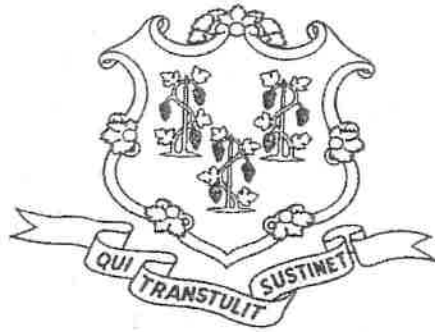


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

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 10/1/2021	Report for Year Ending 9/30/2022

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

Medicaid Provider Numbers:	CCNH 000009407	RHNS	ICF-IID
----------------------------	-------------------	------	---------

For Department Use Only

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

General Information

Name of Facility (as licensed) Maple View Manor of CT, LLC	License No. 940C	Report for Year Ended 9/30/2022	Page 1	of 37
---	---------------------	------------------------------------	-----------	----------

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, 2021 and ending September 30, 2022, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

(a) Subject to Desk Audit review

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

(Notary Seal)

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

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 10/1/2021	To 9/30/2022
Address of Facility 856 Maple Street, Rocky Hill, CT 06067			
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 2/8/2023
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 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Maple View Manor of CT, LLC		Address (No. & Street, City, State, Zip) 856 Maple Street, Rocky Hill, CT 06067		
License Numbers:	CCNH 940C	RHNS	(Specify)	Medicare Provider No. 07-5238
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input checked="" type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
N/A				
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
 Corporate Owners**

Name of Facility Maple View Manor of CT, LLC	License No. 940C	Report for Year Ended 9/30/2022	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
N/A				
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC	940C	9/30/2022	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

**General Information and Questionnaire
 Related Parties***

Name of Facility Maple View Manor of CT, LLC		License No. 940C		Report for Year Ended 9/30/2022		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="radio"/> Yes <input checked="" type="radio"/> No						If "Yes," provide the Name/Address and complete the information on Page 11 of the report.			
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No						If "Yes," provide the following information:			
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party	
		Yes	No	%**					
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>		Consulting Fees	Pg. 16 / Line m12	14,835	14,835	
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>		Interest	Pg. 27 / Line 12d	2,824	2,824	
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>		Shared Expense	Pg. 16 / Line m12	569,120	569,120	
Preferred Therapy Solutions	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>		PT, OT, ST, Services/ Consulting	Various	695,171	654,723	
NOA DIAGNOSTICS	6851 Jericho Tpke, Suite 150 Syosset, NY 11791	<input type="radio"/>	<input checked="" type="radio"/>		Radiology	Pg. 20 / Line 5f	12,727	11,373	
PROCARE LTC PHARMACY OF CT	1492 Highland Ave Cheshire CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Drugs/OTC/RX Consulting	Various	337,952	315,141	
National HealthCare Associates-Aetna	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>		Health Insurance	Page 15 / Line 1a5	627,743	627,743	
PROFESSIONAL SERVICES	850 Silas Deane Hwy Wethersfield, Ct	<input type="radio"/>	<input checked="" type="radio"/>		Contract RNs / LPNs / CNAs	Various	197,430	197,430	
See attached for continued list	Various	<input type="radio"/>	<input checked="" type="radio"/>		Various	Various	1,071,381	1,071,381	

* 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 Health & Rehab		License No. 940-C		Report for Year Ended 9/30/2022		Page 4a	of 37	
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Mapleview Realty	46 Stauderman Ave, Lynbrook, NY 11563	<input type="radio"/>	<input checked="" type="radio"/>	0%	Facility Lease	Page 22 / Line 9	1,026,000	***1,026,000
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	0%	Bank Charges	Pg 16 / Line m13	26,286	26,286
850 SILAS DEANE	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>	0%	Rent/Other	Pg 16 / Line m12	1,626	1,626
20Sunrise	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	0%	Rent/Other	Pg 16 / Line m12	17,469	17,469

* Use additional sheets if necessary.

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

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Maple View Manor of CT, LLC	License No. 940C	Report for Year Ended 9/30/2022	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? Yes No If "No," explain fully why such allocation was not made.

N/A

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

N/A

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

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

N/A

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Maple View Manor of CT, LLC			940C	9/30/2022			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Reliable Health Systems, Nostrand Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	10/01/08	60 Months / Ongoing	3,021	3,021	
Wescom Solutions (PCC), PO Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>	Software	03/07/12	Ongoing	38,729	38,729	
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	05/01/18	39 Months	7,416	7,416	
PITNEY BOWES GLOBAL F.P.O.Box 3711887 Pittsburgh PA 15250-7887	<input type="radio"/>	<input checked="" type="radio"/>	Postage	03/07/12	Ongoing	1,019	1,019	
	<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"/>						
							Total ***	50,185

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes No

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility Maple View Manor of CT, LLC	License No. 940C	Report for Year Ended 9/30/2022	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis: <input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
N/A				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1	Marcum LLP	555 Long Wharf Drive, 8th Floor, New Haven, CT 06511		
2	Martin Freedman CPA	2600 NOSTRAND AVE. BROOKLYN, NY 11210		
3				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1	Compilation, preparation of Medicare and Medicaid cost reports and YE tax services	\$	33,570	
2	EE Retention Credit	\$	6,000	
3		\$		
4		\$		
			Charge for Services Provided	
			\$ 39,570	
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 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1	Jackson Lewis	631-247-0404		
2	Various	Various		
3				
4				
5				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1	58 South Service Rd., Suite 250 Melville, NY 11747			
2	Various			
3				
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1	HR matters	\$	42,606	
2	Various Non Allowable Collections / Conservatorship (Disallowed on Pg 28)	\$	29,619	
3		\$		
4		\$		
5		\$		
			Charge for Services Provided	
			\$ 72,225	
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. 940C		Report for Year Ended 9/30/2022				Page 8	of 37				
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30					
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)		
1. Certified Bed Capacity														
A. On last day of PREVIOUS report period	120	120			120	120								
B. On last day of THIS report period	120	120							120	120				
2. Number of Residents														
A. As of midnight of PREVIOUS report period	92	92			92	92								
B. As of midnight of THIS report period	105	105							105	105				
3. Total Number of Days Care Provided During Period														
A. Medicare	4,026	4,026			2,958	2,958			1,068	1,068				
B. Medicaid (Conn.)	24,899	24,899			18,074	18,074			6,825	6,825				
C. Medicaid (other states)														
D. Private Pay	4,731	4,731			3,652	3,652			1,079	1,079				
E. State SSI for RCH														
F. Other (Specify) Managed Care / Hospice / Com	3,304	3,304			2,626	2,626			678	678				
G. Total Care Days During Period (3A thru F)	36,960	36,960			27,310	27,310			9,650	9,650				
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds														
A. Medicaid Bed Reserve Days														
B. Other Bed Reserve Days	25	25			18	18			7	7				
5. Total Resident Days (3G + 4A + 4B)	36,985	36,985			27,328	27,328			9,657	9,657				

Schedule of Resident Statistics (Cont'd)

Name of Facility Maple View Manor of CT, LLC			License No. 940C			Report for Year Ended 9/30/2022			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)	CCNH	RHNS	(Specify)	
N/A													
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	12		76		17								
Per Diem Rate													
a. One bed rm.	Various		294.80		490.00								
b. Two bed rms.	Various		294.80		470.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								1,912	1,912				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								2	2				
C. Other								9,788	9,788				
D. <i>Total Physical Therapy Treatments</i>								11,702	11,702				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								282	282				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								2,149	2,149				
D. <i>Total Speech Therapy Treatments</i>								2,431	2,431				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								2,411	2,411				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								2	2				
C. Other								10,904	10,904				
D. <i>Total Occupational Therapy Treatments</i>								13,317	13,317				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Maple View Manor of CT, LLC	940C	9/30/2022	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	178,696	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	267,654	10,744				
5. Dietary Service						
a. Head Dietitian	26,498	716				
b. Food Service Supervisor	65,132	2,080				
c. Dietary Workers	491,447	23,104				
6. Housekeeping Service						
a. Head Housekeeper	45,083	1,628				
b. Other Housekeeping Workers	330,197	17,637				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	72,463	2,096				
b. Other Maintenance Workers	84,655	4,290				
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	251,650	4,241				
b. RN						
1. Direct Care	453,907	9,400				
2. Administrative**	261,104	5,410				
c. LPN						
1. Direct Care	1,154,160	31,151				
2. Administrative**						
d. Aides and Attendants	1,767,568	85,588				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	112,728	5,725				
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	77,049	2,673				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	129,301	3,606				
<i>A-13. Total Salary Expenditures</i>	5,769,292	212,169				

* 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.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Maple View Manor of CT, LLC				940C	9/30/2022			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				Non Discriminatroy	Supervises Operations, Deals with DNS	66	16 / m11	See Attached		
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
Lewis Abramson	178,696			Non Discriminatroy	Administrator	2,080	A2			

* 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.

	TOTAL	BEDS	AllocatedBenefits	Total w/ Bnft
Augusta	38.75	72	5.41	44.16
Belair	45.50	102	7.67	53.17
Bethel	37.25	161	12.10	49.35
Bloomfield	54.75	120	9.02	63.77
Brattleboro	38.75	80	6.01	44.76
Brentwood	40.75	78	5.86	46.61
Brewer	39.75	111	8.34	48.09
Bristol	37.75	132	9.92	47.67
Cambridge	42.75	160	12.03	54.78
Catskill	37.75	136	10.22	47.97
Colony	47.75	92	6.92	54.67
Country	51.75	111	8.34	60.09
Dover	47.50	112	8.42	55.92
Eastside	44.50	69	5.19	49.69
Eliot	47.00	114	8.57	55.57
Glen Falls	38.00	120	9.02	47.02
Hebrew Home	63.75	257	19.32	83.07
Huntington	40.50	320	24.05	64.55
Kennebunk	46.25	78	5.86	52.11
Ludlowe	37.00	144	10.82	47.82
Maple View	56.75	120	9.02	65.77
Marlborough	40.25	120	9.02	49.27
Maywood	42.00	120	9.02	51.02
Milford	42.50	120	9.02	51.52
Newton Wellseley	49.75	110	8.27	58.02
Norway	41.75	70	5.26	47.01
Poughkeepsie	42.00	200	15.03	57.03
Regency	43.50	130	9.77	53.27
Reservoir	45.75	144	10.82	56.57
Riverside	61.75	345	25.93	87.68
Rutland	41.50	125	9.40	50.90
Sachem	50.00	111	8.34	58.34
Sands Point	48.50	180	13.53	62.03
Utica	45.75	117	8.79	54.54
Village Crest	42.00	95	7.14	49.14
Water's Edge	42.50	150	11.28	53.78
Westgate	44.50	104	7.82	52.32
Winship	45.75	72	5.41	51.16
Vacation	328.00			
Sick	0.00			
Personal	0.00			
Holiday	48.00			
Total	2080.25	5,002	376	2,080.25

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

Name of Facility (as licensed)				License No.	Report for Year Ended				Page	of
Maple View Manor of CT, LLC				940C	9/30/2022				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***										
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Maple View Manor of CT, LLC	940C	9/30/2022	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	7,083	472				
3. Pharmacist	13,654	91				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	284,228	6,215				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	30,000	182				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	95,721	1,770				
b. Other						
10. Occupational Therapist						
a. Resident Care	317,293	5,464				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	119,028	1,527				
2. Administrative***						
b. LPN						
1. Direct Care	144,728	2,737				
2. Administrative***						
c. Aides	146,952	4,851				
d. Other						
12. Other (Specify)						
See Attached Schedule	67,641	245				
B-13 Total Fees Paid in Lieu of Salaries	1,226,328	23,554				

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

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

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

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

Name of Facility Maple View Manor of CT, LLC		License No. 940C	Report for Year Ended 9/30/2022	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Gerident Solutions, P.O. Box 290539, Wethersfield, CT 06129	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Procure LTC of CT, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist / IV Nursing Consultant	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Preferred Therapy-809 Main St., E.Hartford,CT, 06108	PT, OT, ST	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Starling Physicians, 2110 Silas Deane HWY, Rocky Hill CT 06067	Medical Director / Medical Consulting	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
PREFERRED PROFESSIONAL SERVICES 850 Silas Deane Hwy Wethersfield, CT 06109	Contract RNs / LPNs / CNAs	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
INTELYCARE INC PO BOX 200413 PITTSBURGH PA 15262	Contract RNs / LPNs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC	940C	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
I. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 240,518	240,518		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 41,333	41,333		
4. Social Security (F.I.C.A.)	\$ 431,157	431,157		
5. Health Insurance	\$ 627,743	627,743		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 136,359	136,359		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 26,846	26,846		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 17,859	17,859		
d. Accounting and Auditing	\$ 39,570	39,570		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 72,225	72,225		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 34,421	34,421		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 29,372	29,372		
2. Cellular Phones	\$ 3,879	3,879		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 62,800	62,800		
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$ 11,471	11,471		
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 632,156	632,156		
Subtotal	\$ 2,407,709	2,407,709		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Maple View Manor of CT, LLC	940C	9/30/2022		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		2,407,709	2,407,709		
I. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	13,275	13,275		
4. Employee Travel	\$	864	864		
5. Education Expenses Related to Seminars and Conventions	\$	65	65		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	4,509	4,509		
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	2,600	2,600		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	45,000	45,000		
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	\$	4,742	4,742		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	9,646	9,646		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	675	675		
9. Subscriptions	\$	6,846	6,846		
10. Contributions*** See Attached Schedule	\$	1,250	1,250		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	143,339	143,339		
12. Administrative Management Services**	\$	603,050	603,050		
13. Other (<i>Specify</i>) See Attached Schedule	\$	314,266	314,266		
C-14 Total Administrative & General Expenditures	\$	3,557,836	3,557,836		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	-		
Promotional Advertising (Disallowed on Pg 28)	\$ 41,119		
Marketing Supplies (Disallowed on Pg 28)	3,881		
Total Other Advertising	\$ 45,000	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
AHCA Dues	\$ 310		
CAHCF Dues	9,336		
Total Dues	\$ 9,646	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	-		
Political Contributions (Disallowed on Pg 28)	\$ 1,250		
Total Contributions	\$ 1,250	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Licenses and Permits	\$ 2,917		
Penalties (Disallowed on Pg 28a)	150		
Bank Charges	43,280		
Strike Expense	259,113		
Miscellaneous Expense (Disallowed on Pg 28a)	6,358		
Prior Period Expense (Disallowed on Pg 28a)	2,448		
Total Other Administrative and General	\$ 314,266	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Maple View Manor of CT, LLC	License No. 940C	Report for Year Ended 9/30/2022	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
National Healthcare Associates, Inc.	603,050	Shared Expenses	Page 16 / Line m12

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC		940C	9/30/2022	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 328,353	328,353			
2. Non-Food Supplies	\$ 25,051	25,051			
3. Other (Specify) _____	\$ _____				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 20,070	20,070			
c. Other (Specify) _____	\$ _____				
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 373,474	373,474			
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
F. Resident Meals: Total no. of meals served per day:*					
G. Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
K. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
N. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility Maple View Manor of CT, LLC		License No. 940C	Report for Year Ended 9/30/2022	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	146,172	146,172	
c. Other (Specify) Supplies / Diapers / Linen		\$	54,323	54,323	
3D. Total Laundry Expenditures (3a + b + c)		\$	200,495	200,495	
3E. Laundry Questionnaire					
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility Maple View Manor of CT, LLC		License No. 940C	Report for Year Ended 9/30/2022		Page 20	of 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. \$	34,811	34,811		
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)	\$	34,811	34,811		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$	346,034	346,034		
2.	Purchased from	\$				
b.	Medicine Cabinet Drugs	\$	13,129	13,129		
c.	Medical and Therapeutic Supplies	\$	68,727	68,727		
d.	Ambulance/Limousine***	\$	11,638	11,638		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	14,300	14,300		
f.	X-rays and Related Radiological Procedures***	\$	13,296	13,296		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	25,616	25,616		
i.	Recreation	\$	18,395	18,395		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	91,961	91,961		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	603,096	603,096		

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

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

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

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

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

Name of Facility Maple View Manor of CT, LLC			License No. 940C	Report for Year Ended 9/30/2022	Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
ADP	P.O. Box 842875, Boston, MA 02284	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Payroll Processing	17,325			16	m11
ADM Environmental Group	1370 Coney Island Ave. Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Waste Services/Monthly Recycling Services	28,362			22	6f
Unitex Textile Rental	Parkway, Mt. Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Laundry / Linen	117,804			19	3b
Med Apparel	Parkway, Mt. Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Laundry / Linen	28,368			19	3b
MANHATTAN TECH SUPPORT	55 W 39TH ST, NEW YORK, NY 10018	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Computer Maintenance System	38,483			16	m11
EMCORE SEVICES	30 Lindeman Drive, Trumbull, CT 06611	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Facility Maintenance	20,415			22	6f
Brothers Landscape	5 Chelsea Dr, Cromwell CT 06416	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping/Plowing	10,479			22	6f
Otis Elevator	PO BOX 13716 NEWARK NJ 07188	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Elevator Expense	11,931			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"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Maple View Manor of CT, LLC	940C	9/30/2022			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$					
b. Heat	\$ 43,346	43,346				
c. Light & Power	\$ 83,557	83,557				
d. Water	\$ 34,606	34,606				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 50,185	50,185				
f. Other (<i>itemize</i>)	\$ 136,674	136,674				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 348,368	348,368				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 2,884	2,884				
d. Movable Equipment	\$ 47,417	47,417				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 50,301	50,301				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 78,787	78,787				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 78,787	78,787				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 551,992	551,992				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 11,049	11,049				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 692,129	692,129				

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

Depreciation Schedule

Name of Facility Maple View Manor of CT, LLC		License No. 940C		Report for Year Ended 9/30/2022				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																					
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																					
2. Disposals (attach schedule)																					
3. Acquired during this report period (attach schedule)																					
C-4. Subtotal																					
2,884																					
		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																					
b. Disposals (attach schedule)																					
Acquired during this report period (attach schedule):																					
c. Administrative																					
d. Standard Resident																					
e. Specialized Resident																					
Total Acquired during this report period																					
D-3. Subtotal																					
47,417																					
E. Total Depreciation																					
50,301																					

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
11/30/2021	Dell Latitude Laptops x 2	Administrative	\$ 2,214	3	738
3/3/2022	Ice and Water dispenser	Administrative	5,123	10	512
4/13/2022	HyperSteam Convection Steamer	Administrative	10,849	10	1,085
4/15/2022	Dell Desktop and Dell Laptop	Administrative	2,500	3	833
4/19/2022	Oak Park Loveseat/Chair/Couch	Standard Resident	7,858	12	655
4/30/2022	Dishwasher Sink Relocation	Administrative	6,731	10	673
5/25/2022	Patient Monitor (Vitals)	Standard Resident	4,573	7	653
6/17/2022	Maxwell Thomas Tables	Standard Resident	1,384	15	92
7/18/2022	Ice Maker	Administrative	4,068	5	814
8/18/2022	Dell OptiPlex Desktop	Administrative	1,329	3	443
9/16/2022	ViewBladder 10 & Stand	Standard Resident	4,354	5	871
9/30/2022	Dell Desktop/Dell Monitor	Administrative	1,295	3	432
Total additions for Movable Equipmen			\$ 52,278		\$ 7,801
Deletions:					
Total deletions for Movable Equipmen			\$ -		\$ -

*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
10/11/2021	Direct Supply - Heat Controls	\$ 4,894	10	\$ 489
10/11/2021	Magnum Industries - Carpet	1,881	5	376
11/30/2021	Install automatic door equipme	8,542	10	854
1/4/2022	Wall Paint	1,690	5	338
2/28/2022	DOM Heat Time Electronic Valve	7,704	10	770
3/1/2022	Install new Carpet	8,166	5	1,633
4/4/2022	Vinyl Flooring -50% Deposit	3,617	10	362
6/8/2022	Bathroom floor remodel	1,143	10	114
7/1/2022	Glass installation	4,573	10	457
7/1/2022	New carpet/Additional Work	2,872	5	574
7/6/2022	Spacia wood Vinal Tile	2,751	10	275
Total additions for Leasehold Improvemem		\$ 47,833		\$ 6,242
Deletions:				
Total deletions for Leasehold Improvemem		\$ -		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Maple View Manor of CT, LLC			License No. 940C		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Var	Various	1,580,615	977,782	S/L	Variou	72,545	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var	Var	Various	47,833		S/L	Variou	6,242	
C-4. Subtotal									78,787
D. Total Amortization									78,787

* Straight-line method must be used.

** Specify which of the following bases were used:

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

**Maple View Health & Rehab
FIXED ASSET / DEPRECIATION SCHEDULE**

Asset Type	Description	Date In Service	Method	Life	Historical Cost	2020 Deprec.	2020 A/D	2021 Deprec.	2021 A/D	2022 Deprec.	2022 A/D	NBV
LEASEHOLD IMPROVEMENTS												
LI	Prior Period Acquisitions (Per 9/30/18 CR)	Various	S/L	Various	1,085,197	72,397	792,642	72,397	865,039	27,413	892,452	192,745
2019 Additions												
LI	Install Fan motor on A/Aon unit	11/30/2018	S/L	10	3,449	345	690	345	1,035	345	1,380	2,069
LI	nurse call system	11/30/2018	S/L	10	45,518	4,552	9,104	4,552	13,656	4,552	18,208	27,310
LI	Loading dock doors & frame	12/31/2018	S/L	10	4,020	402	804	402	1,206	402	1,608	2,412
LI	HVAC	1/31/2019	S/L	15	1,604	107	214	107	321	107	428	1,176
LI	Roof replacement	6/30/2019	S/L	10	251,225	25,123	50,246	25,123	75,369	25,123	100,492	150,733
LI	IT Set up - Passport Unit	8/31/2019	S/L	10	1,840	184	368	184	552	184	736	1,104
LI	IT Set up	8/31/2019	S/L	10	2,120	212	424	212	636	212	848	1,272
LI	Boiler	9/30/2019	S/L	20	57,987	2,899	5,798	2,899	8,697	2,899	11,596	46,391
LI	Cedar Wood Fence	9/30/2019	S/L	8	466	58	116	58	174	58	232	234
LI	Cedar Fence	9/30/2019	S/L	8	2,639	330	660	330	990	330	1,320	1,319
2020 Additions												
LI	Water Valve Repair	6/30/2020	S/L	10	1,107	111	111	111	222	111	333	774
LI	Water Valve Repair	6/30/2020	S/L	10	985	99	99	99	198	99	297	688
LI	Walk in Freezer Repair	6/30/2020	S/L	10	833	83	83	83	166	83	249	584
LI	Walk in Freezer Repair	8/31/2020	S/L	10	17,564	1,756	1,756	1,756	3,512	1,756	5,268	12,296
LI	New Boiler	8/31/2020	S/L	20	45,077	2,254	2,254	2,254	4,508	2,254	6,762	38,215
LI	Painting-Monies	9/30/2020	S/L	10	26,031	2,603	2,603	2,603	5,206	2,603	7,809	18,222
LI	Network Equipment	9/30/2020	S/L	10	5,250	525	525	525	1,050	525	1,575	3,675
LI	Door Repair	9/30/2020	S/L	10	4,089	409	409	409	818	409	1,227	2,862
2021 Additions												
LI	Painting	2/28/2021	S/L	10	10,708	-	-	714	714	1,071	1,785	8,923
LI	Painting	4/30/2021	S/L	10	8,065	-	-	403	403	806	1,209	6,856
LI	Wall Bumpers & Kick Plates	5/31/2021	S/L	10	12,034	-	-	501	501	1,203	1,704	10,330
2021 Disposals												
	Disposal of Prior Period Assets				(6,147)	-	-	-	(6,147)	-	(6,147)	-
	Asset 327 Disposal				(1,044)	-	-	-	(1,044)	-	(1,044)	-
2022 Additions												
LI	Direct Supply - Heat Controls	10/1/2021	S/L	10	4,894	-	-	-	-	489	489	4,405
LI	Magnum Industries - Carpet	10/1/2021	S/L	5	1,880	-	-	-	-	376	376	1,504
LI	Install automatic door equipme	11/30/2021	S/L	10	8,342	-	-	-	-	854	854	7,488
LI	Wall Paint	1/4/2022	S/L	5	1,690	-	-	-	-	338	338	1,352
LI	DOM Heat Time Electronic Valve	2/28/2022	S/L	10	7,764	-	-	-	-	770	770	6,994
LI	Install new Carpet	3/1/2022	S/L	5	8,166	-	-	-	-	1,633	1,633	6,533
LI	Vinyl Flooring -50% Deposit	4/4/2022	S/L	10	3,617	-	-	-	-	362	362	3,255
LI	Bathroom floor remodel	6/8/2022	S/L	10	1,143	-	-	-	-	114	114	1,029
LI	Glass installation	7/1/2022	S/L	10	4,573	-	-	-	-	457	457	4,116
LI	New carpet/Additional Work	7/1/2022	S/L	5	2,871	-	-	-	-	574	574	2,297
LI	Spacia wood Vinyl Tile	7/6/2022	S/L	10	2,751	-	-	-	-	275	275	2,476
TOTAL LEASEHOLD IMPROVEMENTS					1,628,448	114,449	868,906	116,067	977,782	78,787	1,056,569	571,879
Building Improvements												
Bldng Imp	Prior Period Acquisitions (Per 9/30/18 CR)	Various	S/L	Various	4,479,109	153,839	4,479,109	-	4,479,109	-	4,479,109	-
TOTAL Building Improvements					4,479,109	153,839	4,479,109	-	4,479,109	-	4,479,109	-
Non Movable Equipment												
NME	Prior Period Acquisitions (Per 9/30/18 CR)	Various	S/L	Various	27,332	-	27,332	-	27,332	-	27,332	-
2021 Additions												
NME	Dish washer	11/30/2020	S/L	10	10,046	-	-	921	921	1,005	1,926	8,120
NME	Dishwasher Sink Relocations	12/31/2020	S/L	10	18,793	-	-	1,566	1,566	1,879	3,445	15,348
TOTAL Non Movable Equipment					56,171	-	27,332	2,487	29,819	2,884	32,703	23,468
MOVABLE EQUIPMENT												
MME	Prior Period Acquisitions (Per 9/30/18 CR)	Various	S/L	Various	1,164,997	42,043	376,709	42,043	418,752	27,856	446,608	718,389
2019 Additions												
MME	Hyper Steam Connection Steamer	11/30/2018	S/L	10	7,105	710	1,420	710	2,130	710	2,840	4,265
MME	Desktop mini PC	11/30/2018	S/L	3	707	236	472	235	707	-	707	(0)
MME	refrigerator- reach-in	12/31/2018	S/L	10	4,191	419	838	419	1,257	419	1,676	2,515
MME	tax and gate on asset#308	1/31/2019	S/L	10	396	40	80	40	120	40	160	236
MME	Qty 20 Dining Chairs	1/31/2019	S/L	15	4,880	325	650	325	975	325	1,300	3,580
MME	Nobles Heavy Duty Vacuum	3/31/2019	S/L	8	635	79	158	79	237	79	316	319
MME	Meridian Ice & Water Dispenser	3/31/2019	S/L	10	6,111	611	1,222	611	1,833	611	2,444	3,667
MME	Heavy Duty Food Blender	4/30/2019	S/L	10	1,283	128	256	128	384	128	512	771
MME	Bariatric bed & Mattress	6/30/2019	S/L	15	1,537	102	204	102	306	102	408	1,129
MME	6 Copiers:3 Kyocera, 3 Toshiba	7/31/2019	S/L	5	620	124	248	124	372	124	496	124
MME	6 Copiers:3 Kyocera, 3 Toshiba	7/31/2019	S/L	5	1,206	241	482	241	723	241	964	242
MME	3 Full Electric Beds	7/31/2019	S/L	12	1,822	152	304	152	456	152	608	1,214
MME	Network Equipment	8/31/2019	S/L	5	3,264	653	1,306	653	1,959	653	2,612	652
MME	1 Electric Bed	8/31/2019	S/L	12	607	51	102	51	153	51	204	403
MME	Dish Dispenser	8/31/2019	S/L	10	4,079	408	816	408	1,224	408	1,632	2,447
MME	6 Mattresses	9/30/2019	S/L	5	1,090	218	436	218	654	218	872	2,118
2020 Additions												
MME	Lift	10/31/2019	S/L	10	1,666	167	167	167	334	167	501	1,165
MME	Scale	10/31/2019	S/L	10	756	76	76	76	152	76	228	528
MME	Refridgenator	11/30/2019	S/L	10	3,177	318	318	318	636	318	954	2,223
MME	2 Desks/10s	12/31/2019	S/L	3	1,660	553	553	553	1,106	553	1,659	1
MME	Ultrasound Scanner	2/29/2020	S/L	7	8,147	1,164	1,164	1,164	2,328	1,164	3,492	4,655
MME	Computer Monitor	12/31/2019	S/L	5	1,125	225	225	225	450	225	675	430
MME	Washer & Dryer	5/31/2020	S/L	10	1,740	174	174	174	348	174	522	1,218
MME	Thermal Food Cover	6/30/2020	S/L	10	1,091	109	109	109	218	109	327	764
MME	Electric Bed	6/30/2020	S/L	12	676	56	56	56	112	56	168	508
MME	Commercial Toaster	6/30/2020	S/L	10	604	60	60	60	120	60	180	424
MME	Extractor	8/31/2020	S/L	10	2,293	229	229	229	458	229	687	1,606

**Maple View Health & Rehab
FIXED ASSET / DEPRECIATION SCHEDULE**

Asset Type	Description	Date In Service	Method	Life	Historical Cost	2020 Deprec.	2020 A/D	2021 Deprec.	2021 A/D	2022 Deprec.	2022 A/D	NBV
MME	Network Equipment	9/30/2020	S/L	5	1,000	200	200	200	400	200	600	400
MME	Network Equipment	9/30/2020	S/L	5	1,560	312	312	312	624	312	936	624
2021 Additions												
MME	Heat Exchanger-Trane PK4	12/31/2020	S/L	15	6,692	*	*	372	372	446	818	5,874
MME	Inducer Motor Unit Replacement	2/28/2021	S/L	10	1,637	*	*	109	109	164	273	1,364
MME	Trane PK4 Compressor	8/31/2021	S/L	15	7,429	*	*	83	83	495	578	6,851
MME	Food processor	8/31/2021	S/L	10	3,315	*	*	55	55	332	387	2,928
MME	Dell Computer	8/31/2021	S/L	3	1,192	*	*	66	66	397	463	728
MME	Dell Computer	8/31/2021	S/L	3	1,216	*	*	68	68	405	473	743
MME	Firewall Security	8/31/2021	S/L	5	8,083	*	*	269	269	1,617	1,886	6,197
2022 Additions												
MME	Dell Latitude Laptops x 2	11/30/2021	S/L	3	2,214	*	*	*	*	738	738	1,476
MME	Ice and Water dispenser	3/3/2022	S/L	10	5,123	*	*	*	*	512	512	4,611
MME	HyperSteam Convection Steamer	4/13/2022	S/L	10	10,849	*	*	*	*	1,085	1,085	9,764
MME	Dell Desktop and Dell Laptop	4/15/2022	S/L	3	2,500	*	*	*	*	833	833	1,667
MME	Oak Park Loveseat/Chair/Couch	4/19/2022	S/L	12	7,858	*	*	*	*	655	655	7,203
MME	Dishwasher Sink Relocation	4/30/2022	S/L	10	6,731	*	*	*	*	673	673	6,058
MME	Patient Monitor (Vials)	5/25/2022	S/L	7	4,573	*	*	*	*	653	653	3,920
MME	Maxwell Thomas Tables	6/17/2022	S/L	15	1,384	*	*	*	*	92	92	1,292
MME	Ice Maker	7/18/2022	S/L	5	4,068	*	*	*	*	814	814	3,254
MME	Dell OptiPlex Desktop	8/18/2022	S/L	3	1,329	*	*	*	*	443	443	886
MME	ViewBladder 10 # Stand	9/16/2022	S/L	5	4,354	*	*	*	*	871	871	3,483
MME	Dell Desktop/Dell Monitor	9/30/2022	S/L	3	1,295	*	*	*	*	432	432	863
TOTAL MOVABLE EQUIPMENT					1,311,867	50,183	389,346	51,204	440,550	47,417	487,967	823,900
TOTAL ASSETS PER CR SCHEDULE					7,475,595	318,471	5,764,693	169,758	5,927,260	129,088	6,056,348	1,419,247
TOTAL ASSETS PER TRIAL BALANCE					2,359,911	126,204	1,586,288	126,204	1,586,288	126,204	1,586,288	773,623
LESS REALTY ASSETS					(4,479,109)	0	(4,479,109)	0	(4,479,109)	0	(4,479,109)	0
ROUNDING												
VARIANCE					636,575	192,267	(300,704)	43,554	(138,137)	2,884	(9,049)	645,624

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

(645,624)
(2,884)

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

Name of Facility Maple View Manor of CT, LLC	License No. 940C	Report for Year Ended 9/30/2022	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased		03/17/75			
2. Date Structure Completed					
3. If 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 09/30/2022	3,415,906				
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		940C	9/30/2022		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		940C		9/30/2022		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)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	3,124	3,124	
Admin / Computer Loan Interest							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	3,124	3,124	
14. Insurance							
a. Insurance on Property (buildings only)				\$			
b. Insurance on Automobiles				\$	454	454	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	90,640	90,640	
Liability / Crime Insurance							
14d. Total Insurance Expenditures (14a + b + c)				\$	91,094	91,094	
15. Total All Expenditures (A-13 thru C-14)				\$	12,900,047	12,900,047	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Maple View Manor of CT, LLC			940C	9/30/2022	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.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 26,841	26,841		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	b10a	Occupational Therapy	\$ 317,293	317,293		
7.			Other - See attached Schedule	\$ 8,939	8,939		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 17,859	17,859		
10.			Accounting	\$			
10a.	15	1d	Legal	\$ 29,619	29,619		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,079	1,079		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 13,275	13,275		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.	16	L4	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 15	15		
17.	16	L6	Automobile Expense (e.g. personal use)	\$ 4,509	4,509		
18.	16	m2/3	Unallowable Advertising *	\$ 45,000	45,000		
19.	15	1j	Income Tax / Corporate Business Tax	\$ 62,800	62,800		
20.	16	m10	Fund Raising / Contributions	\$ 1,250	1,250		
21.	16	m12	Unallowable Management Fees	\$ 291,263	291,263		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 26,510	26,510		
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)				\$ 846,252	846,252		

* All except "Help Wanted"

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12o	Respiratory Therapy	\$ 1,226		
10	12o	Admissions Salary Relating to Marketing	25,615		
Total Other Salaries Adjustment			\$ 26,841	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b12o	IV Nursing Consultant	8,412		
13	b12o	Physician Fees	527		
Total Other Fees Adjustments			\$ 8,939	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m8a	Chamber Dues	\$ 675		
15	1k1	CT PET Tax	11,471		
16	m13	Penalties	150		
16	m13	Prior Period Expense	2,448		
16	m13	Miscellaneous Expense	6,358		
15	Var	Benefits Associated with Marketing Salary	5,174		
15	Var	Benefits Associated with Respiratory Therapy Salary	234		
Total Other A&G Adjustments			\$ 26,510	\$ -	\$ -

National Health Care Associates, Inc. (CT)
Disallowance Schedule for Cell Phones
September 30, 2022

Pg. 28b

	<u>Amount</u>	
Total Cell Phone Expense	3,879	TB Linked
Total Allowable Cost	\$ 2,800	
Days in Cost Report (365out of 365 Days)	365	
Days in Cost Report Year	<u>365</u>	
Partial Year Allowable %	100%	
Revised Allowable Cost	\$ 2,800	
Disallowed Cell Phone (Page 28, Line 12)	<u><u>\$ 1,079</u></u>	

Maple View Health & Rehab
 Calculation of Allowable Management Fee
 September 30, 2022

<u>Description</u>	<u>Amount</u>	
Management fees Charged	603,050	Page 16, Line m12
Accounting Charges	39,570	Page 15, Line 1d
Total Management Fees Per Agreement	<u>642,620</u>	
Patient Days	36,985	Page 8 of C/R
Imputed Days - 90% Occupancy (365/365 Days)	39,420	Calculation
Amount Per Patient Day (Greater of 90% or Actaul Days)	\$ 16.30	
PPD Allowance Per Client 2021	7.84	
2022 CPI Increase %	<u>1.07</u>	J.01b
PPD Allowance 9/30/2022	<u>8.91</u>	
Amount over (Under)	\$ 7.3887	
Total Days	39,420	Page 8 of C/R
Disallowed Management Fee	<u><u>\$ 291,263</u></u>	

Respiratory Therapist Benefits Disallowance

Respiratory Therapist Salary	1,226	Page 10
Total Salaries	5,769,292	TB Linked
Percent to Total Salaries	<hr/> 0.02%	
Total Benefits (Pg 15, Line 1a3 - 1a6)	1,100,233	TB Linked
Respiratory Therapist Benefits Disallowed	234	Page 28 attachment

D. Adjustments to Statement of Expenditures (cont'd)

Name of Facility			License No.	Report for Year Ended	Page	of	
Maple View Manor of CT, LLC			940C	9/30/2022	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 846,252	846,252		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 346,034	346,034		
28.			Ambulance/Limousine	\$ 11,638	11,638		
29.			X-rays, etc	\$ 13,296	13,296		
30.			Laboratory	\$ 25,616	25,616		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 14,300	14,300		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 51,412	51,412		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 1,064	1,064		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 454	454		
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	\$ 179,266	179,266		
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)				\$ 1,489,332	1,489,332		

*** 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.

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 8	Misc Revenue	\$ 265		
30	IV 8	Medical Record Rev	594		
30	IV 8	Rebates / Refunds	1,983		
30	IV 8	Donations	25		
30	IV 8	Strike Expense Reimbursement	176,399		
Total Other Adjustments			\$ 179,266	\$ -	\$ -

Schedule of Unallowable Building Interest

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

National Health Care Associates, Inc. (CT)
Cable TV Disallowance
September 30, 2022

Pg. 29b

Total Cable TV Expense	15,711	TB Linked
Total Monthly Fee Allowed	\$ 600	
Total Months	12	
Total Allowable Expense	<u>\$ 7,200</u>	
Partial Year Cost Report (365 out of 365 Days)	\$ 365	
Days in Cost Report Year	<u>365</u>	
Partial Year Allowable %	100.00%	
Revised Allowable Cost	\$ 7,200	
Disallowed Expense	<u><u>\$ 8,511</u></u>	{a}

Tickmark
{a}

Ties to page 29a

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Maple View Manor of CT, LLC	940C	9/30/2022		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 10,220,812	10,220,812			
b. Medicaid Room and Board Contractual Allowance **	\$ (3,968,360)	(3,968,360)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,949,455	1,949,455			
b. Medicare Room and Board Contractual Allowance **	\$ (1,591,238)	(1,591,238)			
4. a. Private-Pay Residents and Other	\$ 4,873,426	4,873,426			
b. Private-Pay Room and Board Contractual Allowance **	\$ (749,989)	(749,989)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 297,303	297,303			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (325,751)	(325,751)			
c. Prescription Drugs - Non-Medicare	\$ 321,260	321,260			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (330,705)	(330,705)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 276,124	276,124			
b. Physical Therapy - Medicare Contractual Allowance **	\$ 147,802	147,802			
c. Physical Therapy - Non-Medicare	\$ 303,454	303,454			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (244,838)	(244,838)			
4. a. Speech Therapy - Medicare	\$ 155,618	155,618			
b. Speech Therapy - Medicare Contractual Allowance **	\$ 78,331	78,331			
c. Speech Therapy - Non-Medicare	\$ 144,192	144,192			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (116,389)	(116,389)			
5. a. Occupational Therapy - Medicare	\$ 367,904	367,904			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ 46,653	46,653			
c. Occupational Therapy - Non-Medicare	\$ 350,089	350,089			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (274,985)	(274,985)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 1,492,522	1,492,522			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 384,297	384,297			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 13,806,987	13,806,987			
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>)	\$ 724	724			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 237,538	237,538			
V. Total Other Revenue (1 thru 8)	\$ 238,262	238,262			
VI. Total All Revenue (III +V)	\$ 14,045,249	14,045,249			

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.
 ** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6a	Medicare A NTA Contra-Maple View	\$ 553,847		
30 II 6a	Medicare A Nsng Comp Contra-Maple View	879,080		
30 II 6a	MCR Pt A Chargeable Med Supp-Maple View	362		
30 II 6a	MCR Pt A Charge Mod Supp Contra-Maple View	(362)		
30 II 6a	Medicare Pt A IV Therapy-Maple View	28,447		
30 II 6a	Medicare Pt A Lab-Maple View	19,900		
30 II 6a	Medicare Pt A X-Maple View	11,747		
30 II 6a	Medicare Pt B Prior Period-Maple View	(499)		
Total Other Resident Revenue - Medicare		\$ 1,492,522	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6b	Medicaid Lab-Maple View	\$ 156		
30 II 6b	Medicare Pt B Flu/Pneumonia-Maple View	4,182		
30 II 6b	Comm Ins Lab-Maple View	2,384		
30 II 6b	Comm Ins X-Maple View	1,168		
30 II 6b	Mgd Medicare NTA Contra-Maple View	68,398		
30 II 6b	Mgd Medicare Nsng Comp Contra-Maple View	111,859		
30 II 6b	Mgd Medicare Chargeable Medical Supplies-Maple Vie	4,097		
30 II 6b	Mgd Medicare Chargeable Med Supp Contra-Maple View	(4,097)		
30 II 6b	Mgd Medicare IV Therapy-Maple View	14,118		
30 II 6b	Mgd Medicare Lab-Maple View	21,058		
30 II 6b	Mgd Medicare Specialty Beds-Maple View	89		
30 II 6b	Mgd Medicare X-Maple View	9,254		
30 II 6b	Mgd Medicare Prior Period-Maple View	(1,819)		
30 II 6b	Patient Revenue Capitation -Maple View	153,450		
Total Other Resident Revenue		\$ 384,297	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
30 IV 5	Interest on Money Market Account	1,069,922	\$ 103		
30 IV 5	Interest on Mgd Care Payments	N/A	\$ 621		
Total Interest Income			\$ 724	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Misc Revenue (Disallowed on Pg 29a)	\$ 265		
30 IV 8	Stimulus Revenue	42,471		
30 IV 8	Strike Expense Reimbursement (Disallowed on Pg 29a)	176,399		
30 IV 8	Medical Record Rev (Disallowed on Pg 29a)	594		
30 IV 8	Rebates / Refunds (\$1,983 Disallowed on Pg 29a)	13,242		
30 IV 8	Donations (Disallowed on Pg 29a)	25		
30 IV 8	Pass Through Entity Tax Income (Associated Expense Disallowed)	4,542		
Total Other Revenue		\$ 237,538	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC	940C	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,339,671
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,292,933
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	1,825,164
4. Inventories			\$	20,216
5. Prepaid Expenses			\$	70,300
a. _____				
b. _____				
c. _____				
d. See Schedule	70,300			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	168,024
CT PET Deferred Tax-Maple View	50,186			
Due from Realty-Maple View	70,138			
CT PET Tax Receivable-Maple View	47,700			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	4,716,308
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>4,479,109</u>		\$	
	Accum. Depreciation <u>4,479,109</u>	Net		
4. Leasehold Improvements	*Historical Cost <u>1,628,448</u>		\$	571,879
	Accum. Depreciation <u>1,056,569</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>56,171</u>		\$	23,468
	Accum. Depreciation <u>32,703</u>	Net		
6. Movable Equipment	*Historical Cost <u>1,311,867</u>		\$	823,900
	Accum. Depreciation <u>487,967</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(645,624)
F/S vs C/R NBV	(645,624)			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	773,623

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Workers Comp-Maple View	\$ 15,734
31	A5	Prepaid Gen Ins-Maple View	28,035
31	A5	Prepaid Expense Other-Maple View	5,100
31	A5	Prepaid Personal Property Taxes-Maple View	7,228
31	A5	Prepaid Mgmt Assets-Maple View	13,703
Total Prepaid Expenses			\$ 70,800

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 Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

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	
Total Other Current Liabilities (Itemize)			\$ -

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	940C	9/30/2022	32	37
Account			Amount	
Total Brought Forward:			\$	5,489,931
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (itemize)			\$	
6. Loans to Owners or Related Parties (itemize)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (itemize)			\$	211,826
Loans and Exchange-Maple View		200,000		
Security Deposits-Maple View		11,826		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	211,826
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	5,701,757

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC		940C	9/30/2022	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	505,648
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	16,781
Name of Lender		Purpose	Amount	Date Due	
		Equipment Obligation	16,781		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	396,819
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>)				\$	547,397
Unclaimed ADP checks-Maple View		9,907	Accrued Pension-Maple	136,359	
Patients Fund-Maple View		63,612	Accrued Worker's Comp	46,719	
Volunteersuntary Ded. Exchange-M:		(6)			
Accrued Expenses-Maple View		290,806	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,466,645

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Maple View Manor of CT, LLC		License No. 940C	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,466,645	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					\$ 25,959
Name of Lender	Purpose	Amount	Date Due		
	Equipment Obligation	25,959			
2. Mortgages Payable					\$
3. Loans from Owners or Related Parties (<i>itemize</i>)					\$ 1,146,603
Name and Address of Lender	Amount	Loan Date			
Due to Related / Other	1,146,603				
4. Other Long-Term Liabilities (<i>itemize</i>)					\$
_____ _____ _____ See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 1,172,562
C. Total All Liabilities (Lines A-13 + B-5)					\$ 2,639,207


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

Name of Facility	License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC	940C	9/30/2022	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			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,914,464
6. Gain or Loss for Period			\$	1,148,086
	10/1/2021	thru 9/30/2022		
7. Total Net Worth			\$	3,062,550
C. Total Reserves and Net Worth			\$	3,062,550
D. Total Liabilities, Reserves, and Net Worth			\$	5,701,757

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Maple View Manor of CT, LLC	940C	9/30/2022	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	1,914,464
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	14,045,249
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	12,897,163
D. Net Income or Deficit			\$	1,148,086
E. Balance			\$	3,062,550
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Total Expenses per Page 27			\$12,900,047	
F/S vs C/R Depreciation			(2,884)	
Total Expenses per FS			\$12,897,163	
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	3,062,550
				09/30/22

I. Preparer's/Reviewer's Certification

Name of Facility Maple View Manor of CT, LLC	License No. 940C	Report for Year Ended 9/30/2022	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 Principal	Date Signed 2/9/23		
Printed Name of Preparer Matthew S. Bavolack				
Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600		
Contacted Person Regarding Additional Information Needed Regarding This Report John Phelps		Phone Number 516-705-4813		
Contact Email Address jphelps@nathealthcare.com				