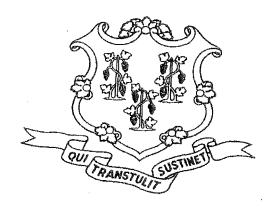
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2019

Name of Facility (as	licensed)								
Twin Maples Home,	Inc., d/b/a Twi	n Maples Heal	th Care Facility						
Address (No. & Stree	et, City, State, Z	Zip Code)							
809-R New Haven R	oad, Durham, (CT 06422							
Type of Facility									
☐ Chronic and Convalescent Nursing Home only (CCNH)					(Specify)				
Report for Year Beginning			Report for Year	Ending					
10/1/2018		9/30/2019							
License Numbers: CCNH			RHNS (Speci		(Specify)	Specify) N		Medicare Provider	
		2315		·			07-5431		
Medicaid Provider N	umbers:	CC	CNH RF		HNS		ICF-IID		
		000023151							
For Department Us	e Only								
Sequence Number	Signed and	Date	Sequence Nu	ımber	Clausda	nd Motonia	a d	Date Received	
Assigned	Notarized	Received	Assigne	d	Signed and Notariz		ea	Date Received	

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health C	2315	9/30/2019	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

(a) Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Amy Bentley)		Printed Name (Owner) Theodore E. Jackson	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
Address of Notary Public	1			

(Notary Seal)

State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page 1A	of 37		
Name of Facility	Period Cov	ered:	From	То
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility			10/1/2018	9/30/2019
Address of Facility				
809-R New Haven Road, Durham, CT 06422				
Report Prepared By	Phone Num	ıber	Date	
Marcum LLP	 203-781-96	500	1/20/2020	-
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

	Pho	ne No. of Fac	ility	Report for Ye	ar Ended	Page	1	of
	860	-349-1041		9/30/2019		2		37
Name of Facility (as shown on license)		Address (No	o. & S	Street, City, Sto	ite, Zip)			
Twin Maples Home, Inc., d/b/a Twin Maples Health Car	re Fac		Have		m, CT 06			
CCNH	_	RHNS		(Specify)		Medicare F	rovic	ler No.
License Numbers: 231	5		<u> </u>			07-5431		
Type of Facility (Check appropriate box(es))								
Chronic and Convalescent Nursing Home only (CCNH) □		t Home with lervision only			(Specify)	ı		
Type of Ownership (Check appropriate box)								
O Proprietorship O LLC O Partnership	•	Profit Corp.		Non-Profit Cor		Government	0	Trust
If this facility opened or closed during report year provid	e:		Date	Opened	Date Clo	sed		
Has there been any change in ownership								
or operation during this report year?	0	Yes	•	No	If "Yes,"	explain fully	/	
N/A								
•								
Administrator	-							
Name of Administrator				Nursing Ho	ome			
Amy Bentley				Administrat	or's	002013		
				License N	lo.:			
Other Operators/Owners who are assistant administrators	s (full	or part time)	of this	s facility.				
Name				License N	lo.:			
N/A								
								-

General Information and Questionnaire Partners/Members

Name of Facility		License No.		Year Ended	Page	of
Twin Maples Home, Inc., d/b/a	Twin Maples Health Ca	2315	9/30/2019		3	37
Legal Name of Part	nership/LLC	Business A	Address	State(s) and Which	l/or Town(Registered	
N/A						
Name of Partners/Members	Business Ac	ldress		Title	% Ow	ned
N/A		<u></u>				

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year En	ded	Page of		
Twin Maples Home, Inc., d/b/a Twin Maples		9/30/2019	3A 37			
If this facility is owned or operated as a corpo		ss Address		1.1		
Legal Name of Corporation				ch Incorporated		
Twin Maples Home, Inc., d/b/a	809-R New Haver	n Koad, Durnam,	CT			
Twin Maples Health Care	CT 06422					
Facility						
Name of Directors, Officers	Busines	ss Address	Title	No. Shares Held by Each		
Theodore E, Jackson	55 Blanks Blvd, C	Guilford, CT 06437	President	50		
Shelley L. Jackson	55 Blanks Blvd, C	Guilford, CT 06437	Sec / Treas	50		
		· · · · · · · · · · · · · · · · · · ·		1		
Names of Stockholders Owning at Least 10% of Shares		!				
Theodore E. Jackson	55 Blanks Blvd, C	Guilford, CT 06437	President	50		
Shelley L. Jackson	55 Blanks Blvd, G	Guilford, CT 06437	Sec / Treas	50		
		•				

State of Connecticut

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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 He		9/30/2019	3B	37
If this facility is owned or operated as an individu		provide the following informa	ition:	
Ov	vner(s) of Facility			
N/A				
			ANV	_ 1_11**

General Information and Questionnaire Related Parties*

Name of Facility		License			Report for Year Ended		Page	of
Twin Maples Home, Inc	., d/b/a Twin Maples Health Ca		2315		9/30/2019		4	37
Are any individuals rece	iving compensation from the fa	cility rel	lated thr	ough		If "Yes," provide th	ie Name/Ad	dress and
marriage, ability to contr	col, ownership, family or busine	ess assoc	ciation?	•	Yes O No	complete the inform	nation on Pa	ge 11 of the report.
Are any individuals or co	ompanies which provide goods	or servi	ces,					
	roperty or the loaning of funds		• .					
	ssociation, common ownership,			ness	• Yes • No			
association to any of the	owners, operators, or officials	of this f	acility?			If "Yes," provide th	ne following	information:
			so Provi			Indicate Where		
			ls/Servi			Costs are Included	i	
Name of Related	Business Address		Related]		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the Related Party
Individual or Company	Address 908-R New Haven Road, Durham,	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
Theodore E. Jackson	CT 06422	0	0		Loaning of Funds	Page 32 / Line D6	87,703	87,703
		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.

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 He	2315		9/30/2019	5 37
If the facility is licensed as CDH and/or RCH or	provides A	IDS or TBI	services with special Medicaid	rates, costs
must be allocated to CCNH and RHNS as follow	s:			
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
Nursing		employee c	lassification, i.e., Director (or 0	Charge Nurse),
			Nurses, Licensed Practical Nur	rses, Aides and
		Attendants		
Direct Resident Care Consultants		Number of	hours of resident care provided	l by EACH
			See listing page 13)	
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salar		
Management services			e cost center involved	
All other General Administrative expenses		Total of Di	rect and Allocated Costs	
The preparer of this report must answer the follow	wing questi	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 suc	h allocation was
costs allocated as required?	<u> </u>	<u> </u>	not made.	
N/A				
		•		
2. Explain the allocation of related company expe	enses and a	ttach copy o	of appropriate supporting data.	
N/A				
3. Did the Facility appropriately allocate and self	disallow d	irect and inc	direct costs to non-nursing hom	e cost centers?
(e.g., Assisted Living, Home Health, Outpatier	nt Services,	Adult Day	Care Services, etc.)	
	• Yes	O NO	If "No," explain fully why such	n allocation was
	0 165		not made.	
N/A	O Tes		not made.	
N/A			not made.	
N/A			not made.	

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.

		License No.	Report for Y	ear Ended		Page	of .
Health	Care Fa	2315	9/30/2019			6	37
Relate	ed * to						
Own	ners,						
1 -					Annual		
			1	Term of	Amount		ount
Yes	No	<u> </u>	Lease**	Lease	of Lease	Clai	imed
0	•	Copier	07/03/08	60 Months - Ongoing	2,907	2,907	
0	0	Dishwasher	01/01/10	Monthly	893	893	
0	•	Phone System	04/19/18	60 Months	1,646	1,646	
0	0	TV System / Direct TV	12/28/16	60 Months	4,795	4,795	
0	•	Postage Meter	12/31/06	54 Months - Ongoing	118	118	
0	0						
0	0						
0	0						
. 0	0						
0	0						
	Relate Own Oper Off Yes O O O O O O O O O O O O O O O O O O O	Related * to Owners, Operators, Officers Yes No O O O O O O O O O O O O O O O	Related * to Owners, Operators, Officers Yes No Description of Items Leased O	Related * to Owners, Operators, Officers	Related * to Owners, Operators, Officers	Related * to Owners, Operators, Operators, Officers	Related * to Owners, Operators, Operators, Officers

^{*} 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	of
Twin Maples Home, Inc., d/b/a Tw	2315	9/30/2019		7	37
The records of this facility for the	period covered by this report	were maintained on the following basis:			
	N. 110 10 1				
	Modified Cash				
Is the accounting basis for this					
1	Yes	If "No," explain.			
previous period?	No				
N/A					
÷					
Independent Accounting Firm			<u> </u>		
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code))		
1 Marcum LLP		555 Long Wharf Drive, New Haven, CT			
2					
3					
4					
Services Provided by This Firm (de	escribe fully)			<u> </u>	
				21.077	
	eturns, Cost Report Preparation and	1 Advisory Reimbursement Consulting	\$	31,075	
2			\$	· · · · · · · · · · · · · · · · · · ·	
3			\$		
4			\$		
			Charge for	Services Pr	ovided
			\$	31,075	
Are These Charges Reflected in the Expend	liture Portion of This Report? If Y	es, Specify Expense Classification and Line No.			
• Yes O No	Page 15, Line 1d				
Legal Services Information					
Name of Legal Firm or Independen	t Attorney		Telephone	Number	
I Murtha Cullina	•		860-240-60	000	
2					
3					
4					
5					
Address (No. & Street, City, State,	Zip Code)				
1 185 Asylum Street, Hartford, O	-				
2					
3					
4					
5					
Services Provided by This Firm (de	escribe fully)				
1 Representation for Discrimination Cas	se / Interdisciplinary Review / Stat	e Regulations	\$	14,711	
2			\$		
3			\$		
4			\$		
5			\$		
			Charge for	Services Pr	ovided
			-		o ridod
	u. p arriba		\$	14,711	
Are These Charges Reflected in the Expend		es, Specify Expense Classification and Line No.			
• Yes • No	Page 15, Line 1e				
	· · · · · · · · · · · · · · · · · · ·				

Schedule of Resident Statistics

Name of Facility			License N	lo.			^	r Year Ende	ed		Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health	Care Facil	lity	2	315			9/30/201	9			8	37
]	Period 10/	'1 Thru 6/	30		Period 7/	1 Thru 9/3	30
		Total	Total									
	Total All	CCNH	RHNS	Total								(2.10)
	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	38	38			38	38			35	35		
B. As of midnight of THIS report period	39	39			35	35			39	39		
3. Total Number of Days Care Provided During Period									l	-		
A. Medicare	489	489			400	400			89	89		
B. Medicaid (Conn.)	12,223	12,223		,,,	8,979	8,979			3,244	3,244		
C. Medicaid (other states)												
D. Private Pay	464	464			432	432			32	32		
E. State SSI for RCH											****	
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	13,176	13,176			9,811	9,811			3,365	3,365		
Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days		2							2	. 2		
B. Other Bed Reserve Days									·			
5. Total Resident Days (3G + 4A + 4B)	13,178	13,178			9,811	9,811			3,367	3,367		

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Schedule of Resident Statistics (Cont'd)

1 1 1 1 1 2 2 3 5 5 5 5 5 5 5 5 5	Name of Faci	•				nse No.				Report	t for Year	Ended		Page	of .
Place of Change	Twin Maples	Home,	Inc., d/b	/a Twin Maples	,	2315					9/30/201	9		9	37
Date of CCNH RHNS (Specify) Lost Gained Change CNH RHNS (Specify) Reason for Change NA CNH RHNS (Specify) Reason for Change NA CNH RHNS (Specify) Reason for Change CNH RHNS CNH RHNS (Specify) Reason for Change CNH RHNS CNH CHN			_			pacity du	ring t	he repo	ort yea	r?	0	Yes	•	No	
Change			Place o	f Change		Cł	nange	in Bed	S		Ca	pacity Aft	er Change		
Change	Date of	CCNH	RHNS	(Specify)		Lost	-	,	Gaine					1	
Second Content Conte				(1)											
Second S	Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason f	or Change
RESIDENT DAYS for 90 days following the change. Change in Resident Days CCNH RHNS (Specify) Ist change	N/A														
RESIDENT DAYS for 90 days following the change. Change in Resident Days CCNH RHNS (Specify) Ist change															
RESIDENT DAYS for 90 days following the change. Change in Resident Days CCNH RHNS (Specify) Ist change		<u> </u>													
RESIDENT DAYS for 90 days following the change. Change in Resident Days CCNH RHNS (Specify) Ist change		<u> </u>						<u> </u>						<u> </u>	
RESIDENT DAYS for 90 days following the change. Change in Resident Days CCNH RHNS (Specify) Ist change	5. If there v	was any	change	in certified bed	apaci	ty during	the re	eport y	ear (as	report	ed in iten	14 above)	provide the nur	nber of	
Change in Resident Days CCNH RHNS (Specify)		•	-		•	-			•	•		ŕ	•		
1st change 2nd change 3rd change 4th change 4th change 4th change 4th change 6th					<i>8</i>						l .				
1st change 2nd change 3rd change 4th change 4th change 4th change 4th change 6th				Change in Re	esider	nt Davs					·cc	NH	RHNS	(Spe	ecify)
2nd change	1st chan	ge		Change in re		Dujo							12		
## Att change Att change Medicare Med															
Number of Residents and Rates on September 30 of Cost Year Medicare	3rd char	nge													
Rem															
Rem	6. Number	of Resid	lents an		mber			ar	г			lan		0.1 0.	
No. of Residents				Medicare		Medi	caid				Se	elf-Pay	I	Other Sta	te Assisted
No. of Residents									ŀ						
No. of Residents					_							** **	(0.10)	D G VI	100 100
Per Diem Rate	N. CD			CCNH	C		RE	INS	CC	JNH_	RE	INS	(Specify)	R,C,H,	ICF-MR
a. One bed rms.			}	3		36									
D. Two bed rms. Various 192.88 350.00															
c. Three or more bed rms. 7. Total Number of Physical Therapy Treatments TOTAL CCNH RHNS (Specify) A. Medicare - Part B 506 506				Various		192.88				350.00					
TOTAL CCNH RHNS (Specify)				141043		1,72,00			f				f		
7. Total Number of Physical Therapy Treatments TOTAL CCNH RHNS (Specify) A. Medicare - Part B 506 506 506 B. Medicaid (Exclusive of Part B) 3 4 124 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>															
A. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments 2. Restorative Treatments 3. Total Physical Therapy Treatments 4. Medicare - Part B 5. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 5. Restorative Treatments 6. Medicare - Part B 7. Maintenance Treatments 7. Restorative Treatments 7. Restorative Treatments 7. Restorative Treatments 7. Restorative Treatments 7. Total Number of Occupational Therapy Treatments 8. Total Number of Occupational Therapy Treatments 9. Total Number of Occupational Therapy Treatments 1. Maintenance Treatments 1. Mainte	DCG 1	1110.							.						
A. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments 2. Restorative Treatments 3. Total Physical Therapy Treatments 4. Medicare - Part B 5. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 5. Restorative Treatments 6. Medicare - Part B 7. Maintenance Treatments 7. Restorative Treatments 7. Restorative Treatments 7. Restorative Treatments 7. Restorative Treatments 7. Total Number of Occupational Therapy Treatments 8. Total Number of Occupational Therapy Treatments 9. Total Number of Occupational Therapy Treatments 1. Maintenance Treatments 1. Mainte															
B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments 124 124 124 124 125 12	7. Total Nu	ımber of	Physica	ıl Therapy Treatı	nents						ТО	ΓAL	CCNH	RHNS	(Specify)
1. Maintenance Treatments 124 124 2. Restorative Treatments 715 715 D. Total Physical Therapy Treatments 1,345 1,345 8. Total Number of Speech Therapy Treatments 500 500 A. Medicare - Part B 500 500 B. Medicaid (Exclusive of Part B) 500 500 1. Maintenance Treatments 5 5 2. Restorative Treatments 5 5 D. Total Speech Therapy Treatments 740 740 9. Total Number of Occupational Therapy Treatments 1,019 1,019 A. Medicare - Part B 1,019 1,019 B. Medicaid (Exclusive of Part B) 1 1,019 1. Maintenance Treatments 153 153 2. Restorative Treatments 153 153 C. Other 1,171 1,171												506	506		
2. Restorative Treatments 124 124 C. Other 715 715 D. Total Physical Therapy Treatments 1,345 1,345 8. Total Number of Speech Therapy Treatments 500 500 A. Medicare - Part B 500 500 B. Medicaid (Exclusive of Part B) 500 500 1. Maintenance Treatments 5 5 C. Other 235 235 D. Total Speech Therapy Treatments 740 740 9. Total Number of Occupational Therapy Treatments 1,019 1,019 A. Medicare - Part B 1,019 1,019 B. Medicaid (Exclusive of Part B) 1 1,019 1. Maintenance Treatments 153 153 2. Restorative Treatments 1,171 1,171	В.														
C. Other 715 715 D. Total Physical Therapy Treatments 1,345 1,345 8. Total Number of Speech Therapy Treatments 500 500 A. Medicare - Part B 500 500 B. Medicaid (Exclusive of Part B) 500 500 1. Maintenance Treatments 5 5 2. Restorative Treatments 5 5 C. Other 235 235 D. Total Speech Therapy Treatments 740 740 9. Total Number of Occupational Therapy Treatments 1,019 1,019 A. Medicare - Part B 1,019 1,019 B. Medicaid (Exclusive of Part B) 1 1,019 1. Maintenance Treatments 153 153 2. Restorative Treatments 153 153 C. Other 1,171 1,171															
D. Total Physical Therapy Treatments			torative	Treatments											
8. Total Number of Speech Therapy Treatments 500 500 A. Medicare - Part B 500 500 B. Medicaid (Exclusive of Part B) 60 60 1. Maintenance Treatments 5 5 2. Restorative Treatments 5 5 C. Other 235 235 D. Total Speech Therapy Treatments 740 740 9. Total Number of Occupational Therapy Treatments 1,019 1,019 A. Medicare - Part B 1,019 1,019 B. Medicaid (Exclusive of Part B) 1 1,019 1. Maintenance Treatments 153 153 2. Restorative Treatments 153 153 C. Other 1,171 1,171			Physical	Therany Treaty	nante										
A. Medicare - Part B 500 500 B. Medicaid (Exclusive of Part B) 30 30 1. Maintenance Treatments 5 5 2. Restorative Treatments 5 5 C. Other 235 235 D. Total Speech Therapy Treatments 740 740 9. Total Number of Occupational Therapy Treatments 1,019 1,019 A. Medicare - Part B 1,019 1,019 B. Medicaid (Exclusive of Part B) 1 1,019 1. Maintenance Treatments 153 153 2. Restorative Treatments 153 153 C. Other 1,171 1,171												1,545	1,545		
B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 1. Maintenance Treatments 2. Restorative Treatments 5 5 C. Other 235 235 D. Total Speech Therapy Treatments 740 740 9. Total Number of Occupational Therapy Treatments 1,019 1,019 A. Medicare - Part B 1,019 1,019 B. Medicaid (Exclusive of Part B) 2 2 1. Maintenance Treatments 153 153 2. Restorative Treatments 1,171 1,171					Citto							500	500		
1. Maintenance Treatments 5 5 2. Restorative Treatments 5 5 C. Other 235 235 D. Total Speech Therapy Treatments 740 740 9. Total Number of Occupational Therapy Treatments 1,019 1,019 A. Medicare - Part B 1,019 1,019 B. Medicaid (Exclusive of Part B) 2 2 1. Maintenance Treatments 153 153 2. Restorative Treatments 1,171 1,171															
C. Other 235 235 D. Total Speech Therapy Treatments 740 740 9. Total Number of Occupational Therapy Treatments 1,019 1,019 A. Medicare - Part B 1,019 1,019 B. Medicaid (Exclusive of Part B) 2,019 2,019 1. Maintenance Treatments 153 153 2. Restorative Treatments 1,171 1,171									_						
D. Total Speech Therapy Treatments 740 740 9. Total Number of Occupational Therapy Treatments 1,019 1,019 A. Medicare - Part B 1,019 1,019 B. Medicaid (Exclusive of Part B) 2,000 2,000 1. Maintenance Treatments 153 153 2. Restorative Treatments 1,171 1,171		2. Rest	torative	Treatments								5	5		
9. Total Number of Occupational Therapy Treatments A. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments 5. C. Other 1,171 1,171												235	235		
A. Medicare - Part B												740	740		
B. Medicaid (Exclusive of Part B) 4 1. Maintenance Treatments 5 2. Restorative Treatments 153 C. Other 1,171					reatn	nents									Section 1
1. Maintenance Treatments 153 153 153 2. Restorative Treatments 153 153 153 C. Other 1,171 1,171 1,171												1,019	1,019		
2. Restorative Treatments 153 153 C. Other 1,171 1,171	В.														
C. Other 1,171 1,171												153	153		
	C		or all ve	11 Cattricitis											
			Occupati	onal Therapy T	reatn	nents									

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Report of Ex		- Salain			1	
Name of Facility	License No.		Report for Year	r Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health Care F	Fa 2315		9/30/2019		10	37
Are time records maintained by all individuals receiving cor	nnensation?	•	Yes	0	No	
The time records mandamed by an individuals receiving con	mpensation,					
			Total Cost a	nd Hours I		T
			D. T. T. C.		(6::6:)	
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*		100				
Operators/Owners (Complete also Sec. I of Schedule A1)	101,200	1,800				
2. Administrator(s) (Complete also Sec. III	101,200	1,000				
of Schedule A1)	94,732	2,072	****			
3. Assistant Administrator (Complete also Sec. IV	71,732	2,072				
of Schedule A1)						
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	67,726	3,593				
5. Dietary Service		,				
a. Head Dietitian	A STATE OF THE PARTY OF THE PAR		- manufacture and complete com			
b. Food Service Supervisor	10,220	500				
c. Dietary Workers	157,417	11,043				
6. Housekeeping Service						
a. Head Housekeeper	50.704	4 710				
b. Other Housekeeping Workers 7. Repairs & Maintenance Services	58,794	4,712				
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	51,532	2,265				
8. Laundry Service	21,002	-,				
a. Supervisor					000000000000000000000000000000000000000	
b. Other Laundry Workers	6,105	510			•	
Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	99,609	2,192		Carrier and American		
b. RN	77,007	2,172				
1. Direct Care	381,183	9,790				
2. Administrative**	27,342	700				
c. LPN						
Direct Care	103,329	3,918				
2. Administrative**						
d. Aides and Attendants	384,422	26,002				
e. Physical Therapists						
f. Speech Therapists g. Occupational Therapists				*		
h. Recreation Workers	51,129	2,605				
i. Physicians	31,125	2,000				
Nedical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists 1. Podiatrists						
m. Social Workers/Case Management	53,392	2,217				-
n, Marketing	33,372	2,2,1				
o. Other (Specify)						
See Attached Schedule					- Carlotte Control of Carl	
A-13. Total Salary Expenditures	1,648,132	73,919				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

	CC	NH	RI	INS	(Spe	ecify)
Position	\$	Hours	\$	Hours	\$	Hours
	-					
	1 1	- 50				
			Agra i		2.423	
			4.473			H RRES
		144,554,55				1962%
		# 174 B)				
				1.		
		S. C.				
		i a			1111111111	1,12
						110
					1 1	
The state of the s					1.	
					15	
					4.11	
Fotal	\$ -	1	s -		\$ -	_

Schedule of Other Fees (Page 13)

		CC	NH	RE	INS	(Spe	ecify)
Service		\$	Hours	\$	Hours	\$	Hours
		_					
		1			Tax III	ter in the	
			i i i i i i i i i i i i i i i i i i i	# 3 1		To Secure 1	1919 10 10 10 10 10 10
		··············			1		
	*				3-91 Te		
A CONTRACTOR OF THE CONTRACTOR		51.0	* * * * * * * * * * * * * * * * * * * *	1 1 1			
	1.2		- 11		74.3		
			i de Maria de la composição de la compos	* -		7. H. F	ANTERE!
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The second secon			-			1 1	
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· · · · · · · · · · · · · · · · · · ·							
				-			
		,			577.5	124/14	1 - 1 - 1 - 1 - 1 - 1
Total	\$	-		\$ -	-	\$ -	

CSP-11 Rev. 10/2005

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

NI	······································		100100011		itors and Other	T			n	C
Name of Facility		** 11 0	T) *1*.	License No.		1 -	Year Ended		Page	of I
Twin Maples Home, Inc., d/b/a T	win Maples			2315		9/30/2019	T		11	37
Name	CCNH	Salary Paid	(Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners										
Theodore E. Jackson	101,200			Non Discriminatory	Owner	1,800	Al			
	-									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
Shelley Jackson	15,180			Non Discriminatory	Infection Control Nurse	386	A12b2	·		

^{*} 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.

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Y	ear Ended		Page	of
Twin Maples Home, Inc., d/b/a Tw	in Maples 1	Health Care	Facility	2315		9/30/2019			12	37
Name	ССИН	Salary Pai	d (Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section III - Administrators***										
Amy Bentley	94,732			Non Discriminatory	Administrator	2,072	A2			
						-				
Section IV - Assistant Administrators										
								**		
							· · · · · · · · · · · · · · · · · · ·			

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

^{**} Include $\underline{\mathbf{all}}$ other employment worked during the cost year.

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

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	VS 1101	Report for Y		Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health	23	15	9/30/2019		13	37
			Total Cost	and Hours		
			DINIG		(0.10)	
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee						
for service basis in lieu of salary (For all such services complete Schedule B1)	1			152.7%		
Dietitian	6,300	158				
2. Dentist	2,400	215				
3. Pharmacist	6,627	53				
4. Podiatrist	0,027	, , ,	· ·			
5. Physical Therapy						
a. Resident Care	38,617	336				
b. Other						
6. Social Worker						
7. Recreation Worker	,					
8. Physicians		+				
a. Medical Director (entire facility)	9,600	30				
b. Utilization Review	7.5					
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1 Infection Control Committee						
(Quarterly meetings) 2 Pharmaceutical Committee		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(Quarterly meetings)						
 Staff Development Committee 						
(Once annually)						
e. Other (Specify)						
						7
9. Speech Therapist	21.606	105				
a. Resident Care	21,606	185				
b. Other						
10. Occupational Therapist	67,271	586				
a. Resident Care b. Other	07,271	300				
11. Nurses and aides and attendants			- 			
a. RN	100					
1. Direct Care					-	
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)			3			- 1
See Attached Schedule		ineres and in the second				
B-13 Total Fees Paid in Lieu of Salaries	152,421	1,563				

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

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

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

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

Name of Facility	License No.		Report for '	Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Mapl	es Health Car 2315		9/30/2019		14	37
			to Owners,			
Name & Address of Individual	Full Explanation of Service		rs, Officers	Expla	nation of R	elationship
		Yes	No	13.77		
Sherree Iafrate, 462 Briarwood Drive, Guilford, CT 06437	Dietician	0	•	N/A		
LTC MANAGEMENT, 174 SCOTT ROAD, PROSPECT, CT	Dentist	0	•	N/A		
Partners Pharmacy, 70 Jackson Drive, Cranford, NJ 07016	Pharmacist	0	•	N/A		
Dr. Anuruddha Walaliyadda, 687 Campbell Ave, Ste 2, West Haven, CT 06516	Medical Director	0	•	N/A		
Massage Fusion, 291 Main Street, Niantic, CT 06357	Physical, Occupational and Speech Therapy	0	•	N/A		
SDX Swallowing, 21 Waterville Rd, Avon, CT 06001	Speech Therapy	0	•	N/A		
		0	•			
		0	•			
		0	0			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			

^{*} Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility License No.		Report for Y	ear Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Heal 2315		9/30/2019		15	37
			COM	DIDIG	(0 '0)
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General		ESE E			
a. Employee Health & Welfare Benefits	φ.	21 402	21.402		
1. Workmen's Compensation	\$	31,492	31,492		
2. Disability Insurance	\$	(285)	(285)		
3. Unemployment Insurance	\$	26,464	26,464		
4. Social Security (F.I.C.A.)	\$	123,873	123,873		
5. Health Insurance	\$	96,906	96,906		
6. Life Insurance (employees only)		(6)	FF 12		
(not-owners and not-operators)	\$	384	384		
7. Pensions (Non-Discriminatory)	\$				
(not-owners and not-operators)					
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>)	\$	3,818	3,818		
See Attached Schedule					2017
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and					31,64
Operators (Discriminatory)*					
c. Bad Debts*	\$				
d. Accounting and Auditing	\$	31,075	31,075		
e. Legal (Services should be fully described on Page 7)	\$	14,711	14,711		
f. Insurance on Lives of Owners and	\$				
Operators (<i>Specify</i>)*					
g. Office Supplies	\$	3,875	3,875		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	3,688	3,688		
2. Cellular Phones	\$				
i. Appraisal (Specify purpose and	\$				
attach copy)*					16.5
ander cepy /					
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)					1.10.47
1. Income*	\$				
2. Other (Specify)	\$	116	116		
See Attached Schedule					
3. Resident Day User Fee	\$	266,576	266,576		
Subtotal	\$	602,693	602,693		
			/C C 1 /	tals forward to	

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

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	_		
401(k) Plan Fees	\$ 2,332		
Employee Criminal Background Checks	1,486		
	- <u> </u>		
		 	
	-		
The state of the s			
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Total	\$ 3,818	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Spe	cify)
	_			
Sales & Use Tax	\$ 116			
				- 7. - 7. - 7.
Total	\$ 116	\$ -	\$	

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

Name of Facility License No.		Report for Y	ear Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health Ca 2315		9/30/2019		16	37
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forwar	rd:	602,693	602,693		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	106	106	4	
4. Employee Travel	\$	135	135		
5. Education Expenses Related to Seminars and Conventions	\$	1,330	1,330		
6. Automobile Expense (not purchase or depreciation)	\$				
7. Other (<i>Specify</i>)	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$	348	348		
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)***	\$				
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied	\$				
directly and not by contract or fee for service)***					
7. Postage	\$	731	731		
* 8. Dues and Membership Fees to Professional	\$	4,632	4,632		
Associations (Specify)			1.00		
See Attached Schedule				7	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	330	330		
9. Subscriptions	\$				
10. Contributions***	\$				
See Attached Schedule	·				
11. Services Provided by Contract (Specify and Complete	\$	20,506	20,506		
Schedule C-2, Page 21 for each firm or individual)	·				
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>)	\$	24,961	24,961		
See Attached Schedule	·		,	200	
C-14 Total Administrative & General Expenditures	\$	655,772	655,772		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	-		
		15.0	
, , ,			
otal Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description		CCNH	RHNS	(Specify)
		-		
	17.			
Fotal Other Advertising		\$ -	\$ -	\$

Schedule of Dues

Description	C	CNH	RH	INS	(S	pecify)
CAHCF Dues	 \$	3,003				
CAHCF Mutual Aid Dues		350				
CBIA Dues		1,109				
ALTCFM Dues		170				
				.,		
						-
Total Dues	 \$	4,632	\$	-	\$	

Schedule of Contributions

Description			 C	CNH	RE	INS	(Spe	cify)
				-				
		11.						
Total Contributions	 		\$		\$	-	\$	

Schedule of Other Administrative and General

Description		CCNF				(Specify)
			-			
Bank Charges (Disallowed on Pg 28a)		\$	30			
Delivery Fee			100			
Late Charges (Disallowed on Pg 28a)			3,177			
Licenses			1,741			
Employee Drug Testing			68			
Penalty / Fine CMS (Disallowed on Pg 28a)			19,845			
Total Other Administrative and General		\$	24,961	-\$	- 3	\$ -

Schedule C-1 - Management Services*

Name of Facility Twin Maples Home, Inc., d/b/a Twin Map	License No. 2315	Report for Year Ended 9/30/2019	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

^{*} 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)

Nan	ne of Facility		Licens	e No	Rer	ort for V	ear Ended	Page	of
	n Maples Home, Inc., d/b/a Twin Maples Heal	th C	1	2315		9/30/2019		18	37
1 001	Tiviapies frome, me., a/o/a 1 will iviapies from	111 00	4	T		73072019		T 10	1
	Item			Total	(CCNH	RHNS	(Sp	ecify)
2.	Dietary								
	a. In-House Preparation & Service						4.0		
	1. Raw Food		\$	· · · · · · · · · · · · · · · · · · ·		87,017		ļ	M-1 - 1
	2. Non-Food Supplies		\$			11,746			
	3. Other (Specify)		_ \$						
	b. Purchased Services (by contract other		\$	468		468			
	than through Management Services)		Ψ	400		100			
	(Complete Schedule C-2 att. Page 21)								
	c. Other (Specify)		\$						
				2003 ye					
2D.	Total Dietary Expenditures $(2a + b + c + d)$		\$	99,231		99,231			
2E.	Dietary Questionnaire			Total	(CCNH	RHNS	(Sp	ecify)
F.	Resident Meals: Total no. of meals served per	day	·:*						
G.	Is cost of employee meals included in 2D?	0	Yes	•	No				
			* *		3 T		If yes, specify		
H.	Did you receive revenue from employees?	O	Yes	•	No		amt.		
Ĭ,	Where is the revenue received reported in the	Cost	t Report	? (Page/Line It	tem)				
	Is cost of meals provided to persons other						If yes, specify		
J.	than employees or residents (i.e., Board	0	Yes	•	No		cost.		
	Members, Guests) included in 2D?								
v	Is any revenue collected from these people?	\circ	Yes	0	No		If yes, specify		
K.	is any revenue confected from these people?				110		amt.		
L.	Where is the revenue received reported in the	Cost	t Report	? (Page/Line It	tem)				
	Is cost of food (other than meals, e.g., snacks								
M.	at monthly staff meetings, board meetings)	0	Yes	•	No		If yes, specify		
171.	provided to employees included in 2D?	_	1 00	J	1.0		cost.		
	Fig. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.						×0		
N.	Is any revenue collected from employees?	0	Yes	•	No		If yes, specify		
- 1.							amt.		
O.	Where is the revenue received reported in the	Cost	t Report	? (Page/Line It	tem)				

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

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

	e of Facility n Maples Home, Inc., d/b/a Twin Maples Health Car	License	No. 2315	Report for Y 9/30/2019		Page 19	of 37
	111140100 110110, 1101, 1101	1					
	Item		Total	CCNH	RHNS	(S _I	pecify)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.					
	gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				-	
	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.					
	b. Purchased Services (by contract other	Amt. \$	38,145 17,519				
	than through Management Services) (Complete Schedule C-2 att. Page 21)						
	c. Other (Specify)	\$					
3D.	Total Laundry Expenditures (3a+b+c)	\$	55,664	55,664			
3E.	Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D? O	Yes	•	No	If yes, specify cost.		
G.	Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.		
Н.	Where is the revenue received reported in the Cost I	Report?		(Page/Line	Item)		
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	Yes	•	No	If yes, specify cost.		
J.	Did you receive revenue from these people?	Yes	•	No	If yes, specify amt.		
K.	Where is the revenue received reported in the Cost I	Report?		(Page/Line	Item)		

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

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

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

Name of Facility	License No.	Rep	ort for Year E	nded	Page	of
Twin Maples Home, Inc., d/b/a Twin Maples He	2315		9/30/2019		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel					
1. Supplies - Cleaning (<i>Mops</i> ,	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.	\$				
Page 21)						
C. Other (<i>Specify</i>)		\$	9,861	9,861		
Other Housekeeping Supplies			1.12			
4D. Total Housekeeping Expenditures (4a +	b+c)	\$	9,861	9,861		
5. Resident Care (Supplies)**					174,740	
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from		\$	18,041	18,041		
Prescription Drugs			Fig. 1889			-
b. Medicine Cabinet Drugs		\$	1,279	1,279		
c. Medical and Therapeutic Supplies		\$	45,513	45,513		
d. Ambulance/Limousine***		\$				
e. Oxygen			100			
1. For Emergency Use		\$				
2. Other***		\$	4,470	4,470		
f. X-rays and Related Radiological		\$				
Procedures***						
g. Dental (Not dentists who should be incl	uded under	\$				
salaries or fees)						
h. Laboratory***		\$	2,441	2,441		
i. Recreation		\$	2,141	2,141		
j. Direct Management Services*		\$				
k. Indirect Management Services*		\$				
l. Other (Specify)****		\$	3,558	3,558		
See Attached Schedule						
5M. Total Resident Care Expenditures (5a - 5)	j)	\$	77,443	77,443		

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

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

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

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

Schedule of Other Resident Care

Description					CC	NH	RHNS	(Spec	ify)
						-			
Purchased Svcs -	Med A CNSL Bi	ll (Disallowed o	on Pg 29a)		\$	275			
Purchased Svcs -	Med A (Disallow	ed on Pg 29a)				1,871			
Supplies - Patient	Personal (Disalle	owed on Pg 29a).			932	\$44 P		
Durable Medical	Equipment - IV F	oles (Disallowe	ed on Pg 29a)			62			
Medical Equipme	ent Inspection		-	1.52 1.52		418			
						: 1			
					-				
	2 - 4								
								1.1	
		:							
					1 44		NA.		
		-							
			5.7	1.35 July 1.35 Sept. 1					
		. :				1.			
		-							
							-		
Total Other Res	ident Care				\$	3,558	\$ -	\$	

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

Name of Facility	/- Torin Mandan Harlet	. C F 114		License No.	Report for Year Ende	led				of
Twin Maples Home, Inc., d/b	% of a 1 win Maples Health	Care Facilit	<u>y</u>	2315	9/30/2019				21	37
		Related ** t Operators	-				Total Cost	Page Ref.**	*	,
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
Rinaldi Linen	47 Common Ct, Waterbury, CT 06704	0	•	N/A	Patient Laundry	17,519				3b
Rinaldi Linen	47 Common Ct, Waterbury, CT 06704 800 Connecticut Ave #1,	. 0	•	N/A	Linens	38,145			19	3a4
Paychex	Norwalk, CT 06854	0	•	N/A	Payroll Processing	18,731			16	m11
		0	•							
		0	0							
		0	•							
		0	<u> </u>							
		0	•							-
		0	⊙			**************************************				
		0	•							
		0	<u>•</u>							
		0	⊙⊙							-
		0	. 0							

st 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	ear Ended		Page	of
Twin Maples Home, Inc., d/b/a Twin Maples I 2315		9/30/2019			22	37
Item		Total	CCNH	RHNS	(Sp	ecify)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	11,045	11,045			
b. Heat	\$	25,546	25,546			
c. Light & Power	\$	35,300	35,300			
d. Water	\$					
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	10,359	10,359			
f. Other (itemize)	\$	48,361	48,361			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	130,611	130,611			
7. Depreciation (complete schedule page 23*)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	12,830	12,830			
c. Non-Movable Equipment	\$	13,453	13,453			
d. Movable Equipment	\$	2,549	2,549			
*7e. Total Depreciation Costs $(7a + b + c + d)$	\$	28,832	28,832			
8. Amortization (Complete att. Schedule Page 24*)		1	. *			
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (Specify)	\$					
*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	\$	29,854	29,854			
b. Real estate taxes paid by lessor	\$					10000
c. Personal property taxes	\$	3,044	3,044			
11. <i>Total Property Expenses</i> (7e + 8e + 9 + 10)	\$	61,730	61,730			

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

Schedule of Other Repairs and Maintenance

Description			CCNH	RHNS	(Specify)
			-		
Inspection Fees		-	\$ 3,283		
Purchased Services			1,019		
Purchased Services - Medical Waste			905		
Purchased Services - Maint.			39,964		
Rent-Equipment			2,705		
Diesel Generator			485		
	* <u> </u>				
	-				
/					
Total Other Repairs and Maintenan	ce		\$ 48,361	\$ -	\$ -

Depreciation Schedule

				License No.	iation Sc		Report for Year E	nded		Page	of	
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility					231	5		9/30/2019			23	37
Property Item					Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements							_					
Acquired prior to this report period							-					÷ i
2. Disposals (attach schedule)												
3. Acquired during this report period (atta-	ch sche	dule)										
A-4. Subtotal					1,34		100	The second secon				
B. Building and Building Improvements												
Acquired prior to this report period	******				929,320		929,320	808,294	S/L	Various	12,830	
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sche	dule)										
B-4. Subtotal								100		100		12,830
C. Non-Movable Equipment						•						
Acquired prior to this report period					325,995		325,995	256,468	S/L	Various	11,505	27-10
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sche	dule)			11,135		11,135		S/L	Various	1,948	10.00
C-4. Subtotal												13,453
	logi	nileage book ained?	1	te of isition Year	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment	10 22 10 10	1,0	1/101141	7 000		,	эрголисо	Teams Speakers	Depresation		101 11110 1 041	Totals
Motor Vehicles (Specify name, model and year of each vehicle) a. b.					degree de la companya			The state of the s	10/19/2			
c.												
d.												
2. Movable Equipment												4
a. Acquired prior to this report period			Var	Var	235,319		235,319	225,706	S/L	Various	2,549	
b. Disposals (attach schedule)	-											
c. Acquired during this report period (attach schedule)												
D-3. Subtotal	-											2.540
E. Total Depreciation	+							6.0				2,549
E. Total Depreciation			1	1				The second second				28,832

Schedule of Land Improvements Acquired during this report period

	uned during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
	,			
	and the second s			
	The state of the s			
				1
Total additions for Land Improvemen	its	\$ -		\$ -
Deletions:				
		7.7		
			14	
			.:	
Total deletions for Land Improvemen	te	- S -		\$ -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
		-	٠.	
2 7				
Total additions for	Building Improvements	\$ -		\$ - '
Deletions:				
			44	5.0
			73.4	
				17 M
Total deletions for I	Building Improvements	\$ -		\$ - *

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:	Description of Year			
6/13/2019	Electronic Beds	\$ 7,612	5	\$ 1,522
9/24/2019	Refridgerator	587	7	84
7/8/2019	Refridgerator	1,125	7	161
7/18/2019	Patient Sit to Stand Lift	1,811	10	181
Total additions for	Non-Movable Equipment	\$ 11,135		\$ 1,948
Deletions:				
			-	
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		- ' '
				11
				44
Total deletions for l	Non-Movable Equipment	\$ -		\$

^{*}Ties to Page 23, Line C3

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{**}Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item		Cost	Useful Life	Depreciation
Additions:					
	·				
	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
			ν		
	1 124430, 244 1971 1971				
Total additions for M	ovable Equipment		\$ -		\$ -
Deletions:					
-		*			
Total deletions for Me	ovable Equipment		\$ -		\$ -

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

				Useful	
Acquisition Date	De	scription of Item	Cost	Life	Depreciation
Additions:					
Total additions for Le	easehold Improvement		\$ -		\$ -
Deletions:					
1.2					
	· · · · · · · · · · · · · · · · · · ·				
Total deletions for Le	asehold Improvement	and the second s	\$ -		\$ -
	•				

^{*}Ties to Page 24, Line C3

^{**}Ties to Page 23, Line D2b

^{**}Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended			Page	of		
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Fac		2315		9/30/2019			24	37		
						Accumulated				
		Date	e of			Amort. to				
		Acqui	sition			Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									and the second
	1. Appraisal	5	97	5 Years	6,000	6,000	S/L	20		
	2.									
	3.		-							
A-4.	Subtotal		4.3							
B.	Mortgage Expense									
	1. Closing Costs	5	97	5 Years	54,390	54,390	S/L	20		
	2.									
	3.									
B-4.	Subtotal						100			
C.	Leasehold Improvements and Other									200 April 200 Ap
	1. Acquired prior to this report period									
	2. Disposals (attach schedule)									
	3. Acquired during this report period					La Contraction			9 (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19)	
	(attach schedule)									
C-4.	Subtotal									
D.	Total Amortization					To other the second				

^{*} Straight-line method must be used.

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

^{**} Specify which of the following bases were used:

Depreciation Schedule	A I - I to	Historical	Cost to be	Heaful	Depreciation	2018	2018	2019	2019	
<u>Description</u> Building Improvements	Acquisition Date	Cost	Depreciated	Lives	Method	Depreciation	Accum	<u>Depreciation</u>	Accum	NBY
Various	Various	704,705	704.705	Var	Var		704,705		704,705	~
(Less) Closing Costs*	N/A	(54,390)	(54,390)	N/A	N/A		(54,390)		(54,390)	-
Closet Doors	9/30/2003	2,700	2,700	10	S/L		2,700		2,700	-
Phone System	9/30/2003	5,277	5,277	5	S/L	-	5,277	-	5,277	-
Hydrolic Lift	9/30/2003	720	720	1	S/L	•	720	-	720	-
Septic	9/30/2003	16,100	16,100	15	S/L	3	16,100	-	16,100	•
Oxygen Cabinet	9/30/2003	978	978	1	S/L	-	978	-	978	-
Well System Repair	9/30/2003	3,631 1,062	3,631 1,062	10 1	S/L S/L	-	3,631 1,062	•	3,631 1,062	-
Floorcoverings Metal Doors	9/30/2003 6/22/2005	1,696	1,696	1	S/L		1,696		1,696	
Heating and Air Conditioning Unit	1/26/2005	7,689	7,689	10	S/L	-	7,689	-	7,689	
Locking / Security System	5/11/2006	1,574	1,574	10	S/L		1,574		1,574	
Compressor for A/C	8/1/2006	1,775	1,775	10	S/L	-	1,775	-	1,775	-
Water valve - sprinkler system	9/26/2006	3,205	3,205	10	S/L	-	3,205	-	3,205	-
Sprinkler Instal. Patio/BSMT Pump Rm	5/15/2007	5,051	5,051	5	S/L	-	5,051	-	5,051	-
To reconcile to T/B		264	264	N/A	N/A	•	-	-	-	264
Fire Door	3/17/2008	1,986		5	N/A	4 400	44.000	•	14 000	1,986
Septic Pump	11/17/2008	14,880 2,398	14,880	10 N/A	S/L N/A	1,488	14,880	~	14,880	2,398
Well Pump Chlorine Feed System	4/15/2009 6/30/2009	17,490	17,490	10	S/L	1,749	17,490		17,490	2,330
Air Conditioner Replacement	6/30/2009	12,204	12,204	10	S/L	1,220	12,202	2	12,204	_
Washing Machine and Window air conditioner	6/30/2009	1,748	-	N/A	N/A	-,			,	1,748
Siding Project	6/30/2009	11,960	11,960	15	S/L	797	7,972	797	8,769	3,191
Circulator Pump	8/31/2009	1,927	-	N/A	N/A	-			•	1,927
Septic Repairs	11/15/2010	2,718	2,718	10	S/L	272	2,175	272	2,447	271
Septic Vent	12/10/2010	1,325	1,325	10	S/L	133	1,040	133	1,173	153
Septic Repaids	3/29/2011	2,940	2,940	10	S/L	294	2,205	294	2,499	441
Well Pump (replacement)	10/11/2010	4,770	4,770	10	S/L	477	3,816	477 288	4,293 2,303	477 574
Septic Piping From Kitchen	9/29/2011 3/9/2012	2,877 7,440	2,877 7,440	10 10	S/L S/L	288 744	2,015 5,208	288 744	5,952	1,488
Septic Grinder Pump Lobby Carpeting	3/9/2012	1,200	1,200	5	S/L	-	1,200	-	1,200	-,400
Dutch Colonial Storage Unit	6/5/2012	4,972	4,972	10	S/L	497	3,479	497	3,976	995
Wall Removal	12/3/1918	6,913	6,913	10	S/L	691	4,838	691	5,529	1,384
Toilet/Sink	10/1/2011	975	975	10	S/L	98	685	98	783	192
Septic Filter Upgrade	3/2/2012	781	781	10	S/L	78	546	78	624	157
Boiler Service	4/6/2012	2,175	2,175	10	S/L	218	1,525	218	1,743	432
Portable On-Site Generator	10/17/2013	4,001	4,001	15	S/L	267	1,335	267	1,602	2,399
Treatment Room Upgrades (Cabinets)	11/10/2013	1,270	1,270	15	S/L	85	425	85	510	761
Breaker for Transfer Switch	11/19/2013	11,333	11,333 5,371	15 15	S/L S/L	756 358	3,780 1,790	756 358	4,536 2,148	6,797 3,223
Transfer Switch - Energency Generator 1-Well Water Chlorination System	11/22/2013 4/8/2014	5,371 9,753	9,753	15	S/L	650	3,250	650	3,900	5,853
Tile Flooring	8/5/2014	2,350	2,350	15	S/L	157	785	157	942	1,408
Electrical Transfer Switch	10/1/2014	720	720	15	S/L	48	192	48	240	480
Water Softener System	7/27/2015	16,431	16,431	15	S/L	1,095	4,380	1,095	5,475	10,956
Aqua Compliance Spec	10/27/2015	1,053	1,053	15	S/L	70	210	70	280	773
Generator Remote Enunciator	11/25/2015	4,679	4,679	15	S/L	312	936	312	1,248	3,431
				15	S/L	121	363	121	484	1,331
Generator E-Stop Button	11/25/2015	1,815	1,815							
AC Unit	12/10/2015	6,275	6,275	15	S/L	418	1,254	418	1,672	4,603
AC Unit Shower Room Renovation/Replacement	12/10/2015 12/22/2015	6,275 6,210	6,275 6,210	15 15	S/L S/L	418 414	1,254 1,242	418 414	1,656	4,554
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement	12/10/2015 12/22/2015 1/11/2016	6,275 6,210 2,500	6,275 6,210 2,500	15 15 15	S/L S/L S/L	418 414 167	1,254 1,242 501	418 414 167	1,656 668	4,554 1,832
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen	12/10/2015 12/22/2015 1/11/2016 9/21/2016	6,275 6,210 2,500 385	6,275 6,210 2,500 385	15 15 15 15	S/L S/L S/L S/L	418 414 167 26	1,254 1,242 501 78	418 414 167 26	1,656 668 104	4,554 1,832 281
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator	12/10/2015 12/22/2015 1/11/2016 9/21/2016 11/6/2015	6,275 6,210 2,500 385 3,500	6,275 6,210 2,500 385 3,500	15 15 15 15 15	S/L S/L S/L S/L S/L	418 414 167	1,254 1,242 501	418 414 167	1,656 668	4,554 1,832
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen	12/10/2015 12/22/2015 1/11/2016 9/21/2016 11/6/2015 7/18/2016	6,275 6,210 2,500 385 3,500 5,525	6,275 6,210 2,500 385 3,500 5,525	15 15 15 15	S/L S/L S/L S/L S/L S/L	418 414 167 26 233	1,254 1,242 501 78 699	418 414 167 26 233	1,656 668 104 932	4,554 1,832 281 2,568
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit	12/10/2015 12/22/2015 1/11/2016 9/21/2016 11/6/2015	6,275 6,210 2,500 385 3,500	6,275 6,210 2,500 385 3,500	15 15 15 15 15	S/L S/L S/L S/L S/L	418 414 167 26 233 368	1,254 1,242 501 78 699 1,104	418 414 167 26 233 368	1,656 668 104 932 1,472 681 3,652	4,554 1,832 281 2,568 4,053 2,719 23,733
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio	12/10/2015 12/22/2015 1/11/2016 9/21/2016 11/6/2015 7/18/2016 6/22/2017	6,275 6,210 2,500 385 3,500 5,525 3,400	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849	15 15 15 15 15 15 15 15 15	S/L S/L S/L S/L S/L S/L S/L S/L S/L	418 414 167 26 233 368 227 1,826 390	1,254 1,242 501 78 699 1,104 454 1,826 390	418 414 167 26 233 368 227 1,826 390	1,656 668 104 932 1,472 681 3,652 780	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log	12/10/2015 12/22/2015 1/11/2016 9/21/2016 11/6/2015 7/18/2016 6/22/2017 3/9/2018	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385	15 15 15 15 15 15 15 15	S/L S/L S/L S/L S/L S/L S/L S/L	418 414 167 26 233 368 227 1,826	1,254 1,242 501 78 699 1,104 454 1,826	418 414 167 26 233 368 227 1,826	1,656 668 104 932 1,472 681 3,652	4,554 1,832 281 2,568 4,053 2,719 23,733
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction	12/10/2015 12/22/2015 1/11/2016 9/21/2016 11/6/2015 7/18/2016 6/22/2017 3/9/2018 3/22/2018	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800	15 15 15 15 15 15 15 15 15	S/L S/L S/L S/L S/L S/L S/L S/L S/L	418 414 167 26 233 368 227 1,826 390 253	1,254 1,242 501 78 699 1,104 454 1,826 390 253	418 414 167 26 233 368 227 1,826 390 253	1,656 668 104 932 1,472 681 3,652 780 506	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors	12/10/2015 12/22/2015 1/11/2016 9/21/2016 11/6/2015 7/18/2016 6/22/2017 3/9/2018 3/22/2018	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849	15 15 15 15 15 15 15 15 15	S/L S/L S/L S/L S/L S/L S/L S/L S/L	418 414 167 26 233 368 227 1,826 390	1,254 1,242 501 78 699 1,104 454 1,826 390	418 414 167 26 233 368 227 1,826 390	1,656 668 104 932 1,472 681 3,652 780	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv	12/10/2015 12/22/2015 1/11/2016 9/21/2016 11/6/2015 7/18/2016 6/22/2017 3/9/2018 3/22/2018	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800	15 15 15 15 15 15 15 15 15	S/L S/L S/L S/L S/L S/L S/L S/L S/L	418 414 167 26 233 368 227 1,826 390 253	1,254 1,242 501 78 699 1,104 454 1,826 390 253	418 414 167 26 233 368 227 1,826 390 253	1,656 668 104 932 1,472 681 3,652 780 506	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv Nonmovable Equipment	12/10/2015 12/22/2015 1/11/2016 9/21/2016 11/6/2015 7/18/2016 6/22/2017 3/9/2018 3/22/2018	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800	15 15 15 15 15 15 15 15 15	S/L S/L S/L S/L S/L S/L S/L S/L S/L	418 414 167 26 233 368 227 1,826 390 253	1,254 1,242 501 78 699 1,104 454 1,826 390 253	418 414 167 26 233 368 227 1,826 390 253	1,656 668 104 932 1,472 681 3,652 780 506	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv	12/10/2015 12/22/2015 1/11/2016 9/21/2016 11/6/2015 7/18/2016 6/22/2017 3/9/2018 3/22/2018 5/15/2018	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800	15 15 15 15 15 15 15 15 15 15 15 15	5/L 5/L 5/L 5/L 5/L 5/L 5/L 5/L 5/L 5/L	418 414 167 26 233 368 227 1,826 390 253	1,254 1,242 501 78 699 1,104 454 1,826 390 253 808,295	418 414 167 26 233 368 227 1,826 390 253	1,656 668 104 932 1,472 681 3,652 780 506 821,124	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv Nonmovable Equipment Various	12/10/2015 12/22/2015 1/11/2016 9/21/2016 11/6/2015 7/18/2016 6/22/2017 3/9/2018 3/22/2018 5/15/2018 Various 10/30/2001 10/29/2001	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 929,321	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 921,261	15 15 15 15 15 15 15 15 15 15 15 15 15	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	418 414 167 26 233 368 227 1,826 390 253	1,254 1,242 501 78 699 1,104 454 1,826 390 253 808,295	418 414 167 26 233 368 227 1,826 390 253	1,656 668 104 932 1,472 681 3,652 780 506 821,124 218,510 1,367 1,589	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv Nonmovable Equipment Various Well Pump Replace Circulator Heating Sys. Pump	12/10/2015 12/22/2015 1/11/2016 9/21/2016 6/22/2017 3/9/2018 3/22/2018 5/15/2018 Various 10/30/2001 10/29/2001	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,589	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 921,261 244,309 1,367 1,589 1,358	15 15 15 15 15 15 15 15 15 15 15 15 15 1	\$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L	418 414 167 26 233 368 227 1,826 390 253	1,254 1,242 501 78 699 1,104 454 1,826 390 253 808,295	418 414 167 26 233 368 227 1,826 390 253	1,656 668 104 932 1,472 681 3,652 780 506 821,124	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv Nonmovable Equipment Various Well Pump Replace Circulator Heating Sys. Pump Water Softener	12/10/2015 12/22/2015 1/11/2016 9/21/2016 11/6/2015 7/18/2016 6/22/2017 3/9/2018 3/22/2018 5/15/2018 	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,589 1,358 1,358	6,275 6,210 2,590 385 3,500 5,525 3,400 27,385 5,849 3,800 921,261	15 15 15 15 15 15 15 15 15 15 15 15 15 1	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	418 414 167 26 233 368 227 1,826 390 253	1,254 1,242 501 78 699 1,104 454 1,826 390 253 808,295	418 414 167 26 233 368 227 1,826 390 253	1,656 668 104 932 1,472 681 3,652 780 506 821,124 218,510 1,367 1,589 1,358 2,507	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv Nonmovable Equipment Various Well Pump Replace Circulator Heating Sys. Pump Water Softener Steam Table	12/10/2015 12/22/2015 12/12/2016 9/21/2016 11/6/2015 7/18/2016 6/22/2017 3/9/2018 3/22/2018 5/15/2018 Various 10/30/2001 10/29/2001 1/23/2002 1/23/2002 10/1/2005	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,589 1,358 2,507 1,705	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 921,261 244,309 1,367 1,589 1,358 2,507 1,705	15 15 15 15 15 15 15 15 15 15 15 15 15 1	\$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L	418 414 167 26 233 368 227 1,826 390 253 17,288	1,254 1,242 501 78 699 1,104 454 1,826 390 253 808,295 213,207 1,367 1,589 1,358 2,507 1,705	418 414 167 26 233 368 227 1,826 390 253 12,830	1,656 668 104 932 1,472 681 3,652 780 506 821,124 218,510 1,367 1,589 1,358 2,507 1,705	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv Nonmovable Equipment Various Well Pump Replace Circulator Heating Sys. Pump Water Softener Steam Table Furnace	12/10/2015 12/22/2015 1/11/2016 9/21/2016 9/21/2016 6/22/2017 3/9/2018 3/22/2018 5/15/2018 	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,589 1,358 2,507 1,705 23,675	6,275 6,210 2,590 385 3,500 5,525 3,400 27,385 5,849 3,800 921,261	15 15 15 15 15 15 15 15 15 15 15 15 15 1	\$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L	418 414 167 26 233 368 227 1,826 390 253	1,254 1,242 501 78 699 1,104 454 1,826 390 253 808,295	418 414 167 26 233 368 227 1,826 390 253	1,656 668 104 932 1,472 681 3,652 780 506 821,124 218,510 1,367 1,589 1,358 2,507	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv Nonmovable Equipment Various Well Pump Replace Circulator Heating Sys. Pump Water Softener Steam Table Furnace 2 Office Desks	12/10/2015 12/22/2015 12/12/2016 9/21/2016 11/6/2015 7/18/2016 6/22/2018 3/22/2018 5/15/2018 ————————————————————————————————————	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,589 1,358 2,507 1,705 2,3675 1,225	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 921,261 244,309 1,367 1,589 1,358 2,507 1,705 23,675	15 15 15 15 15 15 15 15 15 15 15 10 15 10 15 10 10 25 N/A	S/L	418 414 167 26 233 368 227 1,826 390 253 17,288	1,254 1,242 501 78 699 1,104 454 1,826 390 253 808,295 213,207 1,367 1,589 1,358 2,507 1,705	418 414 167 26 233 368 227 1,826 390 253 12,830	1,656 668 104 932 1,472 681 3,652 780 506 821,124 218,510 1,367 1,588 2,507 1,705	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197 25,799
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv Nonmovable Equipment Various Well Pump Replace Circulator Heating Sys. Pump Water Softener Steam Table Furnace 2 Office Desks Hoyer Lift	12/10/2015 12/22/2015 1/11/2016 9/21/2016 9/21/2016 6/22/2017 3/9/2018 3/22/2018 5/15/2018 5/15/2018 10/30/2001 10/29/2001 10/29/2001 1/23/2002 1/23/2002 1/23/2002 1/23/2002 1/23/2002 1/23/2005	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,589 2,507 1,705 23,675 1,226 500	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,860 921,261 244,309 1,367 1,588 2,507 1,705 23,675	15 15 15 15 15 15 15 15 15 15 15 15 15 1	\$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L	418 414 167 26 233 368 227 1,826 390 253 17,288	1,254 1,242 501 78 699 1,104 454 1,826 390 253 808,295 213,207 1,367 1,589 1,358 2,507 1,705	418 414 167 26 233 368 227 1,826 390 253 12,830	1,656 668 104 932 1,472 681 3,652 780 506 821,124 218,510 1,367 1,588 2,507 1,705	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv Nonmovable Equipment Various Well Pump Replace Circulator Heating Sys. Pump Water Softener Steam Table Furnace 2 Office Desks	12/10/2015 12/22/2015 12/12/2016 9/21/2016 11/6/2015 7/18/2016 6/22/2018 3/22/2018 5/15/2018 ————————————————————————————————————	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,589 1,358 2,507 1,705 2,3675 1,225	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 921,261 244,309 1,367 1,589 1,358 2,507 1,705 23,675	15 15 15 15 15 15 15 15 15 15 10 10 10 25 N/A	S/L	418 414 167 26 233 368 227 1,826 390 253 17,288	1,254 1,242 5011 78 699 1,104 454 1,826 390 253 808,295 213,207 1,367 1,589 1,358 2,507 1,705 11,364	418 414 167 26 233 368 227 1,826 390 253 12,830	1,656 668 104 932 1,472 681 3,652 780 506 821,124 218,510 1,367 1,589 1,358 2,507 1,705 12,311	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv Nonmovable Equipment Various Well Pump Replace Circulator Heating Sys. Pump Water Softener Steam Table Furnace 2 Office Desks Hoyer Lift Freezer	12/10/2015 12/22/2015 1/11/2016 9/21/2016 11/6/2015 7/18/2016 6/22/2017 3/9/2018 5/15/2018 5/15/2018 5/15/2018 10/30/2001 10/29/2001 10/29/2001 10/12/3002 10/1/2005 5/30/2007 8/28/2009 11/9/2009	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,589 1,358 2,507 1,705 23,675 1,226 500 3,584	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,860 921,261 244,309 1,367 1,588 2,507 1,705 23,675	15 15 15 15 15 15 15 15 15 15 15 15 10 10 10 25 N/A N/A 5 5	S/L	418 414 167 26 233 368 227 1,826 390 253 17,288	1,254 1,242 5011 78 699 1,104 454 1,826 390 253 808,295 213,207 1,367 1,589 1,358 2,507 1,705 11,364	418 414 167 26 233 368 227 1,826 390 253 12,830	1,656 668 104 932 1,472 681 3,652 780 506 821,124 218,510 1,367 1,588 2,507 1,705 12,311	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197 25,799
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv Nonmovable Equipment Various Well Pump Replace Circulator Heating Sys. Pump Water Softener Steam Table Furnace 2 Office Desks Hover Lift Freezer Generator Work	12/10/2015 12/22/2015 12/22/2015 17/17/2016 9/21/2016 11/6/2015 7/18/2016 6/22/2017 3/9/2018 3/22/2018 5/15/2018 5/15/2018 Various 10/30/2001 10/29/2001 1/23/2002 10/1/2005 5/30/2007 8/28/2009 5/11/2010 5/18/2010	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,589 1,358 2,507 1,705 23,675 1,226 500 3,584 2,136 3,135 2,160	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 921,261 244,309 1,367 1,785 2,567 1,705 23,675 . 3,584 .	15 15 15 15 15 15 15 15 15 15 10 10 25 N/A 5 5	S/L	418 414 167 26 233 368 227 1,826 390 253 17,288	1,254 1,242 5011 78 699 1,104 454 1,826 390 253 808,295 213,207 1,367 1,589 1,358 2,507 1,705 11,364	418 414 167 26 233 368 227 1,826 390 253 12,830	1,656 668 104 932 1,472 681 3,652 780 506 821,124 218,510 1,367 1,589 1,358 2,507 1,705 12,311 	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197 25,799 11,364 1,226 500 2,136
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv Nonmovable Equipment Various Well Pump Replace Circulator Heating Sys. Pump Water Softener Steam Table Furnace 2 Office Desks Hoyer Lift Freezer Generator Work Refridgerator Driveway Paving AC Unit	12/10/2015 12/22/2015 12/12/2016 9/21/2016 9/21/2016 6/22/2017 3/9/2018 3/22/2018 5/15/2018 5/15/2018 10/30/2001 10/29/2001 10/29/2001 1/23/2002 1/23/2006 5/8/2010 5/8/2010 5/8/2010	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,589 1,358 2,507 1,705 23,675 1,226 5,500 3,584 2,136 3,135 2,160 1,197	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,860 921,261 244,309 1,367 1,588 2,507 1,705 23,675 - 3,135 3,135	15 15 15 15 15 15 15 15 15 15 10 10 25 N/A N/A 5 5	\$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L	418 414 167 26 233 368 227 1,826 390 253 17,288 5,303 	1,254 1,242 501 78 699 1,104 454 1,826 390 253 808,295 213,207 1,367 1,589 1,358 2,507 1,705 11,364 3,584 3,135	418 414 167 26 233 368 227 1,826 390 253 12,830 5,303 - - - - 947 - -	1,656 668 104 932 1,472 681 3,652 780 506 821,124 218,510 1,369 1,358 2,507 1,705 12,311 - 3,584 - 3,135	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197 25,799
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/improv Nonmovable Equipment Various Well Pump Replace Circulator Heating Sys. Pump Water Softener Steam Table Furnace 2 Office Desks Hoyer Lift Freezer Generator Work Refridgerator Driveway Paving AC Unit NIF Electric - Generator	12/10/2015 12/22/2015 1/11/2016 9/21/2016 9/21/2016 6/22/2017 3/9/2018 3/22/2018 5/15/2018 5/15/2018 10/30/2001 10/29/2001 11/23/2002 10/1/2006 5/30/2007 8/28/2009 5/11/2010 6/8/2010 6/8/2010	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,589 1,358 2,507 1,705 23,675 1,226 0,00 3,584 2,136 3,135 2,160 1,197 2,745	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 921,261 244,309 1,367 1,589 1,358 2,507 1,705 23,675	15 15 15 15 15 15 15 15 15 15 15 10 10 10 25 N/A N/A 5 5 10	S/L	418 414 4167 26 233 368 227 1,826 390 253 253 37,288 5,303 	1,254 1,242 5011 78 699 1,104 454 1,826 390 253 808,295 213,207 1,367 1,589 1,358 2,507 1,705 11,364 - 3,135 - 3,135 - 2,198	418 414 167 26 233 368 227 1,826 390 253 12,830 5,303 	1,656 668 104 932 1,472 681 3,652 780 506 821,124 218,510 1,367 1,589 1,358 2,507 1,705 12,311 - - - 3,135 - - - - - - - - - - - - - - - - - - -	4,554 1,835 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197 25,799 11,364 1,226 500 2,136 1,137 272
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv Nonmovable Equipment Various Well Pump Replace Circulator Heating Sys. Pump Water Softener Steam Table Furnace 2 Office Desks Hoyer Lift Freezer Generator Work Refridgerator Driveway Paving AC Unit NJF Electric - Generator Dining Room Sink and Cabinet	12/10/2015 12/22/2015 17/17/2016 9/21/2016 9/21/2016 11/6/2015 7/18/2016 6/22/2017 3/9/2018 3/72/2018 3/72/2018 5/15/2018 Various 10/39/2001 10/29/2001 1/23/2002 1/23/2002 1/23/2002 1/23/2002 1/23/2002 1/23/2002 1/23/2002 1/23/2002 1/23/2002 1/23/2002 1/23/2002 1/23/2002 5/11/2016 5/19/2010 6/8/2010 6/8/2010 6/8/2010 6/3/2010	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,589 1,358 2,507 1,705 23,675 1,226 500 3,384 2,136 3,135 2,160 1,197 2,745	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 921,261 244,309 1,367 1,789 1,358 2,507 1,705 23,675 3,135 2,745 633	15 15 15 15 15 15 15 15 15 15 15 10 10 25 N/A N/A 5 5 5 10 7	S/L	418 414 4167 26 233 368 227 1,826 390 253 17,288 5,303 	1,254 1,242 5011 78 699 1,104 454 1,826 390 253 808,295 213,207 1,367 1,589 1,358 2,507 1,705 11,364 3,584 3,135 - 2,198 360	418 414 167 26 233 368 227 1,826 390 253 12,830 5,303 - - - - - - - - - - - - - - - - - -	1,656 668 104 932 1,472 681 3,652 780 506 821,124 218,510 1,367 1,589 1,358 2,507 1,705 12,311 - - - - - - - - - - - - - - - - - -	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197 25,799
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv Nonmoyable Equipment Various Well Pump Replace Circulator Heating Sys. Pump Water Softener Steam Table Furnace 2 Office Desks Hoyer Lift Freezer Generator Work Refridgerator Driveway Paving AC Unit NJF Electric - Generator Dining Room Sink and Cabinet Refridgerator	12/10/2015 12/22/2015 12/12/2016 9/21/2016 9/21/2016 6/22/2017 3/9/2018 3/22/2018 5/15/2018 5/15/2018 5/15/2018 10/30/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2006 5/30/2007 8/28/2009 5/11/2010 6/8/2010 6/8/2010 6/8/2010 6/8/2010 5/19/2015 5/19/2015	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,589 1,358 2,507 1,705 23,675 1,226 500 3,584 2,136 3,135 2,160 1,197 2,745 630 666	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 921,261 244,309 1,367 1,589 1,358 2,507 1,705 23,675 23,675 23,784 630 6666	15 15 15 15 15 15 15 15 15 15 15 10 10 10 25 N/A N/A 5 5 5 10 7 7	\$/L	418 414 4167 26 233 368 227 1,826 390 253 17,288 5,303 - - - - - - - - - - - - - - - - - -	1,254 1,242 5011 78 699 1,104 454 1,826 390 213,207 1,367 1,589 1,358 2,507 1,705 11,364 - 3,584 - 2,198 360 380	418 414 416 76 26 233 368 227 1,826 390 253 12,830 5,303 947 947 95 90 95	1,656 668 104 932 1,472 681 3,652 780 506 821,124 218,510 1,367 1,589 1,358 2,507 1,705 12,311 - - - 3,135 - - - - - - - - - - - - - - - - - - -	4,554 1,835 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197 25,799 11,364 1,226 500 2,136 1,137 272
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv Nonmovable Equipment Various Well Pump Replace Circulator Heating Sys. Pump Water Softener Steam Table Furnace 2 Office Desks Hoyer Lift Freezer Generator Work Refridgerator Driveway Paving AC Unit NJF Electric - Generator Dining Room Sink and Cabinet Refridgerator Freezer	12/10/2015 12/22/2015 17/17/2016 9/21/2016 9/21/2016 11/6/2015 7/18/2016 6/22/2017 3/9/2018 3/72/2018 3/72/2018 5/15/2018 Various 10/39/2001 10/29/2001 1/23/2002 1/23/2002 1/23/2002 1/23/2002 1/23/2002 1/23/2002 1/23/2002 1/23/2002 1/23/2002 1/23/2002 1/23/2002 1/23/2002 5/11/2016 5/19/2010 6/8/2010 6/8/2010 6/8/2010 6/3/2010	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,589 1,358 2,507 1,705 23,675 1,226 500 3,384 2,136 3,135 2,160 1,197 2,745	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 921,261 244,309 1,367 1,789 1,358 2,507 1,705 23,675 3,135 2,745 633	15 15 15 15 15 15 15 15 15 15 15 10 10 25 N/A N/A 5 5 5 10 7	S/L	418 414 4167 26 233 368 227 1,826 390 253 17,288 5,303 	1,254 1,242 5011 78 699 1,104 454 1,826 390 253 808,295 213,207 1,367 1,589 1,358 2,507 1,705 11,364 3,584 3,135 - 2,198 360	418 414 167 26 233 368 227 1,826 390 253 12,830 5,303 - - - - - - - - - - - - - - - - - -	1,656 668 104 932 1,472 681 3,652 780 506 821,124 218,510 1,367 1,589 1,358 2,507 1,705 12,311 - - 3,584 - - 3,135 - - 2,473 450 475	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197 25,799 11,364 1,226 500 2,160 2,136 2,136 2,180 191
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv Nonmovable Equipment Various Well Pump Replace Circulator Heating Sys. Pump Water Softener Steam Table Furnace 2 Office Desks Hoyer Lift Freezer Generator Work Refridgerator Driveway Paving AC Unit NJF Electric - Generator Dining Room Sink and Cabinet Refridgerator Freezer Steam Table	12/10/2015 12/22/2015 12/22/2015 17/17/2016 9/21/2016 17/6/2015 7/18/2016 6/22/2017 3/9/2018 3/22/2018 5/15/2018 5/15/2018	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,589 1,358 2,507 1,705 23,675 1,226 500 3,584 2,136 3,135 3,135 3,135 3,136 666 807	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 921,261 244,309 1,367 1,589 1,358 2,507 1,705 23,675 3,584 - 3,135 - 2,745 630 666 807	15 15 15 15 15 15 15 15 15 15 10 10 25 N/A S 5 5 10 7 7 7	S/L	418 414 4167 26 233 368 227 1,826 390 253 17,288 5,303 	1,254 1,242 5011 78 699 1,104 454 1,826 390 253 808,295 213,207 1,367 1,589 1,358 2,507 1,705 11,364 3,3584 3,1583 360 380 460	418 414 416 76 26 233 368 227 1,826 390 253 12,830 5,303	1,656 668 104 932 1,472 681 3,652 780 506 821,124 218,510 1,367 1,589 1,358 2,507 1,705 12,311 3,135 - 2,473 450 475 575 605 3,440	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197 25,799 11,364 1,226 500 2,136 1,197 272 272 272 272 280 191 232
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv Nonmovable Equipment Various Well Pump Replace Circulator Heating Sys. Pump Water Softener Steam Table Furnace 2 Office Desks Hoyer Lift Freezer Generator Work Refridgerator Driveway Paving AC Unit NJF Electric - Generator Dining Room Sink and Cabinet Refridgerator Freezer	12/10/2015 12/22/2015 12/12/2016 9/21/2016 9/21/2016 6/22/2017 3/9/2018 3/22/2018 5/15/2018 5/15/2018 10/30/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 5/18/2010 6/8/2010	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,589 2,507 1,705 23,675 1,226 500 3,584 2,136 3,135 2,160 1,197 2,745 666 807 850	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,880 921,261 244,309 1,367 1,705 23,675 3,584 3,135 3,584 3,135 4,630 666 807 850 4,819 7,865	15 15 15 15 15 15 15 15 15 15 10 10 10 25 N/A N/A 5 5 10 7 7 7 7 7	\$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L	418 414 167 26 233 368 227 1,826 390 253 17,288 5,303 - - - - - - - - - - - - - - - - - -	1,254 1,242 501 78 699 1,104 454 1,826 390 253 808,295 213,207 1,367 1,589 1,358 2,507 1,705 11,364 3,584 3,135 - 2,198 360 380 460 484 2,752	418 414 4167 26 233 368 227 1,826 390 253 12,830 5,303 - - - - - - - - - - - - - - - - - -	1,656 668 104 932 1,472 681 3,652 780 506 821,124 218,510 1,367 1,569 1,358 2,507 1,705 12,311 3,584 - 2,473 450 475 605 3,440 5,615	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197 25,799
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/improv Nonmovable Equipment Various Well Pump Replace Circulator Heating Sys. Pump Water Softener Steam Table Furnace 2 Office Desks Hover Lift Freezer Generator Work Refridgerator Driveway Paving AC Unit NF Electric - Generator Dining Room Sink and Cabinet Refridgerator Freezer Steam Table Wanderguard Unit	12/10/2015 12/22/2015 12/22/2015 12/12/2016 9/21/2016 9/21/2016 6/22/2017 3/9/2018 3/22/2018 5/15/2018 5/15/2018 5/15/2018 10/30/2001 10/29/2001 10/29/2001 10/32/2002 10/1/2006 5/30/2007 8/28/2009 5/11/2010 6/8/2010 6/8/2010 6/8/2010 6/8/2010 6/19/2015 6/16/2015 7/7/2015 3/26/2015	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,589 1,358 2,507 1,705 23,675 1,226 600 1,197 2,745 630 666 600 807 850	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 921,261 244,309 1,367 1,589 1,358 2,507 1,705 23,675 3,135 2,745 630 666 807 850 4,819 7,860 219	15 15 15 15 15 15 15 15 15 15 10 10 10 25 N/A N/A 5 5 5 10 7 7 7 7 7 7 7	\$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L	418 414 414 167 26 233 368 227 1,826 390 253 17,288 5,303	1,254 1,242 5011 78 699 1,104 454 1,826 390 213,207 1,367 1,589 1,358 2,507 1,705 11,364 - 3,135 - 2,198 360 484 484 2,752 4,492	418 414 416 726 233 368 227 1,826 390 253 12,830 5,303 947	1,656 668 104 932 1,472 681 3,652 780 506 821,124 218,510 1,367 1,589 1,358 2,507 1,705 12,311 3,584 - 2,473 450 475 575 605 3,440 5,615 60	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197 25,799 11,364 1,226 500 2,160 2,160 1,197 272 180 191 232 244 1,378 2,245
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv Nonmovable Equipment Various Well Pump Replace Circulator Heating Sys. Pump Water Softener Steam Table Furnace 2 Office Desks Hoyer Lift Freezer Generator Work Refridgerator Driveway Paving AC Unit NJF Electric - Generator Dining Room Sink and Cabinet Refridgerator Freezer Steam Table Wanderguard Unit Dining Room AC Unit Toilet Toilet	12/10/2015 12/22/2015 12/22/2015 17/17/2016 9/21/2016 17/6/2015 7/18/2016 6/22/2017 3/9/2018 3/22/2018 5/15/2018 5/15/2018 5/15/2018 10/3/2002 10/1/2005 10/4/2006 5/30/2007 8/28/2009 5/11/2009 5/11/2010 6/8/2010 6/8/2010 6/8/2010 6/8/2015 6/15/2015 10/5/2015 10/5/2015 10/5/2015	6,275 6,210 2,500 385 3,500 5,505 3,500 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,589 1,358 2,507 1,705 23,675 1,226 500 3,584 2,136 3,135 2,160 1,197 2,745 630 666 807 850 4,819 7,860 219	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 921,261 244,309 1,367 1,589 1,358 2,507 1,705 23,675 - 3,584 - 3,135 - 2,745 630 666 807 850 4,819 7,860 219	15 15 15 15 15 15 15 15 15 15 10 10 25 N/A N/A N/A 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 15 15	S/L	418 414 416 167 26 233 368 227 1,826 390 253 17,288 5,303	1,254 1,242 5011 78 699 1,104 454 1,826 390 253 808,295 213,207 1,367 1,589 1,358 2,507 1,705 11,364 - 3,135 - 2,198 360 380 460 484 2,752 4,492 45	418 414 416 76 26 233 368 227 1,826 390 253 12,830 5,303	1,656 668 104 932 1,472 681 3,652 780 506 821,124 218,510 1,367 1,589 1,358 2,507 1,705 12,311 3,1584 - 3,135 2,473 450 475 575 605 3,440 5,615 60 60	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197 25,799
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv Nonmovable Equipment Various Well Pump Replace Circulator Heating Sys. Pump Water Softener Steam Table Furnace 2 Office Desks Hoyer Lift Freezer Generator Work Refridgerator Driveway Paving AC Unit NJF Electric - Generator Dining Room Sink and Cabinet Refridgerator Freezer Steam Table Wanderguard Unit Dining Room AC Unit Toilet Toilet Toilet Toilet Toilet Interpretation of the Action of the Control of	12/10/2015 12/22/2015 12/12/2016 9/21/2016 9/21/2016 6/22/2017 3/9/2018 3/22/2018 5/15/2018 5/15/2018 5/15/2018 10/30/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 5/18/2002 10/4/2006 5/30/2007 8/28/2009 11/9/2009 5/11/2010 6/8/2010	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,588 2,507 1,705 23,675 1,226 500 3,584 2,136 6,109 2,745 6,666 807 850 4,819 7,860 219 219	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 921,261 244,309 1,367 1,588 2,507 1,705 23,675 - 3,135 - 2,745 630 666 807 850 4,819 7,860 219 219 219	15 15 15 15 15 15 15 15 15 15 10 10 25 N/A 5 5 10 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 15 15	\$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L	418 414 416 167 26 233 368 227 1,826 390 253 17,288 5,303 947	1,254 1,242 5011 78 699 1,104 454 1,826 390 253 808,295 213,207 1,367 1,589 1,358 2,507 1,705 11,364 3,135 2,198 360 360 380 460 484 4,492 4,592 4,492 45 4,492 45	418 414 416 726 233 368 227 1,826 390 253 12,830 5,303 947 275 90 95 115 121 688 1,123 15 55	1,656 668 104 932 1,472 681 3,652 780 506 821,124 218,510 1,369 1,358 2,507 1,705 12,311 - 3,584 - 475 575 605 3,440 5,615 60 60 60 60	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197 25,799
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv Nonmovable Equipment Various Well Pump Replace Circulator Heating Sys. Pump Water Softener Steam Table Furnace 2 Office Desks Hover Lift Freezer Generator Work Refridgerator Driveway Paving AC Unit NJF Electric - Generator Dining Room Sink and Cabinet Refridgerator Freezer Steam Table Wanderguard Unit Dining Room AC Unit Toilet Toilet Toilet Toilet Toilet Toilet Electric Drain Cleaner AC Unit	12/10/2015 12/22/2015 12/22/2015 12/12/2016 9/21/2016 9/21/2016 6/22/2017 3/9/2018 3/22/2018 5/15/2018 5/15/2018 5/15/2018 10/3/2002 10/12/2002 10/12/2002 10/12/2002 10/12/2009 5/11/2010 6/8/2015 6/15/2015 6/15/2015 6/15/2015 6/15/2015 6/15/2015 10/5/2015 2/1/2016 3/6/2017	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,589 1,358 2,507 1,705 23,675 1,226 606 607 850 607 850 607 850 64,819 7,860 219 219 219 497 488	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 921,261 244,309 1,367 1,589 1,358 2,507 1,705 23,675 3,584 2,745 630 666 807 850 807 850 807 850 4,819 7,860 219 219 497 488	15 15 15 15 15 15 15 15 15 15 10 10 10 25 N/A 5 5 5 10 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 15 15 15 15 15 15 15 15 15 15 15 15 15	\$/L	418 414 417 416 418 418 418 418 418 418 418 418 418 418	1,254 1,242 5011 78 699 1,104 454 1,826 390 213,207 1,367 1,589 1,358 2,507 1,705 11,364 - 3,135 - 2,198 360 380 460 484 4492 4,492 4,492 4,55 100	418 414 416 76 26 233 368 227 1,826 390 253 12,830 5,303	1,656 668 104 932 1,472 681 3,652 780 506 821,124 218,510 1,367 1,589 1,358 2,507 1,705 12,311 3,135 - 2,473 450 475 575 605 3,440 5,615 60 150 60 150	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197 25,799 1,364 1,226 500 2,156 1,137 272 180 191 191 1,378 2,245 159 347 194
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv Nonmovable Equipment Various Well Pump Replace Circulator Heating Sys. Pump Water Softener Steam Table Furnace 2 Office Desks Hoyer Lift Freezer Generator Work Refridgerator Driveway Paving AC Unit NJF Electric - Generator Dining Room Sink and Cabinet Refridgerator Freezer Steam Table Wanderguard Unit Toilet Toilet Toilet Electric Drain Cleaner AC Unit Generator Tank	12/10/2015 12/22/2015 12/12/2016 9/21/2016 9/21/2016 9/21/2016 6/22/2013 3/9/2018 3/22/2018 3/22/2018 5/15/2018 Various 10/30/2001 10/29/2001 11/23/2002 11/23/2002 10/12/2005 10/4/2006 5/30/2007 8/28/2009 11/9/2009 5/11/2015 6/8/2010	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,588 2,507 1,705 23,675 1,206 3,584 2,136 3,135 2,160 3,584 2,136 3,135 2,160 630 0,7 850 4,819 7,880 219 219 219 219 219 497	6,275 6,210 2,500 385 3,500 5,525 3,400 5,525 3,400 921,261 244,309 1,367 1,705 23,675 - 3,584 - 3,135 - 2,745 630 666 807 7 7,860 219 219 219 219 488 11,306	15 15 15 15 15 15 15 15 15 15 15 10 10 25 N/A N/A 5 5 5 10 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 15 15 15 15 15 15 15 15 15 15 15 15 15	\$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L	418 414 416 167 26 233 368 227 1,826 390 253 17,288 5,303	1,254 1,242 501 78 699 1,104 454 1,826 390 253 808,295 213,207 1,367 1,589 1,358 2,507 1,705 11,364 3,584 - 3,135 - 2,198 360 380 460 484 2,752 4,492 45 45 100 196 4,522	418 414 417 26 233 368 227 1,826 390 253 12,830 5,303 947 275 90 95 115 121 688 1,123 15 50 98 2,261	1,656 668 104 932 1,472 681 3,652 780 506 821,124 218,510 1,367 1,755 12,311	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197 25,799
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv Nonmovable Equipment Various Well Pump Replace Circulator Heating Sys. Pump Water Softener Steam Table Furnace 2 Office Desks Hoyer Lift Freezer Generator Work Refridgerator Driveway Paving AC Unit NJF Electric - Generator Dining Room Sink and Cabinet Refridgerator Freezer Steam Table Wanderguard Unit Dining Room AC Unit Toilet Stainless Steel Kitchen Cabinets	12/10/2015 12/22/2015 12/22/2015 12/12/2016 9/21/2016 9/21/2016 6/22/2017 3/9/2018 3/22/2018 5/15/2018 5/15/2018 5/15/2018 10/30/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 5/18/2010 6/8/2010 6/8/2010 6/8/2010 6/8/2015 6/16/2015 3/6/2015 6/15/2015 10/5/2015 10/5/2015 1/1/2016 3/6/2017 5/18/2017 8/2/2017	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,589 1,358 2,507 1,705 23,675 1,226 500 3,584 2,136 3135 2,160 1,197 2,745 630 666 807 850 4,819 7,860 219 219 219 497 488 11,306	6,275 6,210 2,500 385 3,500 5,525 3,400 77,385 5,849 3,800 921,261 244,309 1,367 1,589 1,358 2,507 1,705 23,675 23,675 630 6666 807 850 4,819 7,860 219 219 497 488 11,306 4,265	15 15 15 15 15 15 15 15 15 15 10 10 25 N/A N/S 5 5 10 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	\$/L	418 414 416 7 26 233 368 227 1,826 390 253 17,288 5,303 947	1,254 1,242 5011 78 699 1,104 454 1,826 390 213,207 1,367 1,589 1,358 2,507 1,705 11,364 - 3,135 - 2,198 360 380 460 484 4492 4,492 4,492 4,55 100	418 414 416 726 233 368 227 1,826 390 253 12,830 5,303 947 275 90 95 115 121 688 1,123 15 15 50 98 2,261	1,656 668 104 932 1,472 681 3,652 780 506 821,124 218,510 1,367 1,589 1,358 2,507 1,705 12,311 3,135 - 2,473 450 475 575 605 3,440 5,615 60 150 60 150	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197 25,799 11,364 1,226 500 2,156 1,197 272 180 191 191 191 1,378 2,245 159 347 194
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/improv Nonmovable Equipment Various Well Pump Replace Circulator Heating Sys. Pump Water Softener Steam Table Furnace 2 Office Desks Hoyer Lift Freezer Generator Work Refridgerator Driveway Paving AC Unit NJF Electric - Generator Dining Room Sink and Cabinet Refridgerator Freezer Steam Table Wanderguard Unit Dining Room AC Unit Toilet Toilet Toilet Toilet Generator Tank Stainless Steel Kitchen Cabinets Kitchen Faucets	12/10/2015 12/22/2015 12/22/2015 17/17/2016 9/21/2016 9/21/2016 6/22/2017 3/9/2018 3/22/2018 5/15/2018 5/15/2018 5/15/2018 10/3/2001 10/29/2001 10/29/2001 1/23/2002 10/1/2006 5/30/2007 8/28/2009 5/11/2010 6/8/2010 6/8/2010 6/8/2010 6/8/2010 6/8/2010 6/8/2010 6/16/2015 7/7/2015 3/6/2015 6/15/2015 10/5/2015 10/5/2015 1/1/2016 3/6/2017 5/18/2017 8/2/2017 7/10/2017 8/2/2017	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,589 1,358 2,507 1,705 23,675 1,226 500 3,584 2,136 3,135 2,160 1,197 2,745 630 666 807 850 4,819 7,860 219 497 488 11,306 4,265	6,275 6,210 2,500 3,85 3,500 5,525 3,400 27,385 5,849 3,800 921,261 244,309 1,367 1,589 1,358 2,507 1,705 23,675 23,675 3,584 - 2,745 630 666 807 850 4,819 7,860 219 497 488 11,306 4,265 175	15 15 15 15 15 15 15 15 15 15 15 10 10 25 N/A N/A 5 5 5 10 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 15 15 15 15 15 15 15 15 15 15 15 15 15	\$/L	418 414 416 167 26 233 368 227 1,826 390 253 17,288 5,303	1,254 1,242 5011 78 699 1,104 454 1,826 390 213,207 1,367 1,589 1,358 2,507 1,705 11,364 3,584 2,198 360 484 42,752 4,492 45 100 196 4,522 568	418 414 417 26 233 368 227 1,826 390 253 12,830 5,303 947 275 90 95 115 121 688 1,123 15 50 98 2,261	1,656 668 104 932 1,472 1,472 681 3,652 780 506 821,124 218,510 1,367 1,589 1,358 2,507 1,705 12,311 3,584 - 2,473 450 475 575 605 3,440 5,615 60 60 60 60 60 60 60 60 60 60 60 60 60	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197 25,799 11,364 1,226 500 2,136 2,136 2,146 1,272 180 191 232 244 1,378 2,245 159 347 194 4,523 3,413
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv Nonmovable Equipment Various Well Pump Replace Circulator Heating Sys. Pump Water Softener Steam Table Furnace 2 Office Desks Hoyer Lift Freezer Generator Work Refridgerator Driveway Paving AC Unit NJF Electric - Generator Dining Room Sink and Cabinet Refridgerator Freezer Steam Table Wanderguard Unit Dining Room AC Unit Toilet Toilet Toilet Toilet Generator Tank Stainless Steel Kitchen Cabinets Kitchen Faucets Electroic Beds	12/10/2015 12/22/2015 12/22/2015 12/12/2016 9/21/2016 9/21/2016 6/22/2017 3/9/2018 3/22/2018 5/15/2018 5/15/2018 5/15/2018 10/30/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 10/29/2001 5/18/2010 6/8/2010 6/8/2010 6/8/2010 6/8/2015 6/16/2015 3/6/2015 6/15/2015 10/5/2015 10/5/2015 1/1/2016 3/6/2017 5/18/2017 8/2/2017	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,589 1,358 2,507 1,705 23,675 1,226 500 3,584 2,136 3135 2,160 1,197 2,745 630 666 807 850 4,819 7,860 219 219 219 497 488 11,306	6,275 6,210 2,500 385 3,500 5,525 3,400 77,385 5,849 3,800 921,261 244,309 1,367 1,589 1,358 2,507 1,705 23,675 23,675 630 6666 807 850 4,819 7,860 219 219 497 488 11,306 4,265	15 15 15 15 15 15 15 15 15 15 10 10 10 25 N/A N/A 5 5 5 5 10 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 15 15 15 15 15 15 15 15 15 15 15 15 15	\$/L	418 414 416 7 26 233 368 227 1,826 390 253 17,288 5,303 947	1,254 1,242 5011 78 699 1,104 454 1,826 390 213,207 1,367 1,589 1,358 2,507 1,705 11,364 3,584 2,198 360 484 42,752 4,492 45 100 196 4,522 568	418 414 416 76 26 233 368 227 1,826 390 253 12,830 5,303	1,656 668 104 932 1,472 681 3,652 780 506 821,124 218,510 1,367 1,589 1,358 2,507 1,705 12,311 3,135 - 2,473 450 475 575 605 3,440 5,615 60 150 60 150 294 6,783 852 75 1,284	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197 25,799 11,364 1,226 500 2,156 1,137 272 180 191 191 141 1,378 2,245 159 347 194 4,523 3,413 100 6,090 503
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Upgrade to 4-Log Fire Doors J Beecher Construction Total Building/improv Nonmovable Equipment Various Well Pump Replace Circulator Heating Sys. Pump Water Softener Steam Table Furnace 2 Office Desks Hoyer Lift Freezer Generator Work Refridgerator Driveway Paving AC Unit NJF Electric - Generator Dining Room Sink and Cabinet Refridgerator Freezer Steam Table Wanderguard Unit Dining Room AC Unit Toilet Toilet Toilet Toilet Generator Tank Stainless Steel Kitchen Cabinets Kitchen Faucets	12/10/2015 12/22/2015 12/22/2015 12/12/2016 9/21/2016 6/22/2017 3/9/2018 3/22/2018 5/15/2018 Various 10/3/20201 10/3/2001 10/3/2001 10/3/2001 10/3/2002 10/4/2006 5/30/2007 8/28/2009 11/9/2005 5/30/2007 8/28/2009 11/9/2005 5/11/2016 6/8/2010 6/8/	6,275 6,210 2,500 385 3,500 5,525 3,400 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,765 2,507 1,705 23,675 1,266 500 3,584 2,136 3,135 2,160 3,135 2,160 807 7,860 219 219 219 219 219 219 219 219 219 219	6,275 6,210 2,500 385 3,500 5,525 3,400 5,525 3,400 921,261 244,309 1,367 1,705 23,675 - 3,584 - 3,135 - 2,745 630 666 807 7,860 219 219 219 219 219 219 219 219 219 219	15 15 15 15 15 15 15 15 15 15 10 10 25 N/A 5 5 5 10 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	\$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L \$/L	418 414 416 7 26 233 368 227 1,826 390 253 17,288 5,303 947	1,254 1,242 5011 78 699 1,104 454 1,826 390 213,207 1,367 1,589 1,358 2,507 1,705 11,364 3,584 2,198 360 484 42,752 4,492 45 100 196 4,522 568	418 414 417 26 233 368 227 1,826 390 253 12,830 5,303 947 275 90 95 115 121 688 1,123 15 50 98 2,261 284 25 1,522 84 161	1,656 668 104 932 1,472 681 3,652 780 506 821,124 218,510 1,367 1,755 12,311	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197 25,799
AC Unit Shower Room Renovation/Replacement Shower Room Renovation/Replacement Installation of touch screen Installation of emergency generator AC Unit Patio Uggrade to 4-Log Fire Doors J Beecher Construction Total Building/Improv Nonmovable Equipment Various Well Pump Replace Circulator Heating Sys. Pump Water Softener Steam Table Furnace 2 Office Desks Hover Lift Freezer Generator Work Refridgerator Driveway Paving AC Unit NJF Electric - Generator Dining Room Sink and Cabinet Refridgerator Freezer Steam Table Wanderguard Unit Dining Room AC Unit Toilet Toilet Toilet Electric Drain Cleaner AC Unit Generator Tank Stainless Steel Kitchen Cabinets Kitchen Faucets Electronic Beds Refridgerator	12/10/2015 12/22/2015 12/22/2015 12/12/2016 9/21/2016 9/21/2016 6/22/2017 3/9/2018 3/22/2018 5/15/2018 5/15/2018 5/15/2018 5/15/2018 5/15/2018 5/15/2018 5/15/2019 6/23/2002 10/1/2006 5/30/2007 11/9/2009 5/11/2010 6/8/2010 6/8/2010 6/8/2010 6/8/2010 6/8/2015 6/16/2015 6/16/2015 6/16/2015 6/16/2015 6/15/201	6,275 6,210 2,500 385 3,500 5,525 3,400 27,385 5,849 3,800 929,321 244,309 1,367 1,589 1,358 2,507 1,705 23,675 1,226 600 600 600 600 600 600 600 600 600	6,275 6,210 2,500 385 3,500 5,525 3,400 77,385 5,849 3,800 921,261 244,309 1,367 1,589 1,358 2,507 1,705 23,675 - 3,584 - 4,265 630 666 807 850 4,819 7,860 219 497 488 11,306 4,265 4,265 4,265 4,265 4,75 7,612 587	15 15 15 15 15 15 15 15 15 15 10 10 10 25 N/A 5 5 5 10 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	\$/L	418 414 416 7 26 233 368 227 1,826 390 253 17,288 5,303 947	1,254 1,242 5011 78 699 1,104 454 1,826 390 213,207 1,367 1,589 1,358 2,507 1,705 11,364 3,584 2,198 360 484 42,752 4,492 45 100 196 4,522 568	418 414 416 726 233 368 227 1,826 390 253 12,830 5,303	1,656 668 104 932 1,472 681 3,652 780 506 821,124 218,510 1,367 1,589 1,358 2,507 1,705 12,311 3,135 - 2,473 450 475 575 605 3,440 5,615 60 150 60 150 294 6,783 852 75 1,284	4,554 1,832 281 2,568 4,053 2,719 23,733 5,069 3,294 108,197 25,799 11,364 1,226 500 2,156 1,137 272 180 191 191 141 1,378 2,245 159 347 194 4,523 3,413 100 6,090 503

Total Nonmovable Equip.		337,128	329,909			11,505	256,469	13,453	269,922	67,206
								and the same of th		
Movable Equipment	F (20 (2007	7.000	7.000	10	6.0		7,080		7.080	_
Patient Life/Mattress	5/30/2007	7,080	7,080 202,027	10 Var	S/L S/L	-	202,027	-	202,027	
Various	Various	202,027	(6,000)	N/A	N/A	-	(6,000)	-	(6,000)	_
(Less) Appraisal Cost*	N/A 4/12/2004	(6,000) 3,535	3,535	5	S/L		3,535		3,535	-
Oxygen Concentrator		4,016	4,016	5	S/L		4,016	_	4,016	_
Gas Range	10/20/2004 11/13/2005	934	4,010	N/A	N/A		4,010		-,010	934
Computer	8/25/2006	200		N/A	N/A			_		200
Electric Bed	8/28/2006	104		N/A	N/A				-	104
Office Chairs	6/15/2006	3,041	3,041	5	S/L		3,041		3.041	
Medline Equipment - Capital lease	1/20/2007	882	3,041	N/A	N/A			-	-,	882
Computer	5/7/2007	8,055	8,055	5	S/L		8,055	-	8,055	
Supression System Gas Range	4/21/2007	1,368	6,033	N/A	N/A	-	-	-	-,	1,368
Computer	6/5/2008	1,343		N/A	N/A	_		_		1,343
Computer	9/11/2012	593	593	10	11/1	59	414	59	473	121
Maytag Dryer	9/27/2013	1,170	1,170	5	S/L		1,170		1,170	-
Computer	5/24/2013	9,007	9.007	7	S/L	1,287	7,721	1,286	9,007	(0)
Mattresses & Bedspreads	6/26/2013	256	256	5	S/L	1,20,	256	-,200	256	
Patio Furniture	4/10/2013	25	250	5	S/L		25	_	25	-
Chairs	9/5/2013	400	400	7	S/L	57	342	58	400	(0)
Freezer & Milk Cooler	4/16/2014	2,665	2,665	7	S/L	381	1,905	381	2,286	380
45 Armoire Units	10/1/1997	(9,648)	(9,648)	7	S/L		(9,648)		(9,648)	
Furniture (Disposal)	10/1/199/	426	426	7	S/L	61	244	61	305	121
Dining Room Chairs	12/3/2015	410	410	7	S/L	59	177	59	236	174
Conveyor Toaster	12/3/2015	389	389	7	S/L	56	168	56	224	165
Electrolux JetMaxx Bag Canister Vac	3/29/2017	1,150	1,150	5	S/L	230	460	230	690	460
Wet/dry Vacuum and Floor Machine	1/16/2017	275	275	5	S/L	55	110	55	165	110
Office Computer and Printer	5/25/2017	100	100	3	S/L	33	66	33	99	1
Laptop Computer	9/1/2017	295	295	3	S/L	98	196	98	294	1
Laptop Computer	1/31/2017	689	689	5	S/L	138	276	138	414	275
Wireless Network	10/3/2017	532	532	15	S/L	35	70	35	105	427
Bed and Bed Frame	10/3/2010	332	332	13	3/1					
Total Movable Equipment		235,319	230,489			2,550	225,706	2,549	228,255	7,065
C/R Assets & Depreciation Total (Land Included)		1,519,067				31,342	1,290,470	28,832	1,319,301	199,765
F/S Assets & Depreciation For TB		1,710,101						36,279	1,439,326	270,775
,		1,710,201								(3)
Rounding		(61,031)				(31,342)	(1,290,470)	7,448	120,025	71,007
Variance		(61,031)				(31,342)	(1,230,470)	{b}	120,025	{a}
Rollforward Adjustment From Audit Binder		641								
Variance from Prior Year C/R		(60,390)								
Variance from Insurance Claim		130,003_{	:}							
F/S vs C/R NBV - Page 31, Line 89		71,007	(a)			This amount re	elates to the porti	ion of the ins	urance claim us	ed to
F/S vs C/R Depreciation - Page 36, Line F1		7,448	(b)							

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

Name of Facility License No.	Report for Year En	ded		Page	of
Twin Maples Home, Inc., d/b/a Twin N 2315	9/30/2019			25	37
11. Property Questionnaire					
Part A				*··	
Is the property either owned by the Facility				If "Yes," complete	te Part B
or leased from a Related Party?*	9 Yes	0	No	If "No," complete	
*If any owner or operator of this facility is related by family, n	narriage ownership ability	to control or			
business association to any person or organization from whom					
related party transaction,	_				
Description	Total				
Date Land Purchased	06/01/72		Section 200		1000
2. Date Structure Completed	06/01/72			A46 - 371 - 3.1	
3. If NOT Original Owner, Date of Purchase	N/A				
4. Date of Initial Licensure	N/A				
5. Total Licensed Bed Capacity	44		A PARTS		
6. Square Footage	13,290			100	45.50
7. Acquisition Cost	17.200				
a. Land b. Building	17,298 432,199	4	100		
	=		2nd Mantanas	4th Marta	
Part B - Owner and Related Parties 1. Financing	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	age
a. Type of Financing (e.g., fixed, variable)	HUD Financing				
b. Date Mortgage Obtained	05/29/97				
c. Interest Rate for the Cost Year	3.90%				
d. Term of Mortgage (number of years)	35				
e. Amount of Principal Borrowed	1,275,000				
f. Principal balance outstanding as of 9/30/19	821,386				
Complete if Mortgage was Refinanced				Prop. (Sept.)	
During Current Cost Year				office and the second	
g. Type of Financing (e.g., fixed, variable)			·		
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
I. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property					
Name and Address of Lessor Pr	roperty Leased	Date of Lease	Term of Lease	Annual Amount	of Lease

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

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

Name of Facility License No.		Report for Yea	ar Ended		Page of
Twin Maples Home, Inc., d/b/a Twin N 2315		9/30/2019			26 37
Item		Total	CCNH	RHNS	(Specify)
InterestA. Building, Land Improvement & Non-Movable Equipment		00074	22.071		
First Mortgage Name of Lender	Rate	33071	33,071		2 and 2 and 3
Address of Lender					
2. Second Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
3. Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender	•				
4. Fourth Mortgage	\$				
Name of Lender	Rate				
Address of Lender	-				
B. CHEFA Loan Information					
1. Original Loan Amount	\$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense				100 mm (100 mm) (100	100 m
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$	33,071	33,071		

(Carry Subtotals forward to next page)

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

Name of Facility License N			Report for Y		Page	of	
Twin Maples Home, Inc., d/b/a Twi 23	15		9/30/2019		- AND	27	37
Item			Total	CCNH	RHNS	(Spec	ifv)
	totals Bro	ught Forward:		33,071	KIIIIO	СБРС	,,,,,
12. C. Movable Equipment	iotais Dio	agni i oi wara.	33,071	33,071			
1. Automotive Equipment		\$					
A. Item	Rate	Amount		100			
11, 100							
Lender							
				1.5			
Address of Lender							
		LILL COLUMN CO.					100
2. Other (<i>Specify</i>)		\$					
A. Item	Rate	Amount				100	
Lender						4.54	
A 11 CT 1							
Address of Lender						- 1	
B. Item	Rate	Amount			1900 1900		
B. Itelli	Rate	Amount		1 P.			
Lender							
Dender						1.00	
Address of Lender							
12. C. 3. Total Movable Equipment Interes	est						
Expense (C1 + 2)		\$					
12. D. Other Interest Expense (Specify)		\$	11,796	11,796			
Other Interest Expense							
		<u> </u>		1106			
13. Total All Interest Expense (12B7 + 120	C3 + 12D) \$	44,867	44,867			
14. Insurance	1	ďτ	46,413	46,413			
a. Insurance on Property (buildings on	11y <i>)</i>	<u> </u>		564			
b. Insurance on Automobilesc. Insurance other than Property (as sp	pecified at		304	304			
c. Insurance other than Property (as sp 1. Umbrella (<i>Blanket Coverage</i>)	acineu al	\$	350	350			
2. Fire and Extended Coverage							
3. Other (<i>Specify</i>)		<u>\$</u>		4,034			·
Mortgage Insurance		*				- -	
				14			
14d. Total Insurance Expenditures (14a + 1	b+c)	\$	51,361	51,361			
15. Total All Expenditures (A-13 thru C-1		\$	2,987,093	2,987,093			

D. Adjustments to Statement of Expenditures

	e of Fa			1	cense No. 2315	Report for Ye 9/30/2019	Page 28	of 37	
1 WIII	Iviapi	es no	me, Inc., d/b/a Twin Maples Health Care Faci	1	Total	7/30/2017		20	37
T4	D	T :			Amount of				
	Page		Itana Daganintian			CCNH	RHNS	(Spe	oifu)
No.	No.		Item Description		Decrease	CCNH	KUIAS	(Spe	City)
	10 - 8	Salari	es and Wages	ф.					
<u>l.</u>			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	\$		101.200			
4.			Other - See attached Schedule	\$	101,200	101,200			
	13 - 1	Profes	sional Fees						
5.			Resident Care Physicians **	\$					
6.	13	B10a	Occupational Therapy	\$		67,271			
7.			Other - See attached Schedule	\$					
	s 15 &	16 -	Administrative and General						
8,			Discriminatory Benefits	\$					
9.			Bad Debts	\$					
10.			Accounting	\$					
10a.			Legal	\$					
11.			Telephone	\$					
12.			Cellular Telephone	\$					
13.			Life insurance premiums on the life			9	A Stranger		
			of Owners, Partners, Operators	\$					
14.	16	L3	Gifts, flowers and coffee shops	\$	106	106			
15.			Education expenditures to colleges or						
			universities for tuition and related costs						
			for owners and employees	\$					
16.			Travel for purposes of attending				200		
			conferences or seminars outside the				1.775.142		
			continental U.S. Other out-of-state						Established
			travel in excess of one representative	\$					
17.			Automobile Expense (e.g. personal use)	\$					
18.			Unallowable Advertising *	\$					
19.			Income Tax / Corporate Business Tax	\$					
20.			Fund Raising / Contributions	\$					
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$		49,186			
	10 1	Dietar	y Expenditures	Ψ	15,100	12,123			
24.	10-1	neiui,	Meals to employees, guests and others						
∠4,			who are not residents	\$	100 mm		-		
D	10 1			Ψ					
	19 - L	Juuna	Laundry services to employees, guests						
25.				\$		<u> </u>			
	20		and others who are not residents	Ф					
	20 - I	10use	keeping Expenditures				1000		
26.			Housekeeping services to employees, guests	ሐ					
		<u> </u>	and others who are not residents	\$		217.7(2			
			Subtotal (Items 1 - 26)	\$		arry Subtotal f	<u> </u>		

^{*} All except "Help Wanted".

⁽Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description					CCNH	RHNS	(Specify)
10	A1	Owner's Salary (Theodore Ja	ackson)			\$ 101,200		
					-				
:					 				
					 			14.2	111
									114.
Total Othe	r Salaries A	Adjustment		······································		1.1	\$ 101,200	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	1				C	CCNH	R	HNS	(Spec	cify)
					 			-			1	
			-			 						
											·, · ·	
												1.
			-						144			Take.
			-									
				1		- 1						
										PNO E	Harry T.	
Total Othe	r Fees Adj	ustments					 \$	· -	\$	-	\$	-

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m8a	Chamber of Commerce Dues	\$ 330		
16	m13	Non Routine Bank Charges	30		. 5.
16	m13	Late Charges	3,177		
-16	m13	Penalty / Fine CMS	19,845		
15	Var	Owner Benefits (Theodore E. Jackson)	25804		
Total Othe	r A&G Ad	justments	\$ 49,186	\$ -	\$ -

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

			D. Adjustments to Statemen						
1	e of Fa	•	· · · · · · · · · · · · · · · · · · ·	ic	ense No.	Report for Y	ear Ended	Page	of
Twin	Maple	es Ho	me, Inc., d/b/a Twin Maples Health Care Fad		2315	9/30/2019		29	37_
					Total				
Item	Page	Line			Amount of				
No.	No.	No.	Item Description	1	Decrease	CCNH	RHNS	(Sp	ecify)
			Subtotals Brought Forward	\$	217,763	217,763			
Page	20 - F	Reside	nt Care Supplies***						294
27.	20	5a2	Prescription Drugs	\$	18,041	18,041			
28.			Ambulance/Limousine	\$					
29.			X-rays, etc	\$					
30.	20	5h	Laboratory	\$	2,441	2,441			
31.			Medical Supplies	\$					
32.	20	5e2	Oxygen (non emergency)	\$	4,470	4,470			
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$	3,140	3,140			
Page	22 - N	<i>Iainte</i>	enance and Property						
35.			Excess Movable Equipment Depreciation						
			See Attached Schedule	\$[
36.			Depreciation on Unallowable	140					
			Motor Vehicles	\$[
37.			Unallowable Property and Real						
			Estate Taxes	\$[
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$					
Page	27 - I					1			
40.	27	14c3		\$	4,034	4,034			
41.			1 2	\$					
Other	· - Mis	cellar	neous						
42.			Other - Indirect	\$					
43.			Interest Income on Account Rec.	\$					
44.			Other - Miscellaneous Administrative	\$					
45.			Management Fees Direct	\$					
46.			Management Fees Indirect	\$					
47.			Other - Direct	\$	11,853	11,853			
Not F	or Pr	ofit P	roviders Only	3					
48.			Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -					5	
			See Attached Schedule	\$	The second secon				
49.	Total	Amoi	unt of Decrease (Items 1 - 48)	\$	261,742	261,742			

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5L	Purchased Svcs - Med A CNSL Bill	\$ 275		ti ipi
20	5L	Purchased Svcs - Med A	1,871		
20	5L	Supplies - Patient Personal	932		
20	5L	Durable Medical Equipment - IV Poles	62		
			7		la i
· · · · · · · · · · · · · · · · · · ·					544 L.
<u></u>					
					7 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1
Total Othe	r Ancillar	Costs	\$ 3,140	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
					
1	 		- 10.1	- :-	
	-				
Total Exce	ss Movahl	e Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description					CCN	H	RHNS		(Specify)
					1.	-			-		1 1
1 1 1							+ 1				
						-		-			
			WEIE VAN VIEW			 		1-1			-
									4		
Total Othe	r Property	y Adjustment	S	, , , , , , , , , , , , , , , , , , ,			\$	-	\$ -	-	\$ -

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description			 CCNH	RHNS	(Specify)
	W 1						
1-1							

	 		· · · · · · · · · · · · · · · · · · ·		T		T		age
	 	 		-			-		
Total Other Adjustments					\$	-	\$	 \$	-

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref L	ine Ref	Description				CCNH	RHNS	(Specify)
			 	 	 		-	
			 					THE.
		<u> </u>		 			100	-
			 	 			1.	
Total Other A	diustme	ents	 	 		\$ -	\$ -	\$ -

Page R	ef	Line Ref	Description			 (CCNH	RHNS		(Specify)
s'	30	IV 4	Television Revenue			 \$	2,337			
	30	IV 8	Other Income from Grant				9,423		_	
	30	IV 8	Credit for Overpayment	-			93			
				 					ï	il de la companya de
									:	
										100
Total C	the	r Adjustm	ents		 1	\$	11,853	\$ -		\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	n	 			CC	NH	RH	NS	(Spe	ecify)
	i i											1

							 		1			
					4 .							- 1
Total Unal	lowable Br	uilding Inte	rest				\$	-	\$	-	\$	-

F. Statement of Revenue

F. Statement of Re	ven		7 . 12 1 1		In .	
Name of Facility License No. Twin Maples Home, Inc., d/b/a Twin Ma 2315		Report for Y 9/30/2019	ear Ended		Page	of 37
Twin maples frome, inc., word fixin ma 2010		7/30/2019		T	30	3/
Item		Total	CCNH	RHNS	(Spec	ifu)
I. Resident Room, Board & Routine Care Revenue		Total	CCNII	KIINS	(Зрес	niy)
1. a. Medicaid Residents (CT only)	\$	2 210 622	2 219 (22			
b. Medicaid Room and Board Contractual Allowance **	<u>\$</u>	2,318,633	2,318,633			
2. a. Medicaid (<i>All other states</i>)	 \$					
b. Other States Room and Board Contractual Allowance **	 \$					
3. a. Medicare Residents (all inclusive)		190,641	190,641			
b. Medicare Room and Board Contractual Allowance **	 \$		190,041			
4. a. Private-Pay Residents and Other	\$		165,660	1.	 	
b. Private-Pay Room and Board Contractual Allowance **		100,000	100,000			
II. Other Resident Revenue	φ					
	σh	1 205	1,200			
1. a. Prescription Drugs - Medicare	\$	1,307	1,307		<u> </u>	
b. Prescription Drugs - Medicare Contractual Allowance **	\$				 	
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$	27.624	27.624			
3. a. Physical Therapy - Medicare	\$	27,624	27,624			
b. Physical Therapy - Medicare Contractual Allowance **	\$	22.405	22.407			
c. Physical Therapy - Non-Medicare	\$	33,487	33,487			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	15 100	15 100		1	
4. a. Speech Therapy - Medicare	\$	15,199	15,199			
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	40, 100	40.100			
5. a. Occupational Therapy - Medicare	\$	48,122	48,122			
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$		· · · · · · · · · · · · · · · · · · ·			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	- \$ - \$					
b. Other (Specify) - Non-Medicare						
III. Total Resident Revenue (Section I, thru Section II.)	\$	2,800,673	2,800,673			Control of
IV. Other Revenue*						
Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$	2,337	2,337			
5. Interest Income (Specify)	\$	23	23			
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$	24,318	24,318			
V. Total Other Revenue (1 thru 8)	\$	26,678	26,678			
VI. Total All Revenue (III +V)	\$	2,827,351	2,827,351			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description					CCNH	RHNS	(Specify)
:						-		
								-1.1
	<u> </u>			 111				
·				 				
otal Othe	er Resident R	evenue - Mo	dicare	 		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
			-		
					** :
Total Other	er Resident Revenue	 	\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account				Balanc	e	C	CNH	RHNS	(Spec	cify)
			14.	1.1				-			
30 IV 5	Mortgage Interest Income				N/A		\$	23			
		 ١.,	1.			:					- 1
									14.		
Total Inte	rest Income						\$	23	\$ -	\$	_

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Other Income from Grant (Disallowed on Pg 29a)	\$ 9,423		
30 IV 8	Credit for Overpayment (Disallowed on Pg 29a)	93		
30 IV 8	Credit for Overpayment of Taxes (No CY Expense)	14,802		
12.		49		1916
				1.0
Total Othe	r Revenue	\$ 24,318	\$ -	\$ -

G. Balance Sheet

		f Facility	License No.	Report for Year Ended	Page	of
Twir	ı M	aples Home, Inc., d/b/a Twin	M 2315	9/30/2019	31	37
			Account		Α	Amount
Asse						
A.		irrent Assets			1.	
		Cash (on hand and in banks			\$	72,300
		Resident Accounts Receivab			\$	278,958
	3.	<u></u>	(Excluding Owners or	Related Parties)	\$	
	4	Inventories			\$	700
	5.	Prepaid Expenses		1.4.0.70	\$	14,952
		a. Prepaid Expenses		14,952		
		b				
		C,			P P	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		d. See Schedule			Φ.	
		Interest Receivable			\$	
		Medicare Final Settlement R		<i>t</i>	\$ \$	
	δ.	Other Current Assets (itemiz	e)		3	
					the second	
						Maria de la Caración
A O	Ta	See Schedule stal Current Assets (Lines A1	thm, (2)		\$	266 010
<u>А-9.</u> В.		ked Assets	uiru o)		Φ	366,910
Б.		Land			\$	17,298
-		Land Improvements	*Historical Cost		\$	17,298
	۷,	Land improvements	Accum. Depreciation	on Net	Ψ .	
		Buildings	*Historical Cost	929,320	\$	108,196
	٥,	Buildings	Accum. Depreciation		T ^Ψ	100,150
	4	Leasehold Improvements	*Historical Cost	021,121 1100	\$	
	••	Beasensia improvements	Accum. Depreciation	on Net		
	5	Non-Movable Equipment	*Historical Cost	337,130	\$	67,209
	•	The title the telephine to	Accum. Depreciation		ľ	- · ,- · ·
	6.	Movable Equipment	*Historical Cost	235,319	\$	7,064
	- •		Accum. Depreciation			
	7.	Motor Vehicles	*Historical Cost		\$	
	•		Accum. Depreciation	on Net		
	8.	Minor Equipment-Not Depre			\$	
	9.	Other Fixed Assets (itemize)			\$	71,007
	-	F/S vs C/R NBV		71,007	ľ	,
		See Schedule				
B-10		Total Fixed Assets (Lines B	1 thru 9)		\$	270,774

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

G. Balance Sheet (cont'd)

Name of Fac	ility	License No.	Report for Year Ended		Page		of
Twin Maples	Home, Inc., d/b/a Twin I	M 2315	9/30/2019		32		37
		Account			An	nount	
			Total Brought Forward:	\$		63	7,684
C. Leaseh	old or like property record	ded for Equity Purposes					
1. Lar	nd			\$			
2. Lar	nd Improvements	*Historical Cost					
		Accum. Depreciation	Net	\$			
3. Bui	lldings	*Historical Cost					
		Accum. Depreciation	Net	\$			
4. No	n-Movable Equipment	*Historical Cost					
		Accum. Depreciation	Net	\$			
5. Mo	vable Equipment	*Historical Cost					
		Accum. Depreciation	Net	\$			
6. Mo	tor Vehicles	*Historical Cost					
		Accum. Depreciation	Net	\$			
	nor Equipment-Not Depre			\$			
C-8 Total L	easehold or Like Proper	ties (C1 thru 7)		\$			
D. Investm	nent and Other Assets						
1. Def	ferred Deposits			\$			
2. Esc	row Deposits			\$		9	8,347
3. Org	ganization Expense	*Historical Cost					
		Accum. Depreciation	Net	\$			
	odwill (Purchased Only)			\$		···	
5. Inv	estments Related to Resid	lent Care (itemize)		\$			
					100		
6. Loa	ns to Owners or Related	Parties (itemize)		\$		8	7,703
	Name and Address	Amount	Loan Date				
-					2.0		
	Owner	87,703					
7. Oth	ner Assets (itemize)			\$		÷ .	
					100	1.1	
	See Schedule			4		1.0	<u> </u>
	nvestments and Other A.			\$	·		6,050
D-9. Total A	I <i>ll Assets</i> (Lines A9 + B1	.U + C8 + D8)		\$		82	3,734

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

G. Balance Sheet (cont'd)

Name of Fac	•		License No.	Report for Year I	Ended	Page	of
Twin Maple	es Hon	ne, Inc., d/b/a Twin Maples I	1 2315	9/30/2019		33	37
			Account			An	nount
Liabilities							
A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable			\$)	435,030
	2.	Notes Payable (itemize)			[\$)	
		See Schedule				16 Tab.	
	3.	Loans Payable for Equipme				<u> </u>	
		Name of Lender	Purpose	Amount	Date Due		
							C. (64-64)
						4.54	100
						1.44	
					1		
		A 1 D 11 / E 1 i	of Orange and don't	Stookholdana anhu)	\$	1	102,086
	4.	Accrued Payroll (Exclusive			\$		102,000
	5.	Accrued Payroll (Owners a		only)	\$		2,359
	6.	Accrued Payroll Taxes Pay			\$		2,339
	7.	Medicare Final Settlement					4
	8.	Medicare Current Financing			\$		50.720
	9.	Mortgage Payable (Curren		1 15 11	\$		50,730
		Interest Payable (Exclusive	of Owner and/or Re	elated Parties)	\$		
		. Accrued Income Taxes*			\$		
	12.	Other Current Liabilities (in			\$)	72,117
		RESIDENT FUND ACCOUNT		,122 VISA CREDIT CARE			
		Accrued Expenses		,175 MEDICAID RECOUF	PM 30,554		
		401 K Deductions Payable		805			
		401K PAYABLE EMP MATCH		,542) See Schedule			((2.222
A-13	3. <i>To</i>	<i>tal Current Liabilities</i> (Line	es A1 thru 12)		\$)	662,322

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

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	9/30/2019		34	37
A	Account			An	nount
		Total Broug	tht Forward:		662,322
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (itemize)		\$		
Name of Lender	Purpose	Amount	Date Due		
				date.	
				die in	Albania (1997) Albania (1997)
	l			**************************************	
	i				
	I				
	l	,			
2 M. 4 P		<u> </u>	<u>.</u>		770 (5)
2. Mortgages Payable	4-1 D-4' ('4)		\$		770,656
3. Loans from Owners or Rela		T 1 D	\$		
Name and Address of Lender	Amount	Loan D	Pate		The second second second
				to the	
					1.0
					Land Control
4. Other Long-Term Liabilities	(itemize)		\$	1200000	
<u> </u>				1416	
				1.5	
See Schedule					10 27 CHE
B-5. Total Long-Term Liabilities (L			\$		770,656
C. Total All Liabilities (Lines A-1	3 + B-5)		\$		1,432,978

Schedule o	f Prepaid E	xpenses Page 31 Line A5	
Page Ref	Line Ref	Description	
<u>-</u>	-	· · · · · · · · · · · · · · · · · · ·	
Total Prov	old Evnance		\$ -
Total Prepa	ata expense	3	
Schedule of	f Other Cur	rent Assets (itemized) Page 31 Line A8	
Page Ref	Line Ref	Description	
Total Othe	r Current A	ssets (Itemize)	<u>s</u> -
Schedule of	f Other Fixe	ed Assets (Itemize) Page 31 Line B9	
		Description	
 			
Total Othe	r Other Fix	ed Assets (Itemize)	s -
Schedule of	f Other Ass	ets Page 32 Line D7	
		Description	
	- Line ite		
	Ţ		
			\$ -
Total Othe	r Assets		3
Schedule o	f Notes Pay	able (Itemize) Page 33 Line A2	
Page Ref	Line Ref	Description	7.45
Total Note	s Payable		<u>s</u> -

Schedule o	f Other Cur	rent Liabilities (Itemize) Page 33 Linc A12	
Page Ref	Line Ref	Description	
Total Othe	r Current L	iabilities (Itemize)	\$ -
G-1		The Lab Stine (Harwiso) Daga 3.1 Ligs D4	
		ng-Term Liabilities (Itemize) Page 34 Line B4	
Page Ref	Line Ref	Description	
Total Othe	r Current L	iabilities (Itemize)	<u>s</u> -

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

	ne of Facility License No. Report for Year Ended 9/30/2019	- 1	Page 35	of 37
IWI	n Maples Home, Inc., d/b/a Twin N 2315 9/30/2019 Account		Amo	
A.	Reserves	-	7 1111	, WIII
	Reserve for value of leased land	\$	-	
	Reserve for depreciation value of leased buildings and appurtenances to be amortized	\$		
	3. Reserve for depreciation value of leased personal property (<i>Equity</i>)	\$		
	4. Reserve for leasehold real properties on which fair rental value is based	\$		
	5. Reserve for funds set aside as donor restricted	\$	***************************************	
	6. Total Reserves	\$		
B.	Net Worth 1. Owner's Capital	\$		
	2. Capital Stock	\$		3,000
	3. Paid-in Surplus	\$		(15,227)
	4. Treasury Stock	\$		
	5. Cumulated Earnings	\$	-	(429,827)
	6. Gain or Loss for Period 10/1/2018 thru 9/30/2019	\$		(167,190)
	7. Total Net Worth	\$		(609,244)
C.	Total Reserves and Net Worth	\$.		(609,244)
D.	Total Liabilities, Reserves, and Net Worth	\$		823,734

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 May 2315	9/30/2019		36	37
Account		/	Am	ount
A. Balance at End of Prior Period as shown on Report of	of 09/30/2018	9		(442,054)
B. Total Revenue (From Statement of Revenue Page 30	7)	9		2,827,351
C. Total Expenditures (From Statement of Expenditure	s Page 27)		\$	2,994,541
D. Net Income or Deficit		S		(167,190)
E. Balance		9	<u> </u>	(609,244)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Expenses Per Page 27 \$2,987,093	3		real factors	
F/S vs C/R Depreciation 7,44	8			
Expenses Per F/S \$2,994,54	1			
2. Other (itemize)				
				100
F-3. Total Additions		S	\$	
G. Deductions			_	
1. Drawings of Owners/Operators/Partners (Specify			8	
Name and Address (No., City, State, Zip)	Title	Amount		100
·				
2. Other Withdrawings (Specify)		3	5	
Purpose	Amo	ount		
3. Total Deductions		9	8	
H. Balance at End of Period 09/3	30/19	9	8	(609,244)

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page of		
Twin Maples Home, Inc., d/b/a Twin	2315	9/30/2019	37 37		
Check appropriate category					
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)			
P	reparer/Reviewer Certifica	tion			
* 1	•				
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.					
Signature of Preparer Title Date Signed					
Menson 2/3/20					
Printed Name of Preparer					
	+	E			
Matthew S. Bavolack					
Addres Address		Phone Number			
			60		
555 Long Wharf Drive, New Haven, CT 06511 203-781-9600					
Contacted Person Regarding Additional Inform	Phone Number				
Michele D'Amato 860-349-1041					
Contact Email Address					
twinmaples.hlthcr@snet.net					



ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Twin Maples Home, Inc. for the year ended September 30, 2019, 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 Maples 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 Maples 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 31, 2020



Annual Report of Long-Term Care Facility Cost Year 2019 Checklist

This checklist is not required to be submitted with the Annual Report

Facility Na	nme _{Twin} Maples Home, Inc.
	following check list. Provide an explanation for any "No" answers. Attachets to explain further, if necessary.
Yes No / Explanation:	1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?
Yes No / Explanation:	2. Are the methods of allocating costs consistent with prior year? If not, explain the reporting change.
Yes No / D Explanation:	3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.
Yes No / Explanation:	 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.

Yes No Explanation:	5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?
Yes No	6. During cost year, 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?
Yes No / D Explanation:	7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?
Yes No J Explanation:	Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.
Yes No J Explanation:	9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?
Yes No J Explanation:	10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Yes No Explanation:	11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?
Yes No Explanation:	12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?
Yes No ✓ □ Explanation:	13. Does historical cost and accumulated depreciation of all assets reported on Pages23 and 24 roll forward from the prior cost year?
Yes No / Explanation:	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 Substitution:	15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?
Yes No Explanation:	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 J Explanation:	18. Were all discrepancies on the Error Page addressed?
Yes No Explanation:	19. Have Pages 1 and 37 been signed? Cost reports without a signed Page 1 and 37 will not be accepted.
Yes No J Explanation:	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 Y Explanation:	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 J Explanation:	Has all required documentation been submitted to the Annual Report review and audit contractor?