

February 11, 2019

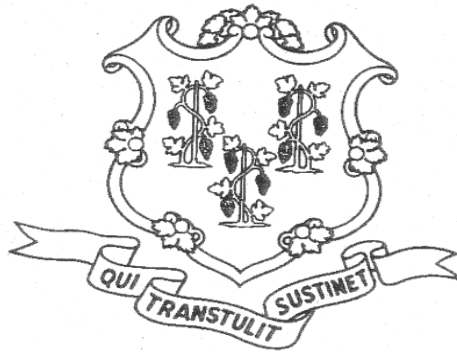
Mr. Chris LaVigne, Director
Office of Reimbursement and CON
Department of Social Services
55 Farmington Ave
Hartford, CT 06105

Dear Chris:

Enclosed please find the 2018 Medicaid Cost Report for Maplevue Manor of Connecticut, LLC.

In preparing this cost report, we did not perform any disallowances for the administrator salary expense or dues expense in excess of the limits for each prescribed by your department. We also did not perform any disallowances related to physical therapy and speech therapy, which were paid for by entities other than the Medicaid Program. Further, we did not disallow any depreciation or interest expense in excess of amounts previously approved via Certificate of Need or related to any prior state desk review or field audits. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We believe this preparation methodology is in compliance with any rules and regulations of your department and the federal government.

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

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 10/1/2017	Report for Year Ending 9/30/2018

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

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

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General Information

Name of Facility (as licensed) Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2018	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, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Lewis Abramson			Printed Name (Owner) Marvin J. Ostreicher		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Maple View Manor of CT, LLC	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 856 Maple Street, Rocky Hill, CT 06067				
Report Prepared By Blum, Shapiro & Company, P.C.	Phone Number 203-944-2100	Date 2/11/2019		
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 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Maple View Manor of CT, LLC		Address (No. & Street, City, State, Zip) 856 Maple Street, Rocky Hill, CT 06067		
License Numbers:	CCNH 940 C	RHNS (Specify)	Medicare Provider No. 07-5238	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Lewis Abramson		Nursing Home Administrator's License No.:	000692	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Related Parties***

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2018	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 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.
 ** 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 9/30/2018	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	45%	PT,OT,ST Services/Consulting	13 5a,9a,10a,12	925,007	906,514
NOA Diagnostics	6851 Jericho Turnpike, Suite 150, Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	63%	Radiology	20 5f	13,112	12,246
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Health Insurance Trust***	15 1a5	712,787	712,787
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Consulting Fees	16 m13	5,105	5,105
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 m12	524,403	524,403
850 Silas Deane	850 Silas Deane Highway, Wethersfield, CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent, Other Expense	16 m12	1,740	1,740
20Sunrise	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent, Other Expense	16 m12	15,581	15,581
Mapleview Realty	856 Maple Street, Rocky Hill, CT 06067	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent	22 9	504,000	504,000
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Interest Expense	27 2d	2,752	2,752
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Bank Transactions	16 m13	22,642	22,642
Procure LTC Pharmacy of CT LLC	1492 Highland Ave Chesire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%	Drugs	13/20 b12,13/5a2,b	214,157	199,643

* Use additional sheets if necessary.

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

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

**General Information and Questionnaire
Related Parties***

Name of Facility Maple View Manor of CT, LLC		License No. 940 C	Report for Year Ended 9/30/2018		Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.		
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	%**				
Bloomfield Health Care Center of CT, LLC	355 Park Avenue, Bloomfield, CT 06002	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	32 D7	1,420,474	1,420,474
The Hebrew Home Center for Health & Rehabilitation	1 Abrahms Boulevard, West Hartford, CT 06117, USA	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31 A8	19,334	19,334
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31 A8	68,168	68,168
Marvin J. Ostreicher	184 Wildacre Avenue, Lawrence, NY 11559	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related (Member Loan)	32 D7	200,000	200,000
Harbor Hill Care Center, Inc.	111 Church Street, Middletown, CT 06457	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31 A8	17,900	17,900
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Accounts payable	33 A1	1,127,293	1,127,293
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, CT 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	45%	Due to Related	33 A12	487,802	487,802
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	63%	Due to Related	33 A12	2,347	2,347
Riverside Health Care Center, Inc.	745 Main Street, East Hartford, CT 06108	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33 A12	53,427	53,427
Maple View Manor Health Care Realty of CT, LLC	856 Maple Street, Rocky Hill, CT 06067	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Realty	33 A12	41,882	41,882
Milford Health Care Center, Inc.	195 Platt Street, Milford, CT 06460	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33 A12	6,173	6,173
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related (Debt)	33/34 A12/B4	101,528	101,528
Procure LTC Pharmacy of CT	1492 Highland Avenue, Cheshire, CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%	Due to Related	33 A12	103,668	103,668
Procure LTC Pharmacy of MA	155 Northboro Road, STE 4 Southborough, MA 01772	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%	Due to Related	33 A12	6,192	6,192

* Use additional sheets if necessary.

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

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2018	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data. Shared expenses allocated by bed size or geographic territory. See page 17 attachment.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
N/A				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Maple View Manor of CT, LLC			License No. 940 C	Report for Year Ended 9/30/2018			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Reliable Health Systems - 2010 Nostrand Ave, Brooklyn, NY	<input type="radio"/>	<input checked="" type="radio"/>	Computer Software	10/1/2008 / Ongoing	60 Months	2,930	2,930	
Wescom Solutions, PO Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>	Computer Software	08/01/16	Ongoing	28,173	28,173	
Leaf - P.O. Box 644006, Cincinnati, OH 45264 Contract # 100-1200137-002	<input type="radio"/>	<input checked="" type="radio"/>	Copier	02/01/16	39 months	4,234	4,234	
Nissan Motor Acceptance Corp. - PO Box 371447 Pittsburgh PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	Automobile - Administrator transferred from Hebrew Home	08/22/15	36 months	4,428	4,059	
Leaf - P.O. Box 644006, Cincinnati, OH 45264 Contract # 100-1200137-002	<input type="radio"/>	<input checked="" type="radio"/>	Copier	11/01/17	39 months	1,562	1,562	
	<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
Total ***							40,958	

* 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.



LEASE AGREEMENT

1720A Crete Street, Moberly, MO 65270
Phone: 800-662-3759, Fax: 800-426-2626

LESSEE LEGAL NAME: Maple View Manor Inc
Tax ID#: 223619631
Telephone No: 8605632861
Billing Address: 856 MAPLE ST, ROCKY HILL, CT 06067
Equipment Location (if other than Billing Address): 856 Maple Street, Rocky Hill, CT 06062

EQUIPMENT DESCRIPTION: (indicate quantity, new or used and include make, model, serial # and all attachments - see below and/or attached Schedule A)
Table with columns: Unit Quantity, Description of Equipment Leased, Make and Type, Model Number, Serial Number

Table with columns: BASE TERM IN MONTHS (39), TOTAL NUMBER OF LEASE PAYMENTS (39 @ \$144.60), END OF LEASE PURCHASE OPTION (Fair market value, plus taxes), and various fees (Advance Payment, Security Deposit, Documentation Fee, Total due).

**If more than one lease payment is required as an Advance Payment, the balance will be applied to lease payments in inverse order, starting with the last lease payment. Your obligation to pay all amounts and perform all other obligations is non-cancellable, absolute, unconditional and not subject to abatement, set-off or defense.

TERMS AND CONDITIONS

In this agreement ("Lease"), "we," "our," and "us" refers to LEAF Capital Funding, LLC as Lessor and "you" and "your" refer to the Lessee. You agree to lease the Equipment upon the following terms and conditions:
1. LEASE PAYMENTS AND TERM: The Lease is enforceable on you upon your execution. The term of the Lease shall commence on the date the Equipment is delivered to you ("Lease Commencement Date").
2. DELIVERY, ACCEPTANCE, USE AND REPAIR: You are responsible for Equipment delivery and installation. You unconditionally accept the Equipment upon the earlier of (a) your oral or written acceptance of the Equipment, or (b) 10 days after delivery of the Equipment.
3. INDEMNIFICATION: You agree to indemnify, defend and hold us harmless from and against any losses, damages, penalties, claims and suits, including attorneys' fees and expenses related to the ordering, manufacture, installation, ownership, condition, use, lease, possession, delivery or return of Equipment.
4. LEASE EXPIRATION, RENEWAL: Unless you notify us at least 90 days prior to the expiration of the Lease of your election to return or purchase the Equipment, this Lease will renew on a month-to-month basis at the same monthly Lease Payment until you either exercise the purchase option or provide us with at least 90 days notice and return the Equipment.
5. LATE FEES AND CHARGES: If any amount is not paid within three (3) days of when due, you agree to pay us a late charge equal to the lesser of 10% of the amount past due or the maximum legal amount.
6. NO WARRANTY: We do not manufacture the Equipment and you have selected the Equipment and the supplier. WE MAKE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING THOSE OF MERCHANTABILITY OR FITNESS FOR A PURPOSE AND ARE NOT RESPONSIBLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES.
7. INSURANCE, RISK OF LOSS: You bear all risk of loss or damage to the Equipment from its order until it is returned in the required condition or purchased by you ("Risk Period").
8. OWNERSHIP AND TAXES: We own the Equipment (excluding licensed software). If you are deemed to own it, you grant us a security interest in the Equipment.
9. DEFAULT: If you or any guarantor do not pay us any amount within ten (10) days of its due date, or breach any terms of this Lease, any guaranty or any license relating to the Equipment, you will be in default.
10. ASSIGNMENT: You have no right to sell or assign the Equipment or Lease.
11. ARTICLE 2A: You agree this Lease is a "finance lease" as defined in Article 2A of the Uniform Commercial Code.
12. CREDIT INFORMATION: You authorize us or any of our affiliates to obtain credit bureau reports, and make other credit inquiries that we deem necessary.
13. CHOICE OF LAW: THIS LEASE WILL BE GOVERNED BY PENNSYLVANIA LAW. YOU CONSENT TO JURISDICTION IN THE STATE OR FEDERAL COURTS IN PENNSYLVANIA AND WAIVE ANY RIGHT TO A TRIAL BY JURY.
14. MISCELLANEOUS: This Lease is the parties' entire agreement and can be amended only in writing signed by both parties.

ACCEPTED BY LESSEE: Maple View Manor inc
Print Name: Michael Bohan
Title: Purchasing
Date: 11/4/17
Lessee Authorized Signature

PERSONAL GUARANTY: Undersigned guarantees that Lessee will make all payments and perform all other obligations under the Lease when due. Undersigned agrees that this is a guaranty of payment and not of collection, and that we can proceed directly against undersigned without first proceeding against Lessee or the Equipment. Undersigned also waives all suretyship defenses and notification if the Lessee is in default and consents to any extensions or modifications granted to Lessee. Undersigned will pay us all expenses (including attorneys' fees) we incur in enforcing our rights against undersigned or Lessee. If more than one person signs this guaranty, each agrees that his/her liability is joint and several. Undersigned authorizes us and our affiliates to obtain credit bureau reports and make inquiries regarding undersigned's personal credit. You consent to jurisdiction in the State or Federal courts in Pennsylvania and expressly waive any right to a trial by jury.

SIGNED X
Print Name:
E-Mail Address:
Accepted by: LEAF Capital Funding, LLC By:
Title:
Date:



**SCHEDULE A TO LEASE AGREEMENT
(EQUIPMENT DESCRIPTION)**

Lease Application No.: **427079**

QNT	Equipment Description	New/Used	Make	Model	Serial Number
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Location: 856 Maple Street, Rocky Hill, CT 06062

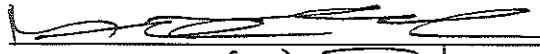
1 Toshiba E-Studio 3508A

New

E-Studio 3508A

LESSEE: Maple View Manor Inc

LEAF CAPITAL FUNDING, LLC

BY: 

BY: _____

PRINT NAME: Michael Boken

PRINT NAME: _____

TITLE: Purchasing

TITLE: _____

DATE: 12/14/12

DATE: _____

General Information and Questionnaire
Accounting Basis

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2018	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 & Company, P.C. 2 3 4	Address (No. & Street, City, State, Zip Code)
---	---

Services Provided by This Firm (*describe fully*)

1	Compilation, preparation of Medicare and Medicaid cost reports, HUD audit of realty entity, and year end tax services	\$	31,355
2		\$	
3		\$	
4		\$	
			Charge for Services Provided
			\$ 31,355

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 See attachment 2 3 4 5	Telephone Number
--	------------------

Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1	See attachment	\$	26,316
2		\$	
3		\$	
4		\$	
5		\$	
			Charge for Services Provided
			\$ 26,316

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

General Information and Questionnaire
Accounting Basis

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2018	Page 7	of 37
Legal Services Information				
Name of Legal Firm or Independent Attorney		Telephone Number		
1	Jackson Lewis P.C.	914-872-8060		
2	Berchem Moses P.C.	203-783-1200		
3	Murtha Cullina, LLP	860-240-6000		
4	State of CT Treasurer	860-702-3000		
5	Dinardi, Frank			
6	Goldman Gruder & Wood	203-899-8900		
Address (<i>No. & Street, City, State, Zip Code</i>)				
1	44 South Broadway, 14th Floor, White Plains, NY 10601			
2	75 Broad Street, Milford, CT 06460			
3	P.O. Box 150435, Hartford, CT 06115-0435			
4	55 Elm Street, Hartford, CT 06106			
5				
6	200 Connecticut Avenue, Norwalk, CT 06854			
Services Provided by This Firm (<i>describe fully</i>)				
1	Labor		\$	599
2	Labor		\$	583
3	Administration - Disallow		\$	7,943
4	Non - Reimbursable - Disallow		\$	906
5	Non - Reimbursable - Disallow		\$	165
6	Collections - Disallow		\$	16,120
			Charge for Services Provided	
			\$ 26,316	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Page 15 line 1e				

Schedule of Resident Statistics

Name of Facility Maple View Manor of CT, LLC			License No. 940 C		Report for Year Ended 9/30/2018				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	106	106			106	106			111	111		
B. As of midnight of THIS report period	109	109			111	111			109	109		
3. Total Number of Days Care Provided During Period												
A. Medicare	5,187	5,187			4,174	4,174			1,013	1,013		
B. Medicaid (Conn.)	31,072	31,072			23,026	23,026			8,046	8,046		
C. Medicaid (other states)												
D. Private Pay	3,866	3,866			2,736	2,736			1,130	1,130		
E. State SSI for RCH												
F. Other (Specify) Managed Care	91	91			81	81			10	10		
G. Total Care Days During Period (3A thru F)	40,216	40,216			30,017	30,017			10,199	10,199		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	22	22			22	22						
B. Other Bed Reserve Days	27	27			13	13			14	14		
5. Total Resident Days (3G + 4A + 4B)	40,265	40,265			30,052	30,052			10,213	10,213		

Schedule of Resident Statistics (Cont'd)

Name of Facility Maple View Manor of CT, LLC			License No. 940 C			Report for Year Ended 9/30/2018			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	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	9	90				10							
Per Diem Rate													
a. One bed rm.	PPS		221.30			463.00							
b. Two bed rms.	PPS		221.30			420.00							
c. Three or more bed rms.	PPS												
7. Total Number of Physical Therapy Treatments													
A. Medicare - Part B									TOTAL	CCNH	RHNS	(Specify)	
B. Medicaid (Exclusive of Part B)									8,928	8,928			
1. Maintenance Treatments													
2. Restorative Treatments									395	395			
C. Other									12,970	12,970			
D. Total Physical Therapy Treatments									22,293	22,293			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									1,071	1,071			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									96	96			
C. Other									1,429	1,429			
D. Total Speech Therapy Treatments									2,596	2,596			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									8,527	8,527			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									382	382			
C. Other									12,514	12,514			
D. Total Occupational Therapy Treatments									21,423	21,423			

Report of Expenditures - Salaries & Wages

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2018	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)		52				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	157,426	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	199,274	9,560				
5. Dietary Service						
a. Head Dietitian	24,472	740				
b. Food Service Supervisor	53,090	1,936				
c. Dietary Workers	411,641	23,319				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	290,413	17,616				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	60,681	2,112				
b. Other Maintenance Workers	39,155	2,175				
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	189,789	3,930				
b. RN						
1. Direct Care	517,482	12,936				
2. Administrative**	215,764	5,292				
c. LPN						
1. Direct Care	1,021,481	35,061				
2. Administrative**						
d. Aides and Attendants	1,743,640	102,770				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	173,204	8,481				
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	138,848	4,274				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	5,236,360	232,334				

* 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
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Consulting Fees - Nursing	\$ 14,229	Disallowed				
Consulting Fees - Rehabilitation Therapy & Ancillary	\$ 9,167	Disallowed				
Total	\$ 23,396	Disallowed	\$ -	-	\$ -	-

**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	9/30/2018				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 Avenue, Lawrence, NY 11559				Same as employees	Supervises operation, deals with DNS & financial mgmt.	52	Page 16 / m13	See attached		
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

MARVIN J. OSTREICHER- OWNER
 TIME STUDY
 YEAR END SEPTEMBER 30, 2018

	BEDS	Total w/ Bnft
Augusta	72	45.19
Belair	102	50.90
Bethel	161	57.21
Bloomfield	120	53.32
Brattleboro	80	47.05
Brentwood	78	45.83
Brewer	111	53.11
Bristol	132	52.61
Cambridge	160	60.60
Catskill	136	55.04
Colony	92	51.58
Country	111	56.86
Dover	112	53.47
Eastside	69	46.37
Eliot	114	53.93
Glen Falls	120	53.32
Huntington	320	72.22
Kennebunk	78	50.58
Hebrew Home	257	75.23
Ludlowe	144	57.39
Maple View	120	52.32
Marlborough	120	50.32
Maywood	120	57.57
Milford	120	51.07
Newton Wellseley	110	51.76
Norway	70	46.23
Poughkeepsie	200	59.88
Regency	130	50.89
Reservoir	144	65.64
Riverside	345	74.64
Rutland	125	51.36
Sachem	111	49.36
Sands Point	180	61.74
Utica	117	46.00
Village Crest	95	51.40
Water's Edge	150	57.53
Westgate	104	49.61
Winship	72	45.44
Total	5,002	2,064.62
Vacation		
Sick		
Personal		
Holiday		
Total		

**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	9/30/2018			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Lewis Abramson	157,426			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.

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	940 C	9/30/2018	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	7,613	Disallowed				
3. Pharmacist	11,064	Disallowed				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	409,661	8,390				
b. Other						
6. Social Worker	72,761	2,910				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	41,456	291				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	37	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	100,149	1,619				
b. Other						
10. Occupational Therapist						
a. Resident Care	409,905	7,249				
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	23,396	Disallowed				
B-13 Total Fees Paid in Lieu of Salaries	1,076,042	20,459				

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

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

Report of Expenditures
Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility Maple View Manor of CT, LLC		License No. 940 C	Report for Year Ended 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Goldon Holders DDS - 971 Marshall Phelps Road, Windsor, CT 06095	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Gerident Solution LLC. - P.O. Box 290539, Wethersfield, CT 06129-0539	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Procare LTC of CT - 111 Executive Boulevard, Farmingdale, NY 11735	Pharmacy, Consulting Fees- Nursing	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Preferred Therapy Solutions - 850 Silas Deane Highway, 2nd Fl, Wethersfield, CT 06108	PT, OT, ST, Consulting Fees- Rehab Therapy & Ancillary	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Dr. Santo Buccheri - 357 Frankin Avenue, Hartford, CT 06114	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Josephine Contrin, M.D. LLC - 78 Beaver Road, Suite 1A, Wethersfield, CT 06109	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
MassTex Imaging - 3 Electronics Avenue, #201 Danvers, MA 01923-1099	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Arrhythmia Consultants - 1000 Asylum Avenue, Suite 3206, Hartford, CT 06105-1702	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>		
Riverside Health and Rehabilitation - 745 Main Street, East Hartford, CT 06108	Social Worker	<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"/>		
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		<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	940 C	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 294,770	294,770		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 61,008	61,008		
4. Social Security (F.I.C.A.)	\$ 398,170	398,170		
5. Health Insurance	\$ 713,631	713,631		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 22,408	22,408		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 31,355	31,355		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 26,316	26,316		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 15,948	15,948		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 23,502	23,502		
2. Cellular Phones	\$ 4,190	4,190		
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	\$ 737,340	737,340		
Subtotal	\$ 2,328,888	2,328,888		

* 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	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
<i>Subtotals Brought Forward:</i>	2,328,888	2,328,888			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 3,400	3,400			
3. Gifts to Staff and Residents	\$ 9,673	9,673			
4. Employee Travel	\$ 1,880	1,880			
5. Education Expenses Related to Seminars and Conventions	\$ 475	475			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 457	457			
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	\$ 34,715	34,715			
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	\$ 4,169	4,169			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 8,979	8,979			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 675	675			
9. Subscriptions	\$ 8,493	8,493			
10. Contributions*** See Attached Schedule	\$ 1,350	1,350			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$ 541,725	541,725			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 164,681	164,681			
<i>C-14 Total Administrative & General Expenditures</i>	\$ 3,109,560	3,109,560			

* 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 - Disallowed	\$ 28,113		
Promotional Advertising - Administration - Disallowed	\$ 6,602		
Total Other Advertising	\$ 34,715	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CACHF	\$ 8,889		
BJ's Membership	\$ 50		
Infection Control Nurses of CT	\$ 40		
Total Dues	\$ 8,979	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Political Contributions - Disallowed	\$ 1,350		
Total Contributions	\$ 1,350	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Consulting Fees - Administration	\$ 5,105		
IT Services - Administration	\$ 54,450		
Purchased Services - Administrative Staff	\$ 20,800		
Purchased Services - Fiscal Operations	\$ 26,526		
Licenses and Permits - Administration	\$ 2,325		
Bank Charges - Administration - Disallowed	\$ 34,757		
Crime Insurance - Disallowed	\$ 3,797		
Background Check - Administration	\$ 4,206		
Miscellaneous Expense - Administration - Disallowed	\$ 5,260		
Prior Period Expense - Disallowed	\$ 7,455		
Total Other Administrative and General	\$ 164,681	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC	940 C	9/30/2018	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.	541,725	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.**

Start Date: 10/1/2017
 End Date: 9/30/2018

	0101	0102	0103	0104	0105	0106	0107	0108	0109	0110	0112
	Bloomfield	Bristol	Cambridge	Ludlowe	Maple View Manor	Marlborough	Milford	New Milford	Regency	Riverside	Water's Edge
Beds	90	132	160	144	120	90	120	95	130	345	150
Bed %	1.78%	2.60%	3.16%	2.84%	2.37%	1.78%	2.37%	1.87%	2.56%	6.80%	2.96%
300001-0000-00-000-0	TROY Shared Cost	(1,943.94)	(2,742.10)	(3,324.01)	(2,991.65)	(2,493.45)	(1,943.94)	(2,493.45)	(1,973.65)	(7,167.87)	(3,116.89)
391500-0000-00-000-0	Misc. Other Income-Nat. Mgmt. - - -	(1.81)	(2.65)	(3.21)	(2.89)	(2.41)	(1.81)	(2.41)	(1.91)	(6.92)	(2.61)
400000-0000-00-000-0	Salary-National Healthcare Management - - -	264,999.02	364,469.85	441,813.25	397,631.70	331,394.61	264,999.02	331,394.61	262,318.45	358,952.32	952,686.82
401000-0000-04-000-0	FICA-National Healthcare Management-Fiscal Oper - -	17,230.93	23,620.40	28,632.84	25,769.50	21,476.78	17,230.93	21,476.78	17,000.17	23,262.74	61,741.11
401100-0000-04-000-0	FUI-National Healthcare Management-Fiscal Oper - -	122.65	176.14	213.50	192.18	160.15	122.65	160.15	126.74	173.47	460.40
401200-0000-04-000-0	SUI-National Healthcare Management-Fiscal Oper - -	925.43	1,370.82	1,661.73	1,495.53	1,246.47	925.43	1,246.47	986.69	1,350.09	3,583.22
401201-0000-00-000-0	SUI - NY-National Healthcare Management - - -	99.64	109.61	132.86	119.58	99.64	99.64	78.87	107.94	286.49	124.56
401250-0000-00-000-0	NY MTA Tax-Nat. Mgmt. - - -	513.04	687.23	833.06	749.74	624.88	513.04	624.88	494.61	676.82	1,796.39
401300-0000-04-000-0	Health Insurance-National Healthcare-Fiscal Op - -	23,804.70	32,374.53	39,244.43	35,320.56	29,437.89	23,804.70	29,437.89	23,300.86	31,884.16	84,625.87
401400-0000-04-000-0	Workers Compensation-National Health-Fiscal Op - -	(77.84)	168.85	204.88	184.32	153.83	(77.84)	153.83	121.79	166.50	441.80
401600-0000-04-000-0	Disability Expense-National Healthca-Fiscal Op - -	(2.29)	(2.52)	(3.05)	(2.75)	(2.29)	(2.29)	(2.29)	(1.81)	(2.48)	(6.58)
401700-0000-04-000-0	Pension-National Healthcare Managem-Fiscal Op - -	3,611.35	5,295.00	6,418.82	5,776.89	4,815.09	3,611.35	4,815.09	3,811.31	5,215.02	13,841.42
401800-0000-04-000-0	Employee Benefits - Other-National H-Fiscal Op - -	765.51	962.82	1,166.99	1,050.39	875.37	765.51	875.37	692.88	948.16	2,516.49
402000-0000-04-000-0	Holiday Expense-National Healthcare -Fiscal Op - -	1,470.14	1,623.17	1,967.41	1,770.81	1,475.56	1,470.14	1,475.56	1,167.93	1,598.36	4,242.47
410000-0000-04-000-0	Supplies-National Healthcare Managem-Fiscal Op - -	1,113.16	1,446.66	1,753.81	1,578.28	1,315.29	1,113.16	1,315.29	1,041.26	1,424.67	3,781.51
410000-0000-08-000-0	Supplies-National Healthcare Managem-Maintenan - -	0.20	0.30	0.36	0.32	0.27	0.20	0.27	0.21	0.29	0.78
410000-0000-09-000-0	Supplies-National Healthcare Managem-Housekeep - -	18.93	26.69	32.38	29.13	24.28	18.93	24.28	19.20	26.30	69.81
411000-0000-04-000-0	Food-National Healthcare Management-Fiscal Oper - -	20.06	27.04	32.78	29.51	24.59	20.06	24.59	19.45	26.63	70.67
431000-0000-04-000-0	Consulting Fees-National Healthcare -Fiscal Op - -	3,349.05	4,263.06	5,167.60	4,650.98	3,876.11	3,349.05	3,876.11	3,068.01	4,198.32	11,143.22
432000-0000-03-000-0	Accounting Fees-National Healthcare -Administ - -	323.10	465.10	563.72	507.39	422.91	323.10	422.91	334.74	458.02	1,215.68
433000-0000-03-000-0	Legal Fees-National Healthcare Manag-Administ - -	24,519.09	33,704.09	40,856.21	36,771.08	30,647.18	24,519.09	30,647.18	24,257.98	33,193.69	88,101.52
433100-0000-03-000-0	Legal Fees - Labor-National Healthca-Administ - -	(20.11)	(29.49)	(35.75)	(32.18)	(26.82)	(20.11)	(26.82)	(21.23)	(29.05)	(77.09)
433300-0000-03-000-0	Legal Fees - Non-reimbursa-National -Administ - -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
440000-0000-03-000-0	Purch Services-National Healthcare M-Administ - -	8,110.46	10,634.36	12,890.41	11,601.74	9,669.40	8,110.46	9,669.40	7,653.29	10,473.00	27,796.95
440000-0000-08-000-0	Purch Services-National Healthcare M-Maintenan - -	3,689.99	4,657.05	5,645.05	5,080.76	4,234.32	3,689.99	4,234.32	3,351.62	4,586.36	12,172.96
440000-0000-09-000-0	Purch Services-National Healthcare M-Housekeep - -	550.95	707.55	857.74	771.99	643.33	550.95	643.33	509.19	696.80	1,849.61
440000-0000-12-000-0	Purch Services-National Healthcare Ma-Security - -	3.49	3.83	4.65	4.18	3.49	3.49	3.49	2.76	3.78	10.03
440001-0000-08-000-0	Ground Services-Nat. Mgmt.-Maintenance - -	18.23	25.09	30.45	27.37	22.84	18.23	22.84	18.05	24.71	65.63
441000-0000-03-000-0	Computer Expense-National Healthcare-Administ - -	9,602.89	13,073.52	15,847.76	14,263.11	11,887.53	9,602.89	11,887.53	9,409.41	12,875.56	34,173.29
452000-0000-25-000-0	Equipment Rental-National Healthcare-Fiscal Op - -	2,319.41	3,138.88	3,804.96	3,424.55	2,854.12	2,319.41	2,854.12	2,259.02	3,091.35	8,204.98
461000-0000-03-000-0	Telephone-National Healthcare Manage-Administ - -	2,817.94	3,819.97	4,630.55	4,167.56	3,473.48	2,817.94	3,473.48	2,749.31	3,762.17	9,985.33
461100-0000-03-000-0	Telephone - Cell-National Healthcare-Administ - -	1,536.11	2,072.18	2,511.95	2,260.77	1,884.24	1,536.11	1,884.24	1,491.39	2,040.77	5,416.67
462000-0000-25-000-0	Electric-National Healthcare Managem-Property - -	1,837.33	2,467.33	2,990.89	2,691.80	2,243.49	1,837.33	2,243.49	1,775.81	2,429.96	6,449.47
463000-0000-25-000-0	Gas-National Healthcare Management-Property - -	305.79	428.06	518.92	467.02	389.27	305.79	389.27	308.12	421.60	1,118.98
466000-0000-25-000-0	Water-National Healthcare Management-Property - -	132.24	179.75	217.90	196.11	163.47	132.24	163.47	129.35	177.04	469.89
471000-0000-25-000-0	Rent-National Healthcare Management-Property - -	14,794.21	19,905.81	24,129.69	21,717.14	18,100.00	14,794.21	18,100.00	14,326.56	19,604.14	52,032.82
472000-0000-25-000-0	Personal Property Taxes-National Hea-Fiscal Op - -	820.78	1,099.95	1,333.33	1,199.88	1,000.03	820.78	1,000.03	791.68	1,083.24	2,875.08
473000-0000-25-000-0	Real Estate Taxes-National Healthcar-Fiscal Op - -	(716.91)	(780.76)	(946.34)	(851.77)	(709.74)	(716.91)	(709.74)	(561.77)	(768.82)	(2,040.66)
484000-0000-04-000-0	Amort Exp - LHI-National Healthcare -Fiscal Op - -	582.08	940.32	1,139.91	1,025.95	855.15	582.08	855.15	676.88	926.15	2,458.10
486000-0000-04-000-0	Dep Exp - Moveable Equip-National He-Fiscal Op - -	8,998.22	12,011.33	14,559.99	13,104.26	10,921.61	8,998.22	10,921.61	8,644.68	11,829.25	31,396.88
491000-0000-03-000-0	Dues and Subscriptions-National Hea-Administ - -	392.70	526.60	638.32	574.53	478.78	392.70	478.78	379.01	518.58	1,376.35
500000-0000-03-000-0	Licenses and Permits-National Health-Administ - -	123.38	176.67	214.25	192.80	160.69	123.38	160.69	127.18	174.03	461.97
501000-0000-03-000-0	Advertising Employment-National Hea-Administ - -	5,150.47	6,788.98	8,229.43	7,406.65	6,172.94	5,150.47	6,172.94	4,886.01	6,685.99	17,745.85
501100-0000-03-000-0	Advertising Promotional-National Hea-Administ - -	6,954.58	8,856.77	10,735.89	9,662.06	8,051.97	6,954.58	8,051.97	6,373.80	8,722.33	23,149.01
503000-0000-03-000-0	Interest-National Healthcare Management-Administ - -	895.38	1,098.38	1,331.31	1,198.33	998.60	895.38	998.60	790.44	1,081.65	2,871.00
503600-0000-03-000-0	Bank Charges-Nat. Mgmt.-Administration - -	757.75	1,056.89	1,281.21	1,153.05	961.02	757.75	961.02	760.70	1,040.90	2,762.72
504000-0000-03-000-0	Postage-National Healthcare Managem-Administ - -	939.48	1,285.69	1,558.48	1,402.60	1,168.99	939.48	1,168.99	925.33	1,266.22	3,360.57
509000-0000-03-000-0	Seminars-National Healthcare Managem-Administ - -	592.62	822.89	997.58	897.78	748.24	592.62	748.24	592.26	810.47	2,151.03
510000-0000-03-000-0	Liability Insurance-National Healthc-Administ - -	1,518.24	2,077.00	2,517.78	2,266.01	1,888.66	1,518.24	1,888.66	1,494.90	2,045.59	5,429.23
511000-0000-03-000-0	Auto Insurance-National Healthcare M-Administ - -	996.03	1,333.80	1,616.83	1,455.12	1,212.80	996.03	1,212.80	959.97	1,313.58	3,486.44
512000-0000-03-000-0	Umbrella Insurance-National Healthca-Administ - -	(442.70)	(430.00)	(521.18)	(469.13)	(390.86)	(442.70)	(390.86)	(309.32)	(423.38)	(1,123.82)
513000-0000-03-000-0	Crime Insurance-National Healthcare -Administ - -	947.46	1,166.02	1,413.38	1,272.10	1,060.18	947.46	1,060.18	839.13	1,148.33	3,047.81
517000-0000-03-000-0	Wor' kmans Comp Insurance-National	278.49	306.35	371.32	334.21	278.49	278.49	278.49	220.42	301.67	800.70
520000-0000-03-000-0	Auto Expense-National Healthcare Man-Administ - -	530.80	907.18	1,099.76	989.67	825.02	530.80	825.02	653.07	893.56	2,371.43
520100-0000-03-000-0	Auto Lease Expense-National Healthca-Administ - -	2,720.79	3,695.41	4,479.70	4,031.69	3,360.32	2,720.79	3,360.32	2,659.89	3,639.77	9,659.84
521000-0000-03-000-0	Travel Expense-National Healthcare M-Administ - -	5,832.23	7,907.91	9,585.93	8,627.39	7,190.06	5,832.23	7,190.06	5,691.44	7,788.04	20,670.14
522000-0000-03-000-0	Hotel Expense-National Healthcare Ma-Administ - -	4,712.59	6,429.75	7,794.21	7,014.86	5,846.35	4,712.59	5,846.35	4,627.67	6,332.36	16,806.94
541000-0000-03-000-0	Misc. Expense-Nat. Mgmt.-Administration - -	777.96	1,039.12	1,259.58	1,133.63	944.89	777.96	944.89	747.81	1,023.30	2,716.08
541000-0000-31-000-0	Misc. Expense-National Healthcare Ma-Misc. Exp - -	1,780.05	2,037.60	2,469.82	2,223.01	1,852.43	1,780.05	1,852.43	1,466.23	2,006.59	5,325.83
541001-0000-03-000-0	Political Contributions-Nat. Mgmt.-Administ - -	118.95	130.85	158.60	142.75	118.95	118.95	118.95	94.15	128.85	342.00
542000-0000-31-000-0	Corporate Tax - State-National Health-Misc. Exp - -	609.38	928.50	1,125.59	1,013.04	844.18	609.38	844.18	668.29	914.48	2,426.93
544000-0000-25-000-0	Sales Tax - Conn.-National Healthcar-Fiscal Op - -		5,023.32	6,089.14	5,480.29				3,615.61	4,947.70	13,129.66
310000-0000-00-000-0	Prior period shared costs	(1,333.06)	3,216.77	1,187.26	(2,621.81)	-1333.06	-3916.66	-3745.07	2,314.18	(2,118.67)	(400.50)
310000-0000-00-000-0	Prior period shared consulting	5,907.08	2,927.70	7,876.09	9,326.34	5907.08	8490.68	7772.04	2,460.43	8,651.34	7,383.71
Variance	196.34	215.98	261.79	235.63	196.34	196.34	196.34	155.41	212.68	564.51	245.45

TOTAL EXPENSES 437,200.21 601,924.95 731,270.49 656,693.44 541,725.02 437,200.21 541,177.97 433,571.91 593,291.76 1,557,315.44 684,131.78

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

Name of Facility		License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC		940 C	9/30/2018	18	37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 311,219	311,219		
2.	Non-Food Supplies	\$ 28,922	28,922		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
c. Other (Specify) _____					
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 340,141	340,141		
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.

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

Name of Facility Maple View Manor of CT, LLC		License No. 940 C	Report for Year Ended 9/30/2018	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	682	682	
2.	Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
		Amt. \$			
3.	Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
		Amt. \$			
4.	Repair and/or purchase of linens.***	Lbs.			
		Amt. \$			
b.	Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	155,214	155,214	
c.	Other (<i>Specify</i>) Supplies \$84; Diapers \$52,674	\$	52,758	52,758	
3D.	Total Laundry Expenditures (3a + b + c)	\$	208,654	208,654	
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.

*** 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	9/30/2018		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. \$	29,277	29,277		
	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>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	29,277	29,277		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	182,959	182,959		
	b. Medicine Cabinet Drugs	\$	6,830	6,830		
	c. Medical and Therapeutic Supplies	\$	86,326	86,326		
	d. Ambulance/Limousine***	\$	8,266	8,266		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	5,522	5,522		
	f. X-rays and Related Radiological Procedures***	\$	13,112	13,112		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	15,475	15,475		
	i. Recreation	\$	21,889	21,889		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	33,384	33,384		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	373,763	373,763		

* 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	\$ 6,620		
Equipment Rental - Nursing	\$ 1,203		
Equipment Rental - Rehabilitation Therapy and Ancillary	\$ 12,278		
IV Therapy Supplies - Rehabilitation Therapy and Ancillary	\$ 4,362		
Equipment Rental - Respiratory	\$ 8,921		
Total Other Resident Care	\$ 33,384	\$ -	\$ -

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 9/30/2018			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	12,354			16	13
Integrated Health Systems	Overland Park, KS 66283	<input type="radio"/>	<input checked="" type="radio"/>		Computer Maintenance	11,222			16	13
ADM Environmental Group	Avenue, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal / Recycling	20,425			22	6f
Med - Apparel Services	Parkway, Mount Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Lanundry / Linen Services	29,515			19	3b
Unitex Textile Rental	Parkway, Mount Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Lanundry / Linen Services	125,699			19	3b
MJ Daly	Road, Waterbury, CT 06705	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	14,962			22	6a
Brothers Landscape	5 Chelsea Drive, Cromwell, CT 06416	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping / Plowing	10,568			22	6f
		<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	940 C	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 76,290	76,290				
b. Heat	\$ 43,913	43,913				
c. Light & Power	\$ 106,438	106,438				
d. Water	\$ 28,038	28,038				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 40,958	40,958				
f. Other (<i>itemize</i>)	\$ 65,316	65,316				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 360,953	360,953				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 47,046	47,046				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 47,046	47,046				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 96,074	96,074				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 96,074	96,074				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 465,400	465,400				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 7,822	7,822				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 616,342	616,342				

* 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	\$ 23,316		
Purchased Services - Security	\$ 2,012		
Pest Control - Maintenance	\$ 3,191		
Carting - Maintenance	\$ 23,219		
Ground Services	\$ 12,224		
Pitney Bowes Mailing Machine Short Term Lease	\$ 1,354		
Total Other Repairs and Maintenance	\$ 65,316	\$ -	\$ -

Depreciation Schedule

Name of Facility Maple View Manor of CT, LLC			License No. 940 C			Report for Year Ended 9/30/2018			Page 23	of 37			
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period			4,479,109		4,479,109								
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
C. Non-Movable Equipment													
1. Acquired prior to this report period			27,332		27,332	27,332	SL						
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,153,015		1,153,015	245,577	SL	Various	45,683	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						11,982		11,982		SL	Various	1,363	
D-3. Subtotal													47,046
E. Total Depreciation													47,046

Maple View Manor of CT, LLC
9/30/2018

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/30/2017	Laptop	\$ 1,433	3	\$ 438
11/30/2017	Vacuum	\$ 1,214	8	\$ 139
12/31/2017	Vital Monitor	\$ 2,045	7	\$ 244
1/31/2018	Ultrasound	\$ 867	10	\$ 65
3/31/2018	Printer	\$ 1,024	5	\$ 119
3/31/2018	Security Cameras	\$ 1,318	5	\$ 154
4/30/2018	Food Processor	\$ 1,668	10	\$ 83
4/30/2018	Lift-sit to stand	\$ 2,413	10	\$ 121
Total additions for Movable Equipment		\$ 11,982		\$ 1,363 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/31/2017	Main Street Sign Replacement	\$ 8,888	10	\$ 741
3/31/2018	Metal Door	\$ 3,581	20	\$ 104
6/30/2018	Curtains	\$ 5,556	5	\$ 370
9/30/2018	A/C unit replacement	\$ 13,815	5	\$ 230
9/30/2018	Cooling/Heating unit	\$ 1,630	5	\$ 27
Total additions for Leasehold Improvement		\$ 33,470		\$ 1,472 *
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		9/30/2018			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period			Various	1,051,727	551,774	SL	Various	94,602	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)			Various	33,470		SL	Various	1,472	
C-4. Subtotal									96,074
D. Total Amortization									96,074

* 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 9/30/2018	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		03/17/75		
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		120		
6. Square Footage		40,000		
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	10/01/15			
c. Interest Rate for the Cost Year	2.99%			
d. Term of Mortgage (number of years)	35			
e. Amount of Principal Borrowed	3,848,600			
f. Principal balance outstanding as of	3,687,331			
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	9/30/2018			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		9/30/2018		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)				\$	4,466	4,466	
A. Item		Rate	Amount				
Equipment Lease - Various		4.43% / 4	\$808 / \$652 / \$3,006				
Lender							
M&T Bank							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$	4,466	4,466	
12. D. Other Interest Expense (Specify)				\$	2,826	2,826	
Administration \$74; Computer Loan \$2,752							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	7,292	7,292	
14. Insurance							
a. Insurance on Property (buildings only)				\$	38,600	38,600	
b. Insurance on Automobiles				\$	2,766	2,766	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	10,400	10,400	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	32,240	32,240	
Liability							
14d. Total Insurance Expenditures (14a + b + c)				\$	84,006	84,006	
15. Total All Expenditures (A-13 thru C-14)				\$	11,442,390	11,442,390	

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	9/30/2018	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	\$ 16,230	16,230		
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.	13	B8e	Resident Care Physicians **	\$ 37	37		
6.	13	B10a	Occupational Therapy	\$ 409,905	409,905		
7.			Other - See attached Schedule	\$ 56,625	56,625		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 25,134	25,134		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 3,110	3,110		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	L6	Automobile Expense (e.g. personal use)	\$ 457	457		
18.	16	M3	Unallowable Advertising *	\$ 34,715	34,715		
19.	15	1j	Income Tax / Corporate Business Tax	\$ 250	250		
20.	16	10	Fund Raising / Contributions	\$ 1,350	1,350		
21.	16	M12	Unallowable Management Fees	\$ 258,732	258,732		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 154,062	154,062		
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)				\$ 960,607	960,607		

* 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	B2	Dentist	\$ 7,613		
13	B3	Pharmacist	\$ 11,064		
13	B12	Consulting Fees - Nursing	\$ 14,229		
13	B13	Consulting Fees - Rehabilitation Therapy and Ancillary	\$ 9,167		
13	B6	Consulting Fees - Social Service	\$ 14,552		
Total Other Fees Adjustments			\$ 56,625	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Gifts	\$ 9,673		
16	m13	Prior Period Expense	\$ 7,455		
16	m13	Bank Charges	\$ 34,757		
16	m13	Miscellaneous Expenses	\$ 5,260		
16	m13	Crime Insurance	\$ 3,797		
16	m8a	Chamber of Commerce	\$ 675		
16	m13	Workers Compensation Retro	\$ 82,012		
16	m9	Newspaper Subscriptions	\$ 6,069		
15	1a,3,4,5,7	Benefits on Salaries not Related to Resident Care	\$ 4,364		
Total Other A&G Adjustments			\$ 154,062	\$ -	\$ -

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	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 960,607	960,607		
Page 20 - Resident Care Supplies***							
27.	20	5a	Prescription Drugs	\$ 182,959	182,959		
28.	20	5d	Ambulance/Limousine	\$ 8,266	8,266		
29.	20	5f	X-rays, etc	\$ 13,112	13,112		
30.	20	5h	Laboratory	\$ 15,475	15,475		
31.	20	5c	Medical Supplies	\$ 9,804	9,804		
32.	20	5e2	Oxygen (non emergency)	\$ 5,522	5,522		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 42,663	42,663		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 4,126	4,126		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 878	878		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 6,825	6,825		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 2,047	2,047		
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,252,284	1,252,284		

*** 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
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	51	IV Therapy Supplies - Rehabilitation Therapy and Ancillary	\$ 4,362		
20	51	Equipment Rental - Rehabilitation Therapy and Ancillary	\$ 12,278		
20	51	Procure (Disallowance of Markups)	\$ 105		
20	51	Equipment Rental - Nursing	\$ 1,203		
20	5i	Cable TV Expense - Residential Rooms	\$ 13,959		
20	51	Equipment Rental - Respiratory	\$ 8,921		
20	51	Purchase Services - Nursing	\$ 1,835		
Total Other Ancillary Costs			\$ 42,663	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Disallowed Depreciation - TV's & Mattresses	\$ 4,126		
Total Excess Movable Equipment Depreciation			\$ 4,126	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14b	Auto Insurance	\$ 2,766		
22	6e	Auto Lease	\$ 4,059		
Total Other Property Adjustments			\$ 6,825	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV5	Interest Income	\$ 331		
27	12D	Interest - Administration	\$ 74		
30	IV8	Miscellaneous Other Income	\$ 1,642		
Total Other Adjustments			\$ 2,047	\$ -	\$ -

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	9/30/2018			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 12,695,053	12,695,053				
b. Medicaid Room and Board Contractual Allowance **	\$ (6,173,551)	(6,173,551)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,356,650	2,356,650				
b. Medicare Room and Board Contractual Allowance **	\$ 427,130	427,130				
4. a. Private-Pay Residents and Other	\$ 2,333,900	2,333,900				
b. Private-Pay Room and Board Contractual Allowance **	\$ (456,784)	(456,784)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 139,824	139,824				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (139,824)	(139,824)				
c. Prescription Drugs - Non-Medicare	\$ 37,125	37,125				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (37,124)	(37,124)				
2. a. Medical Supplies - Medicare	\$ 509	509				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (509)	(509)				
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 783,470	783,470				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (537,219)	(537,219)				
c. Physical Therapy - Non-Medicare	\$ 27,003	27,003				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (23,711)	(23,711)				
4. a. Speech Therapy - Medicare	\$ 209,109	209,109				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (143,846)	(143,846)				
c. Speech Therapy - Non-Medicare	\$ 8,294	8,294				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (5,873)	(5,873)				
5. a. Occupational Therapy - Medicare	\$ 793,330	793,330				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (543,282)	(543,282)				
c. Occupational Therapy - Non-Medicare	\$ 25,896	25,896				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (21,259)	(21,259)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 3,189	3,189				
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,757,500	11,757,500				
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>)	\$ 331	331				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 40,392	40,392				
V. Total Other Revenue (1 thru 8)	\$ 40,723	40,723				
VI. Total All Revenue (III +V)	\$ 11,798,223	11,798,223				

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

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

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC	940 C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	295,530
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	620,387
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	13,022
5. Prepaid Expenses			\$	71,278
a. Insurance	1,534			
b. Taxes (Personal Property)	2,066			
c. Management Fees	41,412			
d. See Schedule	26,266			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	160,819
Patient Funds	55,417			
Due from Related Parties	105,402			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,161,036
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,085,197</u>		\$	437,349
	Accum. Depreciation <u>647,848</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>528,422</u>		\$	235,799
	Accum. Depreciation <u>292,623</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	45,518
Construction in Progress	45,518			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	718,666

* 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	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	1,879,702
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	4,124,485	Net	\$ 354,624
4. Non-Movable Equipment				
	*Historical Cost	636,757		
	Accum. Depreciation	636,757	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	354,624
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	1,679,918
	Due from Related Parties	1,420,474		
	Security Deposits	11,826		
	See Schedule	247,618		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,679,918
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	3,914,244

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5d	Other	\$ 10,192
31	A5d	Worker's Compensation	\$ 16,074
Total Prepaid Expenses			\$ 26,266

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7c	Due from Members	\$ 200,000
32	D7d	Net Deferred Tax Asset	\$ 47,618
Total Other Assets			\$ 247,618

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
33	A12i	Due to Medicaid	\$ 39,160
33	A12i	Due to Third Party	\$ 38,888
Total Other Current Liabilities (Itemize)			\$ 78,048

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

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC		940 C	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	2,283,465
2. Notes Payable (<i>itemize</i>)				\$	
See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	36,713
Name of Lender		Purpose	Amount	Date Due	
M&T Bank		Equipment Leases	36,713	Through July 2019	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	467,775
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	1,142,971
Accrued Expenses		32,315	Accrued Workers Comp	37,928	
Accounting Fees		30,855	Due To Related - Short T	673,142	
Revenue Assessment		193,384	Due to Realty	41,882	
Patient Funds		55,417	See Schedule	78,048	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	3,930,924

* 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 9/30/2018	Page 34	of 37
Account				Amount
Total Brought Forward:				3,930,924
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$ 31,904
Name of Lender	Purpose	Amount	Date Due	
M&T Bank	Equipment Leases	31,904	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>)				\$ 87,995
<u>Due to Related - Long Term</u>		87,995		

<u>See Schedule</u>				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 119,899
C. Total All Liabilities (Lines A-13 + B-5)				\$ 4,050,823

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	9/30/2018	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			\$	354,624
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			\$	354,624
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(847,036)
6. Gain or Loss for Period			\$	355,833
	10/1/2017	thru 9/30/2018		
7. Total Net Worth			\$	(491,203)
C. Total Reserves and Net Worth			\$	(136,579)
D. Total Liabilities, Reserves, and Net Worth			\$	3,914,244

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC	940 C	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	(340,592)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	11,798,223
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	11,442,390
D. Net Income or Deficit			\$	355,833
E. Balance			\$	15,241
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
CT Tax Refund	5,474			
2. Other <i>(itemize)</i>				
Prior Period	25,582			
F-3. Total Additions			\$	31,056
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	480,000
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
Marvin Ostreicher	President	240,000		
Agnes Zitter	Member	240,000		
2. Other Withdrawings <i>(Specify)</i>			\$	57,500
Purpose	Amount			
Comissioner of Revenue	27,500			
Bloomfield	30,000			
3. Total Deductions			\$	537,500
H. Balance at End of Period			\$	(491,203)
	09/30/18			

I. Preparer's/Reviewer's Certification

Name of Facility Maple View Manor of CT, LLC	License No. 940 C	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Blum, Shapiro & Company, P.C.				
Address			Phone Number	
2 Enterprise Drive, Shelton, CT 06484			203-944-2100	
Annual Report Contact			Phone Number	
George Thomas			860-561-6853	
Annual Report Contact Email Address				
GTHOMAS@blumshapiro.com				