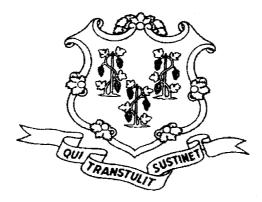
State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed)		
Twin Maples Home, Inc., d/b/a Twin Maples Heal	th Care Facility	
Address (No. & Street, City, State, Zip Code)		
809-R New Haven Road, Durham, CT 06422		
Type of Facility		
Chronic and Convalescent	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016	

License Numbers:	CCNH 2315	RHNS	(Specify)	Medicare Provider 07-5431
Medicaid Provider Numbers:	CC 000023151	CNH	RHNS	ICF-IID

For Department Use Only

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

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Name of Facility (as licensed) <u>Twin Maples Home, Inc., d/b/a Twin Maples Heal</u> Admini MISREPRESENTATION OR FALSIF COST REPORT MAY BE PUNISHAI FEDERAL LAW. I HEREBY CERTIFY that I have read	s trator's/Ov	vner's Certificatio	ON CONTAINED IN		37
MISREPRESENTATION OR FALSIF COST REPORT MAY BE PUNISHAI FEDERAL LAW.	TICATION OF	ANY INFORMATIC	ON CONTAINED IN	THIS	
COST REPORT MAY BE PUNISHAI FEDERAL LAW.				THIS	
I HEREBY CERTIFY that I have read			NMENT UNDER 5		
Cost Report and supporting schedules p Care Facility [facility name], for the cos 30, 2016, and that to the best of my kno prepared from the books and records of	prepared for Tv st report period pwledge and be	vin Maples Home, Inc beginning October 1, clief, it is a true, correc	e., d/b/a Twin Maples 2015 and ending Sep et, and complete state	Health ptember ment	
I hereby certify that I have directed the prep of Resident Statistics, Statements of Report this Facility in accordance with the Report specified above. {a}	ted Expenditures	s, Statements of Revenue	es and the related Bala	nce Sheet of	
I have read this Report and hereby certik knowledge under the penalty of perjury. this Report as a basis for securing reim- incurred to provide resident care in this been retained as required by Connecticu	I also certify to bursement for T Facility. All s	that all salary and non Fitle XIX and/or other upporting records for	-salary expenses pres State assisted reside the expenses recorded	sented in nts were d have	
{a} Subject to Desk Audit Review					
Signed (Administrator)	Date	Signed (Owner)		Date	
Printed Name (Administrator) Amy Bentley		Printed Name (O Theodore E. Jack	,		
Subscribed and SwornState ofo before me:	Date	Signed (Notary F	Public)	Comm. Exp	ires
Address of Notary Public	,			/	
	· · · · · · · · · · · · · · · · · · ·	······································			

State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page	of
				IA	37
Name of Facility		Period Cov	ered:	From	То
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility				10/1/2015	9/30/2016
Address of Facility 809-R New Haven Road, Durham, CT 06422					
Report Prepared By		Phone Num		Date	
Marcum LLP		203-781-96	500	1/13/2017	
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 Faci	lity Report for Year End	ded Page of
	860-349-1041	9/30/2016	2 37
Name of Facility (as shown on license)		& Street, City, State, Zi	
Twin Maples Home, Inc., d/b/a Twin Maples Health Care			
CCNH	RHNS	(Specify)	Medicare Provider No.
License Numbers: 2315	[]		07-5431
Type of Facility (Check appropriate box(es))		,	
☑ Chronic and Convalescent Nursing Home only (CCNH) □	Rest Home with N Supervision only (ify)
Type of Ownership (Check appropriate box)			
O Proprietorship O LLC O Partnership	• Profit Corp.	- 1	O Government O 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?	O Yes	⊙ No If "Y	es," explain fully.
Administrator			
Name of Administrator		Nursing Home	
Amy Bentley		Administrator's	002013
Other Operators/Owners who are assistant administrators	(full or part time) of	License No.:	
Name	(an or part time) 0	License No.:	
N/A			
			• · · · · · · · · · · · · · · · · · · ·

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General Information and Questionnaire Partners/Members

Name of Facility Twin Maples Home, Inc., d/b/a Tw			Report for Y 9/30/2016	ear Ended	Page of 3 37
Legal Name of Partners		Business A			/or Town(s) in Registered
Name of Partners/Members	Business Ad	ldress	, ,	Fitle	% Owned
N/A					

General Information and Questionnaire Corporate Owners

License No.	Report for Year En	ded	Page of
2315	9/30/2016		3A 37
pration, provide the	following information	on:	
Business Address		State(s) in Whi	ch Incorporated
809-R New Have	n Road, Durham,	СТ	
CT 06422			
Busine	ss Address	Title	No. Shares Held by Each
55 Blanks Blvd, C	Guilford, CT 06437	President	50
55 Blanks Blvd, C	Guilford, CT 06437	Sec / Treas	50
55 Blanks Blvd, C	Guilford, CT 06437	President	50
55 Blanks Blvd, C	Guilford, CT 06437	Sec / Treas	50
	2315 pration, provide the Busines 809-R New Haver CT 06422 Busines 55 Blanks Blvd, C 55 Blanks Blvd, C 55 Blanks Blvd, C	2315 9/30/2016 pration, provide the following informatic Business Address 809-R New Haven Road, Durham, CT 06422 Business Address 55 Blanks Blvd, Guilford, CT 06437 55 Blanks Blvd, Guilford, CT 06437	2315 9/30/2016 ration, provide the following information: Business Address State(s) in Whi 809-R New Haven Road, Durham, CT 06422 CT Business Address Title 55 Blanks Blvd, Guilford, CT 06437 President 55 Blanks Blvd, Guilford, CT 06437 Sec / Treas 55 Blanks Blvd, Guilford, CT 06437 Sec / Treas 55 Blanks Blvd, Guilford, CT 06437 President

State of Connecticut Annual Report of Long-Term Care Facility CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Twin Maples Home, Inc., d/b/a Twin Maples Hea	2315	9/30/2016	3B 37
If this facility is owned or operated as an individua		provide the following information	ation:
	ner(s) of Facility		
N/A		· · ·	
			<u></u>
	· · · · · · · · · · · · · · · · · · ·	·····	
		· · · • · · · · · · · · · · · · · · · ·	
		·····	

State of Connecticut Annual Report of Long-Term Care Facility CSP-4 Rev. 10/2005

General Information and Questionnaire Related Parties*

Name of Facility Twin Maples Home, Inc.	Name of Facility Twin Maples Home, Inc., d/b/a Twin Maples Health Ca	License No. 231	No. 2315	Report for Year Ended 9/30/2016		Page 4	of 37
Are any individuals receimarriage, ability to contr	Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	cility rel ss assoc	ated through iation? O) Yes O No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	e Name/Add 1ation on Pa	dress and ge 11 of the report.
Are any individuals or control including the rental of provide the rental of the related through family as association to any of the sevent of	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?	or servic to this fa control, of this fa	es, cility, or business cility?	O Yes © No	If "Yes," provide the following information:	e following	information:
		Also I	o Provides		Indicate Where		
		Good	Goods/Services to		-		
Name of Related	Business	Non-R	2	Description of Goods/Services	s in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No %**	Provided	Page # / Line #	Reported	Related Party
Theodore E. Jackson	908-R New Haven Road, Durham, CT 06422	0	0	Loaning of Funds	Pg. 32 / Line D6		
		0	0				
		0	0				
		0	0				
		0	0				
		0	0				
		0	0				
		0	0				
		0	0				

* Use additional sheets if necessary.** Provide the percentage amount of revenue received from non-related parties.

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General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No.	_,	Report for Year Ended	Page	of		
Twin Maples Home, Inc., d/b/a Twin Maples H	2315		9/30/2016	5	37		
If the facility is licensed as CDH and/or RCH or		DS or TBI	services with special Medicaid	rates, cos	sts		
must be allocated to CCNH and RHNS as follow	•						
Item		Method of Allocation					
Dietary	-	Number of	meals served to residents				
Laundry		Number of	pounds processed				
Housekeeping		Number of	square feet serviced				
		Number of	hours of routine care provided	by EACH	I		
Nursing	1	employee c	lassification, i.e., Director (or C	Charge Nu	urse),		
	•	Registered	Nurses, Licensed Practical Nur	ses, Aide	s and		
		Attendants		_			
Direct Resident Care Consultants		Number of	hours of resident care provided	by EAC	H		
	:	specialist (See listing page 13)				
Maintenance and operation of plant		Square feet					
Property costs (depreciation)		Square feet					
Employee health and welfare		Gross salar	ies				
Management services		Appropriate	e cost center involved				
All other General Administrative expenses		Total of Di	rect and Allocated Costs				
The preparer of this report must answer the follo	wing questic	ons applicat	ole to the cost information prov	ided.			
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why such	n allocatio	on was		
costs allocated as required?	U res	U NO	not made.				
N/A				-			
2. Explain the allocation of related company exp	enses and at	tach copy c	of appropriate supporting data.				
N/A							
3. Did the Facility appropriately allocate and sel	f-disallow di	rect and ind	direct costs to non-nursing hom	e cost cer	nters?		
(e.g., Assisted Living, Home Health, Outpatie	ent Services,	Adult Day	Care Services, etc.)				
	0 W	0.11	If "No," explain fully why such	n allocatio	on was		
	• Yes	U NO	not made.				
N/A			•••				

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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	ear Ended		Page of
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Fa	Health C	are Fa	2315	9/30/2016			6 37
	Related * to	* to					
	Owners,	srs,					
	Operators,	ors,				Annual	
	Officers	ers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased		Lease	of Lease	Claimed
CIT - 10201 Centurion Pkwy N. Suite 100, Jacksonville, FL 35526	0	0	Copier		60 Months - Ongoing	3,446	3,446
Sysco - 1390 Enclave Parkway, Houston, TX 77077-2099	0	0	Dishwasher	01/01/10	Monthly	1,073	1,073
Pitney Bowes - 1 Elmdraft Road, Stamford, CT 06926	0	0	Postage Meter	12/31/06	54 Months - Ongoing	470	470
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
Is a Mileage Log Book Maintained for All Leased Vehicles $?$	ased Veh	icles ?	O Yes	0	O No	Total ***	4,989

Is a Mileage Log Book Maintained for All Leased Vehicles ?

* 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 License No. Report for Year Ended Page Twin Maples Home, Inc., d/b/a Tw 2315 9/30/2016 7 The records of this facility for the period covered by this report were maintained on the following basis: 7 O Accrual O Cash O Modified Cash Is the accounting basis for this For the same as for the Yes	of 37
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	37
Accrual O Cash O Modified Cash Is the accounting basis for this	
Is the accounting basis for this	
period the same as for the • • Yes If "No," explain.	
previous period? O No	·
Independent Accounting Firm	
Name of Accounting Firm Address (No. & Street, City, State, Zip Code)	
1 Marcum LLP 555 Long Wharf Drive, New Haven, CT 06511	
23	
Services Provided by This Firm (<i>describe fully</i>)	
1 Audited financial statements, tax returns, cost reports and advisory reimbursement consulting \$ 31,479	
<u>2</u>	
<u>3</u>	
<u>4</u>	
4 \$ Charge for Services I	Provided
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.	
Charge for Services I \$ 31,479 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	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. \$ 31,479 O Yes O No Page 15, Line 1d Legal Services Information	
Charge for Services I \$ 31,479 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	
Charge for Services I \$ 31,479 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	
Charge for Services I \$ 31,479 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 2	
Charge for Services I S 31,479 Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. S O Yes O No Page 15, Line 1d Eegal Services Information Telephone Number Name of Legal Firm or Independent Attorney Telephone Number 1 2 3 Telephone Number	
Charge for Services I \$ 31,479 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 2	
Charge for Services I \$ 31,479 Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. O Yes O No Page 15, Line 1d Legal Services Information Name of Legal Firm or Independent Attorney Telephone Number 1 2 3 4 5 5 5 5	
Charge for Services I S 31,479 Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. S O Yes O No Page 15, Line 1d Eegal Services Information Telephone Number Name of Legal Firm or Independent Attorney Telephone Number 1 2 3 Telephone Number	
Charge for Services I \$ 31,479 Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. O Yes O No Page 15, Line 1d Legal Services Information Name of Legal Firm or Independent Attorney Telephone Number 1 2 3 4 5 5 5 5	
Charge for Services I \$ 31,479 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 2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 2	
Charge for Services I \$ 31,479 Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. © Yes O No Page 15, Line 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 2 3	
Charge for Services I \$ 31,479 Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. • Yes • O No Page 15, Line 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 2	
Charge for Services I S 31,479 Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. S O Yes O No Page 15, Line 1d Legal Services Information Name of Legal Firm or Independent Attorney Telephone Number 1 2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 2 3 4 4	
Charge for Services I S 31,479 Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. O Yes O No Page 15, Line 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 2 3 4 5 Services Provided by This Firm (describe fully)	
Charge for Services Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.	
Charge for Services I S 31,479 Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. S O Yes O No Page 15, Line 1d Legal Services Information Telephone Number 1 Name of Legal Firm or Independent Attorney Telephone Number 1 1 1 2 3 4 5	
Charge for Services I S 31,479 Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. Image: Services Information O Yes O No Page 15, Line 1d Legal Services Information Image: Telephone Number Telephone Number 1 1 Telephone Number 2 3 4 5 1 1 2 3 4 5 1 1 2 3 3 4 5 5 Services Provided by This Firm (describe fully) 1 5 1 \$ 2 3 \$ 3 4 5 5 Services Provided by This Firm (describe fully) 1 \$ 1 \$ 2 3 \$ 3	
Charge for Services I \$ 31,479 Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. © Yes O No Page 15, Line 1d Legal Services Information Telephone Number 1 1 2 3 3 4 5 5 Services Provided by This Firm (describe fully) 1 \$ 2 \$ 3 \$ 4 5 5 5 5 5 5 5 6 5 7 5 8 5 9 1 10 \$ 11 \$ 12 \$ 3 4 5 5 5 5 5 5 6 5 7 \$ 8 \$ 9 \$ 10 \$ 11 \$ 12<	
Charge for Services I Services Information Name of Legal Firm or Independent Attorney Telephone Number 2 3 4 5 Services Provided by This Firm (describe fully) 1 \$ 2 \$ 3 \$ 4 \$ 5 \$ 5 \$ 3 \$ 4 \$ 5 \$ 5 \$ 3 \$ 4 \$ 5 \$ 5 \$ 5 \$ 5 \$ 3 \$ 4 \$ 5 \$ 5 \$ 3 \$ 4 \$ 5 \$ 3 \$ 4 \$ 5 \$ 3 \$ 4 \$ 5 \$ 5	
Charge for Services I S 31,479 Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. S O Yes O No Page 15, Line 1d Legal Services Information Telephone Number Telephone Number 1 7 Telephone Number 2 3 4 5 3 4 5 4 4 5 5 5 Services Provided by This Firm (describe fully) 1 \$ 1 \$ \$ 2 \$ \$ 3 \$ \$ 4 5 \$ 5 \$ \$ 2 \$ \$ 3 \$ \$ 4 \$ \$ 5 \$ \$ 6 \$ \$ 7 \$ \$ 8 \$ \$ 9 \$ \$ 9 \$ \$ 9 \$ \$ <td></td>	
Charge for Services I Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.	
Charge for Services I S 31,479 Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. S O Yes O No Page 15, Line 1d Legal Services Information Telephone Number Telephone Number 1 7 Telephone Number 2 3 4 5 3 4 5 4 4 5 5 5 Services Provided by This Firm (describe fully) 1 \$ 1 \$ \$ 2 \$ \$ 3 \$ \$ 4 5 \$ 5 \$ \$ 2 \$ \$ 3 \$ \$ 4 \$ \$ 5 \$ \$ 6 \$ \$ 7 \$ \$ 8 \$ \$ 9 \$ \$ 9 \$ \$ 9 \$ \$ <td></td>	

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility			License No.	4o.			Report fo	Report for Year Ended	p		Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility	Care Faci	lity	2	2315			9/30/2016	5) %	37
						Period 10/1 Thru 6/30	1 Thru 6/	30		Period 7/1 Thru 9/30	Thru 9/3	0
	Total All	Total CCNH	Total RHNS	Total								
	Levels	Level	Level	(Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	44	44			44	44	-		44	44		
B. On last day of THIS report period	44	44			44	44			44	44		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	42	42			42	42			36	36		
B. As of midnight of THIS report period	38	38			36	36			38	38		
3. Total Number of Days Care Provided During Period												
A. Medicare	28	28							28	28		•
B. Medicaid (Conn.)	12,435	12,435			9,373	9,373			3,062	3,062		
C. Medicaid (other states)												
D. Private Pay	1,785	1,785			1,518	1,518			267	267		
E. State SSI for RCH												
F. Other (Specify) Aetna Managed Care	1	1			I	1						
G. Total Care Days During Period (3A thru F)	14,249	14,249			10,892	10,892			3,357	3,357		
4. Total Number of Days Not Included in Figures in 3G												
for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	16	16			16	16						
B. Other Bed Reserve Days	6	9			6	6						
5. Total Resident Days (3G + 4A + 4B)	14,271	14,271			10,914	10,914			3,357	3,357		

State of Connecticut Annual Report of Long-Term Care Facility CSP-9 Rev. 9/2002

			Sch	edu	ıle of	Res	side	nt S	tatis	stics (O	Cont'd	l)		
Name of Fa	cility			Licer	ise No.				Report	t for Year	Ended		Page	of
	•	Inc., d/t	o/a Twin Maples	2	2315				-	9/30/201	6		9	37
	•	-	in the certified l		pacity du	ring t	he repo	ort yea	.r?	0	Yes	٥	No	
	1		of Change		Cl	nange	in Bed	s		Ca	pacity After	er Change		
Date of	CCNH	RHNS			Lost			Gaine		i i	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Date of	Certin		(opeeny)		1050	r				1				
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason f	or Change
		<u>`</u>		. <u>` </u>			. ,	<u>``</u>				· · · · · · _		
			l											
			in certified bed 90 days followin			the r	eport y	ear (as	s report	ed in item	1 4 above)	provide the nur	nber of	
			Change in R	esider	nt Days					СС	NH	RHNS	(Spe	cify)
l st cha	inge		e	_	•									
2nd ch														
3rd ch														
4th cha		1	d Datas an Cant		20									
6. Numbe	r of Resid	ients an	d Rates on Septe Medicare	ember	<u>30 of Co</u> Medi		ar	<u> </u>		Se	lf-Pay		Other Sta	e Assisted
			Wiedicale		wicui						.11-1 ay		Other Sta	
	Item		CCNH	C	CNH	RI	INS		CNH	RH	INS	(Specify)	R.C.H.	ICF-MR
No of	Residents	3	Centr		36		1145		2		1110	(opeeny)	10.0.11.	
	em Rate	·	国际主义性的 社	5. K			1. J. J. D.		12. 9 4		1.44			
a. One	bed rm.	·												
b. Two	o bed rms	•	Various		185.10				300.00					
c. Thr	ee or mor	e												
bea	l rms.													
											T 4 I		DUDIO	(0:6-)
	Aumber of A. Medica	•	al Therapy Treat	ments						10	TAL 152	CCNH 152	RHNS	(Specify)
			clusive of Part B)								152		2 - -	
1			ce Treatments											
			Treatments											
	C. Other								_					
			l Therapy Treat								152	152	an and an	and the second
			n Therapy Treatn	nents										
	A. Medica		rt B clusive of Part B)								57	57		
'			ce Treatments											
			Treatments					-						
	C. Other									1				
Ī). Total S	Speech	Therapy Treatm	ents							57	57		
			ational Therapy	Treatr	nents									
	A. Medica										144	144		
			clusive of Part B))										
			Treatments							<u> </u>		·	<u> </u>	<u> </u>
	$\frac{2. \text{ Kes}}{2. \text{ Other}}$		Treatments							t			<u> </u>	
		Эссира	tional Therapy	Freatn	nents					†	144	144		

State of Connecticut Annual Report of Long-Term Care Facility CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Twin Maples Home, Inc., d/b/a Twin Maples Health Care Fa Are time records maintained by all individuals receiving compensa Item C A. Salaries and Wages* C 1. Operators/Owners (Complete also Sec. I C of Schedule A1) C 2. Administrator(s) (Complete also Sec. III C of Schedule A1) C 3. Assistant Administrator (Complete also Sec. IV C of Schedule A1) C 3. Assistant Administrator (Complete also Sec. IV C of Schedule A1) C 3. Assistant Administrator (Complete also Sec. IV C of Schedule A1) C 4. Other Administrative Salaries (telephone C operator, clerks, receptionists, etc.) C 5. Dietary Service C a. Head Dietitian C b. Food Service Supervisor C c. Dietary Workers C 6. Housekeeping Service C a. Head Housekeeper C b. Other Housekeeping Workers C 7. Repairs & Maintenance Services C	CCNH 120,272 81,873 42,013 10,525 137,656 56,650	Hours 2,096 2,423 2,355 2,355 504 12,091		0	Page 10 No (Specify)	of 37 Hours
Are time records maintained by all individuals receiving compensation Item C A. Salaries and Wages* Image: Complete also Sec. 1 1. Operators/Owners (Complete also Sec. 1 Image: Complete also Sec. 1 of Schedule A1) Image: Complete also Sec. 11 2. Administrator(s) (Complete also Sec. 111 Image: Complete also Sec. 111 of Schedule A1) Image: Complete also Sec. 111 3. Assistant Administrator (Complete also Sec. 111 Image: Complete also Sec. 111 of Schedule A1) Image: Complete also Sec. 111 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) Image: Complete also Sec. 111 5. Dietary Service Image: Complete also Sec. 112 a. Head Dietitian Image: Complete also Sec. 113 b. Food Service Supervisor Image: Complete also Sec. 114 c. Dietary Workers Image: Complete also Sec. 114 b. Food Service Supervisor Image: Complete also Sec. 114 c. Dietary Workers Image: Complete also Sec. 114 b. Other Housekeeper Image: Complete also Sec. 114 b. Other Housekeeping Workers Image: Complete also Sec. 114 c. Dietary Workers Image: Complete also Sec. 114 b. Other Housekeeping Worke	ttion? CCNH 120,272 81,873 42,013 10,525 137,656 56,650	Hours 2,096 2,423 2,355 2,355 504 12,091	Yes Total Cost a RHNS	nd Hours	No	
Are time records maintained by all individuals receiving compensation Item A. Salaries and Wages* 1. Operators/Owners (Complete also Sec. 1 of Schedule A1) 2. Administrator(s) (Complete also Sec. 111 of Schedule A1) 3. Assistant Administrator (Complete also Sec. 111 of Schedule A1) 3. Assistant Administrator (Complete also Sec. 111 of Schedule A1) 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 5. Dietary Service a. Head Dietitian b. Food Service Supervisor c. Dietary Workers 6. Housekeeping Service a. Head Housekeeper b. Other Housekeeping Workers 7. Repairs & Maintenance Services	CCNH 120,272 81,873 42,013 10,525 137,656 56,650	Hours 2,096 2,423 2,355 2,355 504 12,091	Total Cost a RHNS	nd Hours		Hours
Item C A. Salaries and Wages* 1. Operators/Owners (Complete also Sec. I of Schedule A1) 2. Administrator(s) (Complete also Sec. III of Schedule A1) 2. Administrator(s) (Complete also Sec. III of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 5. Dietary Service a. Head Dietitian b. Food Service Supervisor c. Dietary Workers 6. Housekeeping Service a. Head Housekeeper b. Other Housekeeping Workers 5. Other Housekeeping Workers	CCNH 120,272 81,873 42,013 10,525 137,656 56,650	Hours 2,096 2,423 2,355 2,355 504 12,091	Total Cost a RHNS	nd Hours		Hours
Item C A. Salaries and Wages* 1. Operators/Owners (Complete also Sec. I Image: Complete also Sec. I of Schedule A1) 2. Administrator(s) (Complete also Sec. III Image: Complete also Sec. III of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV Image: Complete also Sec. IV of Schedule A1) 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) Image: Complete also Sec. IV 5. Dietary Service Image: Complete also Sec. IV Image: Complete also Sec. IV 6. Housekeeping Service Image: Complete also Sec. IV Image: Complete also Sec. IV 6. Housekeeping Service Image: Complete also Sec. IV Image: Complete also Sec. IV b. Other Housekeeper Image: Complete also Sec. IV Image: Complete also Sec. IV 6. Housekeeping Service Image: Complete also Sec. IV Image: Complete also Sec. IV 7. Repairs & Maintenance Services Image: Complete also Sec. IV Image: Complete also Sec. IV	120,272 81,873 42,013 10,525 137,656 56,650	2,096 2,423 2,355 2,355 504 12,091	RHNS		(Specify)	Hours
 A. Salaries and Wages* Operators/Owners (Complete also Sec. 1 of Schedule A1) 2. Administrator(s) (Complete also Sec. III of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 5. Dietary Service a. Head Dietitian b. Food Service Supervisor c. Dietary Workers 6. Housekeeping Service a. Head Housekeeper b. Other Housekeeping Workers 7. Repairs & Maintenance Services 	120,272 81,873 42,013 10,525 137,656 56,650	2,096 2,423 2,355 2,355 504 12,091		Hours	(Specify)	Hours
 A. Salaries and Wages* Operators/Owners (Complete also Sec. 1 of Schedule A1) 2. Administrator(s) (Complete also Sec. III of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 5. Dietary Service a. Head Dietitian b. Food Service Supervisor c. Dietary Workers 6. Housekeeping Service a. Head Housekeeper b. Other Housekeeping Workers 7. Repairs & Maintenance Services 	120,272 81,873 42,013 10,525 137,656 56,650	2,096 2,423 2,355 2,355 504 12,091		Hours	(Specify)	Hours
 A. Salaries and Wages* Operators/Owners (Complete also Sec. 1 of Schedule A1) 2. Administrator(s) (Complete also Sec. III of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 5. Dietary Service a. Head Dietitian b. Food Service Supervisor c. Dietary Workers 6. Housekeeping Service a. Head Housekeeper b. Other Housekeeping Workers 7. Repairs & Maintenance Services 	120,272 81,873 42,013 10,525 137,656 56,650	2,096 2,423 2,355 2,355 504 12,091		Hours	(Specify)	Hours
1. Operators/Owners (Complete also Sec. 1 of Schedule A1) 2. Administrator(s) (Complete also Sec. III of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrator (Complete also Sec. IV of Schedule A1) 5. Dietary Service a. Head Dictitian b. Food Service Supervisor c. Dietary Workers 6. Housekeeping Service a. Head Housekeeper b. Other Housekeeping Workers 7. Repairs & Maintenance Services	81,873 42,013 10,525 137,656 56,650	2,423 2,355 504 12,091				
of Schedule A1) 2. Administrator(s) (Complete also Sec. III of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 5. Dietary Service a. Head Dictitian b. Food Service Supervisor c. Dietary Workers 6. Housekeeping Service a. Head Housekeeper b. Other Housekeeping Workers 7. Repairs & Maintenance Services	81,873 42,013 10,525 137,656 56,650	2,423 2,355 504 12,091				
2. Administrator(s) (Complete also Sec. III of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 5. Dietary Service a. Head Dietitian b. Food Service Supervisor c. Dietary Workers 6. Housekeeping Service a. Head Housekeeper b. Other Housekeeping Workers 7. Repairs & Maintenance Services	81,873 42,013 10,525 137,656 56,650	2,423 2,355 504 12,091				
of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 5. Dietary Service a. Head Dictitian b. Food Service Supervisor c. Dietary Workers 6. Housekeeping Service a. Head Housekeeper b. Other Housekeeping Workers 7. Repairs & Maintenance Services	42,013 10,525 137,656 56,650	2,355 504 12,091				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 5. Dietary Service a. Head Dictitian b. Food Service Supervisor c. Dietary Workers 6. Housekeeping Service a. Head Housekeeper b. Other Housekeeping Workers 7. Repairs & Maintenance Services	42,013 10,525 137,656 56,650	2,355 504 12,091				
of Schedule A1) 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 5. Dietary Service a. Head Dietitian b. Food Service Supervisor c. Dietary Workers 6. Housekeeping Service a. Head Housekeeper b. Other Housekeeping Workers 7. Repairs & Maintenance Services	10,525 137,656 56,650	504 12,091				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 5. Dietary Service a. Head Dietitian b. Food Service Supervisor c. Dietary Workers 6. Housekeeping Service a. Head Housekeeper b. Other Housekeeping Workers 7. Repairs & Maintenance Services	10,525 137,656 56,650	504 12,091				
operator, clerks, receptionists, etc.) 5. Dietary Service a. Head Dietitian b. Food Service Supervisor c. Dietary Workers 6. Housekeeping Service a. Head Housekeeper b. Other Housekeeping Workers 7. Repairs & Maintenance Services	10,525 137,656 56,650	504 12,091				
5. Dietary Service Alexan description a. Head Dietitian b. Food Service Supervisor c. Dietary Workers c. 6. Housekeeping Service c. a. Head Housekeeper c. b. Other Housekeeping Workers c. 7. Repairs & Maintenance Services c.	10,525 137,656 56,650	504 12,091				
a. Head Dictitian b. Food Service Supervisor c. Dietary Workers 6. Housekeeping Service a. Head Housekeeper b. Other Housekeeping Workers 7. Repairs & Maintenance Services	10,525 137,656 56,650	12,091				
b. Food Service Supervisor c. Dietary Workers 6. Housekeeping Service a. Head Housekeeper b. Other Housekeeping Workers 7. Repairs & Maintenance Services	137,656 56,650	12,091				
c. Dietary Workers 6. Housekeeping Service a. Head Housekeeper b. Other Housekeeping Workers 7. Repairs & Maintenance Services	137,656 56,650	12,091			i chonicati,	
6. Housekeeping Service a. a. Head Housekeeper b. b. Other Housekeeping Workers c. 7. Repairs & Maintenance Services c.	56,650		4- <u>2007</u> 7777			
a. Head Housekeeper b. Other Housekeeping Workers 7. Repairs & Maintenance Services		4,426				A FALLAND
b. Other Housekeeping Workers 7. Repairs & Maintenance Services		4,426				1
7. Repairs & Maintenance Services		4,426			<u> </u>	───
		• • • • • • • • • • • • • • • • • • •				
a Engineer or Chief of Maintenance						
a. Engineer or Chief of Maintenance b. Other Maintenance Workers	55,288	2,599		1		<u> </u>
8. Laundry Service	55,200	2,377		¥		
a. Supervisor						
b. Other Laundry Workers	5,540	520			<u> </u>	
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services					a state of the state of	
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents		1.5公司 经			1126.241.00	
a. Directors and Assistant Director of Nurses	88,688	2,249				İ
b. RN		4.78 4		And set of the		
1. Direct Care	339,734					<u> </u>
2. Administrative**	10,731	286		-	Sectors and Annual Sectors	
c. LPN	04 700	2.024				Contraction of the second
1. Direct Care	94,799	3,824	· · · · · ·	· · · · ·	<u> </u>	
2. Administrative** d. Aides and Attendants	354,208	27,171			<u> </u>	<u> </u>
e. Physical Therapists	334,208	27,171				
f. Speech Therapists					+	1
g. Occupational Therapists						
h. Recreation Workers	46,645	2,455				1
i. Physicians	THE R	1.2.4.1916分	Sale Provel in			1.5
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						P21
			l			<u> </u>
j. Dentists			1		<u> </u>	───
k. Pharmacists					.	╂
1. Podiatrists	51 104	2 201	<u> </u>			+
m. Social Workers/Case Management	51,194	2,291				
n. Marketing o. Other (Specify)			201 2 Pr 10 10		1 (72m) 1 0000 000 000	
See Attached Schedule						
	1,495,816	74,546			<u> </u>	+

* 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.

Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility 9/30/2016

Schedule of Other Salaries and Wages (Page 10)

	CC	NH	RH	INS	(Spe	cify)
Position	\$	Hours	\$	Hours	\$	Hours
		2013년 2월 20일 - 11일 - 1				
						States and States
						and and a second se
		eda balla di lata hacili e Manazina				
					N. <u>1991</u> 183 N	
				<u>ene kono non en e</u> Referención		eries. National
		en de la composición de la composi Estención de la composición de				
				and the second		An and a second s
		and an arrest			and the second	Angel - States Angel <u>Associ</u>
			AR Experie	ining (and a second		
Fotal Fotal	S -		\$-		S -	

Schedule of Other Fees (Page 13)

	CC	NH	RE	INS	(Spe	cify)
Service	\$	Hours	\$	Hours	\$	Hours
	- · · .					
Audiology	\$ 59	N/A			DECENT.	
	a the second					
	175, 191					Annalis Inc.
	i <u>Sebuti kesis</u> dari sebuti 1 bertari di Kadagi Maji					Construction of the second
<u>는 가슴을 물러 주말하는 것이 있는 것이 가지 않는 것이 있다. 것이 없다. 것이 않 것이 없다. 것이 있 것이 없다. 것이 없다. 것</u>						
Total	\$ 59	•	s -		S -	

State of Connecticut Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Compensation Received of 37 Worked Hours Total Page 11 Name and Address of All Other Employment** Assistant Administrators and Other Related Parties* Claimed on Line Where Report for Year Ended Page 10 977|A6b Al Hours Worked 2,096 Total 9/30/2016 Full Description of Services Rendered Housekeeping Owner Fringe Benefits (describe fully) and/or Other Payments Non Discrim Non Discrim 2315 License No. (Specify) Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility Salary Paid RHNS 14,287 120,272 CCNH Section I - Operators/Owners **Assistant Administrators who** parties of Operators/Owners may be the Administrator or facility (EXCEPT those who are identified on Page 12). Section II - Other related employed in and paid by Theodore E. Jackson Name Name of Facility Gail Edgington

* 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.

State of Connecticut Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005 Schedule A1 - Salary Information for Operators/Owners; Administrators, A aciatont A dministrators and Other Delated Doutier *

		Ł	Assistant	t Administra	Assistant Administrators and Other Related Parties*	Related	Parties*			
Name of Facility (as licensed)				License No.		Report for Year Ended	ear Ended		Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility	in Maples	Health Care	Facility	2315		9/30/2016			12	37
		Salary Paid	q							
				Fringe Benetits and/or Other			Line Where		Total	
Name	CCNH	RHNS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section III - Administrators***										
William D. Maggipinto (10/1/2015 - 5/26/2016)	64,956			Non Discrim	Administrator	1,705 A2	A2			
Mary Jo Besitka (RN) (5/27/2016 - 7/24/2016)	3,200			Non Discrim	Administrator	338 A2	A2			
Amy Bentley (7/25/2016 - Present)	13,717			Non Discrim	Administrator	380 A2	A2			
Section IV - Assistant Administrators										
*No allowance for calaries will be considered unless full information is movided. Use additional sheets if required	he consider	indess fi	ull informatic	un is nrovided Ilse	additional sheets if rem	nired				

*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.

State of Connecticut Annual Report of Long-Term Care Facility

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Y	'ear Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health	23	15	9/30/2016		13	37
an 在这些自己的时候,我们会是自己的,就是我们就能回去。			Total Cost	and Hours	.	
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
[*] B. Direct care consultants paid on a fee			大学者 表示			
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian	3,888	112				
2. Dentist	2,600	179				<u> </u>
3. Pharmacist	2,640	53				
4. Podiatrist						1
5. Physical Therapy					The state of the second	
a. Resident Care	5,340	64				
b. Other					· · · · ·	
6. Social Worker					 	
7. Recreation Worker						
8. Physicians			39 22			1993 E.
a. Medical Director (entire facility)	9,600	96	Sec. 19			
b. Utilization Review	19.9.2. 第 4343					
(Title 18 and 19 only) monthly meeting						·
c. Resident Care**						Marcule Scitting
d. Administrative Services facility 1. Infection Control Committee		antert.	ht is faire	朝太正之後		
(Quarterly meetings)						
2. Pharmaceutical Committee						
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually)	A CALL		a an suite an state an state an			
e. Other (Specify)	化学生物理学习	R all a		Sector Per-	STATE D	
9. Speech Therapist		1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				Sec. 4
a. Resident Care	381	18				
b. Other	301	10				
10. Occupational Therapist		the provide states			and the second	
a. Resident Care	5,717	58				
b. Other	5,717		· · · · ·			
11. Nurses and aides and attendants		· 通知的 · · · · · · · · · · · · · · · · · · ·	1997 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 -			1-3250
a. RN			之後 法制理的			
a. KN 1. Direct Care			and the second second			
2. Administrative***	· · · · · · · · · · · · · · · · · · ·				· ·· ··	
b. LPN			2********			53 2 - 1
D. LFN1. Direct Care						PRAIL OF
2 Administrative***			•	1	1	
2. Administrative***						
c. Aides						
c. Aides d. Other						
c. Aides	59					

* 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.

Name of Facility	License No.		Report for Y	Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Maple	es Health Car 2315	1	9/30/2016		14	37
Name & Address of Individual	Full Explanation of Service	Operato	* to Owners, ors, Officers		nation of Rela	ationship
	District	Yes	No	N/ A		
Catherine Leone, Rocky Hill, CT	Dietician	0	۲	N/A		
LTC Dental, LLP, 174 Scott Road, Prospect, CT 06712	Dentist	0	۲	N/A		
Partners Pharmacy, 70 Jackson Drive, Cranford, NJ 07016	Pharmacy Consultant	0	•	N/A		
Syntex Rehab, 7540 N 19th Avenue, Suite 200, Phoenix, AZ 85021	Physcial, Occupational and Speech Therapy	0	٥	N/A		
Matthew Raider, Saybrook Road, Middletown, CT	Medical Director	0	۲	N/A		
Health Drive, 888 Worcester St, Wellesley, MA 02482	Audiology	0	•	N/A		
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
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		0	0			
		0	0			
		0	0			
		0	0			
		0	0			

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

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

State of Connecticut Annual Report of Long-Term Care Facility CSP-15 Rev. 10/2005

C

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility License No.	T	Report for Y	ear Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Heal 2315		9/30/2016		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General		a (* 241 14)			
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	42,717	42,717		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	32,605	32,605		
4. Social Security (F.I.C.A.)	\$	112,984	112,984		
5. Health Insurance	\$	128,911	128,911		
6. Life Insurance (employees only)					<u>特别的</u> 我们
(not-owners and not-operators)	\$	(3,137)	(3,137)		
7. Pensions (Non-Discriminatory)	\$				
(not-owners and not-operators)				达是我们的 是	[1] 法法法法
8. Uniform Allowance	\$				
9. Other (Specify)	\$	5,371	5,371		
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*		王朝和王家的			
c. Bad Debts*	\$	700	700		
d. Accounting and Auditing	\$	31,479	31,479		
e. Legal (Services should be fully described on Page 7)	\$				
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*		接口的 有一种。	建筑 化合物系		
g. Office Supplies	\$	3,201	3,201		
h. Telephone and Cellular Phones		1. State of the			
1. Telephone & Pagers	\$	4,618	4,618		
2. Cellular Phones	\$				
i. Appraisal (Specify purpose and	\$		Non Transford British Conductor of The State of the State		and a state of the
attach copy)*				的任何能	
					计合于理论:
j. Corporation Business Taxes (franchise tax)	\$	250	250		
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$	12,631	12,631		
2. Other (<i>Specify</i>)	\$			uline variant filling in a successful to be	
See Attached Schedule				(1) · · · · · · · · · · · · · · · · · · ·	
3. Resident Day User Fee	\$	299,367	299,367		
Subtotal	\$	671,697	671,697		

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

(Carry Subtotals forward to next page)

*** DO NOT Include Holiday Parties / Awards / Gifts to Staff

Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility 9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description	C	CCNH	RHNS	(Specify)
		-		
401K Plan fees	\$	1,116		
Employer Match 401K	\$	3,351		
Employee Criminal Back Check	\$	904		
	a de Carlos		przek berk (b	
Total	\$	5,371	\$-	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
		ng teller och som som som	
Total	\$ -	\$	\$

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

Name of Facility License No.		Report for Y	Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health C 2315		9/30/2016		16	37
					ĺ
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forwa	rd:	671,697	671,697		
I. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	317	317		
4. Employee Travel	\$	815	815		
5. Education Expenses Related to Seminars and Conventions	\$	1,299	1,299		
6. Automobile Expense (not purchase or depreciation)	\$				
7. Other (<i>Specify</i>)	\$				
See Attached Schedule					1.172.274
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$	26	26		
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)***	\$				
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$	484	484		
6. Barber and Beauty Supplies (if this service is supplied	\$				
directly and not by contract or fee for service)***		化化化		部である。	言語書作
7. Postage	\$	708	708		
* 8. Dues and Membership Fees to Professional	\$	4,263	4,263		
Associations (Specify)		的事实的			
See Attached Schedule		利用の規			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	303	303		
9. Subscriptions	\$				
10. Contributions***	\$				
See Attached Schedule					3#1#2
11. Services Provided by Contract (Specify and Complete	\$	19,050	19,050		
Schedule C-2, Page 21 for each firm or individual)					
12. Administrative Management Services**	\$				
13. Other (Specify)	\$	4,602	4,602		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	703,564	703,564		

* 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.

Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility 9/30/2016

Attachment Page 16

ı

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	-		
	· · · ·		
	é ist		
Total Other Travel and Entertainment	\$ -	\$ ·	S -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
		te and the set	hand and the
말 그는 것 같은 것 같	11/1 - 2, 2 = 2		
Total Other Advertising	S	\$	S -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF Dues	\$ 3,003		
CBIA Dues	\$ 1,010		1997 - 19
ALTCFM	\$ 120		1.1.1
Atlantic States Rural Water Association	\$ 130		
	Vie that we		
Total Dues	\$ 4,263	S -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
			a segure against a sugar
	a a syn teisid	en ar i Keledi i i	
Total Contributions	\$-	\$	\$ 1000

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Routine Bank Charges	\$ 15		
Late Charges	\$ 685		
Licenses	\$ 2,402		
Administrative Fee - Contract Termination/Non Compete	\$ 1,500		
n an			
	han a shiri ka	an eo ruin an a	mengal and a
[10] M. K. S. Marketta, and S. Marketta, and M. K. Sandara, "A second structure of the second structure of the second system," in production," <i>Control Systems</i> , internet spectra and product structures and structures of the second system, and production, "Control Systems in the second structure of the second struc			
Total Other Administrative and General	\$ 4,602	S -	\$ -

Name of Facility	License No.	Report for Year Ended	Page of
Twin Maples Home, Inc., d/b/a Twin Map	2315	9/30/2016	17 37
	Cost of		Indicate Where Costs
Name & Address of Individual or	Management	Full Description of Mgmt. Service	are Included in Annual
Company Supplying Service	Service	Provided	Report Page #/Line #
N/A	Bervice		Report 1 age #/Ente #

Schedule C-1 - Management Services*

* 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)

			ote o	n Page 5)				
Nar	ne of Facility		Licens	e No. Report f			ear Ended	Page of
Twi	n Maples Home, Inc., d/b/a Twin Maples Healt	h C	a	2315	9/30/2016		,	18 37
	Item			Total		CCNH	RHNS	(Specify)
2.	Dietary							
	a. In-House Preparation & Service			· 表示在 ##20				
	1. Raw Food				_	98,429		
	2. Non-Food Supplies		9			10,240		
	3. Other (<i>Specify</i>)		_					
								A Product
ľ	b. Purchased Services (by contract other		9	384	0 23652	384		
	than through Management Services)							
	(Complete Schedule C-2 att. Page 21) c. Management Services**		9		578		金融 脱铁 静脉之下	
	d. Other (<i>Specify</i>)		<u>ر</u> ع		┼─			
ĺ	d, Other (<i>specify</i>)	-	_ 1					
				化 化学学问				
2E.	Total Dietary Expenditures $(2a + b + c + d)$		9	109,053		109,053		
2 D:	<u> </u>			107,033	<u> </u>	107,055		I
25	Diotom Quastionnaira			Total		CCNH	RHNS	(Spacify)
2F.	Dietary Questionnaire			10(8)	-		KHINS	(Specify)
G.	Resident Meals: Total no. of meals served per			L				
Н.	Is cost of employee meals included in 2E?	0	Yes	•	No			
I.	Did you receive revenue from employees?	0	Yes	٥	No		If yes, specify amt.	
J.	Where is the revenue received reported in the	Cost	t Report	? (Page/Line I	tem)	- · · ·	ant.	
J.	Is cost of meals provided to persons other				icin)			<u> </u>
К.	than employees or residents (i.e., Board	0	Yes	0	No		If yes, specify	
N .	Members, Guests) included in 2E?	U	105	0	110		cost.	
							If yes, specify	
L.	Is any revenue collected from these people?	0	Yes	\odot	No		amt.	
м	Where is the revenue received reported in the	Con	t Doport	2 (Dago/Line I	tom)			
<u>М.</u>	Where is the revenue received reported in the				iem)			
	Is cost of food (other than meals, e.g., snacks						If yes, specify	
N.	at monthly staff meetings, board meetings)	0	Yes	\odot	No		cost.	
	provided to employees included in 2E?							
							If yes, specify	
О.	Is any revenue collected from employees?	0	Yes	\odot	No		amt.	
D	Where is the revenue received received in the	Carr	+ Domost	O (Decc/Line L	+			
Р.	Where is the revenue received reported in the	LOS	i Keport	(Page/Line I	iem)) 		

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

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

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

-	License		Report for Y		Page of
Twin Maples Home, Inc., d/b/a Twin Maples Health Car		2315	9/30/2016		19 37
Item		Total	CCNH	RHNS	(Specify)
 Laundry In-House Processing* Bed linens, cubicle curtains, draperies, gowns and other resident care items 	Lbs. Amt. \$				
 washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or 	Lbs.				
processed.***	Amt. \$				
3. Personal clothing of residents	Lbs.				
washed, ironed, and/or processed.***	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs. Amt. \$	39,701	39,701		
 b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** d. Other (Specify) 	\$	19,215	19,215		
3E. Total Laundry Expenditures (3a+b+c+d)	\$	58,916	58,916		
3F. Laundry Questionnaire			<u> </u>		1
G. Is cost of employee laundry included in 3E? O	Yes	۲	No	If yes, specify cost.	
H. Did you receive revenue from employees? O	Yes	۲	No	If yes, specify amt.	-
I. Where is the revenue received reported in the Cost R	Report?		(Page/Line	Item)	
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	۲	No	If yes, specify cost.	
K. Did you receive revenue from these people? O	Yes	۲	No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost R	leport?		(Page/Line	Item)	· · · · · · · · · · · · · · · · · · ·

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 3E.

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

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

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

Name of Facility Lic	ense No.	Repo	ort for Year E	nded	Page	of
Twin Maples Home, Inc., d/b/a Twin Maples He	2315		9/30/2016		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping Sq.	Ft. Serviced					
a. In-House Care by	Personnel					
1. Supplies - Cleaning (Mops,	Amt.	\$				
pails, brooms, etc.)						
b. Purchased Services (by contract other Sq.	Ft. Serviced					
than through Management Services) by	Personnel					
(Complete Schedule C-2 att.	Amt.	\$	17,165	17,165		
Page 21)						
c. Management Services*		\$				
d. Other (<i>Specify</i>)		\$	11,750	11,750		
Supplies			建合金 建 构		HORAL	
4E. Total Housekeeping Expenditures (4a + b +	c + d)	\$	28,915	28,915		
5. Resident Care (Supplies)**				第二日 第二日 第二日		
a. Prescription Drugs***		1				
1. Own Pharmacy		\$				
2. Purchased from		\$	3,339	3,339		
Prescription Drugs						
b. Medicine Cabinet Drugs		\$	408	408		
c. Medical and Therapeutic Supplies		\$	43,753	43,753		
d. Ambulance/Limousine***		\$				
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		\$	2,438	2,438		
f. X-rays and Related Radiological		\$				
Procedures***						
g. Dental (Not dentists who should be include	d under	\$				
salaries or fees)						
h. Laboratory***		\$				
i. Recreation		\$	2,479	2,479		
j. Other (Specify)****		\$	1,077	1,077		
See Attached Schedule						and the second second second
5K. Total Resident Care Expenditures (5a - 5j)		\$	53,494	53,494		

* 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.

Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility 9/30/2016

Schedule of Other Resident Care

Description	ССИН	RHNS	(Specify)
Supplies - Patient Personal	\$ 367		
Air Mattress - Repair	\$ 292		
Medical Equipment Inspection	\$ 418		
Total Other Resident Care	\$ 1,077	S -	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-21 Rev. 10/2001

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

Related ** to Owners, Operators, Commony Related ** to Owners, Operators, Company Related ** to Owners, Operators, National for the formation of Company Relation of Service Provided * Rull Explanation of Service Provided * Total Medi-Apparel 100 Tumpike Due, Medidebury, CT 66/65 \odot \odot NA Patien Laundry 19215 Relationality Medi-Apparel 100 Tumpike Due, Medidebury, CT 66/65 \bigcirc \bigcirc NA Patien Laundry 19215 Relationality Relationality Relationality Relationality 17498 Relationality Relationality Relationality Relationality 17498 Relationality	Name of Facility Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility	/a Twin Maples Healt	n Care Facilit	X	License No. 2315	Report for Year Ended 9/30/2016				Page 21	of 37
Individual or ompanyAddress AddressYesNoExplanation of RelationshipFull Explanation of Service Provided*CONH 00 Turmple Drive. Modebury, CT 06572 \odot \odot \bigotimes N/AParient Laundry19,215 10 Van Dyke Ave., New Bornsvick, N10001 \bigcirc \bigotimes N/AParient Laundry19,215 10 Van Dyke Ave., New Bornsvick, N10001 \bigcirc \bigcirc \bigotimes N/ALinen Supply19,215 10 Van Dyke Ave., New Bornsvick, N10001 \bigcirc \bigcirc \bigotimes N/AParient Laundry19,215 10 Van Dyke Ave., New Bornsvick, N10001 \bigcirc \bigcirc \bigotimes N/AParient Laundry17,498 10 Van Dyke Ave., CT 06450 \bigcirc \bigcirc \bigotimes N/AParient Housekeeping17,165 11 Meriden, CT 06450 \bigcirc \bigcirc \bigcirc N/AParient Housekeeping17,165 11 Meriden, CT 06450 \bigcirc \bigcirc \bigcirc \bigvee \bigvee \bigcirc \bigcirc 11 Meriden, CT 06450 \bigcirc \bigcirc \bigcirc \bigvee \bigvee \bigcirc \bigcirc 11 Meriden, CT 06450 \bigcirc \bigcirc \bigcirc \bigvee \bigcirc \bigcirc \bigcirc \bigcirc 11 Meriden, CT 06450 \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc 11 Meriden, CT 06450 \bigcirc 11 Meriden, CT 06450 \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc			Related ** t Operators,	o Owners, Officers				Total Cost/	Total Cost/Page Ref.***		
Ion Tumpike Drive, Middlebury, CT 06762 O Ø N/A Patient Laundry Bunswick Dykes, Nav Oby O Ø N/A Linen Supply Bunswack, NJ 0800; O Ø N/A Linen Supply Bonswalk, CT 06854 O Ø N/A Payroll Processing Meriden, CT 06430 O Ø N/A Patrent Housekeeping Meriden, CT 06430 O Ø Ø Ø Ø Meriden, CT 06430 O Ø Ø Ø Ø Meriden, CT 06430 Ø Ø Ø Ø Ø Meriden, CT 06430 Ø Ø <td>me of Individual or Company</td> <td>Address</td> <td>Yes</td> <td>Ž</td> <td>Explanation of Relationship</td> <td>Full Explanation of Service Provided*</td> <td></td> <td>RHNS</td> <td>(Specify)</td> <td>Pg</td> <td>Line</td>	me of Individual or Company	Address	Yes	Ž	Explanation of Relationship	Full Explanation of Service Provided*		RHNS	(Specify)	Pg	Line
I0 Van Dyke Ave, New O O N/A Linen Supply Brunswick, NJ 08901 O O N/A Payroll Processing Norwalk, CT 06854 O O N/A Payroll Processing Norwalk, CT 06854 O O N/A Payroll Processing Meriden, CT 06450 O O N/A Patrent Housekeeping Meriden, CT 06450 O O N/A Patrent Housekeeping Norwalk, CT 06450 O O N/A Patrent Housekeeping Norwalk, CT 06450 O O N/A Patrent Housekeeping Norwalk, CT 06450 O O O N/A Patrent Housekeeping Norwalk O O O O N/A	parel	100 Turnpike Drive, Middlebury, CT 06762	0	0		Patient Laundry	19,215			6	
x 800 Connectient Ave #1, Norwalk, CT 06854 O Image: Nicroscolution of the sector		10 Van Dyke Ave, New Brunswick, NJ 08901	0	⊙	N/A	Linen Supply	39,801			19	19 3a1
Meriden, CT 06450 O Meriden, CT 06450 Meri	×	800 Connecticut Ave #1, Norwalk, CT 06854		٥	N/A	Payroll Processing	17,498			16	16 m11
	eaning	Meriden, CT 06450	0	٥	N/A	Patient Housekeeping	17,165			20 4b	4b
			0	0							
			0	0							-
			0	0							
			0	0							
			0	0							
			0	0							
			0	0							
			0	0							
			0	0							
			0	0							

* 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 Ye	ar Ended		Page	of
Twin Maples Home, Inc., d/b/a Twin Maples 2315		9/30/2016			22	37
Item		Total	CCNH	RHNS	(Spe	cify)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	15,340	15,340			
b. Heat	\$	16,655	16,655			
c. Light & Power	\$	29,268	29,268			
d. Water	\$					
e. Equipment Lease (Provide detail on page 6)	\$	4,989	4,989			
f. Other (<i>itemize</i>)	\$	48,688	48,688			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	114,940	114,940			
7. Depreciation (complete schedule page 23*)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	15,904	15,904			
c. Non-Movable Equipment	\$	8,969	8,969			
d. Movable Equipment	\$	2,958	2,958			
*7e. <i>Total Depreciation Costs</i> (7a + b + c + d)	\$	27,831	27,831			
8. Amortization (Complete att. Schedule Page 24*)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less	·					
real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$	30,181	30,181			
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$	2,431	2,431			
11. Total Property Expenses $(7e + 8e + 9 + 10)$	\$	60,443	60,443			

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

Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility 9/30/2016

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Schedule of Other Repairs and Maintenance

Description	(CCNH	RHNS	(Specify)
Purchased Services	\$	848		
Purchased Svcs-Medical Waste	\$	2,826		
Purchased Services - Maint. (No Contracted Services > \$10,000)	\$	42,982		
Rent-Equipment	\$	1,816	an a	
Diesel-Generator	\$	216		
	. ,			
		<u>a di 145</u>		
		in de la companya de La companya de la comp		
Fotal Other Repairs and Maintenance	\$	48,688	\$-	\$

State of Connecticut
Annual Report of Long-Term Care Facility
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Depreciation Schedule

			nchier	Depreciation schedule	annai					
Name of Facility Twin Manles Home Inc. d/h/a Twin Manles Health Care Eacility	Health Care	• Facility	License No.	v		Report for Year Ended 9/30/2016	nded		Page 23	of 37
THE MULTINE TIONS MINT WILL A DIA THIN MIL		fution 1				010000				2
			Historical			Accumulated				
			Cost	Less		Depreciation to	Method of			
			Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
Property Item			Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
					-		-			A STATE OF STATES
A. Land Improvements			-				_			A CONTRACTOR OF A CONTRACTOR A
 Acquired prior to this report period 										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	h schedule)									Active Section Section
A-4. Subtotal			4.4				A CONTRACTOR	Service Service		
B. Building and Building Improvements										A STATE OF A STATE
			856,944		856,944	759,214	S/L	Various	13.775	
2. Disposals (attach schedule)						1				and the first state of the
	ch schedule)		31.942		31.942		S/L	15 Years	2.129	
	(and the subscription of		15.904
			308 876		308 876	774 454	S/L	Various	8 939	
2 Discords (attack askedula)			200,040		070,000	447,777	4	cnoi m	10/0	
2. Disposals (allacit schedule)										States of the st
3. Acquired during this report period (attach schedule)	ch schedule)		438		438		S/L	15 Years	30	
C-4. Subtotal				Aller Property of	Y S. BABARAS				- option in the second state of the second	8,969
	Is a mileage									
	logbook	Date of	Historical			Accumulated				
	maintained?	Acquisition	Cost	Less		Depreciation to	Method of			
			Exclusive of	Salvage Volue	Cost to Be	Beginning of	Computing	Useful 1 :fo	Depreciation	Totola
	Yes No	Month Year	LAIN	Value	Depreciated	I CALS OPERATIONS	Depreciation	T'IIG	IOF THIS TEAL	I OLAIS
D. Movable Equipment					这一些 一个主要。		ALC: NOT OF THE OWNER.			
1. Motor Vehicles (Specify name, model	A CALL OF A	and the second	STATISTICS OF STATISTICS	Street Street Street Street		States and the second second		Standard Transle		
and year of each vehicle)							A DALE PROPERTY AND			
a.										
b.										
c.							-			
d.										
2. Movable Equipment										
a. Acquired prior to this report period	The second second	Var Var	231,479		231,479	217,359	S/L	Various	2,843	
b. Disposals (attach schedule)	A DESCRIPTION OF A DESC									the design of the
c. Acquired during this report period	States and the						and the second second			STATES CONTRACTOR
(attach schedule)		Var Var	662		662		S/L	7 Years	115	
D-3. Subtotal		•	State State State State				11 11 11 11 11 11 11 11 11 11 11 11 11	1 10 10 10 10 10 10 10 10 10 10 10 10 10	And the second se	2.958
F Total Neurociation		Constant and the second		いたの記術	and the second secon					7 831
			A NUMBER OF STREET, ST					8	Assessment of the second second second	

Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility 9/30/2016

Schedule of Land Improvements Acquired during this report period

				Useful	
Acquisition Date		Description of Item	Cost	Life	Depreciation
dditions:					
otal additions for	Land Improvements		\$-		\$ -
eletions:					
				· .	
	AR Contraction Result in Results				
otal deletions for	Land Improvements		\$ -		s -

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Description of Item	Cost	Useful Life	Depreciation
			•
Aqua Compliance Spec	\$ 1,053	15	\$ 70
Generator Remote Enunciator	4,679	15	312
Generator E-Stop Button	1,815	15	121
AC Unit	6,275	15	418
Shower Room Renovation/Replacement	6,210	15	414
Shower Room Renovation/Replacement	2,500	15	167
Installation of touch screen	385	15	26
Installation of emergency generator	3,500	15	233
AC Unit	5,525	15	368
Building Improvements	\$ 31,942		\$ 2,129
Building Improvements	S -		\$ -
	Aqua Compliance Spec Generator Remote Enunciator Generator E-Stop Button AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Building Improvements	Aqua Compliance Spec \$ 1,053 Generator Remote Enunciator 4,679 Generator E-Stop Button 1,815 AC Unit 6,275 Shower Room Renovation/Replacement 6,210 Shower Room Renovation/Replacement 2,500 Installation of touch screen 385 Installation of emergency generator 3,500 AC Unit 5,525 Building Improvements \$ 31,942	Description of ItemCostLifeAqua Compliance Spec\$ 1,05315Generator Remote Enunciator4,67915Generator E-Stop Button1,81515AC Unit6,27515Shower Room Renovation/Replacement6,21015Shower Room Renovation/Replacement2,50015Installation of touch screen38515Installation of emergency generator3,50015Building Improvements\$ 31,94215Installation of emergency generator115Station of emergency generator115Subtraction of emergency generator3,50015Installation of emergency generator3,50015Interference11

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

				Useful	
Acquisition Date	Descript	ion of Item	Cost	Life	Depreciation
Additions:					
10/5/2015	Toilet	S	219	15	\$ 15
2/1/2016	Toilet		219	15	15
			6 ° č i		
a Cale Martin State Cale			NEW CA		
A STATE OF BELLE					
Fotal additions for	Non-Movable Equipment	S	438	58 % (s	\$ 30
Deletions:					
a da fasta da se					
	Non-Movable Equipment	S		t	\$ -

Ties to Page 23, Line C3

**Ties to Page 23, Line C2

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Schedule of Movable Equipment Acquired during this report period

	1		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
12/3/2015	Conveyor Toaster	\$ 410	7	\$ 59
12/18/2015	Electrolux JetMaxx Bag Canister Vac	389	7	56
		CARAL		
Total additions for	Movable Equipment	\$ 799		\$ 115
Deletions:				
			Yall the second	
Total deletions for l	Movable Equipment	- s -		\$ -

*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:				[· •
1		the second		· · · · · ·
· · · · ·				
Total additions for	Leasehold Improvement	\$ -		s -
Deletions:				
1			i di sa kata kata	a select the out it
			14 - 15 - 19 - 19 - 19	
Salara da de			Angelen av 189	
			6.74756763	
		••••••••••••••••••••••••••••••••••••••		
	📫 이 것이다. 다 동안명령에서 회사님 동안 가격 운영되었다. 한 것은 것 동안이 있습니다. 이것은 사람이	the state of the s		and the second

**Ties to Page 24, Line C2 _____

Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006 State of Connecticut

Amortization Schedule*

			••			 - -		"	,
Nan	Name of Facility		License No.		Report for Year Ended	r Ended		Page	ot
Twii	Twin Maples Home, Inc., d/b/a Twin Maples Health Care Fac	fealth Care 1	² ad 2315		9/30/2016			24	37
					Accumulated				
		Date of			Amort. to				
		Acquisition	1		Beginning of	Basis for	<u> </u>		
			Length of	Cost to Be	Year's	Computing	Rate /	Amortization	
	Item	Month Year	A	Amortized	Operations	Amortization**	% f	for This Year	Totals
A.	Organization Expense								
	1. Appraisal	5	97 5 Years	6,000	6,000 S/L	S/L	20		
	2.								
	3.								
A-4.	. Subtotal								
ы.	Mortgage Expense	<u> </u>							
	1. Closing Costs	5	97 5 Years	54,390	54,390 S/L	S/L	20		
	2.								
	3.								
B-4.	. Subtotal								
ن ن	Leasehold Improvements and Other								
	1. Acquired prior to this report period								
	2. Disposals (attach schedule)								
	3. Acquired during this report period							WERE ARTEN	
	(attach schedule)								
C-4.	C-4. Subtotal							and the second secon	
D.	Total Amortization			States and States					
]	* Straight-line method must he used								

* 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; ORC. Remaining Life of Lease; ORD. Actual Life if owned by Related Party.

Twin Maples Health Care Medicaid Cost Report Template September 30, 2016

Acquisition Depreciation 2015 2016 2016 Historical Cost to be Useful Description Date Cost Depreciated Lives Method Accum Depreciation Depreciation <u>NBV</u> **Building Improvements** 704.705 704,705 704,705 704,705 Various Various Var Var (54, 390)(54, 390)(Less) Closing Costs* N/A (54, 390)(54, 390)N/A N/A --9/30/2003 2,700 2,700 10 S/L 2.700 -2,700 **Closet Doors** -Phone System 9/30/2003 5,277 5,277 5 S/L 5,277 . 5,277 _ Hydrolic Lift 9/30/2003 720 720 S/L 720 720 1 1,076 15 S/L 13,951 1,073 15,024 9/30/2003 16,100 16,100 Septic 9/30/2003 S/L 978 978 978 978 Oxygen Cabinet 1 Well System Repair 9/30/2003 3,631 3,631 10 S/L 3.631 3.631 Floorcoverings 9/30/2003 1,062 1.062 1 S/L 1,062 -1.062 Metal Doors 6/22/2005 1,696 1,696 1 S/L 1,696 1,696 . 7,689 10 S/L 7,689 7,689 Heating and Air Conditioning Unit 1/26/2005 7.689 . 1,574 5/11/2006 1,574 1,574 10 S/L 1,572 2 Locking / Security System 8/1/2006 1,775 1,775 S/L 1,775 1,775 Compressor for A/C 10 Water valve - sprinkler system 9/26/2006 10 S/L 3,205 3,205 3.205 3.205 --S/I 5,051 5,051 Sprinkler Instal. Patio/BSMT Pump Rm 5/15/2007 5 051 5.051 5 264 To reconcile to T/B 264 264 N/A N/A -Fire Door 3/17/2008 1.986 5 N/A 1.986 Septic Pump 11/17/2008 14,880 14,880 10 S/L 10,416 1,488 11,904 2,976 Well Pump 4/15/2009 2,398 N/A N/A 2,398 17,490 12,243 1,749 13,992 3,498 6/30/2009 17,490 10 S/L Chlorine Feed System 2,442 1,220 6/30/2009 12.204 12,204 10 S/L 9,762 Air Conditioner Replacement 8,542 Washing Machine and window air conditioner 6/30/2009 1.748 N/A N/A 1.748 6/30/2009 11.960 11,960 15 S/L 5,581 797 6,378 5,582 Siding Project 8/31/2009 1,927 N/A 1,927 **Circulator Pump** N/A 2,718 1,359 272 1,631 1,087 Septic Repairs 11/15/2010 2,718 10 S/L 12/10/2010 1,325 1,325 10 S/L 641 133 774 552 Septic Vent 2,940 2,940 S/L 294 1,323 3/29/2011 10 1.323 1.617 Septic Repaids 4,770 10 477 1,908 10/11/2010 4.770 S/L 2.385 2.862 Well Pump (replacement) 2,877 288 1.439 1.438 Septic Piping From Kitchen 9/29/2011 2.877 10 S/L 1.151 Septic Grinder Pump 3/9/2012 7,440 7,440 10 S/L 2,976 744 3,720 3,720 3/21/2012 1,200 1,200 5 S/L 960 240 1.200 Lobby Carpeting **Dutch Colonial Storage Unit** 6/5/2012 4,972 4,972 10 S/L 1,988 497 2,485 2,486 12/3/1918 6,913 6,913 10 S/L 2,765 691 3.456 3.457 Wall Removal S/L 486 Toilet/Sink 10/1/2011 975 975 10 391 98 489 S/L 78 390 391 Septic Filter Upgrade 3/2/2012 781 781 10 312 **Boiler Service** 4/6/2012 2,175 2,175 10 S/L 871 218 1,089 1.086 Portable On-Site Generator 10/17/2013 4,001 4,001 15 S/L 534 267 801 3,200 11/10/2013 1,270 1,270 15 S/L 170 85 255 1,016 Treatment Room Upgrades (Cabinets) 9,065 Breaker for Transfer Switch 11/19/2013 11,333 11,333 15 S/L 1,512 756 2,268 Transfer Switch - Energency Generator 11/22/2013 5,371 5,371 15 S/L 716 358 1.074 4,297 1,950 1-Well Water Chlorination System 4/8/2014 9.753 9.753 15 S/L 1.300 650 7.803 S/L Tile Flooring 8/5/2014 2,350 2,350 15 314 157 471 1.879 **Electrical Transfer Switch** 10/1/2014 720 720 15 S/L 48 48 96 624 Water Softener System 7/27/2015 16,431 16,431 15 S/L 1,095 1.095 2.190 14.241 10/27/2015 1,053 15 S/L 70 983 Aqua Compliance Spec 1,053 70 Generator Remote Enunciator 11/25/2015 4,679 4,679 15 S/L 312 312 4,367 1,815 S/L 121 1,694 Generator E-Stop Button 11/25/2015 1,815 15 -121 5,857 AC Unit 12/10/2015 6.275 6.275 15 S/L 418 418 -S/L 5.796 414 414 Shower Room Renovation/Replacement 12/22/2015 6.210 6,210 15 . Shower Room Renovation/Replacement 1/11/2016 2,500 2,500 15 S/L . 167 167 2.333 9/21/2016 385 385 15 S/L 26 26 359 Installation of touch screen 3,500 Installation of emergency generator 11/6/2015 3,500 15 S/L 233 233 3,267 7/18/2016 15 S/L 368 368 5,157 5,525 5,525 AC Unit 888,887 759,214 15,904 775,118 113,769 880,827 Total Building/Improv Nonmovable Equipment 244,309 244,309 Var S/L 197,298 5,303 202,601 41,708 Various Various S/L 91 1,359 10/30/2001 1.367 1.367 15 1,268 Well Pump 10/29/2001 1.589 S/L 1.589 1.589 Replace Circulator Heating Sys. 1.589 10 27 1/23/2002 1,358 1,358 15 S/L 1,240 91 1,331 Pump Water Softener 1/23/2002 2,507 2,507 10 S/L 2,507 2,507 . Steam Table 10/1/2005 1,705 1,705 10 S/L 1,705 1,705 10/4/2006 23,675 23,675 25 S/L 8,523 947 9,470 14,205 Furnace N/A 1,226 2 Office Desks 5/30/2007 1,226 N/A --500 N/A 8/28/2009 500 Hover Lift N/A 3,584 Freezer 11/9/2009 3,584 3,584 5 S/L 3,584 Generator Work 5/11/2010 2,136 N/A 2.136 5 . 5/18/2010 3,135 5 S/Ł 3,135 3,135 Refridgerator 3.135 -

8

2,160

Depreciation Schedule

Driveway Paving

6/8/2010

2,160

10

N/A

	c /0 /0010			-				-	1 10
AC Unit NJF Electric - Generator	6/8/2010 6/23/2010	1,197 2,745	- 2,745	5 10	N/A S/L	1,373	- 275	- 1,648	1,19 1,09
Dining Room Sink and Cabinet	5/19/2015	630	630	7	S/L	1,5/5		180	45
Refridgerator	3/18/2015	666	666	, 7	S/L	95		190	4
Freezer	6/16/2015	807	807	7	S/L	115		230	5
Steam Table	7/7/2015	850	850	7	S/L	121		242	6
Wanderguard Unit	3/26/2015	4,819	4,819	7	S/L	688		1,376	3,4
Dining Room AC Unit	6/15/2015	7,860	7,860	7	S/L	1,123		2,246	5,6
Toilet	10/5/2015	219	219	, 15	S/L	1,125	1,125	2,240	2
Toilet	2/1/2016	219	219	15	S/L		15	15	2
Tonet	2/1/2010	215	215	13	3/1	-	15	15	
Total Nonmovable Equip.	=	309,263	302,043			224,455	8,969	233,424	75,8
Movable Equipment									
Patient Life/Mattress	5/30/2007	7,080	7,080	10	S/L	6,372	708	7,080	-
Various	Various	202,027	202,027	Var	S/L	202,027	-	202,027	-
(Less) Appraisal Cost*	N/A	(6,000)	(6,000)	N/A	N/A	(6,000)) -	(6,000)	-
Oxygen Concentrator	4/12/2004	3,535	3,535	5	S/L	3,535		3,535	-
Gas Range	10/20/2004	4,016	4,016	5	S/L	4,016		4,016	-
Computer	11/13/2005	934	-	N/A	N/A		-	·	9
Electric Bed	8/25/2006	200	-	N/A	N/A	· _	-	-	2
Office Chairs	8/28/2006	104		N/A	N/A			_	1
				5	S/L	2 041	-	3,041	1
Medline Equipment - Capital lease	6/15/2006	3,041	3,041		•	3,041	•	5,041	-
Computer	1/20/2007	882	-	N/A	N/A	-	-		8
Supression System Gas Range	5/7/2007	8,055	8,055	5	S/L	8,055	-	8,055	-
Computer	4/21/2007	1,368	-	N/A	N/A	-	-	-	1,3
Computer	6/5/2008	1,343	-	N/A	N/A	-	-	-	1,3
Maytag Dryer	9/11/2012	593	593	10		237	59	296	2
Computer	9/27/2013	1,170	1,170	5	S/L	702	234	936	2
Mattresses & Bedspreads	5/24/2013	9,007	9,007	7	S/L	3,860	1,287	5,147	3,8
Patio Furniture	6/26/2013	256	256	5	S/L	153	51	204	
Chairs	4/10/2013	25	25	5	S/L	15		20	
Freezer & Milk Cooler	9/5/2013	400	400	7	S/L	171	57	228	1
IS Armoire Units	4/16/2014	2,665	2,665	7	S/L	762	381	1,143	1,5
Furniture (Disposal)	10/1/1997	(9,648)	(9,648)	7	S/L	(9,648)		(9,648)	-,-
Dining Room Chairs	10/23/2014	426	426	, 7	S/L	(5,048)		122	3
-	12/3/2015	410	420	7	S/L	01	59	59	3
Conveyor Toaster Electrolux JetMaxx Bag Canister Vac	12/18/2015	389	389	7	S/L	-	59	56	3
Fotal Movable Equipment	-	232,278	227,448			217,359	2,958	220,317	11,9
	=					<u> </u>			
C/R Assets & Depreciation Total (Land Included	1)	1,447,726				1,201,028	27,831	1,228,859	218,8
F/S Assets & Depreciation per TB		1,638,761					38,758	1,328,925	309,8
Rounding	-	-				-			
Variance	=	(61,032)					10,927 {b}	100,066	90,9 {a}
Rollforward Adjustment From Audit Binder		641					(0)		101
Variance from Prior Year C/R		(60,391)				Tiskarasha			
Variance from Insurance Claim	_	130,003 {c	}			Tickmarks {a}	Ties to Page 31,	Line B9 of the	cot repor
						{b}	Ties to Page 36	i, Line F1 of cos	t report
/S vs C/R NBV - Page 31, Line B9	=	90,969 {	a}			{c}	This amount re		
							insurance claim assets.	used to replace	e damage

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

Name of Facility Twin Maples Home, Inc., d/b/a Twin N	se No. 2315	Report for Year En 9/30/2016	ded		Page of 25 37	
11. Property Questionnaire		······································			••••••••••••••••	
Part A					····	
Is the property either owned by the Facil	ity	Vac	0	No	If "Yes," complete Part	t B.
or leased from a Related Party?*	U	Yes	0	INO	If "No," complete Part	C.
*If any owner or operator of this facility is re-						
business association to any person or organiz related party transaction.	ration from whom bu	ildings are leased, then i	t is considered a			
Description		Total		Rex Const	(1) 和 就是一 多 希老	
1. Date Land Purchased		06/01/72				
2. Date Structure Completed		06/01/72	合心 计 一		A.L. 自己了我是	
3. If NOT Original Owner, Date of Pu	rchase	N/A		推动规程。		
 Date of Initial Licensure Total Licensed Bed Capacity 		N/A				
6. Square Footage		44 13,290				
7. Acquisition Cost		15,270				
a. Land		17,298				
b. Building		432,199				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage	100.00-0000000-00
1. Financing						
a. Type of Financing (e.g., fixed, va	ariable)	HUD Financing				
b. Date Mortgage Obtained c. Interest Rate for the Cost Year		05/29/97				
d. Term of Mortgage (number of ye	ars)	3.90%				
e. Amount of Principal Borrowed		1,275,000				
f. Principal balance outstanding as	of 9/30/2016	962,247				
Complete if Mortgage was Refina	nced		化子子合金			
During Current Cost Year				的复数		1.5 1.5 1.4 1.4
g. Type of Financing (e.g., fixed, va	riable)				ļ	
h. Date of Refinancing i. New Interest Rate	. .					
i. New Interest Rate j. Term of Mortgage (number of ye	are)					
k. Amount of Principal Borrowed	ais)					
I. Principal Outstanding on Note P	aid-Off					
Part C - Arms-Length Leases for		mprovements Only	/	••••••••••••••••••••••••••••••••••••••		
Name and Address of Lessor	Pro	perty Leased	Date of Lease	Term of Lease	Annual Amount of Le	ease
					· · · · · · · · · · · · · · · · · · ·	
				l		

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 Yea	ır Ended		Page of
Twin Maples Home, Inc., d/b/a Twin N 2315		9/30/2016			26 37
Item		Total	CCNH	RHNS	(Specify)
12. Interest					
A. Building, Land Improvement & Non-Movable					
Equipment					
1. First Mortgage	\$	38,450	38,450		ilitate at a second
Name of Lender	Rate				
Address of Lender					
2. Second Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
3. Third Mortgage	\$	jn∃iovar≢ of solidist∰ of ova⊂a			
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage	\$				
Name of Lender	Rate				计算机 法
Address of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount	\$				
2. Loan Origination Date					
3. Interest Rate %	<u></u>				
4. Term					
5. CHEFA Interest Expense			aran yang menangkan kanangkan kanangkan kanangkan kanangkan kanangkan kanangkan kanangkan kanangkan kanangkan k		
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$	38,450	38,450		
				forward to n	· · · · ·

(Carry Subtotals forward to next page)

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

Name of Facility License N			Report for Year Ended			Page of
Twin Maples Home, Inc., d/b/a Twi 23	15		9/30/2016			27 37
Item			Total	CCNH	RHNS	(Specify)
	totals Bro	ught Forward:	38,450	38,450		
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
			利益地的成本。			
Address of Lender						
B. Item	Rate	Amount				
	1000	1 1110 411				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Intere	est					
Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)		\$	11,560	11,560	en taku Taku nce Anari yang tang tang tang taku na ing taku	
Provider Tax Interest						
13. Total All Interest Expense (12B7 + 120	C3 + 12D) \$	50,010	50,010		
14. Insurance		γ <u>ψ</u>	50,010	50,010		
a. Insurance on Property (buildings on	nlv)	\$	58,144	58,144		
b. Insurance on Automobiles		\$		439		
c. Insurance other than Property (as sp	pecified at					
1. Umbrella (<i>Blanket Coverage</i>)		\$	269	269		
2. Fire and Extended Coverage		\$				
3. Other (<i>Specify</i>)		\$				
	······			Arthr.		
14d. Total Insurance Expenditures (14a + 1		\$		58,852		
15. Total All Expenditures (A-13 thru C-1	4)	\$	2,764,228	2,764,228		

D. Adjustments to Statement of Expenditures

	e of Fa	•			cense No.	Report for Ye	ar Ended	Page 28	of
Twin	Mapl	es Ho	me, Inc., d/b/a Twin Maples Health Care Facil		2315	9/30/2016	9/30/2016		37
.					Total				
	Page				Amount of		DIDIO	(8	-: 6.)
No.			Item Description		Decrease	CCNH	RHNS	(Spe	city)
	<u>10 - S</u>	Salari	es and Wages	¢		St. 22.64			
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3. 4.			Occupational Therapy Other - See attached Schedule	\$ \$	120.272	100.070	· · · ·		
	12 1			\$	120,272	120,272			
	15 - 1	rojes	sional Fees Resident Care Physicians **	¢					
<u>5.</u> 6.	13	D10a	Occupational Therapy	\$ \$	5,717	5,717			
<u> </u>	13	втоа	Other - See attached Schedule	ه \$	3,717	5,717			
	. 15 0	16	Administrative and General	<u>э</u>					Erros y Erros
Page 8.	5 1 3 6	<u>. 10 -</u>	Discriminatory Benefits	\$					
<u>8.</u> 9.	15	1c	Bad Debts	م \$	700	700			
9. 10.	13	10	Accounting & Legal	\$ \$	700	700		· · · ·	
11.			Telephone	\$ \$				<u> </u>	
12.			Cellular Telephone	<u>ہ</u>				-	
12.			Life insurance premiums on the life	φ		·····································			1.54
15.			of Owners, Partners, Operators	\$	Ang and San 1994.		al city and a second	a survive service	
14.	16	L3	Gifts, flowers and coffee shops	<u>م</u> \$	317	317		[
14.	10	1.5	Education expenditures to colleges or	φ					
15.			universities for tuition and related costs						
			for owners and employees	\$				DEL DEL	
16.			Travel for purposes of attending	ψ	10 16 16 16 16 16 16 16 16 16 16 16 16 16				14821 - 3
10.			conferences or seminars outside the						
			continental U.S. Other out-of-state			清晰的 最高。	大学を推進		
			travel in excess of one representative	\$	1997 - 1997 -		We have the second state of		
17.			Automobile Expense (e.g. personal use)	\$					
18.	16	$m^{2}/3$	Unallowable Advertising *	\$					
19.	15	1k1	Income Tax / Corporate Business Tax	\$	12,631	12,631	· · · ·		
20.			Fund Raising / Contributions	\$	12,001	12,001	·		
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$	37,753	37,753			
	18 - 1	Dietar	y Expenditures	*					
24.		, iciui	Meals to employees, guests and others		2.40 B 84		N ANTONIA		Ma-Sof in
2			who are not residents	\$					
Page	<u> 19 - 1</u>	aund	ry Expenditures	*	1.12.18.18.25				
25.			Laundry services to employees, guests					Later	1.81
			and others who are not residents	\$			The second s		
Page	20 - F	House	keeping Expenditures	-*	4. 61 . 105 . 64	ALC: CONTRACTOR		197 - Top (199	
26.			Housekeeping services to employees, guests						
20.			and others, who are not residents	\$					
	L		Subtotal (Items 1 - 26)	\$	177,390	177,390		†	
				Ψ	1,7,370	1		1	

* 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.

Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility 9/30/2016

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	Al	Owners Salary (Theodore E. Jackson)	\$ 120,272		
					ata.
Total Othe	r Salaries A	Adjustment	\$ 120,272	\$	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
			and a second	and a state of the	a an
о 					
i z sala alatin Sila alatin Sila alatin					
Total Othe	r Fees Adj	ustments	\$	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a3	Prior Period FUTA Expense	\$ 6,607		
15	Var	Owners Benefits (Theodore E. Jackson)	\$ 28,658		
16	m8a	Chamber of Commerce Dues	\$ 303		
16	m13	Late Charges	\$ 685		
16	m13	Administrative Fee - Contract Termination/Non Compete	\$ 1,500	an an tha an Tha an tha an t	
Total Othe	r A&G Ad	justments	\$ 37,753	\$-	\$

Attachment Page 28

State of Connecticut **Annual Report of Long-Term Care Facility** CSP-29 Rev. 10/2006

Name of Facility License No. Report for Year Ended Page of 9/30/2016 29 37 2315 Twin Maples Home, Inc., d/b/a Twin Maples Health Care Fa Total Amount of Item Page Line No. No. No. Item Description Decrease **CCNH** RHNS (Specify) Subtotals Brought Forward \$ 177,390 177,390 Page 20 - Resident Care Supplies*** 20 5a1/2 Prescription Drugs \$ 3,339 3,339 27. 28. Ambulance/Limousine \$ \$ 29. X-rays, etc \$ 30. Laboratory 31. Medical Supplies \$ \$ 32. 20 5e2 Oxygen (non emergency) 2,438 2,438 33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ 761 761 Page 22 - Maintenance and Property Excess Movable Equipment Depreciation 35. See Attached Schedule \$ 36. Depreciation on Unallowable Motor Vehicles \$ 37. Unallowable Property and Real Estate Taxes \$ Rental of Building Space or Rooms 38 \$ 39 Other - See Attached Schedule \$ Page 27 - Insurance Mortgage Insurance 40. \$ 41. Property Insurance \$ Other - Miscellaneous 42. **Research or Experimental Activities** \$ Radio and Television Revenue \$ 43 44. Vending Machine Revenue \$ \$ 45. Purchase Discounts and Allowances Duplications of functions or services \$ 46 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48 Interest Income on Accounts Rec \$ 49 Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 11,560 11,560 Not For Profit Providers Only Building/Non Movable Eq. Depreciation 50 Unallowable Building Interest -See Attached Schedule \$ 51. Total Amount of Decrease (Items 1 - 50) \$ 195,488 195,488

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

*** 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.

-

Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility 9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20		Unallowable Med B Supplies	\$ 102		
20	5j	Supplies - Patient Personal	\$ 367		
20		Air Mattress - Repair	\$ 292		
					FILE 1. A Start St
otal Othe	er Ancillary	^z Costs	\$ 761	\$ -	\$

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
an an an Andri	a di an		Romanian y sy		
Total Exce	ss Movabl	e Equipment Depreciation	\$ -	\$ -	\$

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	Ngjavaj				
			a		
a series and	Al Agentia			Nepar.	
Total Othe	r Property	y Adjustments	\$ -	S -	s -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	12d	Provider Tax Interest	\$ 11,560		
	동이 비 사람왕 이 아파 소리				
			E.E.		
	(-)				
Total Othe	r Adjustm	ents	\$ 11,560	\$	\$

.....

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
			a Maria di santa da		
				na a la	
	an a		a posta presidente Referencia de la composición de la comp		
anta ang tao anta ang tao					
	and a second statement of the		dat an ainm D'Ainmine - ang is		
					Nine and Anna and Ann
	한 사람이 있				
Total Unal	lowable Bu	ulding Interest	\$	S -	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-30 Rev.10/2005

F. Statement of Revenue

Name of Facility License No.		Report for Y	ear Ended		Page	of
Twin Maples Home, Inc., d/b/a Twin Ma 2315		9/30/2016			30	37
Item		Total	CCNH	RHNS	(Speci	ify)
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$	2,289,145	2,289,145			
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$	10,393	10,393			
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$	541,800	541,800			
b. Private-Pay Room and Board Contractual Allowance **	\$			anna cominentitumero		s.
I. Other Resident Revenue		科教科				
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$		<u>.</u>		ļ	
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$			<u> </u>		
3. a. Physical Therapy - Medicare	\$	4,030	4,030			
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$	235	235			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$	1,512	1,512			
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$	3,819	3,819			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				<u>+</u>	
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				<u></u>	
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$					
II. Total Resident Revenue (Section I. thru Section II.)	\$	2,850,934	2,850,934	F AND ST	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
IV. Other Revenue*			STO 7.0			5
1. Meals sold to guests, employees & others	<u>\$</u>				+	
2. Rental of rooms to non-residents	<u>\$</u>				<u> </u>	
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$	11	11			
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$					
V. Total Other Revenue (1 thru 8)	\$	11	11			
VI. Total All Revenue (III+V)	\$	2,850,945	2,850,945			

* 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.

Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility 9/30/2016

Attachment Page 30

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref Description	CCNH	RHNS	(Specify)
			2.2 2.2 2.2 2.2 2.2 2.2 2.2 2.2 2.2 2.2
		이 가지 않는 것이 있다. 19 1년 - 19 1년 19 1년 - 19 1년 -	
Fotal Other Resident Revenue - Medicare	\$	S -	S -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref Description	CCNH	RHNS	(Specify)
			交通の直接
Total Other Resident Revenue	\$	S -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
30 IV 5	Interest Income	N/A	S 11		
t una divis				nasynytään työn en en syn. Työttä taisen en en syn työ	
				ieje - a din Region di a	
Total Inter	rest Income	al distant	\$ 11	\$	\$

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
			KRA	
		1997 - 1997 -		
				Autor de la
		a se		
a series de la compañía de la compañí		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
Total Othe	rRevenue	\$	S -	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-31 Rev. 6/95

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	-	of
Twin Maples Home, Inc., d/b/a	Twin M 2315	9/30/2016	31	37
	Account		1	Amount
Assets				
A. Current Assets				
1. Cash (on hand and in			\$	59,369
	eceivable (Less Allowance		\$	188,416
	ivable (Excluding Owners	or Related Parties)	\$	
4 Inventories			\$	700
5. Prepaid Expenses			\$	1,153
a. Prepaid Expenses		1,153		S. F. S. S. S.
b				
C				
d.				
6. Interest Receivable			\$	
7. Medicare Final Settle			\$	
8. Other Current Assets	(itemize)		\$	
		· · · · · · ·		
A-9. Total Current Assets (Li	nes A1 thru 8)		\$	249,638
B. Fixed Assets				
1. Land			\$	17,298
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreci	ation Net		·
3. Buildings	*Historical Cost	888,886	\$	113,768
	Accum. Depreci	ation 775,118 Net		
4. Leasehold Improvem	ents *Historical Cost		\$	
	Accum. Depreci	ation Net		<u></u>
5. Non-Movable Equipr	nent *Historical Cost	309,264	\$	75,841
	Accum. Depreci			
6. Movable Equipment	*Historical Cost		\$	11,961
	Accum. Depreci			
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreci	ation Net		
8. Minor Equipment-No	t Depreciable		\$	
9. Other Fixed Assets (i	temize)	· · · · · · · · · · · · · · · · · · ·	\$	90,968
F/S vs C/R NBV		90,969		
Rounding Variance		(1)		
B-10. Total Fixed Assets (Lines B1 thru 9)		\$	309,836

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

(Carry Total forward to next page)

State of Connecticut Annual Report of Long-Term Care Facility CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

Nam	e of	Facility	License No.	Report for Year Ended		Page		of
Twir	n Ma	aples Home, Inc., d/b/a Twin Ma	2315	9/30/2016		32		37
			Account			Aı	nount	
				Total Brought Forward:	\$		4	559,474
C.	Le	asehold or like property recorde	d 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 Depreci	able		\$			
C-8	То	tal Leasehold or Like Propertie	es (C1 thru 7)		\$			
D.	Inv	estment and Other Assets						
	1.	Deferred Deposits			\$			
	2.	Escrow Deposits			\$]	00,405
	3.	Organization Expense	*Historical Cost					
			Accum. Depreciation	Net	\$			
	4.	Goodwill (Purchased Only)			\$			
	5.	Investments Related to Resider	nt Care (itemize)		\$			
					Territoria		4.45	
	6.	Loans to Owners or Related Pa	arties (<i>itemize</i>)		\$			97,703
		Name and Address	Amount	Loan Date				
								開始に
		Shareholder	97,703					
	7.	Other Assets (itemize)			\$			
					100			
		tal Investments and Other Ass	· · · · · · · · · · · · · · · · · · ·		\$			98,108
D-9.	То	tal All Assets (Lines A9 + B10	+ C8 + D8)		\$			757,582

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

State of Connecticut Annual Report of Long-Term Care Facility CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Fac	cility		License No.	Report for Year I	Ended	Page	of
Twin Maple	s Horr	ne, Inc., d/b/a Twin Maples H	2315	9/30/2016		33	37
			Account			Am	ount
Liabilities							
А.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable			\$		195,826
	2.	Notes Payable (itemize)			\$		
		<u></u>					
		× 5 11 0 5 1					
	3	Loans Payable for Equipme	_		5		
		Name of Lender	Purpose	Amount	Date Due		
					4		
	4.	Accrued Payroll (Exclusive	of Owners and/or S	Stockholders only)	\$		74,912
	5.	Accrued Payroll (Owners ar	nd/or Stockholders	only)	\$		
	6.	Accrued Payroll Taxes Paya	ble		\$		1,916
	7.	Medicare Final Settlement P	ayable		\$		
	8.	Medicare Current Financing	Payable		\$		
	9.	Mortgage Payable (Current			\$		45,138
	10.	Interest Payable (Exclusive		elated Parties)	\$		
		Accrued Income Taxes*			\$		
	12.	Other Current Liabilities (ite	emize)		\$		36,993
		Resident Fund Account		993			
		Accrued Expenses	20,	000			
A-13	Tot	tal Current Liabilities (Line	s Al thru 12)		\$		354,785

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

(Carry Total forward to next page)

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State of Connecticut Annual Report of Long-Term Care Facility CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of		
Twin Maples Home, Inc., d/b/a Twin Maple	2315	9/30/2016		34	37		
	Account						
	ht Forward:		354,785				
Liabilities (cont'd)							
B. Long-Term Liabilities							
1. Loans Payable-Equipment		r	\$		AND ADDRESS OF ADDRESS		
Name of Lender	Purpose	Amount	Date Due				
			1				
				2. 读着:			
			1				
2. Mortgages Payable			\$		917,109		
3. Loans from Owners or Rela	ted Parties (itemize	?)	\$				
Name and Address of Lender	Amount	Loan D	ate				
				教育教授	生物理		
				新教授 權			
				堂) 遗论			
				記録数			
				北 注於[[]]。			
4. Other Long-Term Liabilitie	(itemize)	I	\$				
4. Other Long-Term Elabilitie	5 (110111120)		ъ 1				
		· · · ·					
	<u>-</u>	· · · ·					
				行为实行			
B-5. Total Long-Term Liabilities ()	Lines B1 thru 4)		\$		917,109		
C. Total All Liabilities (Lines A-			\$		1,271,894		

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

	ne of Facility License No. Report for Year Ended n Maples Home, Inc., d/b/a Twin N 2315 9/30/2016	Page 35	of 37
IWI	n Maples Home, Inc., d/b/a Twin N 2315 9/30/2016 Account		mount
A.	Reserves		
ĺ	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 (Equity)	\$	
	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	\$	3,000
	3. Paid-in Surplus	\$	(15,227)
	4. Treasury Stock	\$	
	5. Cumulated Earnings	\$	(577,875)
	6. Gain or Loss for Period 10/1/2015 thru 9/30/2016	\$	75,790
	7. Total Net Worth	\$	(514,312)
C.	Total Reserves and Net Worth	\$	(514,312)
D.	Total Liabilities, Reserves, and Net Worth	\$	757,582

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H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year	Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Ma	2315	9/30/2016	Liidda	36	37
_	Account				nount
A. Balance at End of Prior Period as she		09/30/2015		\$	(591,047)
B. Total Revenue (From Statement of K	*	· · · · · · · · · · · · · · · · · · ·		\$	2,850,945
C. Total Expenditures (From Statement		Page 27)		\$	2,775,155
D. Net Income or Deficit				\$	75,790
E. Balance				\$	(515,257)
 F. Additions Additional Capital Contributed (Expenses Per Page 27 F/S vs C/R Depreciation Total Expenses 2. Other (<i>itemize</i>) Prior Period Adjustment 	\$2,764,228	945			
F-3. Total Additions	· · ·			\$	945
G. Deductions				Ψ	
1. Drawings of Owners/Operators/I	Partners (Specify)			\$	
Name and Address (No., City, S		Title	Amount		。 建筑学校 第4本
2. Other Withdrawings (Specify)				\$	a Sannalin and a smallar set a suither diverse day
Purpose		Amou	int		
3. Total Deductions				\$	
H. Balance at End of Period	09/30/	/16		\$	(514,312)

State of Connecticut Annual Report of Long-Term Care Facility CSP-37 Rev. 9/2002

Name of Facility	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin	2315	9/30/2016	37	37
	Check appropriate catego	ory		
☑ Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)		
P	reparer/Reviewer Cert	ification		
have read the most recent Federal and S personnel as to the possible inclusion in regulations. All non-reimbursable exper removed in the State rate computations are properly reported as such in this rep data contained in this report is in agreen	n this report of expenses which are enses of which I am aware (excep system) as a result of reading repo port on Pages 28 and 29 (adjustme	e not reimbursable under the applicable of those expenses known to be automation of the services performed ents to statement of expenditures). Furt	cally by me	
Signature of Preparer	Title PRINCIPAL	Date Signed	<u></u>	
Printed Name of Preparer	I			
Matthew S. Bavolack				
Addres Address		Phone Number		
555 Long Wharf Drive, New Haven, CT 0651	1	203-781-9600		

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I. Preparer's/Reviewer's Certification

Subject to the attached accountants' consulting report



ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Twin Maple Home, Inc. for the year ended September 30, 2016, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Twin Maple Home, Inc. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of Twin Maple Home, Inc. and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

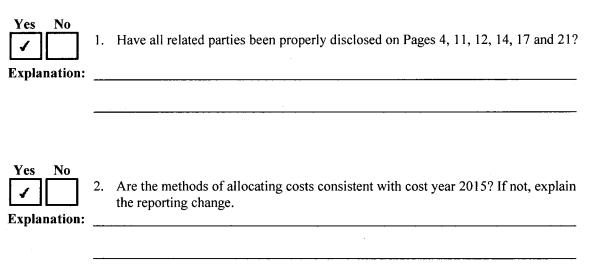
New Haven, CT January 23, 2017



Annual Report of Long-Term Care Facility Cost Year 2016 Checklist

Facility Name Twin Maples Healthcare, Inc.

Complete the following check list. **Provide an explanation for any "No" answers.** Attach additional sheets to explain further, if necessary.





3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.



4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Explanation:

Yes No



5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?

Explanation: No Yes 6. During cost year 2016, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health? **Explanation:** _____ Yes No 7. If there has been a change in Administrators, have the dates of employment and 1 applicable hours for each Administrator been reported on Page 12? **Explanation:** Yes No 8. Have hours been reported for all expenses claimed on Page 13? Hours must be ✓ actual rather than estimated. **Explanation:** Yes No 9. Has resident day user fee expense been properly reported on Page 15, Line 1k3? **Explanation:** w. No Yes 10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 1 and 22 been detailed on Page 21? Explanation:

Yes No

Explanation :	11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?
Yes No I Explanation:	12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?
Yes No	 13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from cost year 2015?
Yes No	14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?
Yes No Solution Explanation:	15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?
Yes No	16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Yes No

Explanation:	17. Have all contractual allowances been properly reported on Page 30?
Yes No	18. If the automated cost report was used, were all discrepancies on the Error Page addressed? If not addressed, explain why.
Yes No Solution Explanation:	19. Have Pages 1 and 37 been signed? Cost reports without a signed Page 1 and 37 will not be accepted.
Yes No	20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? <i>If detail is not provided, appropriate disallowances will be made.</i>
Yes No	21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?
Yes No	22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Client: Engagement: Period Ending: Trial Balance:	Twin Maples Home, Inc. Medicaid - Twin Maples 2016 Cost Report 9/30/2016 A.01 - TB-CCNH				
Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
10000	Petty Cash	50.00			50.00
10200	Regular Checking Account	42,300.00			42,300.00
10800	MORTGAGE ESCROW	100,405.00			100,405.00
11000	Accounts Receivable-PRIVATE	23,371.00			23,371.00
11001	Accounts Receivable-MEDICAID	158,418.00			158,418.00
11002	AR MEDICARE PART A	9,815.00			9,815.00
11003	AR MEDICARE PART B	6,255.00			6,255.00
11004	MEDICARE B COINSURANCE	349.00			349.00
11005	AR ANTHEM MEDICARE	895.00			895.00
11100	ALLOWANCE FOR BAD DEBT	(9,250.00)			(9,250.00)
11115	RESERVE FOR MEDICARE	(1,437.00)			(1,437.00)
11450	LOAN RECEIVABLE	97,703.00			97,703.00
12000	Supplies-Inventory	700.00			700.00
14000	Prepaid Expenses	1,153.00			1,153.00
15000	Furniture and Fixtures	47,591.00			47,591.00
15100	Equipment	231,045.00			231,045.00
15400	Leasehold Improvements	223,090.00			223,090.00
15500	Buildings	704,705.00			704,705.00
15600	Building Improvements	415,032.00			415,032.00
16900	Land	17,298.00			17,298.00 (1,328,925.00)
17300 20000	Accum. Depreciation-Other Accounts Payable	(1,328,925.00) (89,250.00)			(1,328,925.00) (89,250.00)
20000	RESIDENT FUND ACCOUNT	(16,993.00)			(16,993.00)
23000	Accrued Expenses	(20,000.00)			(20,000.00)
23200	Wages Payable	(74,912.00)			(74,912.00)
23210	ACCRUED PAYROLL TAXES	(1,916.00)			(1,916.00)
24000	Other Taxes Payable	(106,576.00)			(106,576.00)
24100	Current Portion Long-Term Debt	(45,138.00)			(45,138.00)
24300	Resident Fund Account	17,019.00			17,019.00
27000	Notes Payable-Noncurrent	(917,109.00)			(917,109.00)
39003	Common Stock	(3,000.00)			(3,000.00)
39004	Paid-in Capital	15,227.00			15,227.00
39005	Retained Earnings	577,875.00			577,875.00
40201	MEDICAID -SNF	(2,289,145.00)			(2,289,145.00)
40300	Private Pay	(541,800.00)			(541,800.00)
40400	MEDICARE PT A REVENUE	(9,570.00)			(9,570.00)
40401	MEDICARE PT B REVENUE	(9,361.00)		5,331.00	(4,030.00)
			RJE - 3	5,331.00	• • •
40402	MEDICARE B COINSURANCE	(18.00)			(18.00)
40405	MANAGED MEDICARE PT A AETNA	(235.00)			(235.00)
40450	MEDICARE A COINSURANCE	(805.00)			(805.00)
43200	Interest Income	(11.00)			(11.00)
58101	Payroll Administrator	81,873.00			81,873.00
58102	Payroll Office	42,013.00			42,013.00
58103	Payroll Dietary	137,656.00			137,656.00
58104	Payroli Laundry	5,540.00			5,540.00
58105	Payroll Housekeeping	56,650.00			56,650.00
58106	Payroll Maintenance	175,560.00		(120,272.00)	55,288.00
			RJE - 1	(120,272.00)	
58107	Payroll Aides	354,208.00			354,208.00

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
58108	Payroll Recreation	46,645.00		<u>.</u>	46,645.00
58109	Salaries FSS	10,525.00			10,525.00
58110	Salaries Dir. Nurses	88,688.00			88,688.00
58111	Salaries LPN's	94,799.00			94,799.00
58112	Salaries RN's	339,734.00			339,734.00
58114	Salaries Social Worker	51,194.00			51,194.00
58115	Salaries MDS INFECTION CONTROL	10,869.00			10,869.00
58116	SALARIES INFECTION CONTROL	(138.00)			(138.00)
58201	Payroll FICA	112,984.00			112,984.00
58202	Payroll FUTA	17,566.00			17,566.00
58203	Payroll SUTA	15,039.00			15,039.00
59000	Accounting	31,479.00			31,479.00
60501	Advertising - Help Wanted	26.00			26.00
62500	Bank Charges	15.00		(1 500 00)	15.00 0.00
63100	Consultants	1,500.00	RJE - 4	(1,500.00) (1,500.00)	0.00
62104	Consultants - Dietician	3,888.00	RJE - 4	(1,500.00)	3,888.00
63104 63106	Consultants - Detician Consultants - Medical Dir.	9,600.00			9,600.00
63108	Consultants - Medical Dif.	2,640.00			2,640.00
63111	MILEAGE TRAVEL SYNERTEX	405.00			405.00
63113	Consultants - PT part B	5,340.00			5,340.00
63119	Consultants - ST PART B	381.00			381.00
63121	Consultants - OT PART B	5,717.00			5,717.00
63500	Dairy Products Expense	11,471.00			11,471.00
64500	Depreciation Expense	38,758.00			38,758.00
65500	Dues and Subscriptions Expense	4,566.00		(303.00)	4,263.00
			RJE - 2	(303.00)	·
65501	Dues to Chamber of Commerce	0.00		303.00	303.00
			RJE - 2	303.00	
65600	EDUCATION EXPENSE	1,299.00			1,299.00
66600	FUEL SURCHARGE	120.00			120.00
67000	Groceries Expense	86,958.00			86,958.00
68500	Insurance Expense	269.00			269.00
68501	401K PLAN FEES	1,116.00			1,116.00
68502	EMPLOYER MATCH 401K	3,351.00			3,351.00
68510	Insurance Expense - Auto	439.00			439.00
68514	Insurance Expense - Health	128,911.00			128,911.00
68516	Insurance Expense - Life	(3,137.00)			(3,137.00)
68518	Insurance Expense - Property	58,144.00			58,144.00
68522	Insurance Expense - Wkrs. Com	42,717.00			42,717.00
69000	Interest Expense	38,450.00			38,450.00
69020	Interest Expense - Other	11,560.00			11,560.00
69200	LATE CHARGES	685.00			685.00
69500	Laundry - Linens	39,701.00			39,701.00
69720	Leases - Copier	3,446.00			3,446.00
69730	Leases - Dish Washer	1,073.00			1,073.00
69740 69760	Leases - Postage Meter	470.00 275.00			470.00 275.00
69760 70200	PROFESSIONAL - PROBATE				2,252.00
70200		2,252.00			410.00
70300	MILAGE REIMBURSEMENT	410.00 7,319.00			7,319.00
71000 73000	Maintenance and Repairs Exp	2,611.00			2,611.00
73000 74001	Office Supplies Expense EMPLOYEE CRIMINAL BACK CHECK	904.00			904.00
74001	Payroll Processing	17,498.00			17,498.00
10000	a grown roocoomy	17,700.00			,

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Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
76500	PATIENT SUPPLIES	280.00			280.00
77000	Postage Expense	708.00			708.00
78200	Purchased Services	848.00			848.00
78201	PURCHASED SVCS-MEDICAL WASTE	2,826.00			2,826.00
78202	Purchased Services - Dietary	384.00			384.00
78203	PURCHASED SERVICES OXYGEN	2,438.00			2,438.00
78204	Purchased Services - Laundry	19,215.00			19,215.00
78205	Purchased Services- Office	1,277.00			1,277.00
78206	Purchased Services - Housekeep	17,165.00			17,165.00
78207	PURCHASED SERVICES-NURSING	860.00	RJE - 4	(860.00) (860.00)	0.00
78208	Purchased Services - Maint.	42,982.00			42,982.00
78216	PURCHASED SERVICES DENTAL	2,600.00			2,600.00
78218	PURCHASED SERVICES AUDIOLOGY	59.00			59.00
78500	Recreation Expenses	1,300.00			1,300.00
79500	Repairs & Maintenance	151.00			151.00
80000	Rent-Equipment	1,816.00			1,816.00
80100	Staff Appreciation	317.00			317.00
81000	Supplies	27.00			27.00
81001	Supplies - Office	563.00			563.00
81002	Supplies - Dietary	10,240.00			10,240.00
81004	Supplies - Housekeeping	11,750.00			11,750.00
81005	Supplies - Maintenance	7,870.00			7,870.00
81006	Supplies - Nursing (MCD) OTC	128.00			128.00
81007	Supplies - Recreation	1,179.00			1,179.00
81009	Supplies - Patient Personal	367.00			367.00 43,651.00
81010		43,651.00			43,651.00 484.00
81012	MEDICAL RECORDS MEDICINE-MEDICARE PART A	484.00 1,294.00			1,294.00
81013 81023	MEDICINE T19/OTC T19	76.00			76.00
81023	FLU SHOT VACCINE/PNEUMOVAX	843.00			843.00
81024	EBOX PRESCRIPTIONS	1,126.00			1,126.00
81023	UNALLOWABLE MED B SUPPLIES	102.00			102.00
81700	Taxes	0.00		12,251.00	12,251.00
01700		0.00	RJE - 5	12,251.00	12,201.00
81701	CORP BUSINESS TAX EXTENSION	380.00		12,201.00	380.00
81702	CORP BUSINESS TAXES	12,501.00		(12,251.00)	250.00
01102		-2,001100	RJE - 5	(12,251.00)	
81711	Taxes - Property	30,181.00		(,,	30,181.00
81712	PERSONAL PROPERTY TAXES	2,431.00			2,431.00
81716	Taxes - Nursing Home Provider	299,367.00			299,367.00
82000	Utilities Expense	761.00			761.00
82010	Utilities - Electricity	28,507.00			28,507.00
82015	Utilities - Gas	2,945.00			2,945.00
82019	DIESEL-GENERATOR	216.00			216.00
82020	Utilities - Oil	13,590.00			13,590.00
82025	Utilities - Telephone	4,618.00			4,618.00
88000	Bad Debt Expense	700.00			700.00
Marcum 101	Owners Salary	0.00		120,272.00	120,272.00
			RJE - 1	120,272.00	
Marcum 102	ST Revenue Medicare Part B	0.00		(1,512.00)	(1,512.00)
			RJE - 3	(1,512.00)	
Marcum 103	OT Revenue Medicare Part B	0.00		(3,819.00)	(3,819.00)
			RJE - 3	(3,819.00)	

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
Marcum 104	Air Mattress - Repair	0.00		292.00	292.00
	·		RJE - 4	292.00	
Marcum 105	Administrative Fee	0.00		1,500.00	1,500.00
			RJE - 4	1,500.00	
Marcum 106	CLIA Lab Fees	0.00		150.00	150.00
			RJE - 4	150.00	
Marcum 107	Medical Equipment Inspection	0.00		418.00	418.00
			RJE - 4	418.00	
Total		0.00		0.00	0.00
	Net (Income) Loss			0.00	

Endigiting Roberts Part Procession Part Procession Part Procession Vencinger: A 3 - Grouping Report A 3 - Grouping Report Baser A 3 - Grouping Report		n Maples Home, Inc.				
Account Description ADJ JE Ref # RLE FNAL Account Description ADJ Storpus (1) Operation Construction 9002016		icaid - Twin Maples 2016 Cost Report				
Molecular Description ADJ JE Ref # RUE FINAL Account Description ADJ JE Ref # RUE FINAL Account Description ADJ JE Ref # RUE FINAL Account Description Description RUE T20.272.00 <						
Account Description ADJ JE Ref # RUE PRAL. bidgroup: [10,1] Salaries and Wages 000 120,272.00 120,272.00 120,272.00 bidgroup: [10,1] Operation:Convers 0.00 PRE - 1 120,272.00 120,252.00 0.00 12,252.00 10,252.00 </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
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biolog: [10.4] Salaries and Wages 120.772.00 120.272.00 ubdroug: [10.4] Salaries and Wages 0.00 R.E - 1 120.272.00 ubdroug: [21.2] Administrators 0.00 120.272.00 120.272.00 ubdroug: [23.2] Administrators 0.00 120.272.00 120.272.00 ubdroug: [26] Other Administrators 120.272.00 120.272.00 120.272.00 ubdroug: [26] Dater Atomatistrators 120.272.00 120.272.00 120.272.00 ubdroug: [26] Dater Atomatistrators 120.272.00 120.225.00 120.225.00 ubdroug: [26] Dater Atomatistrators 127.560.00 120.272.00 52.680.00 ubdroug: [26] Dater Atomatistrators <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
ubgroup: Constant Display			5/50/2010			0/00/2010
ubgroup: Constant Display	Froup : [10-A] Sala	ries and Wages				
Bit Departors/Owners DB PRIE - 1 120.222.00 120.272.00 ubgroup: [2] Administrators 0.00 <t< td=""><td></td><td>-</td><td></td><td></td><td></td><td></td></t<>		-				
Ubbold [1] Operators/Owners 0.00 128,272.80 128,272.80 ubgroup [2] Administrator 91,873.00 0.00 91,873.00 0.00 91,873.00 ubbold [2] Administrator 91,873.00 0.00 91,873.00 0.00 91,873.00 ubbold [2] Administrator 91,873.00 0.00 42,813.00 0.00 42,813.00 ubstroup [6] Other Administrator States 42,033 0.00 42,813.00 ubstroup [6] Food Service Supervisor 10,525.00 0.00 10,555.00 ubstroup [6] Food Service Supervisor 10,525.00 0.00 137,656.00 ubstroup [6] Other Administrator Setter 10,525.00 0.00 137,656.00 ubstroup [6] Other Maintenance Workers 55,650.00 0.00 55,650.00 ubstroup [7] Other Maintenance Workers 175,560.00 0.00 55,650.00 ubstroup [7] Other Maintenance Workers 175,560.00 0.00 55,640.00 ubstroup [7] Other Maintenance Workers 175,560.00 0.00 55,640.00	Marcum 101 Owr	ers Salary	0.00			120,272.00
ubgroup: [2] Administrator B107 Payrol Administrator B1,873 00 0.00 B1,873 00 ubgroup: [2] Other Administrator B1,873 00 0.00 B1,873 00 0.00 B1,873 00 ubgroup: [2] Other Administrative Salaries 42,013 00 0.00 42,013 00 42,013 00 ubgroup: [8] Other Administrative Salaries 42,013 00 0.00 42,013 00 ubgroup: [8] Other Administrative Salaries 42,013 00 0.00 10,525 00 ubgroup: [8] Other Housekeeping Workers 10,625 0.000 127,656 00 9100 EBI Other Housekeeping Workers 10,765 00 0.00 127,656 00 ubgroup: [8] Other Mousekeeping Workers 137,656 00 0.00 55,680 00 ubgroup: [8] Other Maintenance Workers 175,560 00 172,650 00 55,680 00 ubgroup: [8] Other Maintenance Workers 175,560 00 55,680 00 55,680 00 9100 Salaries Div Salaries Div 5,640 00 55,640 00 55,640 00 55,640 00 55,640 00 </td <td></td> <td></td> <td></td> <td>RJE - 1</td> <td></td> <td></td>				RJE - 1		
Bit Payol Administrator Bit 73.00	Subtotal [1] Operators	/Owners	0.00		120,272.00	120,272.00
8(1) Payol Administrator 31,673.00 0.00 81,673.00 ubgroup: [4] Other Administrators 81,673.00 0.00 81,673.00 ubgroup: [4] Other Administrators Salaries 42,013.00 0.00 16,273.00 ubgroup: [60] Food Service Supervisor 10,525.00 0.00 10,525.00 ubgroup: [61] Food Service Supervisor 10,525.00 0.00 10,525.00 ubgroup: [62] Food Service Supervisor 10,525.00 0.00 10,525.00 ubgroup: [63] Detary Workers 137,656.00 0.00 137,656.00 ubgroup: [63] Other Maintenance Workers 137,556.00 0.00 55,650.00 ubgroup: [64] Other Maintenance Workers 175,560.00 10,227,200 55,288.00 ubgroup: [76] Other Maintenance Workers 175,560.00 10,227,200 55,288.00 ubgroup: [78] Other Laundy Workers 5,540.00 0.00 5,540.00 ubgroup: [28] Other Laundy Workers 5,540.00 0.00 5,540.00 ubgroup: [29]		1.1.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4				
babbal [2] Administrators 61,873 0.00 61,873.00 babcou [2] Administrators States 42,013.00 0.00 42,013.00 42,013.00 babcou [2] Other Administrative States 42,013 0.00 42,013.00 60,00 42,013.00 babcou [2] Other Administrative States 42,013 0.00 42,013.00 60,00 42,013.00 babcou [2] Other Administrative States 10,0250 0.00 10,225.00 10,225.00 babcou [2] Other Administrative States 10,2250 0.00 10,225.00 10,225.00 babcou [2] Other Administrative States 137,656.00 0.00 137,656.00 10,225.00 babcou [26] Other Howskeeping Workers 137,656.00 0.00 56,650.00 10,227,200 52,860.00 0.00 56,850.00 0.00 56,850.00 10,227,200 52,886.00 10,227,200 52,886.00 10,227,200 52,886.00 10,227,200 52,886.00 10,227,200 52,886.00 10,227,200 52,886.00 10,227,200 52,886.00 10,227,200 52,886.00 10,227,200 52,886.00 10,227,2			81 873 00		0.00	91 972 00
ubgroup: [A] Other Administrative Salaries 42.013.00 42.013.00 et02 Payrol Office 42.013.00 0.00 42.013.00 ubgroup: [B] Food Service Supervisor 10.525.00 0.00 10.525.00 ubgroup: [B] Food Service Supervisor 10.525.00 0.00 10.525.00 ubgroup: [BC] Detary Workers 137.656.00 0.00 137.656.00 ubgroup: [C] Detary Workers 137.656.00 0.00 137.656.00 ubgroup: [C] Detary Workers 56.650.00 0.00 55.650.00 ubgroup: [C] Detary Workers 56.650.00 0.00 55.288.00 ubgroup: [C] Detary Workers 175.560.00 1(20.272.00) 55.288.00 ubgroup: [C] Other Housekeping Workers 175.560.00 1(20.272.00) 55.288.00 ubgroup: [2] Other Laundry Workers 175.560.00 0.00 55.288.00 ubgroup: [2] Director of Nurses/Assistant Director 56.680.00 0.00 55.288.00 ubgroup: [2] Director of Nurses/Assistant Director				_		
etd2 Payol Office 42,013.00 0.00 42,013.00 ubgroup : [61] Food Service Supervisor 10,525.00 0.00 10,525.00 ubgroup : [62] Detary Workers 10,525.00 0.00 10,525.00 ubgroup : [62] Detary Workers 10,525.00 0.00 10,525.00 ubgroup : [62] Detary Workers 137,656.00 0.00 137,656.00 ubgroup : [63] Other Housekeeping Workers 137,656.00 0.00 56,550.00 ubgroup : [64] Other Housekeeping Workers 155,650.00 0.00 56,550.00 ubgroup : [66] Other Housekeeping Workers 175,560.00 102,027.200) 55,288.00 ubgroup : [61] Other Laundry Workers 175,560.00 102,027.200) 55,288.00 ubgroup : [81] Other Laundry Workers 5,440.00 0.00 5,540.00 ubgroup : [121] Detar Laundry Workers 5,440.00 0.00 5,540.00 ubgroup : [122] Detar Laundry Workers 5,440.00 0.00 5,540.00 ubgroup : [128] Oth			01,013	_	0,00	01,070.00
BitQ Payrol Office 42,013.00 0.00 42,013.00 bibgroup (BB) Food Service Supervisor 10,525.00 0.00 10,525.00 bibgroup (BC) Detany Workers 10,525.00 0.00 10,525.00 bibgroup (BC) Detany Workers 10,525.00 0.00 10,525.00 bibgroup (BC) Detany Workers 137,656.00 0.00 137,656.00 bibgroup (BC) Detany Workers 137,656.00 0.00 55,550.00 bibgroup (BC) Detany Workers 137,656.00 0.00 55,550.00 bibgroup (BC) Detany Workers 137,656.00 0.00 55,550.00 bibgroup (BC) Detany Morkers 175,560.00 0.00 55,288.00 bibgroup (BC) Detany Morkers 175,560.00 10,222.200 55,288.00 bibgroup (BC) Detany Morkers 175,560.00 0.00 55,288.00 bibgroup (BC) Detany Morkers 175,560.00 10,222.200 55,288.00 bibgroup (BC) Detany Morkers 175,560.00 0.00	ubaroup : [4] Oth	er Administrative Salaries				
ubgroup: [68] Food Service Supervisor 10.225.00 0.00 10.225.00 ubgroup: [60] Desarvice Supervisor 10.225.00 0.00 10.225.00 ubgroup: [61] Desarvice Supervisor 10.225.00 0.00 10.225.00 ubgroup: [62] Detary Workers 137,656.00 0.00 137,656.00 ubgroup: [63] Detary Workers 137,656.00 0.00 56,650.00 ubgroup: [63] Other Maintenance Workers 85,550.00 0.00 56,650.00 ubgroup: [64] Other Maintenance Workers 175,550 0.00 55,288.00 ubgroup: [78] Other Laundry Workers 175,550 0.00 5,540.00 ubgroup: [78] Other Laundry Workers 175,550 0.00 5,540.00 ubgroup: [78] Other Laundry Workers 175,550 0.00 5,540.00 ubgroup: [78] Other Laundry Workers 175,560 0.00 5,540.00 ubgroup: [78] Names Workers 175,560 0.00 5,540.00 ubgroup: [178] Names Workers 175,560<	~		42,013.00		0.00	42,013.00
8109 Salanse FSS 10.525.00 0.00 10.525.00 ubtrols [05] Code Service Supervisor 10.525.00 10.525.00 10.525.00 ubtrols [05] Code Service Supervisor 10.525.00 0.00 137.856.00 ubtrols [05] Code Housekeeping Workers 10.525.00 0.00 137.856.00 ubtrols [05] Payrol Housekeeping Workers 56.850.00 0.00 56.850.00 ubtrols [05] Payrol Housekeeping Workers 175.560.00 0.00 55.288.00 ubtrols [16] Other Housekeeping Workers 175.560.00 0.00 55.288.00 ubtrols [16] Other Haintenance Workers 175.560.00 (120.272.00) 55.288.00 ubtrols [16] Other Laundry Workers 5.540.00 0.00 5.540.00 ubtrols [16] Other Maintenance Workers 175.560.00 0.00 5.540.00 ubtrols [16] Other Laundry Workers 5.540.00 0.00 5.540.00 ubtrols [12] Director of Nurses/Assistant Director 88.688.00 0.00 339.734.00 112< Salaries FN's	ubtotal [4] Other Adn	inistrative Salaries	42,013		0.00	42,013.00
8109 Salanse FSS 10.525.00 0.00 10.525.00 ubtrols [05] Code Service Supervisor 10.525.00 10.525.00 10.525.00 ubtrols [05] Code Service Supervisor 10.525.00 0.00 137.856.00 ubtrols [05] Code Housekeeping Workers 10.525.00 0.00 137.856.00 ubtrols [05] Payrol Housekeeping Workers 56.850.00 0.00 56.850.00 ubtrols [05] Payrol Housekeeping Workers 175.560.00 0.00 55.288.00 ubtrols [16] Other Housekeeping Workers 175.560.00 0.00 55.288.00 ubtrols [16] Other Haintenance Workers 175.560.00 (120.272.00) 55.288.00 ubtrols [16] Other Laundry Workers 5.540.00 0.00 5.540.00 ubtrols [16] Other Maintenance Workers 175.560.00 0.00 5.540.00 ubtrols [16] Other Laundry Workers 5.540.00 0.00 5.540.00 ubtrols [12] Director of Nurses/Assistant Director 88.688.00 0.00 339.734.00 112< Salaries FN's				_		
Ubbitolal (66) Food Service Supervisor 10,525 0.07 10,525 0.07 10,525 0.07 10,525 0.07 10,525 0.07 10,525 0.07 10,525 0.07 10,525 0.07 10,525 0.07 10,525 0.07 10,525 0.00 137,656.00 0.00 137,656.00 0.00 137,656.00 0.00 157,656.00 0.00 157,656.00 0.00 156,550.00<		d Service Supervisor				
ubgroup: ISC Detary Workers 137,656.00 0.00 137,656.00 9103 Payrol Dietary 137,656.00 0.00 137,656.00 1025 Payrol Dietary 137,656.00 0.00 137,656.00 1025 Payrol Dietary 156.50 0.00 157,656.00 1025 Payrol Maintenance Workers 56,650.00 0.00 55,265.00 1036 Payrol Maintenance Workers 175,550.00 (120,272.00) 55,286.00 1040161850 DMer Maintenance Workers 175,550.00 (120,272.00) 55,286.00 1040161870 DMer Maintenance Workers 175,550.00 (120,272.00) 55,286.00 1040161870 DMer Maintenance Workers 5,540.00 0.00 5,540.00 1040161870 DMer Maintenance Workers 5,540.00 0.00 5,540.00 105011120 Director of Nurses/Assistant Director 88,688.00 0.00 5,540.00 1040112121 Director of Nurses/Assistant Director 88,688.00 0.00 339,734.00 1040700111281 RNs - Direct Care 339,734.00 0.00 339,734.00 112						
8103 Payroli Dielary 137,656 0.00 137,655 Ubtols (50) Dielary Workers 137,656 0.00 137,655,00 B105 Payrol Housekeeping Workers 56,650,00 0.00 56,650,00 Ubtols (160) Dier Housekeeping Workers 56,650,00 0.00 55,550,00 ubtols (180) Dier Housekeeping Workers 55,650,00 0.00 55,520,00 ubtols (180) Dier Laundry Workers 175,560,00 (120,272,00) 55,288,00 ubtols (180) Dier Laundry Workers 5,540,00 0.00 5,540,00 B104 Payrol Hoursekasistant Director 5,540,00 0.00 5,540,00 Ubdorque; (123) Director of Nursekassistant Director 88,688,00 0.00 88,688,00 Ubdorque; (124) Director of Nursekassistant Director 88,688,00 0.00 339,734,00 Ubdorque; (128) RNs - Direct Care 339,734,00 0.00 339,734,00 Ubdorque; (128) RNs - Administrative 10,721 0.00 10,389,80,00 Ubdorque; (128) RNs - Administrative 10,721 0.00 10,389,20,00 Ubdgroue; (128) RNs - Administrati	ubtotal [5B] Food Se	rvice Supervisor	10,525		0.00	10,525.00
8103 Payroli Dielary 137,656 0.00 137,655 Ubtols (50) Dielary Workers 137,656 0.00 137,655,00 B105 Payrol Housekeeping Workers 56,650,00 0.00 56,650,00 Ubtols (160) Dier Housekeeping Workers 56,650,00 0.00 55,550,00 ubtols (180) Dier Housekeeping Workers 55,650,00 0.00 55,520,00 ubtols (180) Dier Laundry Workers 175,560,00 (120,272,00) 55,288,00 ubtols (180) Dier Laundry Workers 5,540,00 0.00 5,540,00 B104 Payrol Hoursekasistant Director 5,540,00 0.00 5,540,00 Ubdorque; (123) Director of Nursekassistant Director 88,688,00 0.00 88,688,00 Ubdorque; (124) Director of Nursekassistant Director 88,688,00 0.00 339,734,00 Ubdorque; (128) RNs - Direct Care 339,734,00 0.00 339,734,00 Ubdorque; (128) RNs - Administrative 10,721 0.00 10,389,80,00 Ubdorque; (128) RNs - Administrative 10,721 0.00 10,389,20,00 Ubdgroue; (128) RNs - Administrati	whereas there are					
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BitO5 Payroll Housekeeping 56,650.00 56,650.00 0.00 56,650.00 56,650.00 56,650.00 Subtotal [56] Other Housekeeping Workers 175,560 0.00 56,850.00 Subgroup: [78] Other Maintenance 175,560.00 RJE - 1 (120,272.00) 55,288.00 Subtotal [79] Other Laundry Workers 1810 Payroll Laundry Workers 175,560 0.00 5,440.00 BitO4 Payroll Laundry Workers 5,540.00 0.00 5,540.00 5,540.00 Subgroup: [180] Other Laundry Workers 5,540.00 0.00 5,540.00 5,540.00 Subgroup: [121] Director of Nurses/Assistant Director 88,688.00 0.00 88,688.00 Subgroup: [122] RNs - Janes Dir. Nurses/ 339,734.00 0.00 339,734.00 Subgroup: [122] RNs - Administrative 10,888.00 0.00 10,9734.00 Substotal [128] NFE CTION CONTROL 10,888.00 0.00 10,731.00 Substotal [122] RNs - Administrative 10,731.00 10,731.00 10,731.00 Substotal [122] RNs - Administrative 10,731.00 0.00 94,799.00 0.00 94	Subaroup · [6B] Oth	r Housekeeping Workers				
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ubgroup: [8] Other Laundry Workers 8104 Payrol Laundry 0 bigroup: [12A] Director of Nurses/Assistant Director 8104 B8 (688 00 0 bigroup: [12A] Director of Nurses/Assistant Director 8104 B8 (688 00 ubgroup: [12A] Director of Nurses/Assistant Director 810 B8 (688 00 ubgroup: [12A] Director of Nurses/Assistant Director 8112 Salaries RNs Salaries RNs 339,734.00 ubgroup: [12B1 RNs- Direct Care 339,734.00 9115 Salaries MDS INFECTION CONTROL 10,869.00 9115 Salaries MDS INFECTION CONTROL 10,869.00 9116 Salaries MDS INFECTION CONTROL 10,869.00 9117 Salaries MDS INFECTION CONTROL 10,731 9118 Salaries MDS INFECTION CONTROL 10,731 9119 Salaries MDS INFECTION CONTROL 10,731 9111 Salaries MDS INFECTION CONTROL 10,731 9111 Salaries MDS INFECTION CONTROL 10,731 9111 Salaries MDS INFECTION CONTROL 1				RJE - 1	(120,272.00)	
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8104 Payroll Laurdry 5,540.00 0.00 5,540.00 ubptotal [8B] Other Laundry Workers 5,540.00 0.00 5,540.00 ubgroup: [12A] Director of Nurses/Assistant Director 88,688.00 0.00 88,688.00 ubgroup: [12B] RNs - Direct Care 88,688.00 0.00 88,688.00 ubgroup: [12B1 RNs - Direct Care 339,734.00 0.00 339,734.00 ubgroup: [12B2 RNs - Administrative 339,734.00 0.00 10,869.00 ubgroup: [12B2 RNs - Administrative 815 Salaries RNFECTION CONTROL 10,869.00 10,869.00 8115 Salaries INFECTION CONTROL 10,869.00 0.00 10,869.00 8116 Salaries INFECTION CONTROL 10,731 0.00 10,741.00 ubgroup: [12C1 LPNs - Direct Care 94,799.00 0.00 94,799.00 8107 Payroll Aides 354,208.00 0.00 354,208.00 ubgroup: [12D] Aides and Attendants 354,208.00 0.00 46,645.00 8108 Payroll Aides 354,208.00 0.00 46,645.00 ubgroup: [12D] Aide						
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Bill O Salaries Dir, Nurses 88,688,00 0,00 88,688,00 Subtotal [12A] Director of Nurses/Assistant Director 88,688,00 0,00 88,688,00 Subtotal [12A] Director of Nurses/Assistant Director 88,688,00 0,00 88,688,00 Subtotal [12B1 RNs - Direct Care 339,734,00 0,00 339,734,00 Subtotal [12B2 RNs - Direct Care 339,734,00 0,00 10,869,00 Subtotal [12B2 RNs - Administrative 10,869,00 0,00 10,869,00 Bill S Salaries MDS INFECTION CONTROL 10,869,00 0,00 10,869,00 Subtotal [12B2 RNs - Administrative 10,731 0,00 10,731,00 Subtotal [12C1 LPNs - Direct Care 94,799,00 0,00 94,799,00 Subtotal [12C1 LPNs - Direct Care 94,799,00 0,00 354,208,00 Subtotal [12D] Aides and Attendants 354,208,00 0,00 354,208,00 Subtotal [12D] Aides and Attendants 354,208,00 0,00 354,208,00 Subtotal [12D] Aides and Attendants 354,208,00 0,00 354,208,00 Subtotal [12D] Aides and Attendants	Subaroun · [12A] Dire	tor of Nurses/Assistant Director				
Subtotal [12A] Director of Nurses/Assistant Director 0.00 88,688 0.00 88,688.00 Subgroup : [12B1 RNs - Direct Care 339,734.00 0.00 339,734.00 0.00 339,734.00 Subgroup : [12B1 RNs - Direct Care 339,734.00 0.00 339,734.00 0.00 339,734.00 Subgroup : [12B2 RNs - Administrative 10,869.00 0.00 10,869.00 0.00 (138.00) Subgroup : [12B2 RNs - Administrative 10,731 0.00 10,869.00 (138.00) Subtotal [12B2] RNs - Administrative 10,731 0.00 10,869.00 (138.00) Subgroup : [12C1 LPNs - Direct Care 94,799.00 0.00 94,799.00 Subtotal [12C1] LPNs - Direct Care 94,799.00 0.00 94,799.00 Subtotal [12C1] LPNs - Direct Care 94,799.00 0.00 354,208.00 Subtotal [12C1] LPNs - Direct Care 94,799.00 0.00 354,208.00 Subtotal [12C1] LPNs - Direct Care 94,799.00 0.00 354,208.00 Subtotal [12C1] LPNs - Direct Care 94,799.00 0.00 354,208.00 Subtotal [1			88 688 00		0.00	88 688 00
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Bit2 Salaries RN's 339,734.00 0.00 339,734.00 Subtotal [12B1] RNs - Direct Care 339,734.00 0.00 339,734.00 Subtotal [12B2] RNs - Administrative 8115 Salaries MDS INFECTION CONTROL 10,869.00 0.00 10,869.00 8115 Salaries MDS INFECTION CONTROL 10,869.00 0.00 10,869.00 8116 SALARIES INFECTION CONTROL (138.00) 0.00 10,731.00 Subtotal [12B2] RNs - Administrative 10,731 0.00 10,731.00 Subtotal [12C1 LPNs - Direct Care 94,799.00 0.00 94,799.00 Subtotal [12C1] LPNs - Direct Care 94,799.00 0.00 354,208.00 Subtotal [12D] Aides and Attendants 354,208.00 0.00 354,208.00 Subtotal [12D] Aides and Attendants 354,208.00 0.00 354,208.00 Subtotal [12H] Recreation Workers 8108 354,208.00 0.00 354,208.00 Subtotal [12H] Recreation Workers 46,645.00 0.00 46,645.00 0.00 46,645.00 Subtotal [12H] Recreation Workers 46,645.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td></t<>						
Subtotal [12B1] RNs - Direct Care 339,734.00 0.00 339,734.00 Subgroup : [12B2 RNs - Administrative 10,869.00 0.00 10,869.00 Stil 5 Salaries MDS INFECTION CONTROL 10,869.00 0.00 10,869.00 Subtotal [12B2] RNs - Administrative 10,731 0.00 10,869.00 (138.00) Subtotal [12B2] RNs - Administrative 10,731 0.00 10,731.00 (138.00) Subtotal [12C1 LPNs - Direct Care 94,799.00 0.00 94,799.00 94,799.00 Subtotal [12C1] LPNs - Direct Care 94,799.00 0.00 354,208.00 94,799.00 Subgroup : [12D] Aides and Attendants 354,208.00 0.00 354,208.00 354,208.00 Subtotal [12D] Aides and Attendants 354,208.00 0.00 46,645.00 354,208.00 Subtotal [12D] Aides and Attendants 354,208.00 0.00 354,208.00 354,208.00 Subtotal [12D] Aides and Attendants 354,208.00 0.00 46,645.00 354,208.00 Subtotal [12D] Aides and Attendants 354,208.00 0.00 46,645.00 354,208.00	ubgroup : [12B1 RNs	- Direct Care				
Subgroup : [12B2 RNs - Administrative	i8112 Sala	ries RN's	339,734.00		0.00	339,734.00
8115 Salaries MDS INFECTION CONTROL 10,869.00 0.00 10,869.00 8116 SALARIES INFECTION CONTROL (138.00) 0.00 (138.00) ubtotal [12B2] RNs - Administrative 10,731 0.00 10,731.00 ubtotal [12C1 LPNs - Direct Care 94,799.00 0.00 94,799.00 8111 Salaries LPN's 94,799.00 0.00 94,799.00 ubtotal [12C1] LPNs - Direct Care 94,799.00 0.00 354,208.00 ubtotal [12D] Aides and Attendants 354,208.00 0.00 354,208.00 ubtotal [12D] Recreation Workers 46,645.00 0.00 46,645.00 ubtotal [12H] Recreation Workers 46,645.00 0.00 51,194.00 ubtotal [12H] Social Workers/Case Management 51,194.00 0.00 51,194.00 ubtotal [12H] Social Workers/Case Management 51,194.00 0.00 1,485,816.00 ubtotal [12] Social	ubtotal [12B1] RNs -	Direct Care	339,734.00		0.00	339,734.00
8115 Salaries MDS INFECTION CONTROL 10,869.00 0.00 10,869.00 8116 SALARIES INFECTION CONTROL (138.00) 0.00 (138.00) Subtotal [12B2] RNs - Administrative 10,731 0.00 10,731.00 Subtotal [12C1 LPNs - Direct Care 94,799.00 0.00 94,799.00 Subtotal [12C1] LPNs - Direct Care 94,799.00 0.00 94,799.00 Subtotal [12C1] LPNs - Direct Care 94,799.00 0.00 354,208.00 Subtotal [12D] Aides and Attendants 354,208.00 0.00 354,208.00 Subtotal [12D] Recreation Workers 46,645.00 0.00 46,645.00 Subtotal [12H] Recreation Workers 46,645.00 0.00 51,194.00 Subtotal [12H] Recreation Workers 51,194.00 0.00 51,194.00 Subtotal [12H] Social Workers/Case Management 51,194.00 0.00 1,485,816.00 Subtotal [12A] Social						
8116 SALARIES INFECTION CONTROL (138.00) 0.00 (138.00) Jubtotal [12B2] RNs - Administrative 10,731 0.00 10,731.00 Jubtotal [12C1 LPNs - Direct Care 94,799.00 0.00 94,799.00 Jubtotal [12C1] LPNs - Direct Care 94,799.00 0.00 94,799.00 Jubtotal [12C1] LPNs - Direct Care 94,799.00 0.00 94,799.00 Jubtotal [12C1] LPNs - Direct Care 94,799.00 0.00 94,799.00 Jubtotal [12C1] LPNs - Direct Care 94,799.00 0.00 94,799.00 Jubtotal [12C1] LPNs - Direct Care 94,799.00 0.00 354,208.00 Silugroup : [12D] Aides and Attendants 354,208.00 0.00 354,208.00 Subtotal [12D] Aides and Attendants 354,208 0.00 354,208.00 Subtotal [12D] Recreation Workers 46,645.00 0.00 46,645.00 Subtotal [12H] Recreation Workers 51,194.00 0.00 51,194.00 Salaries Social Workers/Case Management 51,194.00 0.00 51,194.00 Solaries and Wages 1,495,816.00 0.00 1,49						
ubtotal [12B2] RNs - Administrative 10,731 0.00 10,731.00 ubgroup : [12C1 LPNs - Direct Care 94,799.00 0.00 94,799.00 ubtotal [12C1] LPNs - Direct Care 94,799.00 0.00 94,799.00 ubgroup : [12D] Aides and Attendants 94,799.00 0.00 354,208.00 ubtotal [12D] Aides and Attendants 354,208.00 0.00 354,208.00 ubtotal [12D] Aides and Attendants 364,208 0.00 354,208.00 ubtotal [12D] Recreation Workers 46,645.00 0.00 46,645.00 ubtotal [12H] Recreation Workers 46,645.00 0.00 51,194.00 ubtotal [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 ubtotal [12M] Social Workers/Case Management						
ubgroup : [12C1 LPNs - Direct Care B111 Salaries LPN's ubdtotal [12C1] LPNs - Direct Care 94,799.00 ubdtotal [12C1] LPNs - Direct Care 94,799.00 ubgroup : [12D] Aides and Attendants B107 Payroll Aides 0.00 354,208.00 ubtotal [12D] Aides and Attendants B107 Payroll Aides 0.00 354,208.00 ubtotal [12D] Aides and Attendants B108 Payroll Recreation Workers B108 Payroll Recreation Workers B108 Payroll Recreation Workers ubtotal [12H] Recreation Workers 46,645.00 ubtotal [12H] Recreation Workers 46,645.00 ubtotal [12H] Recreation Workers 46,645.00 ubtotal [12H] Recreation Workers 51,194.00 ubtotal [12H] Social Workers/Case Management 51,194.00 B114 Salaries Social Worker 51,194.00 ubtotal [12M] Social Workers/Case Management 51,194.00 iroup : [13-B] Professional Fees ubgroup : [1] Dietitian 3,888.00 3104 Consultants - Dietician 3,888.00 ubtotal [1]						
8111 Salaries LPN's 94,799.00 0.00 94,799.00 ubtotal [12C1] LPNs - Direct Care 94,799.00 94,799.00 94,799.00 ubgroup : [12D] Aides and Attendants 354,208.00 0.00 354,208.00 ubtotal [12D] Aides and Attendants 354,208.00 0.00 354,208.00 ubgroup : [12H] Recreation Workers 354,208 0.00 354,208.00 ubgroup : [12H] Recreation Workers 46,645.00 0.00 46,645.00 ubgroup : [12H] Recreation Workers 46,645.00 0.00 46,645.00 ubtotal [12H] Recreation Workers 46,645.00 0.00 46,645.00 ubgroup : [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 ubtotal [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 ubtotal [12M] Social Workers/Case Management 51,194.00 0.00 1,495,816.00 roup : [13-B] Professional Fees 1,495,816.00 0.00 3,888.00 ubgroup : [1] Dietitian 3,888.00 0.00 3,888.00 ubgroup : [2] Dentist 3,888.00 0.00 3,888.00 ubgroup : [ubtotal [12B2] KNS -	Administrative	10,731		0.00	10,731.00
Bit11 Salaries LPN's 94,799.00 0.00 94,799.00 ubtotal [12C1] LPNs - Direct Care 94,799.00 94,799.00 94,799.00 94,799.00 ubgroup : [12D] Aides and Attendants 8107 Payroll Aides 0.00 354,208.00 0.00 354,208.00 ubtotal [12D] Aides and Attendants 354,208.00 0.00 354,208.00 354,208.00 ubgroup : [12H] Recreation Workers 8108 Payroll Recreation Workers 0.00 46,645.00 0.00 46,645.00 ubgroup : [12H] Recreation Workers 46,645.00 0.00 46,645.00 0.00 46,645.00 ubgroup : [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 0.00 51,194.00 ubtotal [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 0.00 1,495,816.00 ubtotal [12M] Social Workers/Case Management 51,194.00 0.00 1,495,816.00 0.00 1,495,816.00 ubtotal [12H] Recreasional Fees 1,495,816.00 0.00 3,888.00 0.00 3,888.00 ubgroup : [1] Dietiti	ubaroup · [12C1 PN	- Direct Care				
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ubgroup : [12D] Aides and Attendants 3107 Payroll Aides 3107 Payroll Aides 0ubtotal [12D] Aides and Attendants 354,208.00 0.00 354,208.00 0.00 354,208.00 0.00 354,208.00 0.00 354,208.00 0.00 354,208.00 ubgroup : [12H] Recreation Workers 46,645.00 3108 Payroll Recreation Workers 3108 Payroll Recreation Workers 46,645.00 0.00 ubtotal [12H] Recreation Workers 46,645.00 0.00 46,645.00 ubgroup : [12M] Social Workers/Case Management 3114 Salaries Social Workers/Case Management 51,194.00 0.00 12M] Social Workers/Case Management 51,194.00 0.00 12M] Social Workers/Case Management 51,194.00 0.00 12M] Social Workers/Case Management 51,194.00 0.00 141 (12M] Social Workers/Case Management 51,194.00 0.00 1495,816.00 0.00 1495,816.00 0.00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>						
3107 Payroll Aides 354,208.00 0.00 354,208.00 ubtotal [12D] Aides and Attendants 354,208.00 0.00 354,208.00 ubgroup : [12H] Recreation Workers 46,645.00 0.00 46,645.00 stotal [12H] Recreation Workers 46,645.00 0.00 46,645.00 ubgroup : [12H] Recreation Workers 46,645.00 0.00 46,645.00 ubgroup : [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 stotal [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 ubtotal [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 stotal [10-A] Salaries and Wages 1,495,816.00 0.00 1,495,816.00 roup : [13-B] Professional Fees 910 0.00 3,888.00 ubgroup : [1] Dietitian 3,888.00 0.00 3,888.00 stotal [1] Dietitian 3,888.00 0.00 3,888.00 ubgroup : [2] Dentist 2,600.00 0.00 2,600.00				-		
ubtotal [12D] Aides and Attendants 354,208 0.00 354,208.00 ubgroup : [12H] Recreation Workers 46,645.00 0.00 46,645.00 ubtotal [12H] Recreation Workers 46,645.00 0.00 46,645.00 ubgroup : [12M] Social Workers 46,645.00 0.00 46,645.00 ubgroup : [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 ubtotal [12M] Social Worker/Case Management 51,194.00 0.00 51,194.00 ubtotal [12M] Social Worker/Case Management 51,194.00 0.00 51,194.00 ubtotal [12M] Social Worker/Case Management 51,194.00 0.00 51,194.00 ubtotal [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 otal [10-A] Salaries and Wages 1,495,816.00 0.00 1,495,816.00 iroup : [13-B] Professional Fees 3,888.00 0.00 3,888.00 ubgroup : [1] Dietitian 3,888.00 0.00 3,888.00 ubgroup : [2] Dentist 3,888.00 0.00 2,600.00 8216 PURCHASED SERVICES DENTAL </td <td>ubgroup : [12D] Aide</td> <td>s and Attendants</td> <td></td> <td></td> <td></td> <td></td>	ubgroup : [12D] Aide	s and Attendants				
ubtotal [12D] Aides and Attendants 354,208 0.00 354,208.00 ubgroup : [12H] Recreation Workers 46,645.00 0.00 46,645.00 stotal [12H] Recreation Workers 46,645.00 0.00 46,645.00 ubgroup : [12H] Recreation Workers 46,645.00 0.00 46,645.00 ubgroup : [12H] Recreation Workers 46,645.00 0.00 46,645.00 ubgroup : [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 stotal [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 ubtotal [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 ubtotal [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 roup : [13-B] Professional Fees 1,495,816.00 0.00 1,495,816.00 ubgroup : [1] Dietitian 3,888 0.00 3,888.00 ubgroup : [2] Dentist 3,888 0.00 3,888.00 ubgroup : [2] Dentist 2,600.00 0.00 2,600.00	8107 Payr	oll Aides	354,208.00		0.00	354,208.00
B108 Payroll Recreation 46,645.00 0.00 46,645.00 ubtotal [12H] Recreation Workers 46,645.00 0.00 46,645.00 ubgroup : [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 btotal [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 ubtotal [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 ubtotal [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 otal [10-A] Salaries and Wages 1,495,816.00 0.00 1,495,816.00 roup : [13-B] Professional Fees ubgroup : [1] Dietitian 3,888.00 3104 Consultants - Dietician 3,888 0.00 3,888.00 ubgroup : [2] Dentist 3,888 0.00 2,600.00	ubtotal [12D] Aides a	nd Attendants	354,208	-		
B108 Payroll Recreation 46,645.00 0.00 46,645.00 ubtotal [12H] Recreation Workers 46,645.00 0.00 46,645.00 ubgroup : [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 btotal [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 ubtotal [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 ubtotal [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 otal [10-A] Salaries and Wages 1,495,816.00 0.00 1,495,816.00 roup : [13-B] Professional Fees ubgroup : [1] Dietitian 3,888.00 3104 Consultants - Dietician 3,888 0.00 3,888.00 ubgroup : [2] Dentist 3,888 0.00 2,600.00						
ubtotal [12H] Recreation Workers 46,645.00 0.00 46,645.00 ubgroup : [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 8114 Salaries Social Worker 51,194.00 0.00 51,194.00 ubtotal [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 ubtotal [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 otal [10-A] Salaries and Wages 1,495,816.00 0.00 1,495,816.00 iroup : [13-B] Professional Fees 0.00 3,888.00 0.00 3,888.00 ubgroup : [1] Dietitian 3,888 0.00 3,888.00 0.00 3,888.00 ubgroup : [2] Dentist 3,260 0.00 2,600.00 2,600.00 2,600.00						
ubgroup : [12M] Social Workers/Case Management 8114 Salaries Social Worker 0.00 51,194.00 ubtotal [12M] Social Workers/Case Management 51,194.00 otal [10-A] Salaries and Wages 51,194.00 iroup : [13-B] Professional Fees ubgroup : [1] Dietitian 3104 Consultants - Dietician ubgroup : [2] Dentist bugroup : [2] Dentist 8216 PURCHASED SERVICES DENTAL	,			_		
Bit 14 Salaries Social Worker 51,194.00 0.00 51,194.00 ubtotal [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 0.00 51,194.00 otal [10-A] Salaries and Wages 1,495,816.00 0.00 1,495,816.00 0.00 1,495,816.00 roup : [13-B] Professional Fees 0.00 1,495,816.00 0.00 3,888.00 ubgroup : [1] Dietitian 3,888.00 0.00 3,888.00 3,888.00 ubgroup : [2] Dentist 3,280 0.00 2,600.00 2,600.00	ubtotal [12H] Recreat	ION WORKERS	46,645.00		0.00	46,645.00
3114 Salaries Social Worker 51,194.00 0.00 51,194.00 ubtotal [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 otal [10-A] Salaries and Wages 1,495,816.00 0.00 1,495,816.00 roup : [13-B] Professional Fees 0.00 3,888.00 ubtotal [1] Dietitian 3,888.00 0.00 3,888.00 stotal [1] Dietitian 3,888 0.00 3,888.00 ubtotal [1] Dietitian 3,888 0.00 2,600.00 ubgroup : [2] Dentist 2,600.00 0.00 2,600.00	ubaroup · (12M) Soci	al Workers/Case Management				
ubtotal [12M] Social Workers/Case Management 51,194.00 0.00 51,194.00 otal [10-A] Salaries and Wages 1,495,816.00 0.00 1,495,816.00 roup : [13-B] Professional Fees 0.00 1,495,816.00 ubgroup : [1] Dietitian 3,888.00 0.00 3,888.00 ubtotal [1] Dietitian 3,888 0.00 3,888.00 ubgroup : [2] Dentist 3,260.00 0.00 2,600.00 3216 PURCHASED SERVICES DENTAL 2,600.00 0.00 2,600.00		-	51 104 00		0.00	51 104 00
otal [10-A] Salaries and Wages 1,495,816.00 0.00 1,495,816.00 roup : [13-B] Professional Fees ubgroup : [1] Dietitian 3104 Consultants - Dietician 3,888.00 0.00 3,888.00 ubtotal [1] Dietitian 3,888 0.00 3,888.00 ubgroup : [2] Dentist 3216 PURCHASED SERVICES DENTAL 2,600.00 0.00 2,600.00	-					
roup : [13-B] Professional Fees ubgroup : [1] Dietitian 3104 Consultants - Dietician ubtotal [1] Dietitian ubgroup : [2] Dentist 3216 PURCHASED SERVICES DENTAL 2,600.00 0.00		3				
ubgroup : [1] Dietitian 3104 Consultants - Dietician 3,888.00 0.00 3,888.00 ubtotal [1] Dietitian 3,888 0.00 3,888.00 3,888.00 ubgroup : [2] Dentist 2,600.00 0.00 2,600.00 2,600.00		· -		=		.,
ubgroup : [1] Dietitian 3104 Consultants - Dietician 3,888.00 0.00 3,888.00 ubtotal [1] Dietitian 3,888 0.00 3,888.00 3,888.00 ubgroup : [2] Dentist 2,600.00 0.00 2,600.00 2,600.00	iroup : [13-B] Prof	essional Fees				
3104 Consultants - Dietician 3,888.00 0.00 3,888.00 ubtotal [1] Dietitian 3,888 0.00 3,888.00 3,888.00 ubgroup : [2] Dentist 2,600.00 0.00 2,600.00 2,600.00 8216 PURCHASED SERVICES DENTAL 2,600.00 0.00 2,600.00 2,600.00						
ubtotal [1] Dietitian 3,888 0.00 3,888.00 ubgroup : [2] Dentist 3216 PURCHASED SERVICES DENTAL 2,600.00 0.00 2,600.00			3.888.00		0.00	3.888.00
ubgroup : [2] Dentist 3216 PURCHASED SERVICES DENTAL 2,600.00 0.00 2,600.00						
B216 PURCHASED SERVICES DENTAL 2,600.00 0.00 2,600.00			<u></u>		· · · · · · · · · · · · · · · · · · ·	
ubtotal [2] Dentist 2,600 0.00 2,600.00		CHASED SERVICES DENTAL		-		
	ubtotal [2] Dentist		2,600		0.00	2,600.00
	erorai [5] Dennisr		2,000		0.00	2,000.00

Subgroup : [3] Pharmacist

Client:

Twin Maples Home, Inc.

Client: Engagement: Period Ending: Trial Balance:	Twin Maples Home, Inc. Medicaid - Twin Maples 2016 Cost Report 9/30/2016 A.01 - TB-CCNH				
Workpaper:	A.03 - Grouping Report		JE Ref #	RJE	FINAL
Account	Description	ADJ 9/30/2016	JE Rei #	KJE	9/30/2016
63108	Consultants - Pharmacist	2,640.00		0.00	2,640.00
Subtotal [3] Phar		2,640		0.00	2,640.00
Subgroup : [5A] 63113	PT - Resident Care Consultants - PT part B	5,340.00		0.00	5,340.00
Subtotal [5A] PT		5,340.00		0.00	5,340.00
		<u> </u>			
Subgroup : [8A]		9,600.00		0.00	9,600.00
63106 Subtotal [8A] Med	Consultants - Medical Dir. dical Director	9,600		0.00	9,600.00
		<i>i</i>			<u></u>
	ST - Resident Care	291.00		0.00	381.00
63119 Subtotal [9A] ST⊸	Consultants - ST PART B - Resident Care	<u>381.00</u> 381		0.00	381.00
	OT - Resident Care				
63121 Subtotal [10A] OT	Consultants - OT PART B	<u> </u>		0.00	<u>5,717.00</u> 5,717.00
Subtotal [TVA] OI	- Resident Care			0.00	3,717.00
Subgroup : [11A1	RN's - Direct Care				
78207	PURCHASED SERVICES-NURSING	860.00		(860.00)	0.00
Subtotal [11A1] R	N's - Direct Care	860.00	RJE - 4	(860.00)	0.00
	in s - Direct Gale			(000.00)	0.00
Subgroup : [12]	Other				
63100	Consultants	1,500.00	RJE - 4	(1,500.00)	0.00
78218	PURCHASED SERVICES AUDIOLOGY	59.00	RJE - 4	(1,500.00) 0.00	59.00
Subtotal [12] Othe		1,559.00		(1,500.00)	59.00
Total [13-B] Profe	essional Fees	32,585.00		(2,360.00)	30,225.00
Group : [15]	Expanditures Other than Salarian				
Group : [15] Subaroup : [1A1]	Expenditures Other than Salaries Workmen's Compensation				
68522	Insurance Expense - Wkrs. Com	42,717.00		0.00	42,717.00
Subtotal [1A1] Wo	orkmen's Compensation	42,717		0.00	42,717.00
Subaroup · [1A3]	Unemployment insurance				
58202	Payroll FUTA	17,566.00		0.00	17,566.00
58203	Payroll SUTA	15,039.00		0.00	15,039.00
Subtotal [1A3] Un	nemployment Insurance	32,605		0.00	32,605.00
Subaroup : [1A4]	Social Security (FICA)				
58201	Payroll FICA	112,984.00		0.00	112,984.00
Subtotal [1A4] So	ocial Security (FICA)	112,984		0.00	112,984.00
Subaroun · (145)	Health Insurance				
68514	Insurance Expense - Health	128,911.00		0.00	128,911.00
Subtotal [1A5] He	ealth Insurance	128,911	_	0.00	128,911.00
Subaroup - [1A6]	Life Insurance				
Subgroup : [1A6] 38516	Insurance Expense - Life	(3,137.00)		0.00	(3,137.00)
Subtotal [1A6] Lif	fe Insurance	(3,137.00)		0.00	(3,137.00)
	Other				
Subgroup : [1A9] 68501	401K PLAN FEES	1,116.00		0.00	1,116.00
68502	EMPLOYER MATCH 401K	3,351.00		0.00	3,351.00
74001	EMPLOYEE CRIMINAL BACK CHECK	904.00		0.00	904.00
Subtotal [1A9] Oti	her	5,371	<u> </u>	0.00	5,371.00
Subgroup : [1C]	Bad Debts				
38000	Bad Debt Expense	700.00		0.00	700.00
Subtotal [1C] Bad	i Debts	700.00		0.00	700.00
Subgroup : [1D]	Accounting and Auditing				
59000	Accounting	31,479.00		0.00	31,479.00
Subtotal [1D] Acc	counting and Auditing	31,479	_	0.00	31,479.00
Subgroup : [1G]	Office Supplies				
3000	Office Supplies Expense	2,611.00		0.00	2,611.00
1000	Supplies	27.00		0.00	27.00
31001	Supplies - Office	563.00		0.00	563.00
Subtotal [1G] Offi	ice Supplies	3,201		0.00	3,201.00
Subgroup : [1H1]	Telephone and Telegraph				
32025	Utilities - Telephone	4,618.00		0.00	4,618.00
2020		4,618.00		0.00	4,618.00

Client: Engagement: Period Ending:	Twin Maples Horne, Inc. Medicaid - Twin Maples 2016 Cost Report 9/30/2016				
rial Balance:	A.01 - TB-CCNH				
Vorkpaper:	A.03 - Grouping Report				50141
Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
ubgroup : [1J]	Corporation Business Taxes				
1702	CORP BUSINESS TAXES	12,501.00		(12,251.00)	250.00
			RJE - 5	(12,251.00)	
ubtotal [1J] Cor	poration Business Taxes	12,501.00		(12,251.00)	250.00
ubarous · [1K1]	Other Taxes - Income				
1700	Taxes	0.00		12,251.00	12,251.00
			RJE - 5	12,251.00	
1701	CORP BUSINESS TAX EXTENSION	380.00		0.00	380.00
ubtotal [1K1] O	ther Taxes - Income	380.00		12,251.00	12,631.00
ubaroup : [1K3]	Resident Day User Fee				
1716	Taxes - Nursing Home Provider	299,367.00		0.00	299,367.00
ubtotal [1K3] Re	esident Day User Fee	299,367		0.00	299,367.00
otal [15] Expend	ditures Other than Salaries	671,697.00		0.00	671,697.00
1000 · 1463	Expanditures Other than Calarian (as did) Admin and On	oral			
roup : [16] Jbgroup : [3]	Expenditures Other than Salaries (cont'd) - Admin. and Gene Gifts to Staff and Residents	elgi			
0100	Staff Appreciation	317.00		0.00	317.00
	to Staff and Residents	317.00		0.00	317.00
-					
ubgroup : [4]	Employee Travel	105 00		0.00	105 00
3111 300	MILEAGE TRAVEL SYNERTEX MILAGE REIMBURSEMENT	405.00 410.00		0.00 0.00	405.00 410.00
ubtotal [4] Emp		815.00		0.00	815.00
	······································				
ubgroup : [5]	Education Expense				
5600	EDUCATION EXPENSE	1,299.00		0.00	1,299.00
ubtotal [5] Educ	cation Expense	1,299		0.00	1,299.00
ubaroup : [M1]	Advertising Help Wanted				
0501	Advertising - Help Wanted	26.00		0.00	26.00
ubtotal [M1] Adv	vertising Help Wanted	26	_	0.00	26.00
	Madiant Damanda				
ubgroup:[M5] 1012	Medical Records MEDICAL RECORDS	484.00		0.00	484.00
ubtotal [M5] Me		484.00		0.00	484.00
ubgroup : [M7]					
7000 ubtotal [M7] Po:	Postage Expense	708.00 708		0.00	708.00
	praña			0.00	/08.00
ubgroup : [M8A] Dues to Chamber of Commerce				
5501	Dues to Chamber of Commerce	0.00		303.00	303.00
			RJE - 2	303.00	
ibtotal [M8A] D	ues to Chamber of Commerce			303.00	
ubaroup : (M11)	Services Provided by Contract				
	PROFESSIONAL - PROBATE	275.00		0.00	275.00
500	Payroll Processing	17,498.00		0.00	17,498.00
205	Purchased Services- Office	1,277.00	<u></u>	0.00	1,277.00 19,050.00
intotai [M111] Se	ervices Provided by Contract	19,050.00		0.00	19,050.00
ibgroup : [M13]	Other				
500	Bank Charges	15.00		0.00	15.00
200	LATE CHARGES	685.00		0.00	685.00
200	Licenses Administrative Fee	2,252.00		0.00	2,252.00 1,500.00
arcum 105	Administrative Fee	0.00	RJE - 4	1,500.00 1,500.00	1,500.00
arcum 106	CLIA Lab Fees	0.00		150.00	150.00
			RJE - 4	150.00	
ibtotal [M13] O	ther	2,952.00		1,650.00	4,602.00
barous - MACI	Dues			s.	
1bgroup : [M8] 500	Dues Dues and Subscriptions Expense	4,566.00		(303.00)	4,263.00
	Sans and Opponisions Expende	4,000.00	RJE - 2	(303.00)	4,200.00
ibtotal (M8) Du		4,566		(303.00)	4,263.00
otal [16] Expend	litures Other than Salaries (cont'd) - Admin. and General	30,217.00		1,650.00	31,867.00
oup : [18]	Dietary Basis for Allocation of Costs Paw Food				
bgroup : [2A1] 500	Raw Food Dairy Products Expense	11,471.00		0.00	11,471.00
				0.00	86,958.00
000	Groceries Expense	86,958.00		0.00	0,350.00

Client: Engagement: Period Ending: Trial Balance:	Twin Maples Home, Inc. Medicaid - Twin Maples 2016 Cost Report 9/30/2016 A.01 - TB-CCNH				
Workpaper:	A.03 - Grouping Report				
Account	Description	ADJ	JE Ref#	RJE	FINAL
Subgroup (242)	Non-Food Supplies	9/30/2016			9/30/2016
81002	Supplies - Dietary	10,240.00	_	0.00	10,240.00
Subtotal [2A2] No	on-Food Supplies	10,240	-	0.00	10,240.00
Subgroup : [2B]	Purchased Services				
78202	Purchased Services - Dietary	384.00	-	0.00	384.00
Subtotal [2B] Pu Total [18] Dietary	rchased Services Basis for Allocation of Costs	<u> </u>	-	0.00	<u>384.00</u> 109,053.00
			=		
Group : [19]	Laundry-Basis for Allocation of Costs				
5ubgroup : [3A4] 69500	Repair and/or purchased linens Laundry - Linens	39,701.00		0.00	39,701.00
	epair and/or purchased linens	39,701.00	-	0.00	39,701.00
Subaroup : [3B]	Purchased Services				
78204	Purchased Services - Laundry	19,215.00	_	0.00	19,215.00
Subtotal [3B] Pu		19,215.00	-	0.00	<u>19,215.00</u> 58,916.00
Total [19] Laundi	y-Basis for Allocation of Costs	58,916.00	=	0.00	56,910.00
Group : [20]	Housekeeping and Resident Care Basis for Allocation of Cos	sts			
Subgroup : [4B] 78206	Purchased Services Purchased Services - Housekeep	17,165.00		0.00	17,165.00
Subtotal [4B] Pu		17,165.00	-	0.00	17,165.00
			-		-
Subgroup : [4D] 81004	Other Supplies - Housekeeping	11,750.00		0.00	11,750.00
Subtotal [4D] Oth		11,750.00	-	0.00	11,750.00
Subgroup (EA2)	Purchased from				
81013	MEDICINE-MEDICARE PART A	1,294.00		0.00	1,294.00
81023	MEDICINE T19/OTC T19	76.00		0.00	76.00
81024 81025	FLU SHOT VACCINE/PNEUMOVAX EBOX PRESCRIPTIONS	843.00 1,126.00		0.00 0.00	843.00 1,126.00
Subtotal [5A2] Pi		3,339.00	-	0.00	3,339.00
		·····	-		<u></u>
Subgroup : [5B] 76500	Medicine Cabinet Drugs PATIENT SUPPLIES	280.00		0.00	280.00
81006	Supplies - Nursing (MCD) OTC	128.00		0.00	128.00
Subtotal [5B] Me	dicine Cabinet Drugs	408	_	0.00	408.00
Subgroup : [5C]	Medical and Therapeutic Supplies				
81010	SUPPLIES-MEDICAL	43,651.00		0.00	43,651.00
81027 Subtotal (EC) Ma	UNALLOWABLE MED B SUPPLIES dical and Therapeutic Supplies	<u> </u>	-	0.00	<u> </u>
Suprotal [SC] me	sical and Therapeutic Supplies	45,755.60	-	0.00	
Subgroup : [5E2]		0 400 00		0.00	2 429 00
78203 Subtotal [5E2] O:	PURCHASED SERVICES OXYGEN	2,438.00	-	0.00	2,438.00
			-		
Subgroup : [5l]	Recreation	1 200 00		0.00	1 200 00
78500 81007	Recreation Expenses Supplies - Recreation	1,300.00 1,179.00		0.00	1,300.00 1,179.00
Subtotal [5] Rec		2,479.00	-	0.00	2,479.00
Subgroup : [5J]	Other				
81009	Supplies - Patient Personal	367.00		0.00	367.00
Marcum 104	Air Mattress - Repair	0.00		292.00	292.00
Marcum 107	Medical Equipment Inspection	0.00	RJE - 4	292.00 418.00	418.00
Marcall 107			RJE - 4	418.00	
Subtotal [5J] Oth		<u>367.00</u> 81,699.00	-	710.00	1,077.00 82,409.00
Total [20] House	keeping and Resident Care Basis for Allocation of Costs	81,099.00	=	710.00	
Group : [22]	Maintenance and Property				
Subgroup : [6A]	Repairs and Maintenance Maintenance and Penairs Exp	7,319.00		0.00	7,319.00
71000 79500	Maintenance and Repairs Exp Repairs & Maintenance	151.00		0.00	151.00
81005	Supplies - Maintenance	7,870.00	_	0.00	7,870.00
Subtotal [6A] Re	pairs and Maintenance	15,340.00	_	0.00	15,340.00
Subgroup : [6B]	Heat				
66600	FUEL SURCHARGE	120.00		0.00	120.00
82015	Utilities - Gas	2,945.00		0.00 0.00	2,945.00 13,590.00
82020 Subtotal [6B] He	Utilities - Oil at	<u>13,590.00</u> 16,655	-	0.00	16,655.00
			-		

Client: Twin Maples Home, Inc. Engagement: Medicaid - Twin Maples 2016 Cost Report Period Ending: 9/30/2016 Trial Balance: A.01 - TB-CCNH Workpaper: A.03 - Grouping Report

Vorkpaper:	A.03 - Grouping Report				
Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
ubgroup : [6C] 2000	Utilities	761.00		0.00	761.00
010	Utilities Expense Utilities - Electricity	28,507.00		0.00	28,507.00
btotal [6C] Util		29,268.00	-	0.00	29,268.00
			-		
bgroup : [6E]	Equipment Lease				
720	Leases - Copier	3,446.00		0.00	3,446.00
730	Leases - Dish Washer	1,073.00		0.00 0.00	1,073.00 470.00
740 ibtotal [6E] Equ	Leases - Postage Meter	470.00	-	0.00	4,989.00
ibiotal [oc] cqa			-		4,000100
ibgroup [6F]					
200	Purchased Services	848.00		0.00	848.00
201	PURCHASED SVCS-MEDICAL WASTE	2,826.00		0.00 0.00	2,826.00 42,982.00
208 000	Purchased Services - Maint. Rent-Equipment	42,982.00 1,816.00		0.00	1,816.00
019	DIESEL-GENERATOR	216.00		0.00	216.00
btotal [6F] Oth		48,688.00	_	0.00	48,688.00
bgroup : [7B] 500	Building & Building Improvements	38,758.00		0.00	38,758.00
	Depreciation Expense Iding & Building Improvements	38,758	-	0.00	38,758.00
		00,,00	-		
	Real estate taxes paid by owner				_
711	Taxes - Property	30,181.00	-	0.00	30,181.00
btotal [10A] Re	al estate taxes paid by owner	30,181	-	0.00	30,181.00
bgroup : [10C1	Personal property taxes				
712	PERSONAL PROPERTY TAXES	2,431.00		0.00	2,431.00
	ersonal property taxes	2,431	_	0.00	2,431.00
tal [22] Mainter	nance and Property	186,310.00	-	0.00	186,310.00
oup : [26]	Interest				
	First Mortgage				
000	Interest Expense	38,450.00		0.00	38,450.00
btotal [12A1] F	irst Mortgage	38,450		0.00	38,450.00
tal [26] Interest	t i i i i i i i i i i i i i i i i i i i	38,450.00		0.00	38,450.00
	Internet and Incurrence				
roup : [27] Joaroun : [12D]	Interest and Insurance Other Interest Expense				
020	Interest Expense - Other	11,560.00		0.00	11,560.00
	her Interest Expense	11,560	-	0.00	11,560.00
			-		
ubgroup : [14A] 3518	Insurance on Property	59 144 00		0.00	59 144 00
	Insurance Expense - Property surance on Property	<u>58,144.00</u> 58,144	-	0.00	<u>58,144.00</u> 58,144.00
			-	0.00	
	Insurance of Automobiles				
510	Insurance Expense - Auto	439.00	-	0.00	439.00
ibtotal [14B] Ins	surance of Automobiles	439	-	0.00	439.00
bgroup : [14C1	Umbrella				
500	Insurance Expense	269.00	-	0.00	269.00
btotal [14C1] U		269	-	0.00	269.00
tal [27] Interest	t and insurance	70,412.00	=	0.00	70,412.00
oup : [30]	Statement of Revenue				
bgroup : [1A]	Medicaid Residents (CT only)				
201	MEDICAID -SNF	(2,289,145.00)		0.00	(2,289,145.00)
btotal [1A] Med	ficaid Residents (CT only)	(2,289,145)	-	0.00	(2,289,145.00)
haroun - 19 A1	Medicare Residents (All inclusive)				
bgroup : [3A] 100	Medicare Residents (All inclusive) MEDICARE PT A REVENUE	(9,570.00)		0.00	(9,570.00)
100	MEDICARE B COINSURANCE	(18.00)		0.00	(18.00)
150	MEDICARE A COINSURANCE	(805.00)		0.00	(805.00)
	ficare Residents (All inclusive)	(10,393)	-	0.00	(10,393.00)
haro	Drivete pay residents and other				
bgroup : [4A] 300	Private-pay residents and other Private Pay	(541,800.00)		0.00	(541,800.00)
	rate-pay residents and other	(541,800)	-	0.00	(541,800.00)
			-		
ibgroup : [7A]	Physical Therapy - Medicare				
401	MEDICARE PT B REVENUE	(9,361.00)		5,331.00	(4,030.00)
				P AA4 AA	
	sical Therapy - Medicare	(9,361)	RJE-3	<u>5,331.00</u> 5,331.00	(4,030.00)

Engagement: Period Ending: Trial Balance:	Medicaid - Twin Maples 2016 Cost Report 9/30/2016 A.01 - TB-CCNH				
Norkpaper:	A.03 - Grouping Report	401	15 0-44	DIE	FINIAL
Account	Description	ADJ	JE Ref #	RJE	FINAL
ubgroup : [7C]	Physical Therapy - Non-medicare	9/30/2016			9/30/2016
405	MANAGED MEDICARE PT A AETNA	(235.00)		0.00	(235.00)
ubtotal [7C] Phy	sical Therapy - Non-medicare	(235.00)	_	0.00	(235.00)
ubgroup : [8A] larcum 102	Speech Therapy - Medicare ST Revenue Medicare Part B	0.00		(1,512.00)	(1,512.00)
larcum 102	ST Revenue medicale Fait B	0.00	RJE - 3	(1,512.00)	(1,512.00)
ubtotal [8A] Spe	ech Therapy - Medicare	0.00		(1,512.00)	(1,512.00)
	Occupational Therapy - Medicare	0.00		(0.040.00)	(2.040.00)
larcum 103	OT Revenue Medicare Part B	0.00	RJE - 3	(3,819.00) (3,819.00)	(3,819.00)
ubtotal [9A] Occ	upational Therapy - Medicare	0.00		(3,819.00)	(3,819.00)
	aparenti morapy monodio			(1) (1) (1) (1)	
ubgroup : [15]	Interest Income				
3200	Interest Income	(11.00)		0.00	(11.00)
ubtotal [15] Inter		(11)		0.00	(11.00)
otal [30] Stateme	ent of Revenue	(2,850,945.00)	_	0.00	(2,850,945.00)
roup : [99]	Balance Sheet				
ubgroup : None	Balance Sheet				
10000	Petty Cash	50.00		0.00	50.00
10200	Regular Checking Account	42,300.00		0.00	42,300.00
10800	MORTGAGE ESCROW	100,405.00		0.00	100,405.00
11000	Accounts Receivable-PRIVATE	23,371.00		0.00	23,371.00
11001	Accounts Receivable-MEDICAID	158,418.00		0.00	158,418.00
11002	AR MEDICARE PART A	9,815.00		0.00	9,815.00
11003	AR MEDICARE PART B	6,255.00		0.00	6,255.00
11004	MEDICARE B COINSURANCE	349.00		0.00	349.00
11005	AR ANTHEM MEDICARE	895.00		0.00	895.00
11100	ALLOWANCE FOR BAD DEBT	(9,250.00)		0.00	(9,250.00)
11115	RESERVE FOR MEDICARE	(1,437.00)		0.00	(1,437.00)
11450		97,703.00		0.00	97,703.00
12000	Supplies-Inventory	700.00		0.00	700.00
14000 15000	Prepaid Expenses	1,153.00		0.00 0.00	1,153.00
15100	Furniture and Fixtures Equipment	47,591.00 231,045.00		0.00	47,591.00 231,045.00
15400	Leasehold Improvements	223,090.00		0.00	223,090.00
15500	Buildings	704,705.00		0.00	704,705.00
15600	Building Improvements	415,032.00		0.00	415,032.00
16900	Land	17,298.00		0.00	17,298.00
17300	Accum. Depreciation-Other	(1,328,925.00)		0.00	(1,328,925.00)
20000	Accounts Payable	(89,250.00)		0.00	(89,250.00)
20001	RESIDENT FUND ACCOUNT	(16,993.00)		0.00	(16,993.00)
23000	Accrued Expenses	(20,000.00)		0.00	(20,000.00)
23200	Wages Payable	(74,912.00)		0.00	(74,912.00)
23210	ACCRUED PAYROLL TAXES	(1,916.00)		0.00	(1,916.00)
24000	Other Taxes Payable	(106,576.00)		0.00	(106,576.00)
24100	Current Portion Long-Term Debt	(45,138.00)		0.00	(45,138.00)
24300 27000	Resident Fund Account Notes Payable-Noncurrent	17,019.00 (917,109.00)		0.00 0.00	17,019.00 (917,109.00)
39003	Common Stock	(917,109.00) (3,000.00)		0.00	(3,000.00)
39003	Paid-in Capital	15,227.00		0.00	15,227.00
39005	Retained Earnings	577,875.00		0.00	577,875.00
ubtotal : None	 	75,790.00		0.00	75,790.00
otal [99] Balance	Sheet	75,790.00		0.00	75,790.00
		<u> </u>	avai		
	Sum of Account Groups	(75,790.00)		0.00	(75,790.00)

Client: Engagement: Period Ending:	Twin Maples Home, Inc. Medicaid - Twin Maples 2016 Cost Report 9/30/2016			
Trial Balance: Workpaper:	A.01 - TB-CCNH H.01 - Reclassifying Journal Entries Report			
Account	Description	W/P Ref	Debit	Credit
	rnal Entries JE # 1 slaryfrom Payroll Maintenance account	D.01 - Page 8		
Marcum 101	Owners Salary		120,272.00	
58106	Payroll Maintenance		<u> </u>	120,272.00
Total			120,272.00	120,272.00
	rnal Entries JE # 2 r of commerce dues from the dues line	D.01 - Page 13		
65501	Dues to Chamber of Commerce		303.00	
65500	Dues and Subscriptions Expense			303.00
Total			303.00	
	rnal Entries JE # 3 nerapy revenue based on treatements	F.01		
o rectado med a t	ic up y ic conde conde on inclusion of the			
40401	MEDICARE PT B REVENUE	~	5,331.00	
Marcum 102	ST Revenue Medicare Part B			1,512.00
Marcum 103	OT Revenue Medicare Part B		<u> </u>	
fotal			5,331.00	5,331.00
	rnal Entries JE # 4	N.02		
o reclass expense	s from page 13			
Marcum 104	Air Mattress - Repair		292.00	
Marcum 105	Administrative Fee		1,500.00	
Marcum 106	CLIA Lab Fees		150.00	
Marcum 107	Medical Equipment Inspection		418.00	
63100	Consultants			1.500.00
78207	PURCHASED SERVICES-NURSING			860.00
otal			2,360.00	2,360.00
Pectassifying lou	rnal Entries JE # 5	M.01		
o reclass tax expe	nse not related to corporate business faxes			
81700	Taxes		12,251.00	
81702	CORP BUSINESS TAXES		12,201.00	12,251.00
fotal			12,251.00	12,251.00

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Workpaper Index: Prepared By: Reviewed By: Workpaper Date: Run Date: 1/18/2017

Provider Name: Provider Number: Period Ended:

Twin Maples 23151 9/30/16

Name of Workpaper: VHCL CKLST

VEHICLE COMPLIANCE CHECKLIST

PURPOSE:

To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? Request insurance cards and current vehicle registration.				
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?				
5	Was personal use of the facility vehicles determined?				
	Has the maximum cost allowed for depreciation purposes or the maximum allowablemonthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?				
8	Were all motor vehicle additions physically inspected?				

Conclusion: