40				

C. Expenditures Other Than Salaries (cont'd) - Dietary 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 9/30/2015	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 292,779	292,779		
2.	Non-Food Supplies	\$ 28,158	28,158		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
		\$ 12,715	12,715		
c. Management Services**					
		\$			
d. Other (Specify) _____					
		\$			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 333,652	333,652		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility		License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC		940 C	9/30/2015	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. \$	987	987	
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)		\$	149,681	149,681	
c. Management Services**		\$			
d. Other (Specify) Supplies \$595; Diapers \$65,517		\$	66,112	66,112	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	216,780	216,780	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

All allocations should add to total recorded in 3E.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Maple View Manor of CT, LLC	940 C	9/30/2015	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	27,372	27,372		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
	Amt. \$				
c. Management Services*	\$				
d. Other (<i>Specify</i>)	\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	27,372	27,372		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from PCA	\$	228,944	228,944		
b. Medicine Cabinet Drugs	\$	10,416	10,416		
c. Medical and Therapeutic Supplies	\$	86,207	86,207		
d. Ambulance/Limousine***	\$	2,723	2,723		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	22,510	22,510		
f. X-rays and Related Radiological Procedures***	\$	21,095	21,095		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	19,688	19,688		
i. Recreation	\$	17,291	17,291		
j. Other (Specify)**** See Attached Schedule	\$	37,369	37,369		
5K. Total Resident Care Expenditures (5a - 5j)	\$	446,243	446,243		

* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Purchased Services- Nursing	\$ 3,341		
Equipment Rental- Nursing	\$ 8,439		
Equipment Rental- Rehabilitation Therapy and Ancilliary	\$ 15,320		
IV Therapy Supplies- Rehabilitation Therapy and Ancilliary	\$ 3,704		
Flu Vaccine- Medical Services	\$ 6,045		
Purchased Services- Nursing Admin	\$ 520		
Total Other Resident Care	\$ 37,369	\$ -	\$ -

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

Name of Facility Maple View Manor of CT, LLC			License No. 940 C		Report for Year Ended 9/30/2015			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	325 Chestnut Street, Philadelphia, PA 19103	<input type="radio"/>	<input checked="" type="radio"/>		Payroll	13,259			16	13
ADM Environmental Group	1370 Coney Island Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal/Recycling	21,605			22	6f
Med - Apparel Services	Mount Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry/Linen Services	35,873			19	3b
Unitex Textile Rental	Pkwy, Mount Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry/Linen Services	113,702			19	3b
Proline	PO Box 150473, Hartford CT 06145	<input checked="" type="radio"/>	<input type="radio"/>		Dietary R&M	11,045			18	2b
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Maple View Manor of CT, LLC	940 C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 38,231	38,231				
b. Heat	\$ 31,988	31,988				
c. Light & Power	\$ 82,597	82,597				
d. Water	\$ 32,402	32,402				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 9,665	9,665				
f. Other (<i>itemize</i>)	\$ 47,823	47,823				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 242,706	242,706				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 19,633	19,633				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 19,633	19,633				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 38,058	38,058				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 38,058	38,058				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,200,000	1,200,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 125,010	125,010				
c. Personal property taxes	\$ 4,397	4,397				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,387,098	1,387,098				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Supplies- Maintenance	\$ 13,904		
Purchased Services- Security	\$ 6,269		
Pest Control- Maintenance	\$ 3,191		
Carting- Maintenance	\$ 23,673		
Short Term Lease - Pitney Bowes Mailing Machine	\$ 786		
Total Other Repairs and Maintenance	\$ 47,823	\$ -	\$ -

Maple View Manor of CT, LLC
9/30/2015

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Building Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2014	Ice Maker	\$ 5,019	10	\$ 502
1/31/2015	2 Dell Optiplex Small	\$ 1,861	10	\$ 465
3/31/2015	Mattress-Signa APM	\$ 1,244	3	\$ 145
3/31/2015	Mattress-Signa APM	\$ 1,313	5	\$ 153
3/31/2015	Mattress-Signa APM	\$ 1,085	5	\$ 123
4/30/2015	Dell zoptiplex 3020	\$ 898	3	\$ 150
6/30/2015	Dell Optiplex 9020M	\$ 978	3	\$ 109
6/30/2015	Mattress-Signa APM	\$ 1,313	5	\$ 88
6/30/2015	Mattress-Signa APM	\$ 1,165	5	\$ 78
7/31/2015	Fujitsu Scanner	\$ 914	5	\$ 46
5/31/2015	4 Arm Chairs & 2 Sofas	\$ 7,923	12	\$ 275
8/31/2015	Dell Sonic Wall	\$ 1,390	3	\$ 77
8/31/2015	Dell Optiplex Minitow	\$ 809	3	\$ 45
9/30/2015	Motor for Convection Oven	\$ 994	10	\$ 8
9/30/2015	Food Blender	\$ 933	10	\$ 8
Total additions for Movable Equipment		\$ 27,839		\$ 2,272 *
Deletions:				
9/30/2015	Carpet Spotting	\$ 563	10	\$ 563
9/30/2015	Laserjet 4100	\$ 1,017	5	\$ 1,017
9/30/2015	Sales Tax-Comp/Tel	\$ 61	10	\$ 61
9/30/2015	Time Clock	\$ 1,798	5	\$ 1,798
9/30/2015	Wheelchair	\$ 863	5	\$ 863
9/30/2015	Computer	\$ 1,268	5	\$ 1,268
9/30/2015	Projector	\$ 871	5	\$ 871
9/30/2015	Pulse Oximeter	\$ 537	5	\$ 537
9/30/2015	Sonic Wall	\$ 2,870	5	\$ 2,870
9/30/2015	Server	\$ 691	5	\$ 691
9/30/2015	MME - NHCA	\$ 467	5	\$ 467
9/30/2015	Computer	\$ 871	5	\$ 871
9/30/2015	Server	\$ 18	5	\$ 18
9/30/2015	Beds	\$ 1,399	5	\$ 1,399
9/30/2015	Puriton Bennet Pulse Oximeter	\$ 1,100	5	\$ 1,100
9/30/2015	1.75 M.Interactive Bubcol.	\$ 1,823	5	\$ 1,823
9/30/2015	Sales Tax-Budget-1325.00	\$ 80	5	\$ 80
9/30/2015	Conveyor Toaster	\$ 825	5	\$ 825
9/30/2015	Salvajor Garbage Disposal	\$ 1,415	5	\$ 1,415
9/30/2015	Wireless Phone Installation	\$ 1,189	5	\$ 1,189
9/30/2015	Blender	\$ 892	5	\$ 892
9/30/2015	MME - NHCA	\$ 1,091	5	\$ 1,091
9/30/2015	Clipper self-contained	\$ 2,723	5	\$ 2,723
9/30/2015	Pulse oximeter	\$ 604	5	\$ 604
9/30/2015	Intel processor	\$ 1,005	5	\$ 1,005
9/30/2015	Pentium processor	\$ 1,111	5	\$ 1,111
9/30/2015	MME - NHCA	\$ 903	5	\$ 903
9/30/2015	Pulse oximeter	\$ 636	7	\$ 636
9/30/2015	Posture flow bed	\$ 1,038	7	\$ 1,038
9/30/2015	TV and VCR	\$ 868	7	\$ 868
9/30/2015	Fax machine	\$ 1,600	7	\$ 1,600
9/30/2015	Electric hospital beds	\$ 1,280	7	\$ 1,280
9/30/2015	Monitors, computer equipment	\$ 1,222	7	\$ 1,222
9/30/2015	Computers, printers	\$ 10,344	7	\$ 10,344
9/30/2015	MME - NHCA	\$ 10,512	7	\$ 10,512
9/30/2015	MME - 1996	\$ 12,099	7	\$ 12,099
9/30/2015	MME - 1997	\$ 2,740	7	\$ 2,740
9/30/2015	MME - 1998	\$ 27,122	7	\$ 27,122
9/30/2015	MME - 1999	\$ 6,585	7	\$ 6,585
9/30/2015	MME - NHCA - 1998	\$ 535	7	\$ 535
9/30/2015	Minitower Pentium	\$ 974	5	\$ 974
9/30/2015	MME - NHCA - 1999	\$ 1,200	7	\$ 1,200
9/30/2015	Computer - Pentium 4	\$ 958	5	\$ 958
9/30/2015	Framed artwork Passport Unit	\$ 2,375	5	\$ 2,375
9/30/2015	HP 4250 printer	\$ 885	5	\$ 885

9/30/2015	HP 3800N color printer	\$ 890	5	\$ 890
9/30/2015	Computer	\$ 986	5	\$ 986
9/30/2015	2 Printers	\$ 1,005	5	\$ 1,005
9/30/2015	4 Computers	\$ 3,915	5	\$ 3,915
9/30/2015	4 computers	\$ 3,932	5	\$ 3,932
9/30/2015	H&R Beds	\$ 6,095	5	\$ 6,095
9/30/2015	Generator Batteries	\$ 604	5	\$ 604
9/30/2015	Dell Computer OptiPlex Minitow	\$ 948	3	\$ 948
Total deletions for Movable Equipment		\$ 129,400		\$ 129,400

*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:				
12/31/2014	TACO Hot Water Pump	\$ 2,549	10	\$ 212
7/31/2015	Base Tank on Generator	\$ 24,329	20	\$ 304
7/31/2015	Generator Rental	\$ 3,884	20	\$ 49
7/31/2015	Generator Wiring	\$ 2,712	20	\$ 34
5/31/2015	Roofing-Section Replacement	\$ 13,500	10	\$ 563
7/31/2015	Sales Tax for asset addition	\$ 857	10	\$ 21
5/31/2015	Carpet	\$ 68,153	5	\$ 5,679
5/31/2015	Wall Covering	\$ 50,335	5	\$ 4,195
8/31/2015	Signage	\$ 7,668	5	\$ 256
7/31/2015	Generator Wiring	\$ 2,659	20	\$ 33
9/30/2015	Concrete Repairs & Renovations	\$ 15,000	15	\$ 83
9/30/2015	Sliding Door Control	\$ 3,771	10	\$ 31
Total additions for Leasehold Improvement		\$ 195,417		\$ 11,461
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Maple View Manor of CT, LLC			940 C		9/30/2015			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				538,650	351,458	SL	10	26,597	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				195,417		SL	5-20	11,461	
C-4. Subtotal									38,058
D. Total Amortization									38,058

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2015	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased	03/17/75			
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	120			
6. Square Footage	40,000			
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	06/15/00			
c. Interest Rate for the Cost Year	7.00%			
d. Term of Mortgage (number of years)	20			
e. Amount of Principal Borrowed	6,788,520			
f. Principal balance outstanding as of 9/30/2015	3,239,822			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

C. Expenditures Other Than Salaries (cont'd) - Interest

Name of Facility		License No.	Report for Year Ended		Page	of
Maple View Manor of CT, LLC		940 C	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

C. Expenditures Other Than Salaries (cont'd) - Interest and Insurance

Name of Facility		License No.		Report for Year Ended		Page	of
Maple View Manor of CT, LLC		940 C		9/30/2015		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$	6,424	6,424	
A. Item		Rate	Amount				
Equipment Lease		4.73%	2,023				
Lender							
M&T Bank							
Address of Lender							
B. Item		Rate	Amount				
Equipment Lease		4.43%	4,401				
Lender							
M&T Bank							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$	6,424	6,424	
12. D. Other Interest Expense (Specify)				\$	3,432	3,432	
Liability Insurance Financing Int. \$668; Property \$2,236 C							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	9,856	9,856	
14. Insurance							
a. Insurance on Property (buildings only)				\$	11,952	11,952	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	9,582	9,582	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	37,284	37,284	
Liability Insurance							
14d. Total Insurance Expenditures (14a + b + c)				\$	58,818	58,818	
15. Total All Expenditures (A-13 thru C-14)				\$	11,746,833	11,746,833	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC				940 C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.	10	12M	Salaries not related to Resident Care	\$ 14,946	14,946		
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 222	222		
6.	13	B10a	Occupational Therapy	\$ 412,063	412,063		
7.			Other - See attached Schedule	\$ 58,542	58,542		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 20,177	20,177		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,259	1,259		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 21,176	21,176		
19.	15	1j	Income Tax / Corporate Business Tax	\$ 250	250		
20.	16	m10	Fund Raising / Contributions	\$ 325	325		
21.	16	m12	Unallowable Management Fees	\$ 146,568	146,568		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 44,224	44,224		
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)				\$ 719,752	719,752		

* 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)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12	Therapy Consulting	\$ 985		
13	B2	Dentist	\$ 5,400		
13	B8a	Medical Director Over the Limit	\$ 33,512		
12	B12	Consulting fees - Nursing	\$ 18,645		
Total Other Fees Adjustments			\$ 58,542	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Gifts	\$ 4,184		
16	m13	Penalties	\$ 27		
16	m13	Bank Charges	\$ 24,642		
16	m13	Misc. Expenses	\$ 9,563		
16	m13	Crime Ins	\$ 801		
16	M8a	Chamber of Commerce	\$ 675		
15	1a3,4,5,7	Benefits on Salaries not Related to Resident Care	\$ 4,202		
16	m9	Newspaper Subscription	\$ 130		
Total Other A&G Adjustments			\$ 44,224	\$ -	\$ -

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	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 719,752	719,752		
Page 20 - Resident Care Supplies***							
27.	20	5a	Prescription Drugs	\$ 228,944	228,944		
28.	20	5d	Ambulance/Limousine	\$ 2,723	2,723		
29.	20	5f	X-rays, etc	\$ 21,095	21,095		
30.	20	5h	Laboratory	\$ 19,688	19,688		
31.	20	5c	Medical Supplies	\$ 3,539	3,539		
32.	20	5e2	Oxygen (non emergency)	\$ 22,510	22,510		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 46,931	46,931		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 2,944	2,944		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 4,488	4,488		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 1,072,614	1,072,614		

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Maple View Manor of CT, LLC
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies - Rehab Therapy and Ancillary	\$ 3,704		
20	5j	Equipment Rental - Rehab therapy and Ancillary	\$ 15,320		
20	5a2/b	Procure LTC of CT (disallowance of markups)	\$ 980		
20	5j	Equipment Rental - Nursing	\$ 8,439		
20	5j	Flu Vaccine	\$ 6,045		
20	5i	Cable TV Expense - Resident Rooms	\$ 12,443		
Total Other Ancillary Costs			\$ 46,931	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Disallowed Depreciation - TV's	\$ 1,700		
22	7d	Disallowed Depreciation - Mattresses	\$ 1,244		
Total Excess Movable Equipment Depreciation			\$ 2,944	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Miscellaneous Income (SCA Personal Care \$2,618; Medical Records \$310; Other \$9)	\$ 2,937		
30	IV5	Interest Income	\$ 355		
27	12D	Interest - Admin	\$ 1,196		
Total Other Adjustments			\$ 4,488	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Maple View Manor of CT, LLC	940 C	9/30/2015			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 12,064,738	12,064,738				
b. Medicaid Room and Board Contractual Allowance **	\$ (5,526,493)	(5,526,493)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,847,680	2,847,680				
b. Medicare Room and Board Contractual Allowance **	\$ 755,546	755,546				
4. a. Private-Pay Residents and Other	\$ 1,769,625	1,769,625				
b. Private-Pay Room and Board Contractual Allowance **	\$ (311,641)	(311,641)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 145,189	145,189				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (145,189)	(145,189)				
c. Prescription Drugs - Non-Medicare	\$ 86,945	86,945				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (86,945)	(86,945)				
2. a. Medical Supplies - Medicare	\$ (137)	(137)				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 624,393	624,393				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (498,049)	(498,049)				
c. Physical Therapy - Non-Medicare	\$ 135,751	135,751				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (134,611)	(134,611)				
4. a. Speech Therapy - Medicare	\$ 205,363	205,363				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (131,940)	(131,940)				
c. Speech Therapy - Non-Medicare	\$ 28,946	28,946				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (28,354)	(28,354)				
5. a. Occupational Therapy - Medicare	\$ 702,571	702,571				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (557,243)	(557,243)				
c. Occupational Therapy - Non-Medicare	\$ 145,254	145,254				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (144,376)	(144,376)				
6. a. Other (<i>Specify</i>) - Medicare	\$ (23)	(23)				
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,947,000	11,947,000				
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>)	\$ 355	355				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ (868)	(868)				
V. Total Other Revenue (1 thru 8)	\$ (513)	(513)				
VI. Total All Revenue (III +V)	\$ 11,946,487	11,946,487				

* 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, line II6a	Medicare Part A Contra Other	\$ (27,746)		
30, line II6a	Medicare Part A Lab	\$ 15,205		
30, line II6a	Medicare Part A X-Ray	\$ 12,518		
Total Other Resident Revenue - Medicare		\$ (23)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30, line II6b	Medicaid Contra Other	\$ (56)		
30, line II6b	Medicaid Lab	\$ 56		
30, line II6b	Comm Insurance Contra Other	\$ (9,628)		
30, line II6b	Comm Insurance Lab	\$ 4,427		
30, line II6b	Comm Insurance X-Ray	\$ 5,201		
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30, line IV5	Interest Income		\$ 355		
Total Interest Income			\$ 355	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30, line IV8	Prior Period Expense	\$ (16,040)		
30, line IV8	Miscellaneous Income (SCA Personal Care \$2,618; Medical records \$310; UHC \$12,315; Other Income \$9)	\$ 15,252		
30, line IV8	Sales Tax - Property	\$ (80)		
Total Other Revenue		\$ (868)	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC	940 C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	567,258
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,013,309
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	9,055
5. Prepaid Expenses			\$	120,368
a. Insurance	23,399			
b. Taxes (personal property, real estate, corp)	32,864			
c. Management fees	48,453			
d. Other	15,652			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	40,326
Patient Funds	40,326			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,750,316
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>734,067</u>		\$	344,551
	Accum. Depreciation <u>389,516</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>374,843</u>		\$	184,082
	Accum. Depreciation <u>190,761</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	160,885
Construction in Progress	160,885			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	689,518

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC	940 C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	2,439,834
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	4,479,109		
	Accum. Depreciation	_____	Net	\$ 4,479,109
4. Non-Movable Equipment				
	*Historical Cost	636,757		
	Accum. Depreciation	_____	Net	\$ 636,757
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	5,115,866
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
Bloomfield Healthcare Center of CT, LLC				
7. Other Assets (<i>itemize</i>)			\$	1,262,514
Security Deposits	11,826			
Due from Related Parties / Realty	1,050,688			
Due from Members	200,000			
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,262,514
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	8,818,214

* 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 9/30/2015	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	2,251,753
2. Notes Payable (<i>itemize</i>)				\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	55,170
Name of Lender		Purpose	Amount	Date Due	
M&T Bank		Equipment Leases	55,170	Through July 2019	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	464,363
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	963,348
State Assessment		189,159	Due to Related Parties	563,474	
Accounting Fees		28,700			
Accrued Expenses		141,689			
Patient Personal Funds		40,326			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	3,734,634

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2015		Page 34	of 37
Account				Amount	
Total Brought Forward:				3,734,634	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	194,543
Name of Lender	Purpose	Amount	Date Due		
M&T Bank	Equipment Leases	194,543	Through July 2019		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	194,543
C. Total All Liabilities (Lines A-13 + B-5)				\$	3,929,177

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

Name of Facility	License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC	940 C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	4,479,109
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	636,757
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	5,115,866
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(426,483)
6. Gain or Loss for Period			\$	199,654
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	(226,829)
C. Total Reserves and Net Worth			\$	4,889,037
D. Total Liabilities, Reserves, and Net Worth			\$	8,818,214

H. Changes in Total Net Worth

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2015	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(328,265)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	11,946,487
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	11,746,833
D. Net Income or Deficit			\$	199,654
E. Balance			\$	(128,611)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Corporate Tax Refund				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	85,000
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
Bloomfield H.C Center			85,000	
2. Other Withdrawings (<i>Specify</i>)			\$	13,218
Purpose		Amount		
Commissioner of Revenue		13,218		
3. Total Deductions			\$	98,218
H. Balance at End of Period			\$	(226,829)
09/30/15				

I. Preparer's/Reviewer's Certification

Name of Facility Maple View Manor of CT, LLC		License No. 940 C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer <i>Blum, Shapiro & Company, P.C.</i>		Title <i>P.C.</i>		Date Signed <i>2/5/16</i>	
Printed Name of Preparer Blum Shapiro & Co					
Address Address 29 South Main Street, West Hartford, CT 06127				Phone Number 860-561-4000	