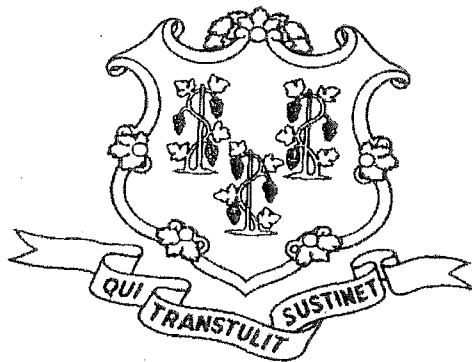


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility	
Address (No. & Street, City, State, Zip Code) 809-R New Haven Road, Durham, CT 06422	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2315	RHNS	(Specify)	Medicare Provider 07-5431
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Medicaid Provider Numbers:	CCNH 000023151	RHNS	ICF-IID
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For Department Use Only

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

Table of Contents

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

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 IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 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					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility	Period Covered:	From 10/1/2018	To 9/30/2019	
Address of Facility 809-R New Haven Road, Durham, CT 06422				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 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

Phone No. of Facility 860-349-1041		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility		Address (No. & Street, City, State, Zip) 809-R New Haven Road, Durham, CT 06422		
License Numbers:	CCNH 2315	RHNS	(Specify)	Medicare Provider No. 07-5431
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.
N/A				
Administrator				
Name of Administrator Amy Bentley		Nursing Home Administrator's License No.:	002013	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Twin Maples Home, Inc., d/b/a Twin Maples	License No. 2315	Report for Year Ended 9/30/2019	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility	809-R New Haven Road, Durham, CT 06422	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Theodore E. Jackson	55 Blanks Blvd, Guilford, CT 06437	President	50	
Shelley L. Jackson	55 Blanks Blvd, Guilford, CT 06437	Sec / Treas	50	
Names of Stockholders Owning at Least 10% of Shares				
Theodore E. Jackson	55 Blanks Blvd, Guilford, CT 06437	President	50	
Shelley L. Jackson	55 Blanks Blvd, Guilford, CT 06437	Sec / Treas	50	

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 Heal	2315	9/30/2019	3B	37

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

Owner(s) of Facility

N/A

**General Information and Questionnaire
Related Parties***

Name of Facility Twin Maples Home, Inc., d/b/a Twin Maples Health Ca	License No. 2315	Report for Year Ended 9/30/2019	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Theodore E. Jackson	908-R New Haven Road, Durham, CT 06422	<input type="radio"/>	<input checked="" type="radio"/>		Loaning of Funds	Page 32 / Line D6	87,703	87,703
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Twin Maples Home, Inc., d/b/a Twin Maples Ho	License No. 2315	Report for Year Ended 9/30/2019	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

N/A

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

N/A

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

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

N/A

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Fa			2315	9/30/2019			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
CIT - 10201 Centurion Pkwy N. Suite 100, Jacksonville, FL 35526	<input type="radio"/>	<input checked="" type="radio"/>	Copier	07/03/08	60 Months - Ongoing	2,907	2,907	
Sysco - 1390 Enclave Parkway, Houston, TX 77077-2099	<input type="radio"/>	<input checked="" type="radio"/>	Dishwasher	01/01/10	Monthly	893	893	
Tamco/Frontier	<input type="radio"/>	<input checked="" type="radio"/>	Phone System	04/19/18	60 Months	1,646	1,646	
Ascentium, 23970 Highway 59 N, Kingwood, TX 77339	<input type="radio"/>	<input checked="" type="radio"/>	TV System / Direct TV	12/28/16	60 Months	4,795	4,795	
Pitney Bowes - 1 Elmdraft Road, Stamford, CT 06926	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	12/31/06	54 Months - Ongoing	118	118	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input checked="" type="radio"/> No	Total *** 10,359

* 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 Twin Maples Home, Inc., d/b/a Tw	License No. 2315	Report for Year Ended 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

N/A

Independent Accounting Firm

Name of Accounting Firm 1 Marcum LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, New Haven, CT 06511
--	--

Services Provided by This Firm (*describe fully*)

1 Audited Financial Statements, Tax Returns, Cost Report Preparation and Advisory Reimbursement Consulting	\$ 31,075
2	\$
3	\$
4	\$
	Charge for Services Provided \$ 31,075

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

- Yes No Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Murtha Cullina 2 3 4 5	Telephone Number 860-240-6000
--	----------------------------------

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

1 185 Asylum Street, Hartford, CT 06103
2
3
4
5

Services Provided by This Firm (*describe fully*)

1 Representation for Discrimination Case / Interdisciplinary Review / State Regulations	\$ 14,711
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 14,711

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

- Yes No Page 15, Line 1e

Schedule of Resident Statistics

Name of Facility		License No.			Report for Year Ended				Page	of			
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility		2315			9/30/2019				8	37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	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													
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			
4. 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	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			

Schedule of Resident Statistics (Cont'd)

Name of Facility Twin Maples Home, Inc., d/b/a Twin Maples			License No. 2315			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
N/A													
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	3		36										
Per Diem Rate													
a. One bed rm.													
b. 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			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
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													
A. Medicare - Part B									500	500			
B. Medicaid (Exclusive of Part B)													
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													
A. Medicare - Part B									1,019	1,019			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									153	153			
C. Other									1,171	1,171			
D. Total Occupational Therapy Treatments									2,343	2,343			

Report of Expenditures - Salaries & Wages

Name of Facility Twin Maples Home, Inc., d/b/a Twin Maples Health Care Fa	License No. 2315	Report for Year Ended 9/30/2019	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	101,200	1,800				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	94,732	2,072				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	67,726	3,593				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	10,220	500				
c. Dietary Workers	157,417	11,043				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	58,794	4,712				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	51,532	2,265				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	6,105	510				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	99,609	2,192				
b. RN						
1. Direct Care	381,183	9,790				
2. Administrative**	27,342	700				
c. LPN						
1. 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						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	53,392	2,217				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	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 A1 - Salary Information for Operators/Owners; Administrators,
 Assistant Administrators and Other Related Parties***

Name of Facility				License No.	Report for Year Ended			Page	of	
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility				2315	9/30/2019			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Theodore E. Jackson	101,200			Non Discriminatory	Owner	1,800	A1			
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.

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility				2315	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
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 **all** other employment worked during the cost year.

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

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Twin Maples Home, Inc., d/b/a Twin Maples Health	2315	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	6,300	158				
2. Dentist	2,400	215				
3. Pharmacist	6,627	53				
4. Podiatrist						
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 (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	21,606	185				
b. Other						
10. Occupational Therapist						
a. Resident Care	67,271	586				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
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.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Heal	2315	9/30/2019		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
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) (not-owners and not-operators)	\$ 384	384			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 3,818	3,818			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 31,075	31,075			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 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 (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$ 116	116			
3. Resident Day User Fee	\$ 266,576	266,576			
Subtotal	\$ 602,693	602,693			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health Ca	2315	9/30/2019	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	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. 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 (Specify) 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 Associations (Specify) See Attached Schedule \$	4,632	4,632		
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 Schedule C-2, Page 21 for each firm or individual) \$	20,506	20,506		
12. Administrative Management Services** \$				
13. Other (Specify) See Attached Schedule \$	24,961	24,961		
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)
	-		
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	-		
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
CAHCF Dues	\$ 3,003		
CAHCF Mutual Aid Dues	350		
CBIA Dues	1,109		
ALTCFM Dues	170		
Total Dues	\$ 4,632	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	-		
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(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	\$ -	\$ -

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)

Name of Facility Twin Maples Home, Inc., d/b/a Twin Maples Health Ca	License No. 2315	Report for Year Ended 9/30/2019	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 87,017	87,017		
2. Non-Food Supplies	\$ 11,746	11,746		
3. Other (<i>Specify</i>) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 468	468		
c. Other (<i>Specify</i>) _____	\$ _____			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 99,231	99,231		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
K. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
N. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health Car		2315	9/30/2019		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$	38,145	38,145		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	17,519	17,519		
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?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended		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 by Personnel				
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$				
	b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
	C. Other (<i>Specify</i>) Other Housekeeping Supplies		\$ 9,861	9,861		
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 9,861	9,861		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Prescription Drugs	\$	18,041	18,041		
	b. Medicine Cabinet Drugs	\$	1,279	1,279		
	c. Medical and Therapeutic Supplies	\$	45,513	45,513		
	d. Ambulance/Limousine***	\$				
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	4,470	4,470		
	f. X-rays and Related Radiological Procedures***	\$				
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	2,441	2,441		
	i. Recreation	\$	2,141	2,141		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	3,558	3,558		
5M.	Total Resident Care Expenditures (5a - 5j)		\$ 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	CCNH	RHNS	(Specify)
	-		
Purchased Svcs - Med A CNSL Bill (Disallowed on Pg 29a)	\$ 275		
Purchased Svcs - Med A (Disallowed on Pg 29a)	1,871		
Supplies - Patient Personal (Disallowed on Pg 29a)	932		
Durable Medical Equipment - IV Poles (Disallowed on Pg 29a)	62		
Medical Equipment Inspection	418		
Total Other Resident Care	\$ 3,558	\$ -	\$ -

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

Name of Facility			License No.		Report for Year Ended			Page of		
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility			2315		9/30/2019			21	37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Rinaldi Linen	47 Common Ct, Waterbury, CT 06704	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Patient Laundry	17,519			19	3b
Rinaldi Linen	47 Common Ct, Waterbury, CT 06704	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Linens	38,145			19	3a4
Paychex	800 Connecticut Ave #1, Norwalk, CT 06854	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Payroll Processing	18,731			16	m11
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Twin Maples Home, Inc., d/b/a Twin Maples I	2315	9/30/2019		22	37
Item	Total	CCNH	RHNS	(Specify)	
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 (<i>itemize</i>)	\$ 48,361	48,361			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 130,611	130,611			
7. Depreciation (<i>complete schedule page 23*</i>)					
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 (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$				
10. Property Taxes					
a. Real estate taxes paid by owner	\$ 29,854	29,854			
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$ 3,044	3,044			
11. Total Property Expenses (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.

Depreciation Schedule

Name of Facility Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility				License No. 2315			Report for Year Ended 9/30/2019			Page 23	of 37		
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period				929,320		929,320	808,294	S/L	Various	12,830			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal											12,830		
C. Non-Movable Equipment													
1. Acquired prior to this report period				325,995		325,995	256,468	S/L	Various	11,505			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				11,135		11,135		S/L	Various	1,948			
C-4. Subtotal											13,453		
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						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													2,549
E. Total Depreciation													28,832

Schedule of Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**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 Fa			2315		9/30/2019			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1. Appraisal	5	97	5 Years	6,000	6,000	S/L	20		
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Closing Costs	5	97	5 Years	54,390	54,390	S/L	20		
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

Twin Maples Health Care
 Medicaid Cost Report Template
 September 30, 2019

Depreciation Schedule

Description	Acquisition Date	Historical Cost	Cost to be Depreciated	Useful Lives	Depreciation Method	2018 Depreciation	2018 Accum	2019 Depreciation	2019 Accum	NBV
Building Improvements										
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	-
Hydraulic 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	3,631	10	S/L	-	3,631	-	3,631	-
Floorcoverings	9/30/2003	1,062	1,062	1	S/L	-	1,062	-	1,062	-
Metal Doors	6/22/2005	1,696	1,696	1	S/L	-	1,696	-	1,696	-
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	-	-	-	-	1,986
Septic Pump	11/17/2008	14,880	14,880	10	S/L	1,488	14,880	-	14,880	-
Well Pump	4/15/2009	2,398	-	N/A	N/A	-	-	-	-	2,398
Chlorine Feed System	6/30/2009	17,490	17,490	10	S/L	1,749	17,490	-	17,490	-
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 Repairs	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	4,293	477
Septic Piping From Kitchen	9/29/2011	2,877	2,877	10	S/L	288	2,015	288	2,303	574
Septic Grinder Pump	3/9/2012	7,440	7,440	10	S/L	744	5,208	744	5,952	1,488
Lobby Carpeting	3/21/2012	1,200	1,200	5	S/L	-	1,200	-	1,200	-
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	15	S/L	756	3,780	756	4,536	6,797
Transfer Switch - Emergency Generator	11/22/2013	5,371	5,371	15	S/L	358	1,790	358	2,148	3,223
1-Well Water Chlorination System	4/8/2014	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 Annunciator	11/25/2015	4,679	4,679	15	S/L	312	936	312	1,248	3,431
Generator E-Stop Button	11/25/2015	1,815	1,815	15	S/L	121	363	121	484	1,331
AC Unit	12/10/2015	6,275	6,275	15	S/L	418	1,254	418	1,672	4,603
Shower Room Renovation/Replacement	12/22/2015	6,210	6,210	15	S/L	414	1,242	414	1,656	4,554
Shower Room Renovation/Replacement	1/11/2016	2,500	2,500	15	S/L	167	501	167	668	1,832
Installation of touch screen	9/21/2016	385	385	15	S/L	26	78	26	104	281
Installation of emergency generator	11/6/2015	3,500	3,500	15	S/L	233	699	233	932	2,568
AC Unit	7/18/2016	5,525	5,525	15	S/L	368	1,104	368	1,472	4,053
Patio	6/22/2017	3,400	3,400	15	S/L	227	454	227	681	2,719
Upgrade to 4-Log	3/9/2018	27,385	27,385	15	S/L	1,826	1,826	1,826	3,652	23,733
Fire Doors	3/22/2018	5,849	5,849	15	S/L	390	390	390	780	5,069
J Beecher Construction	5/15/2018	3,800	3,800	15	S/L	253	253	253	506	3,294
Total Building/Improv		929,321	921,261			17,288	808,295	12,830	821,124	108,197
Nonmovable Equipment										
Various	Various	244,309	244,309	Var	S/L	5,303	213,207	5,303	218,510	25,799
Well Pump	10/30/2001	1,367	1,367	15	S/L	-	1,367	-	1,367	-
Replace Circulator Heating Sys.	10/29/2001	1,589	1,589	10	S/L	-	1,589	-	1,589	-
Pump	1/23/2002	1,358	1,358	15	S/L	-	1,358	-	1,358	-
Water Softener	1/23/2002	2,507	2,507	10	S/L	-	2,507	-	2,507	-
Steam Table	10/1/2005	1,705	1,705	10	S/L	-	1,705	-	1,705	-
Furnace	10/4/2006	23,675	23,675	25	S/L	947	11,364	947	12,311	11,364
2 Office Desks	5/30/2007	1,226	-	N/A	N/A	-	-	-	-	1,226
Hoyer Lift	8/28/2009	500	-	N/A	N/A	-	-	-	-	500
Freezer	11/9/2009	3,584	3,584	5	S/L	-	3,584	-	3,584	-
Generator Work	5/11/2010	2,136	-	5	N/A	-	-	-	-	2,136
Refridgerator	5/18/2010	3,135	3,135	5	S/L	-	3,135	-	3,135	-
Driveway Paving	6/8/2010	2,160	-	10	N/A	-	-	-	-	2,160
AC Unit	6/8/2010	1,197	-	5	N/A	-	-	-	-	1,197
NJF Electric - Generator	6/23/2010	2,745	2,745	10	S/L	275	2,198	275	2,473	272
Dining Room Sink and Cabinet	5/19/2015	630	630	7	S/L	90	360	90	450	180
Refridgerator	3/18/2015	666	666	7	S/L	95	380	95	475	191
Freezer	6/16/2015	807	807	7	S/L	115	460	115	575	232
Steam Table	7/7/2015	850	850	7	S/L	121	484	121	605	244
Wanderguard Unit	3/26/2015	4,819	4,819	7	S/L	688	2,752	688	3,440	1,378
Dining Room AC Unit	6/15/2015	7,860	7,860	7	S/L	1,123	4,492	1,123	5,615	2,245
Toilet	10/5/2015	219	219	15	S/L	15	45	15	60	159
Toilet	2/1/2016	219	219	15	S/L	15	45	15	60	159
Electric Drain Cleaner	3/6/2017	497	497	10	S/L	50	100	50	150	347
AC Unit	5/18/2017	488	488	5	S/L	98	196	98	294	194
Generator Tank	8/2/2017	11,306	11,306	5	S/L	2,261	4,522	2,261	6,783	4,523
Stainless Steel Kitchen Cabinets	7/10/2017	4,265	4,265	15	S/L	284	568	284	852	3,413
Kitchen Faucets	5/24/2017	175	175	7	S/L	25	50	25	75	100
Electronic Beds	6/13/2019	7,612	7,612	5	S/L	-	-	1,522	1,522	6,090
Refridgerator	9/24/2019	587	587	7	S/L	-	-	84	84	503
Refridgerator	7/8/2019	1,125	1,125	7	S/L	-	-	161	161	964
Patient Sit to Stand Lift	7/18/2019	1,811	1,811	10	S/L	-	-	181	181	1,630

Total Nonmovable Equip.		<u>337,128</u>	<u>329,909</u>			<u>11,505</u>	<u>256,469</u>	<u>13,453</u>	<u>269,922</u>	<u>67,206</u>
Movable Equipment										
Patient Life/Mattress	5/30/2007	7,080	7,080	10	S/L	-	7,080	-	7,080	-
Various	Various	202,027	202,027	Var	S/L	-	202,027	-	202,027	-
(Less) Appraisal Cost*	N/A	(6,000)	(6,000)	N/A	N/A	-	(6,000)	-	(6,000)	-
Oxygen Concentrator	4/12/2004	3,535	3,535	5	S/L	-	3,535	-	3,535	-
Gas Range	10/20/2004	4,016	4,016	5	S/L	-	4,016	-	4,016	-
Computer	11/13/2005	934	-	N/A	N/A	-	-	-	-	934
Electric Bed	8/25/2006	200	-	N/A	N/A	-	-	-	-	200
Office Chairs	8/28/2006	104	-	N/A	N/A	-	-	-	-	104
Medline Equipment - Capital lease	6/15/2006	3,041	3,041	5	S/L	-	3,041	-	3,041	-
Computer	1/20/2007	882	-	N/A	N/A	-	-	-	-	882
Suppression System Gas Range	5/7/2007	8,055	8,055	5	S/L	-	8,055	-	8,055	-
Computer	4/21/2007	1,368	-	N/A	N/A	-	-	-	-	1,368
Computer	6/5/2008	1,343	-	N/A	N/A	-	-	-	-	1,343
Maytag Dryer	9/11/2012	593	593	10	S/L	59	414	59	473	121
Computer	9/27/2013	1,170	1,170	5	S/L	-	1,170	-	1,170	-
Mattresses & Bedspreads	5/24/2013	9,007	9,007	7	S/L	1,287	7,721	1,286	9,007	(0)
Patio Furniture	6/26/2013	256	256	5	S/L	1	256	-	256	-
Chairs	4/10/2013	25	25	5	S/L	-	25	-	25	-
Freezer & Milk Cooler	9/5/2013	400	400	7	S/L	57	342	58	400	(0)
45 Armoire Units	4/16/2014	2,665	2,665	7	S/L	381	1,905	381	2,286	380
Furniture (Disposal)	10/1/1997	(9,648)	(9,648)	7	S/L	-	(9,648)	-	(9,648)	-
Dining Room Chairs	10/23/2014	426	426	7	S/L	61	244	61	305	121
Conveyor Toaster	12/3/2015	410	410	7	S/L	59	177	59	236	174
Electrolux JetMaxx Bag Canister Vac	12/18/2015	389	389	7	S/L	56	168	56	224	165
Wet/dry Vacuum and Floor Machine	3/29/2017	1,150	1,150	5	S/L	230	460	230	690	460
Office Computer and Printer	1/16/2017	275	275	5	S/L	55	110	55	165	110
Laptop Computer	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
Wireless Network	1/31/2017	689	689	5	S/L	138	276	138	414	275
Bed and Bed Frame	10/3/2016	532	532	15	S/L	35	70	35	105	427
Total Movable Equipment		<u>235,319</u>	<u>230,489</u>			<u>2,550</u>	<u>225,706</u>	<u>2,549</u>	<u>228,255</u>	<u>7,065</u>
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 per TB		<u>1,710,101</u>						36,279	1,439,326	270,775
Rounding		-								(3)
Variance		<u>(61,031)</u>				<u>(31,342)</u>	<u>(1,290,470)</u>	<u>7,448</u>	<u>120,025</u>	<u>71,007</u>
Rollforward Adjustment From Audit Binder		641						(b)		(a)
Variance from Prior Year C/R		(60,390)								
Variance from Insurance Claim		<u>130,003</u>	(c)							
F/S vs C/R NBV - Page 31, Line B9		<u>71,007</u>	(a)							
F/S vs C/R Depreciation - Page 36, Line F1		<u>7,448</u>	(b)							

This amount relates to the portion of the insurance claim used to replace damaged assets.

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

Name of Facility Twin Maples Home, Inc., d/b/a Twin N	License No. 2315	Report for Year Ended 9/30/2019	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?*

Yes No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total			
1. Date Land Purchased	06/01/72			
2. Date Structure Completed	06/01/72			
3. If NOT Original Owner, Date of Purchase	N/A			
4. Date of Initial Licensure	N/A			
5. Total Licensed Bed Capacity	44			
6. Square Footage	13,290			
7. Acquisition Cost				
a. Land	17,298			
b. Building	432,199			

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
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 During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

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

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Twin Maples Home, Inc., d/b/a Twi		2315		9/30/2019		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				33,071	33,071		
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	11,796	11,796	
Other Interest Expense							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	44,867	44,867	
14. Insurance							
a. Insurance on Property (buildings only)				\$	46,413	46,413	
b. Insurance on Automobiles				\$	564	564	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	350	350	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	4,034	4,034	
Mortgage Insurance							
14d. Total Insurance Expenditures (14a + b + c)				\$	51,361	51,361	
15. Total All Expenditures (A-13 thru C-14)				\$	2,987,093	2,987,093	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility				2315	9/30/2019	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 101,200	101,200		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 67,271	67,271		
7.			Other - See attached Schedule	\$			
Pages 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 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 conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			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	49,186		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 217,763	217,763		

* 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 Jackson)	\$ 101,200		
Total Other Salaries Adjustment			\$ 101,200	\$ -	\$ -

Schedule of Fees Adjustments

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

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		
16	m13	Late Charges	3,177		
16	m13	Penalty / Fine CMS	19,845		
15	Var	Owner Benefits (Theodore E. Jackson)	25804		
Total Other A&G Adjustments			\$ 49,186	\$ -	\$ -

Annual Report of Long-Term Care Facility

CSP-29 Rev. 9/2018

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

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	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 217,763	217,763		
Page 20 - Resident Care Supplies***							
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 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.	27	14c3	Mortgage Insurance	\$ 4,034	4,034		
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 11,853	11,853		
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 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.

Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 4	Television Revenue	\$ 2,337		
30	IV 8	Other Income from Grant	9,423		
30	IV 8	Credit for Overpayment	93		
Total Other Adjustments			\$ 11,853	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility		License No.	Report for Year Ended		Page	of
Twin Maples Home, Inc., d/b/a Twin Ma 2315			9/30/2019		30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 2,318,633	2,318,633				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 190,641	190,641				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 165,660	165,660				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 1,307	1,307				
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 **	\$					
3. a. Physical Therapy - Medicare	\$ 27,624	27,624				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 33,487	33,487				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
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 **	\$					
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 (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 2,800,673	2,800,673				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$ 2,337	2,337				
5. Interest Income (<i>Specify</i>)	\$ 23	23				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 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)
		-		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV 5	Mortgage Interest Income	N/A	\$ 23		
Total Interest 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		
Total Other Revenue		\$ 24,318	\$ -	\$ -

Annual Report of Long-Term Care Facility

CSP-31 Rev. 6/95

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin M	2315	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	72,300
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	278,958
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	700
5. Prepaid Expenses			\$	14,952
a. Prepaid Expenses	14,952			
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	366,910
B. Fixed Assets				
1. Land			\$	17,298
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost 929,320		\$	108,196
	Accum. Depreciation 821,124	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost 337,130		\$	67,209
	Accum. Depreciation 269,921	Net		
6. Movable Equipment	*Historical Cost 235,319		\$	7,064
	Accum. Depreciation 228,255	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	71,007
F/S vs C/R NBV	71,007			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	270,774

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin M	2315	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	637,684
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
\$				
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable				
\$				
C-8 Total Leasehold or Like Properties (C1 thru 7)				
\$				
D. Investment and Other Assets				
1. Deferred Deposits				
\$				
2. Escrow Deposits				
\$ 98,347				
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)				
\$				
5. Investments Related to Resident Care (<i>itemize</i>)				
\$				
6. Loans to Owners or Related Parties (<i>itemize</i>)				
\$ 87,703				
Name and Address		Amount	Loan Date	
Owner		87,703		
7. Other Assets (<i>itemize</i>)				
\$				
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$ 186,050				
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$ 823,734				

* 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 Facility	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Maples H	2315	9/30/2019	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	435,030
2. Notes Payable (<i>itemize</i>)			\$	

See Schedule				
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	102,086
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	2,359
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	50,730
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$	72,117
RESIDENT FUND ACCOUNT			24,122	VISA CREDIT CARD 3
Accrued Expenses			19,175	MEDICAID RECOUPM 30,554
401 K Deductions Payable			805	
401K PAYABLE EMP MATCH			(2,542)	See Schedule
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	662,322

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Twin Maples Home, Inc., d/b/a Twin Maple		License No. 2315	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				662,322	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 770,656	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	

See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 770,656	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,432,978	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin N	2315	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	3,000
3. Paid-in Surplus			\$	(15,227)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(429,827)
6. Gain or Loss for Period			\$	(167,190)
	10/1/2018	thru	9/30/2019	
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 Ma		2315	9/30/2019	36	37
Account				Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2018			\$	(442,054)
B.	Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	2,827,351
C.	Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	2,994,541
D.	Net Income or Deficit			\$	(167,190)
E.	Balance			\$	(609,244)
F.	Additions				
1.	Additional Capital Contributed (<i>itemize</i>)				
	Expenses Per Page 27	\$2,987,093			
	F/S vs C/R Depreciation	7,448			
	Expenses Per F/S	\$2,994,541			
	2. Other (<i>itemize</i>)				
F-3.	Total Additions			\$	
G.	Deductions				
1.	Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
	Name and Address (<i>No., City, State, Zip</i>)	Title	Amount		
2.	Other Withdrawings (<i>Specify</i>)			\$	
	Purpose	Amount			
3.	Total Deductions			\$	
H.	Balance at End of Period		09/30/19	\$	(609,244)

I. Preparer's/Reviewer's Certification

Name of Facility Twin Maples Home, Inc., d/b/a Twin	License No. 2315	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title PRINCIPAL	Date Signed 2/3/20		
Printed Name of Preparer Matthew S. Bovolack				
Address Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600		
Contacted Person Regarding Additional Information Needed Regarding This Report Michele D'Amato		Phone Number 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 Name Twin Maples Home, Inc.

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

Yes No

1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

Explanation: _____

Yes No

2. Are the methods of allocating costs consistent with prior year? If not, explain the reporting change.

Explanation: _____

Yes No

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

Explanation: _____

Yes No

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

Explanation: _____

Yes No

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

Explanation: _____

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?

Explanation: _____

Yes No

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?

Explanation: _____

Yes No

8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation: _____

Yes No

9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation: _____

Yes No

10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation: _____

Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

Explanation: _____

Yes No

12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?

Explanation: _____

Yes No

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from the prior cost year?

Explanation: _____

Yes No

14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?

Explanation: _____

Yes No

15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation: _____

Yes No

16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation: _____

Yes No

17. Have all contractual allowances been properly reported on Page 30?

Explanation:

Yes No

18. Were all discrepancies on the Error Page addressed?

Explanation:

Yes No

19. Have Pages 1 and 37 been signed? *Cost reports without a signed Page 1 and 37 will not be accepted.*

Explanation:

Yes No

20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? *If detail is not provided, appropriate disallowances will be made.*

Explanation:

Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?

Explanation:

Yes No

22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Explanation:
