State of Connecticut

Annual Report of Long-Term Care Facility
Cost Year 2022

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 ☑ Chronic and Convalescent Nursing Home only (CCNH)	☐ Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022	

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider
	2315			07-5431

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	000023151		

For Department Use Only

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

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health C	2315	9/30/2022	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, 2021 and ending September 30, 2022, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

(a) Subject to Desk Audit review

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) John Caron			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)

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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 10/1/2021	To 9/30/2022
Address of Facility 809-R New Haven Road, Durham, CT 06422				
Report Prepared By Marcum LLP	Phone Number 203-781-9600		Date 2/8/2023	

Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid $				
2. Laundry wages paid $				
3. Housekeeping wages paid $				
4. Nursing wages paid $				
5. All other wages paid $				
6. ***Total Wages Paid*** $				
7. Total salaries paid $				
8. ***Total Wages and Salaries Paid*** (As per page 10 of Report) $				

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

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General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
860-349-1041	9/30/2022	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Faci	809-R New Haven Road, Durham, CT 06422

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider No.
	2315			07-5431

Type of Facility (Check appropriate box(es))

☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)

Type of Ownership (Check appropriate box)

○ Proprietorship ○ LLC ○ Partnership ◉ Profit Corp. ○ Non-Profit Corp. ○ Government ○ 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? ○ Yes ◉ No If "Yes," explain fully.

N/A

Administrator

Name of Administrator	Nursing Home Administrator's License No.:
John Caron	1903

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:
N/A	

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General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health C	2315	9/30/2022	3	37

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered
N/A		

Name of Partners/Members	Business Address	Title	% Owned
N/A			

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General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Maples	2315	9/30/2022	3A	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

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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 Healt	2315	9/30/2022	3B	37

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

Owner(s) of Facility
N/A

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General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health Ca	2315	9/30/2022	4	37

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	%**				
N/A		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					

* Use additional sheets if necessary.

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

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General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
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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 (*See listing page 13*)
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

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General Information and Questionnaire
Leases (Excluding Real Property)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health Care F	2315	9/30/2022	6	37

Name and Address of Lessor	Related * to Owners, Operators, Officers Yes	Related * to Owners, Operators, Officers No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
CIT - 10201 Centurion Pkwy N. Suite 100, Jacksonville, FL 35526	○	⊙	Copier	07/03/08	60 Months - Ongoing	1,862	1,862
Sysco - 1390 Enclave Parkway, Houston, TX 77077-2099	○	⊙	Dishwasher	01/01/10	Monthly	1,191	1,191
Tamco/Frontier	○	⊙	Phone System	04/19/18	60 Months	1,646	1,646
Ascentium, 23970 Highway 59 N, Kingwood, TX 77339	○	⊙	TV System / Direct TV	12/28/16	60 Months	2,208	2,208
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					

Is a Mileage Log Book Maintained for All Leased Vehicles ? ○ Yes ⊙ No **Total** *** 6,907

* 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.

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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	9/30/2022	7	37

The records of this facility for the period covered by this report were maintained on the following basis:

⊙ Accrual ○ Cash ○ Modified Cash

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

N/A

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

1	Audited Financial Statements, Tax Returns, Cost Report Preparation and Advisory Reimbursement Consulting	$ 34,418
2		$
3		$
4		$
		Charge for Services Provided $ 34,418

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	Telephone Number
1 Murtha Cullina LLP	203-772-7700
2	
3	
4	
5	

Address (*No. & Street, City, State, Zip Code*)
1 265 Chruch St, New Haven, CT 06510
2
3
4
5

Services Provided by This Firm (*describe fully*)

1	Review of Food Service Director Regulations	$ 208
2		$
3		$
4		$
5		$
		Charge for Services Provided $ 208

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

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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	9/30/2022	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						
B. On last day of THIS report period	44	44							44	44		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	37	37			37	37						
B. As of midnight of THIS report period	36	36							36	36		
3. Total Number of Days Care Provided During Period												
A. Medicare	506	506			338	338			168	168		
B. Medicaid (Conn.)	11,509	11,509			8,719	8,719			2,790	2,790		
C. Medicaid (other states)												
D. Private Pay	680	680			435	435			245	245		
E. State SSI for RCH												
F. Other (Specify) Managed Care	46	46			36	36			10	10		
G. Total Care Days During Period (3A thru F)	12,741	12,741			9,528	9,528			3,213	3,213		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	158	158			121	121			37	37		
B. Other Bed Reserve Days												
5. ***Total Resident Days*** **(3G + 4A + 4B)**	12,899	12,899			9,649	9,649			3,250	3,250		

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Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Maples	2315	9/30/2022	9	37

4. Were there any changes in the certified bed capacity during the report year? ○ Yes ⊙ 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						
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	

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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	11	22		3				
Per Diem Rate								
a. One bed rm.	Various	222.00		390.00				
b. Two bed rms.	Various	222.00		390.00				
c. Three or more bed rms.								

	TOTAL	CCNH	RHNS	(Specify)
7. Total Number of Physical Therapy Treatments				
A. Medicare - Part B	234	234		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	261	261		
D. ***Total Physical Therapy Treatments***	495	495		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	86	86		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	30	30		
D. ***Total Speech Therapy Treatments***	116	116		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	526	526		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	156	156		
D. ***Total Occupational Therapy Treatments***	682	682		

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Fa	2315	9/30/2022	10	37

Are time records maintained by all individuals receiving compensation? ⊙ Yes ○ 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)	39,100	680				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	82,633	1,992				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	85,476	3,773				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	37,411	1,543				
c. Dietary Workers	190,459	11,267				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	56,757	3,287				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	59,391	2,213				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	9,445	470				
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	89,738	1,872				
b. RN						
1. Direct Care	373,758	8,288				
2. Administrative**	79,917	1,931				
c. LPN						
1. Direct Care	125,084	4,211				
2. Administrative**						
d. Aides and Attendants	282,031	14,097				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	77,840	3,987				
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	50,907	1,944				
n. Marketing						
o. Other (Specify) See Attached Schedule						
A-13. Total Salary Expenditures	1,639,947	61,555				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	$	Hours	$	Hours	$	Hours
	0					
Total	$ -	-	$ -	-	$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	$	Hours	$	Hours	$	Hours
	0					
Electronic Medical Records	$ 11,082	Monthly Fee				
Total	$ 11,082	-	$ -	-	$ -	-

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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	9/30/2022	11	37

Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Theodore E. Jackson	39,100			Non Discriminatory	Owner	680	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	73,043			Non Discriminatory	Infection Control Nurse	1,862	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.

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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	9/30/2022	12	37

Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators* **										
Amy Bentley(10/1/21 to 4/5/22)	44,664			Non Discriminatory	Administrator	939	A2			
John Caron(4/6/22 to 9/30/22)	37,969			Non Discriminatory	Administrator	1,053	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.

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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	9/30/2022	13	37

	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
***B. Direct care consultants paid on a fee for service basis in lieu of salary** (For all such services complete Schedule B1)						
1. Dietitian	6,860	172				
2. Dentist	2,400	Contracted				
3. Pharmacist	2,896	53				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	48,909	343				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	9,600	100				
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	13,051	38				
b. Other						
10. Occupational Therapist						
a. Resident Care	67,385	520				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	125,462	1,659				
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	293,251	8,905				
d. Other						
12. Other (Specify)						
See Attached Schedule	11,082					
B-13 Total Fees Paid in Lieu of Salaries	580,896	11,790				

* 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.

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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 Maples Health Car	2315	9/30/2022	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Sherree Iafrate, 462 Briarwood Drive, Guilford, CT 06437	Dietician	O	⊙	N/A
THE NURSE NETWORK, INC. 653 Main St, Plantsville, CT 06479	RNs, LPNs, CNAs	O	⊙	N/A
Partners Pharmacy, 70 Jackson Drive, Cranford, NJ 07016	Pharmacist	O	⊙	N/A
Dr. Anuruddha Walaliyadda, 687 Campbell Ave, Ste 2, West Haven, CT 06516	Medical Director	O	⊙	N/A
Massage Fusion, 291 Main Street, Niantic, CT 06357	PT, ST, OT	O	⊙	N/A
SDX Swallowing, 21 Waterville Rd, Avon, CT 06001	Speech Therapy	O	⊙	N/A
Intelycare	RN, LPN, CNAs	O	⊙	N/A
Strategic Nursing	RN, LPN, CNAs	O	⊙	N/A
Heartbeat Nursing	CNAs	O	⊙	N/A
Point Click Care	Electronic Medical Records	O	⊙	N/A
LTC Management, 174 Scott Rd, Prospect, CT	Dentist	O	⊙	N/A
		O	⊙	
		O	⊙	
		O	⊙	
		O	⊙	
		O	⊙	
		O	⊙	
		O	⊙	
		O	⊙	
		O	⊙	
		O	⊙	

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

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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 Hea	2315	9/30/2022	15	37

Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	$	16,400	16,400		
2. Disability Insurance	$				
3. Unemployment Insurance	$	20,474	20,474		
4. Social Security (F.I.C.A.)	$	125,431	125,431		
5. Health Insurance	$	93,781	93,781		
6. Life Insurance (employees only) (not-owners and not-operators)	$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	$				
8. Uniform Allowance	$				
9. Other (*Specify*) See Attached Schedule	$	6,604	6,604		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*	$	8,108	8,108		
d. Accounting and Auditing	$	34,418	34,418		
e. Legal (*Services should be fully described on Page 7)*	$	208	208		
f. Insurance on Lives of Owners and Operators (*Specify*)*	$				
g. Office Supplies	$	1,677	1,677		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	$	7,005	7,005		
2. Cellular Phones	$				
i. Appraisal (*Specify purpose and attach copy*)*	$				
j. Corporation Business Taxes (*franchise tax*)	$				
k. Other Taxes (*Not related to property - See Page 22)*					
1. Income*	$				
2. Other (*Specify*) See Attached Schedule	$	747	747		
3. Resident Day User Fee	$	256,338	256,338		
Subtotal	$	571,191	571,191		

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	0		
401K Plan Fees	$ 2,877		
Employee Background Checks	$ 2,233		
Staff Appreciation(Disallowed on Pg 28a)	$ 1,494		
Total	$ 6,604	$ -	$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	0		
Sales Use Tax	$ 747		
Total	$ 747	$ -	$ -

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CSP-16 Rev. 9/2002

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 C	2315	9/30/2022	16	37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		571,191	571,191		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	$				
2. Holiday Parties for Staff	$				
3. Gifts to Staff and Residents	$				
4. Employee Travel	$	605	605		
5. Education Expenses Related to Seminars and Conventions	$	786	786		
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*)	$	19,681	19,681		
2. Advertising Telephone Directory (*all such expenses*)***	$				
3. Advertising Other (*Specify*)*** See Attached Schedule	$				
4. Fund-Raising***	$				
5. Medical Records	$	(15)	(15)		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	$				
7. Postage	$	641	641		
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	4,813	4,813		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$	336	336		
9. Subscriptions	$	179	179		
10. Contributions*** See Attached Schedule	$				
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$	28,701	28,701		
12. Administrative Management Services**	$				
13. Other (*Specify*) See Attached Schedule	$	20,515	20,515		
C-14 Total Administrative & General Expenditures	$	647,433	647,433		

* 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)
	0		
Total Other Travel and Entertainment	$ -	$ -	$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
Total Other Advertising	$ -	$ -	$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CAHCF	$ 3,353		
CBIA	$ 1,340		
ALTCFM	$ 120		
Total Dues	$ 4,813	$ -	$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	0		
Total Contributions	$ -	$ -	$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
Bank Charges(Non-Routine, Disallowed on Pg 28a)	$ 35		
Delivery Fee	$ 20		
Lates Charges(Disallowed on Pg 28a)	$ 2,994		
Licenses	$ 2,234		
Employee Drug Testing	$ 89		
Penalty-State(Disallowed on Pg 28a)	$ 15,177		
Penalty/Fine CMS(Disallowed on Pg 28a)	$ 658		
Owner Expense - Unallowable(Disallowed on Pg 28a)	$ (35)		
Purchase Disc - Expense Items	$ (657)		
Total Other Administrative and General	$ 20,515	$ -	$ -

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Schedule C-1 - Management Services*

Name of Facility Twin Maples Home, Inc., d/b/a Twin Map	License No. 2315	Report for Year Ended 9/30/2022	Page 17 of 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 #

*** 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.**

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

Name of Facility	License No.	Report for Year Ended	Page
Twin Maples Home, Inc., d/b/a Twin Maples Health C	2315	9/30/2022	18 of 37

Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	$	93,226	93,226		
2. Non-Food Supplies	$	13,216	13,216		
3. Other (*Specify*)_____	$				
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	648	648		
c. Other (*Specify*)_____	$				
2D. ***Total Dietary Expenditures*** (2a + b + c + d)	$	107,090	107,090		

		Total	CCNH	RHNS	(Specify)
2E.	Dietary Questionnaire				
F.	Resident Meals: Total no. of meals served per day:*				

G.	Is cost of employee meals included in 2D?	○ Yes	⊙ No	
H.	Did you receive revenue from employees?	○ Yes	⊙ 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?	○ Yes	⊙ No	If yes, specify cost.
K.	Is any revenue collected from these people?	○ Yes	⊙ 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?	○ Yes	⊙ No	If yes, specify cost.
N.	Is any revenue collected from employees?	○ Yes	⊙ 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.

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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	9/30/2022	19 | 37

Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*					
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Lbs.				
	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. $	53,015	53,015		
b. Purchased Services *(by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	20,149	20,149		
c. Other (*Specify*) Supplies - Laundry	$	336	336		
3D. ***Total Laundry Expenditures*** (3a + b + c)	$	73,500	73,500		

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?	O Yes	⊙ 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?	O Yes	⊙ No	If yes, specify cost.
J.	Did you receive revenue from these people?	O Yes	⊙ 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.

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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 H	2315	9/30/2022	20	37

Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$				
b. Purchased Services (*by contract other than through Management Services*) (*Complete Schedule C-2 att. Page 21*)	Sq. Ft. Serviced by Personnel					
	Amt.	$				
C. Other (*Specify*)		$	10,276	10,276		
Supplies - Housekeeping						
4D. ***Total Housekeeping Expenditures*** (4a + b + c)		$	10,276	10,276		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		$				
2. Purchased from		$	31,273	31,273		
Partners' Pharmacy/Specialty Rx						
b. Medicine Cabinet Drugs		$	438	438		
c. Medical and Therapeutic Supplies		$	57,296	57,296		
d. Ambulance/Limousine***		$				
e. Oxygen						
1. For Emergency Use		$				
2. Other***		$	6,946	6,946		
f. X-rays and Related Radiological Procedures***		$				
g. Dental (*Not dentists who should be included under salaries or fees*)		$				
h. Laboratory***		$	3,235	3,235		
i. Recreation		$	3,161	3,161		
j. Direct Management Services*		$				
k. Indirect Management Services*		$				
l. Other (Specify)****		$	17,808	17,808		
See Attached Schedule						
5M. ***Total Resident Care Expenditures*** (5a - 5j)		$	120,157	120,157		

* 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)
	0		
PURCHASED SERVICES-NURSING	$ 890		
PURCHASED SERVICES-MEDICARE A(Disallowed on Pg 29a)	$ 3,033		
Supplies - Patient Personal(Disallowed on Pg 29a)	$ (73)		
Supplies-COVID	$ 3,139		
COVID SERVICES	$ 3,726		
COVID screening	$ 248		
COVID CLEANING	$ 1,513		
COVID TESTING	$ 5,332		
Total Other Resident Care	$ 17,808	$ -	$ -

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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	9/30/2022	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	O	⊙	N/A	Patient Laundry	20,149			19	3b
Rinaldi Linen	47 Common Ct, Waterbury, CT 06704	O	⊙	N/A	Linens	53,015			19	3a4
AQUA PUMP	169 W Stafford Rd, Stafford, CT 06076	O	⊙	N/A	Water Monitor/Softener Repairs	12,988			22	6f
		O	⊙							
		O	⊙							
		O	⊙							
		O	⊙							
		O	⊙							
		O	⊙							
		O	⊙							
		O	⊙							
		O	⊙							
		O	⊙							
		O	⊙							

* 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).

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

Name of Facility Twin Maples Home, Inc., d/b/a Twin Maples I	License No. 2315	Report for Year Ended 9/30/2022			Page 22 of 37
Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	$	10,072	10,072		
b. Heat	$	33,998	33,998		
c. Light & Power	$	35,759	35,759		
d. Water	$				
e. Equipment Lease (*Provide detail on page 6*)	$	6,907	6,907		
f. Other (*itemize*)	$	75,433	75,433		
See Attached Schedule					
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	162,169	162,169		
7. Depreciation (*complete schedule page 23**)					
a. Land Improvements	$				
b. Building & Building Improvements	$	17,050	17,050		
c. Non-Movable Equipment	$	9,855	9,855		
d. Movable Equipment	$	2,466	2,466		
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	29,371	29,371		
8. Amortization (*Complete att. Schedule Page 24**)					
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	$	29,474	29,474		
b. Real estate taxes paid by lessor	$				
c. Personal property taxes	$	2,811	2,811		
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	61,656	61,656		

* 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)
	0		
Purch Svcs-EMR & INFO TECH	$ 2,839		
PURCHASED SVCS-MEDICAL WASTE	$ 1,079		
Purchased Services - Maint.	$ 58,817		
Rent-Equipment	$ 7,974		
PPE-SUPPLIES	$ 4,724		
Total Other Repairs and Maintenance	$ 75,433	$ -	$ -

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Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility	2315	9/30/2022	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**								
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	1,049,246		1,049,246	848,285	S/L	Var	16,223	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	14,001		14,001		S/L	Var	827	
B-4. Subtotal								17,050
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	337,130		337,130	296,546	S/L	Var	8,595	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	21,349		21,349		S/L	Var	1,260	
C-4. Subtotal								9,855

	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	221,978		221,978	215,156	S/L	Var	1,493	
b. Disposals (attach schedule)												
Acquired during this report period (attach schedule):												
c. Administrative			Var	Var	3,677		3,677		S/L	Var	973	
d. Standard Resident												
e. Specialized Resident												
Total Acquired during this report period					3,677		3,677				973	
D-3. Subtotal												2,466
E. ***Total Depreciation***												29,371

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Var	See Attached	$ 14,001	Var	$ 827
Total additions for Building Improvement		$ 14,001		$ 827
Deletions:				
Total deletions for Building Improvement		$ -		$ -

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report peri

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Var	See Attached	$ 21,349	Var	$ 1,260
Total additions for Non-Movable Equipmen		$ 21,349		$ 1,260
Deletions:				
Total deletions for Non-Movable Equipmen		$ -		$ -

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report peric

Acquisition Date	Description of Item	Pick One Movable Category	Cost	Useful Life	Depreciation
Additions:					
Var	See Attached	Administrative	$ 3,677	Var	$ 973
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipmen			$ 3,677		$ 973
Deletions:					
Total deletions for Movable Equipmen			$ -		$ -

*Ties to Page 23, Line D2c
**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report peri

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

*Ties to Page 24, Line C3
**Ties to Page 24, Line C2

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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	9/30/2022	24	37

Item	Date of Acquisition Month	Date of Acquisition Year	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
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, 2022

Depreciation Schedule

Description	Acquisition Date	Historical Cost	Cost to be Depreciated	Useful Lives	Depreciation Method	2021 Depreciation	2021 Accum	2022 Depreciation	2022 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	-
Hydrolic Lift	9/30/2003	720	720	1	S/L	-	720	-	720	-
Septic	9/30/2003	16,100	16,100	15	S/L	-	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	-	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	-	17,490	-	17,490	-
Air Conditioner Replacement	6/30/2009	12,204	12,204	10	S/L	-	12,204	-	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	10,363	797	11,160	800
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	-	2,718	-	2,718	-
Septic Vent	12/10/2010	1,325	1,325	10	S/L	19	1,325	-	1,325	1
Septic Repaids	3/29/2011	2,940	2,940	10	S/L	147	2,940	-	2,940	-
Well Pump (replacement)	10/11/2010	4,770	4,770	10	S/L	-	4,770	-	4,770	-
Septic Piping From Kitchen	9/29/2011	2,877	2,877	10	S/L	286	2,877	-	2,877	-
Septic Grinder Pump	3/9/2012	7,440	7,440	10	S/L	744	7,440	-	7,440	-
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	4,970	1	4,971	-
Wall Removal	12/3/1918	6,913	6,913	10	S/L	691	6,911	2	6,913	-
Toilet/Sink	10/1/2011	975	975	10	S/L	94	975	-	975	-
Septic Filter Upgrade	3/2/2012	781	781	10	S/L	78	780	1	781	-
Boiler Service	4/6/2012	2,175	2,175	10	S/L	214	2,175	-	2,175	-
Portable On-Site Generator	10/17/2013	4,001	4,001	15	S/L	267	2,136	267	2,403	1,598

Treatment Room Upgrades (Cabinets)	11/10/2013	1,270	1,270	15	S/L	85	680	85	765	506
Breaker for Transfer Switch	11/19/2013	11,333	11,333	15	S/L	756	6,048	756	6,804	4,529
Transfer Switch - Energency Generator	11/22/2013	5,371	5,371	15	S/L	358	2,864	358	3,222	2,149
1-Well Water Chlorination System	4/8/2014	9,753	9,753	15	S/L	650	5,200	650	5,850	3,903
Tile Flooring	8/5/2014	2,350	2,350	15	S/L	157	1,256	157	1,413	937
Electrical Transfer Switch	10/1/2014	720	720	15	S/L	48	336	48	384	336
Water Softener System	7/27/2015	16,431	16,431	15	S/L	1,095	7,665	1,095	8,760	7,671
Aqua Compliance Spec	10/27/2015	1,053	1,053	15	S/L	70	420	70	490	563
Generator Remote Enunciator	11/25/2015	4,679	4,679	15	S/L	312	1,872	312	2,184	2,495
Generator E-Stop Button	11/25/2015	1,815	1,815	15	S/L	121	726	121	847	968
AC Unit	12/10/2015	6,275	6,275	15	S/L	418	2,508	418	2,926	3,349
Shower Room Renovation/Replacement	12/22/2015	6,210	6,210	15	S/L	414	2,484	414	2,898	3,312
Shower Room Renovation/Replacement	1/11/2016	2,500	2,500	15	S/L	167	1,002	167	1,169	1,331
Installation of touch screen	9/21/2016	385	385	15	S/L	26	156	26	182	203
Installation of emergency generator	11/6/2015	3,500	3,500	15	S/L	233	1,398	233	1,631	1,869
AC Unit	7/18/2016	5,525	5,525	15	S/L	368	2,208	368	2,576	2,949
Patio	6/22/2017	3,400	3,400	15	S/L	227	1,135	227	1,362	2,038
Upgrade to 4-Log	3/9/2018	27,385	27,385	15	S/L	1,826	7,304	1,826	9,130	18,255
Fire Doors	3/22/2018	5,849	5,849	15	S/L	390	1,560	390	1,950	3,899
J Beecher Construction	5/15/2018	3,800	3,800	15	S/L	253	1,012	253	1,265	2,535
Replaced Roof	9/10/2020	81,773	81,773	20	S/L	4,089	8,178	4,089	12,267	69,506
Retaining Wall	9/30/2020	10,103	10,103	15	S/L	674	1,348	674	2,022	8,081
Retaining Wall	10/12/2020	3,217	3,217	15	S/L	214	214	214	429	2,788
Well Pipe from Well to Building	1/13/2021	4,801	4,801	20	S/L	240	240	240	480	4,321
A/C Unit Office	6/24/2021	6,323	6,323	15	S/L	422	422	422	843	5,480
Office Repairs	1/12/2021	5,000	5,000	15	S/L	333	333	333	667	4,333
Office Repairs	4/20/2021	18,126	18,126	15	S/L	1,208	1,208	1,208	2,417	15,709
Carpeting(Disposal)	9/30/2021	(1,102)	(1,102)	N/A	N/A	-	(1,102)	-	(1,102)	-
CBN Security System(Disposal)	9/30/2021	(5,088)	(5,088)	N/A	N/A	-	(5,088)	-	(5,088)	-
Water Softener(Disposal)	9/30/2021	(2,507)	(2,507)	N/A	N/A	-	(2,507)	-	(2,507)	-
Hydrolic Lift(Disposal)	9/30/2021	(720)	(720)	N/A	N/A	-	(720)	-	(720)	-
Well Repairs	9/29/2022	6,370	6,370	20	S/L	-	-	319	319	6,052
Aqua Pump	2/8/2022	4,669	4,669	15	S/L	-	-	311	311	4,358
Rhodes Pump Service	6/6/2022	2,962	2,962	15	S/L	-	-	197	197	2,765
Total Building/Improv		**1,063,248**	**1,055,188**			**18,989**	**848,286**	**17,050**	**865,336**	**197,912**
Nonmovable Equipment										
Various	Various	244,309	244,309	Var	S/L	5,303	229,116	5,303	234,419	9,890
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	14,205	947	15,152	8,523

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	-	2,745	-	2,745	-
Dining Room Sink and Cabinet	5/19/2015	630	630	7	S/L	90	630	-	630	-
Refridgerator	3/18/2015	666	666	7	S/L	95	665	1	666	-
Freezer	6/16/2015	807	807	7	S/L	115	805	2	807	-
Steam Table	7/7/2015	850	850	7	S/L	121	847	2	849	-
Wanderguard Unit	3/26/2015	4,819	4,819	7	S/L	688	4,816	2	4,818	-
Dining Room AC Unit	6/15/2015	7,860	7,860	7	S/L	1,122	7,860	-	7,860	-
Toilet	10/5/2015	219	219	15	S/L	15	90	15	105	114
Toilet	2/1/2016	219	219	15	S/L	15	90	15	105	114
Electric Drain Cleaner	3/6/2017	497	497	10	S/L	50	250	50	300	197
AC Unit	5/18/2017	488	488	5	S/L	96	488	-	488	-
Generator Tank	8/2/2017	11,306	11,306	5	S/L	2,261	11,305	1	11,306	-
Stainless Steel Kitchen Cabinets	7/10/2017	4,265	4,265	15	S/L	284	1,420	284	1,704	2,561
Kitchen Faucets	5/24/2017	175	175	7	S/L	25	125	25	150	25
Electronic Beds	6/13/2019	7,612	7,612	5	S/L	1,522	4,566	1,522	6,088	1,524
Refridgerator	9/24/2019	587	587	7	S/L	84	252	84	336	251
Refridgerator	7/8/2019	1,125	1,125	7	S/L	161	483	161	644	481
Patient Sit to Stand Lift	7/18/2019	1,811	1,811	10	S/L	181	543	181	724	1,087
Washing Machine	1/7/2022	941	941	7		-	-	134	134	807
Meat Slicer	2/10/2022	218	218	5		-	-	44	44	174
Water Tanker	7/7/2022	5,475	5,475	20		-	-	274	274	5,201
Water Tanker	7/9/2022	13,143	13,143	20		-	-	657	657	12,486
Water Tanker	7/20/2022	668	668	20		-	-	33	33	635
Faucet-Kitchen	4/26/2022	420	420	20		-	-	21	21	399
Bed modifications	8/31/2022	484	484	5		-	-	97	97	387
Total Nonmovable Equip.		**358,477**	**351,258**			**13,175**	**296,547**	**9,855**	**306,403**	**52,075**
Movable Equipment										
Patient Life/Mattress	5/30/2007	7,080	7,080	10	S/L	(708)	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	-	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
Supression System Gas Range	5/7/2007	8,055	8,055	5	S/L	-	8,055	-	8,055	-
Computer	4/21/2007	1,368	-	N/A	N/A	-	-	-	-	1,368
Computer	6/5/2008	1,343	-	N/A	N/A	-	-	-	-	1,343
Maytag Dryer	9/11/2012	593	593	10		59	591	3	594	-
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	-	9,007	-	9,007	-
Patio Furniture	6/26/2013	256	256	5	S/L	-	256	-	256	-
Chairs	4/10/2013	25	25	5	S/L	-	25	-	25	-
Freezer & Milk Cooler	9/5/2013	400	400	7	S/L	-	400	-	400	-
45 Armoire Units	4/16/2014	2,665	2,665	7	S/L	-	2,666	-	2,666	-
Furniture (Disposal)	10/1/1997	(9,648)	(9,648)	7	S/L	1,378	(9,648)	-	(9,648)	-
Dining Room Chairs	10/23/2014	426	426	7	S/L	60	426	-	426	-
Conveyor Toaster	12/3/2015	410	410	7	S/L	59	354	56	410	-
Electrolux JetMaxx Bag Canister Vac	12/18/2015	389	389	7	S/L	56	336	53	389	-
Wet/dry Vacuum and Floor Machine	3/29/2017	1,150	1,150	5	S/L	230	1,150	-	1,150	-
Office Computer and Printer	1/16/2017	275	275	5	S/L	55	275	-	275	-
Laptop Computer	5/25/2017	100	100	3	S/L	-	100	-	100	-
Laptop Computer	9/1/2017	295	295	3	S/L	-	295	-	295	-
Wireless Network	1/31/2017	689	689	5	S/L	137	689	-	689	-
Bed and Bed Frame	10/3/2016	532	532	15	S/L	35	175	35	210	322
Computer Tablets	10/22/2020	890	890	3	S/L	297	297	297	594	296
Laptop/Desk Comp	10/22/2020	786	786	3	S/L	262	262	262	524	262
Laptop	2/9/2021	388	388	3	S/L	129	129	129	258	130
Wheelchair Scale	1/8/2021	584	584	5	S/L	117	117	117	234	350
Housekeeping Cart	5/23/2021	513	513	5	S/L	103	103	103	206	307
Food Processor	7/13/2021	470	470	5	S/L	94	94	94	188	282
Linen Cart	7/21/2021	557	557	5	S/L	111	111	111	222	335
Nurse Call System Repairs	1/15/2021	2,327	2,327	10	S/L	233	233	233	466	1,861
Computers(Disposal)	9/30/2021	(1,634)	-	N/A	N/A	-	(1,634)	-	(1,634)	-
Computers(Disposal)	9/30/2021	(700)	-	N/A	N/A	-	(700)	-	(700)	-
Computer Equipment(Disposal)	9/30/2021	(1,885)	-	N/A	N/A	-	(1,885)	-	(1,885)	-
Computers(Disposal)	9/30/2021	(882)	-	N/A	N/A	-	(882)	-	(882)	-
Phone System(Disposal)	9/30/2021	(471)	-	N/A	N/A	-	(471)	-	(471)	-
Copier(Disposal)	9/30/2021	(7,104)	-	N/A	N/A	-	(7,104)	-	(7,104)	-
Oxygen Concentrator(Disposal)	9/30/2021	(3,535)	-	N/A	N/A	-	(3,535)	-	(3,535)	-
Computers(Disposal)	9/30/2021	(934)	-	N/A	N/A	-	-	-	-	(934)
Computers(Disposal)	9/30/2021	(1,368)	-	N/A	N/A	-	-	-	-	(1,368)
Computers(Disposal)	9/30/2021	(1,343)	-	N/A	N/A	-	-	-	-	(1,343)
Television	11/11/2021	351	351	5	S/L	-	-	70	70	281
Housekeeping Cart	11/15/2021	540	540	5	S/L	-	-	108	108	432
Computer Software	12/10/2021	1,113	1,113	3	S/L	-	-	371	371	742
Air Mattress Pump	12/31/2021	85	85	7	S/L	-	-	12	12	73
Air Mattress Pumps	2/22/2022	163	163	7	S/L	-	-	23	23	140
Air Mattress Pumps	3/16/2022	346	346	7	S/L	-	-	49	49	297

Hoyer Sling	2/25/2022	157	157	5	S/L	-	-	31	31	126
External Hard Drive	3/21/2022	112	112	3	S/L	-	-	37	37	75
Computer	3/21/2022	810	810	3	S/L	-	-	270	270	540
Total Movable Equipment		**225,655**	**237,146**			**2,707**	**215,156**	**2,466**	**217,621**	**8,037**
C/R Assets & Depreciation Total (Land Included)		1,664,679				34,871	1,359,989	29,371	1,389,360	275,319
F/S Assets & Depreciation per TB		1,883,368				42,458	1,531,226	42,458	1,531,226	352,142
Rounding		-								
Variance		(88,686)				7,587	171,237	13,087	141,866	76,823
								{b}		{a}
Rollforward Adjustment From Audit Binder		641								
Variance from Prior Year C/R		(88,045)								
Variance from Insurance Claim		130,003	{c}							
F/S vs C/R NBV - Page 31, Line B9		**76,823**	{a}		**{c}**	This amount relates to the portion of the insurance claim used to replace c				
F/S vs C/R Depreciation - Page 36, Line F1		**13,087**	**{b}**							

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

Name of Facility	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin M	2315	9/30/2022	25	37

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 09/30/2022	606,056			
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.

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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	2315	9/30/2022			26 | 37

Item		Total	CCNH	RHNS	(Specify)
12. Interest					
A. Building, Land Improvement & Non-Movable Equipment					
1. First Mortgage	$	27025	27,025		
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)	$	27,025	27,025		

(Carry Subtotals forward to next page)

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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	9/30/2022	27 | 37

Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	27,025	27,025		
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*) $	10,152	10,152		
Other Interest				
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D) $	37,177	37,177		
14. Insurance				
a. Insurance on Property (buildings only) $	80,620	80,620		
b. Insurance on Automobiles $	237	237		
c. Insurance other than Property (as specified above)				
1. Umbrella (*Blanket Coverage*) $	600	600		
2. Fire and Extended Coverage $				
3. Other (*Specify*) $	380	380		
Insurance Exp.				
14d. ***Total Insurance Expenditures (14a + b + c)*** $	81,837	81,837		
15. ***Total All Expenditures (A-13 thru C-14)*** $	3,522,138	3,522,138		

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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 Facil	2315	9/30/2022	28 | 37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs $				
2.			Salaries not related to Resident Care $				
3.			Occupational Therapy $				
4.			Other - See attached Schedule $	39,100	39,100		
Page 13 - Professional Fees							
5.			Resident Care Physicians ** $				
6.	13	B10a	Occupational Therapy $	67,385	67,385		
7.			Other - See attached Schedule $				
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits $				
9.	15	1c	Bad Debts $	8,108	8,108		
10.			Accounting $				
10a.			Legal $				
11.			Telephone $				
12.			Cellular Telephone $				
13.			Life insurance premiums on the life of Owners, Partners, Operators $				
14.			Gifts, flowers and coffee shops $				
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees $				
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative $				
17.			Automobile Expense (e.g. personal use) $				
18.	16	m2/3	Unallowable Advertising * $				
19.			Income Tax / Corporate Business Tax $				
20.	16	m10	Fund Raising / Contributions $				
21.			Unallowable Management Fees $				
22.			Barber and Beauty $				
23.			Other - See attached Schedule $	23,917	23,917		
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) $	138,510	138,510		

* 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	$ 39,100		
Total Other Salaries Adjustment			$ 39,100	$ -	$ -

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)
15	1a9	Staff Appreciation	$ 1,494		
15	Var	Owner's Life/Health Insurance	$ 142		
15	Var	Owner's Payroll Benefits(See Attached)	$ 3,131		
16	M8a	Chamber of Commerce Dues	$ 336		
16	M5	Medical Records	$ (15)		
16	m13	Penalty-State	$ 15,177		
16	m13	Penalty/Fine CMS	$ 658		
16	m13	Owner Expense - Unallowable	$ (35)		
16	m13	Bank Charges(Non-Routine)	$ 35		
16	m13	Lates Charges	$ 2,994		
Total Other A&G Adjustments			$ 23,917	$ -	$ -

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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 Fa	2315	9/30/2022	29	37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward $	138,510	138,510		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs $	31,273	31,273		
28.			Ambulance/Limousine $				
29.			X-rays, etc $				
30.	20	5h	Laboratory $	3,235	3,235		
31.			Medical Supplies $				
32.	20	5e2	Oxygen (non emergency) $	6,946	6,946		
33.			Occupational Therapy $				
34.			Other - See Attached Schedule $	2,960	2,960		
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 $	837	837		
Page 27 - Insurance							
40.			Mortgage Insurance $				
41.			Property Insurance $				
Other - Miscellaneous							
42.			Other - Indirect $				
43.			Interest Income on Account Rec. $				
44.			Other - Miscellaneous Administrative $				
45.			Management Fees Direct $				
46.			Management Fees Indirect $				
47.			Other - Direct $				
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)***			$	183,761	183,761		

*** 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

Attachment Page 29

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5L	PURCHASED SERVICES-MEDICARE A(Disallowed on Pg 29a)	$ 3,033		
20	5L	Supplies - Patient Personal(Disallowed on Pg 29a)	$ (73)		
Total Other Ancillary Costs			$ 2,960	$ -	$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Excess Movable Equipment Depreciation			$ -	$ -	$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14B	Insurance Expense - Auto	$ 237		
27	14C1	Insurance Expense	$ 600		
Total Other Property Adjustments			$ 837	$ -	$ -

Schedule of Other - Indirect Adjustments

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

Twin Maples 2022 Cost Report
September 30, 2022
Benefits Disallowance

Owner's Benefits Disallowance

Owner's Salary	39,100	Page 10
Total Salaries	1,639,947	TB Linked
Percent to Total Salaries	2.38%	
Total Payroll Benefits (Pg 15, Line 1a3 - 1	131,321	TB Linked
Owner Payroll Benefits Disallowed	**3,131**	Page 28 attachment

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F. Statement of Revenue

Name of Facility / License No.	Report for Year Ended	Page of
Twin Maples Home, Inc., d/b/a Twin Map 2315	9/30/2022	30 | 37

Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	2,579,857	2,579,857		
b. Medicaid Room and Board Contractual Allowance **	$				
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	351,597	351,597		
b. Medicare Room and Board Contractual Allowance **	$				
4. a. Private-Pay Residents and Other	$	255,598	255,598		
b. Private-Pay Room and Board Contractual Allowance **	$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$				
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	$	(225)	(225)		
d. Medical Supplies - Non-Medicare Contractual Allowance **	$				
3. a. Physical Therapy - Medicare	$	25,868	25,868		
b. Physical Therapy - Medicare Contractual Allowance **	$				
c. Physical Therapy - Non-Medicare	$	15,236	15,236		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$				
4. a. Speech Therapy - Medicare	$	6,062	6,062		
b. Speech Therapy - Medicare Contractual Allowance **	$				
c. Speech Therapy - Non-Medicare	$				
d. Speech Therapy - Non-Medicare Contractual Allowance **	$				
5. a. Occupational Therapy - Medicare	$	35,640	35,640		
b. Occupational Therapy - Medicare Contractual Allowance **	$				
c. Occupational Therapy - Non-Medicare	$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$				
6. a. Other *(Specify)* - Medicare	$	5,352	5,352		
b. Other *(Specify)* - Non-Medicare	$				
III. *Total Resident Revenue* (Section I. thru Section II.)	$	3,274,985	3,274,985		
IV. Other Revenue*					
1. Meals sold to guests, employees & others	$				
2. Rental of rooms to non-residents	$				
3. Telephone	$				
4. Rental of Television and Cable Services	$				
5. Interest Income *(Specify)*	$	(12)	(12)		
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	429,295	429,295		
V. Total Other Revenue (1 thru 8)	$	429,283	429,283		
VI. Total All Revenue (III +V)	$	3,704,268	3,704,268		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		$ -		
30 II 6a	Managed Medicare B Anthem	$ 3,563		
30 II 6a	Wellcare MGD MCR B	$ 1,789		
Total Other Resident Revenue - Medicare		$ 5,352	$ -	$ -

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	Interest Income	N/A	$ (12)		
Total Interest Income			$ (12)	$ -	$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	American Rescue Plan Fund	$ 20,754		
30 IV 8	Other Income - COVID DHHS	$ 77,167		
30 IV 8	Other Income - COVID CRF Grant	$ (9,480)		
30 IV 8	PPP Loan Forgiveness	$ 340,854		
Total Other Revenue		$ 429,295	$ -	$ -

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin M	2315	9/30/2022	31	37

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 169,041
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 365,701
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$ 34,703
4 Inventories				$ 700
5. Prepaid Expenses				$ 20,140
a. Prepaid Expenses			20,140	
b.				
c.				
d. See Schedule				
6. Interest Receivable				$
7. Medicare Final Settlement Receivable				$
8. Other Current Assets (*itemize*)				$
See Schedule				
A-9. ***Total Current Assets*** (Lines A1 thru 8)				$ 590,285
B. Fixed Assets				
1. Land				$ 17,298
2. Land Improvements	*Historical Cost			$
	Accum. Depreciation		Net	
3. Buildings	*Historical Cost	1,063,247		$ 197,912
	Accum. Depreciation	865,335	Net	
4. Leasehold Improvements	*Historical Cost			$
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	358,479		$ 52,078
	Accum. Depreciation	306,401	Net	
6. Movable Equipment	*Historical Cost	225,655		$ 8,033
	Accum. Depreciation	217,622	Net	
7. Motor Vehicles	*Historical Cost			$
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$ 76,821
F/S vs C/R NBV		76,823		
See Schedule		(2)		
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ 352,142

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			$ -

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

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

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

Page Ref	Line Ref	Description	
		Rounding	$ (2)
Total Other Other Fixed Assets (Itemize)			$ (2)

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			$ -

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

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

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

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

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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	9/30/2022	32	37

Account			Amount
		Total Brought Forward:	$ 942,427
C. Leasehold or like property recorded for Equity Purposes.			
1. Land			$
2. Land Improvements	*Historical Cost		
	Accum. Depreciation	Net	$
3. Buildings	*Historical Cost		
	Accum. Depreciation	Net	$
4. Non-Movable Equipment	*Historical Cost		
	Accum. Depreciation	Net	$
5. Movable Equipment	*Historical Cost		
	Accum. Depreciation	Net	$
6. Motor Vehicles	*Historical Cost		
	Accum. Depreciation	Net	$
7. Minor Equipment-Not Depreciable			$
C-8 ***Total Leasehold or Like Properties*** (C1 thru 7)			$
D. Investment and Other Assets			
1. Deferred Deposits			$
2. Escrow Deposits			$
3. Organization Expense	*Historical Cost		
	Accum. Depreciation	Net	$
4. Goodwill (Purchased Only)			$
5. Investments Related to Resident Care (*itemize*)			$
6. Loans to Owners or Related Parties (*itemize*)			$
Name and Address	Amount	Loan Date	
7. Other Assets (*itemize*)			$
See Schedule			
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)			$
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)			$ 942,427

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

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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 I	2315	9/30/2022	33	37

Account					Amount
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable					$ 701,905
2. Notes Payable (*itemize*)					$
See Schedule					
3. Loans Payable for Equipment (*Current portion*) (*itemize*)					$
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)					$ 94,563
5. Accrued Payroll (*Owners and/or Stockholders only*)					$
6. Accrued Payroll Taxes Payable					$ 8,361
7. Medicare Final Settlement Payable					$ 43,835
8. Medicare Current Financing Payable					$
9. Mortgage Payable (*Current Portion*)					$ 57,016
10. Interest Payable (*Exclusive of Owner and/or Related Parties*)					$
11. Accrued Income Taxes*					$
12. Other Current Liabilities (*itemize*)					$ 24,415
Accrued Expenses	20,069				
Other Taxes Payable	3,646				
Deferred Revenue	700				
See Schedule					
A-13. ***Total Current Liabilities*** (Lines A1 thru 12)					$ 930,095

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

(Carry Total forward to next page)

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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	2315	9/30/2022	34	37

Account	Amount
Total Brought Forward:	930,095
Liabilities (cont'd)	
B. Long-Term Liabilities	
1. Loans Payable-Equipment (*itemize*)	$

Name of Lender	Purpose	Amount	Date Due

2. Mortgages Payable	$ 606,056
3. Loans from Owners or Related Parties (*itemize*)	$

Name and Address of Lender	Amount	Loan Date

4. Other Long-Term Liabilities (*itemize*)	$
See Schedule	
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)	$ 606,056
C. ***Total All Liabilities*** (Lines A-13 + B-5)	$ 1,536,151

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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 M	2315	9/30/2022	35	37

Account		Amount
A. **Reserves**		
1. Reserve for value of leased land		$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized		$
3. Reserve for depreciation value of leased personal property *(Equity)*		$
4. Reserve for leasehold real properties on which fair rental value is based		$
5. Reserve for funds set aside as donor restricted		$
6. Total Reserves		$
B. **Net Worth**		
1. Owner's Capital		$
2. Capital Stock		$ 3,000
3. Paid-in Surplus		$ (15,227)
4. Treasury Stock		$
5. Cumulated Earnings		$ (750,540)
6. Gain or Loss for Period	10/1/2021 thru 9/30/2022	$ 169,043
7. Total Net Worth		$ (593,724)
C. ***Total Reserves and Net Worth***		$ (593,724)
D. ***Total Liabilities, Reserves, and Net Worth***		$ 942,427

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H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Ma	2315	9/30/2022	36	37

Account				Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2021				$ (753,047)
B. Total Revenue (*From Statement of Revenue Page 30*)				$ 3,704,268
C. Total Expenditures (*From Statement of Expenditures Page 27*)				$ 3,535,225
D. Net Income or Deficit				$ 169,043
E. Balance				$ (584,004)
F. Additions				
1. Additional Capital Contributed (*itemize*)				
Expenses Per Pg 27	$3,522,138			
F/S vs C/R Depreciation	13,087			
Total Expenditures	$3,535,225			
2. Other (*itemize*)				
Prior Period Adjustment	(9,720)			
F-3. Total Additions				$ (9,720)
G. Deductions				
1. Drawings of Owners/Operators/Partners (*Specify*)				$
Name and Address (*No., City, State, Zip*)		Title	Amount	
2. Other Withdrawings *(Specify)*				$
Purpose			Amount	
3. Total Deductions				$
H. ***Balance at End of Period***	09/30/22			$ (593,724)

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CSP-37 Rev. 9/2002

I. Preparer's/Reviewer's Certification

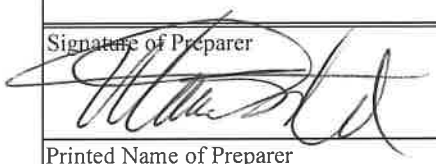
Name of Facility	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin	2315	9/30/2022	37	37

Check appropriate category

☑ Chronic and Convalescent Nursing Home only (CCNH)	☐ Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)

Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. 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
	PRINCIPAL	2/9/23

Printed Name of Preparer	
Matthew S. Bavolack	
Addres Address	Phone Number
555 Long Wharf Drive, New Haven, CT 06511	203-781-9600
Contacted Person Regarding Additional Information Needed Regarding This Report	Phone Number
Michele D'Amato	860-349-1041
Contact Email Address	
twinmaples.hlthcr@snet.net	