State of Connecticut



Annual Report of Long-Term Care FacilityCost Year 2023

Name of Facility (as licensed)		(63 100)		
Twin Maples Home, Inc., d/b/a Tv	vin Maples Health (Care Facility		
Address (No. & Street, City, State, 809-R New Haven Road, Durham.	Zip Code)			
Type of Facility Chronic and Convalescent ✓ Nursing Home (CCNH) & RHNS Combined		(Specify)	☑ Oth	er
Report for Year Beginning 10/1/2022		Report for Year Ending 9/30/202	3	
License Numbers:	CCNH / RHNS 2315	(Specify)	Other	Medicare Provider 07-5431
Medicaid Provider Numbers:	000022151	CCNH / RHNS	(Specify)	Other

General Information

For Year Ended 23	Page 1	of 37
))23)23 1 1

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, 2022 and ending September 30, 2023, 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

(Notary Seal)

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State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjust	me	ent		Page 1A	of 37
Name of Facility Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility		Period Cove	ered:	From 10/1/2022	To 9/30/2023
Address of Facility 809-R New Haven Road, Durham, CT 06422 Report Prepared By Marcum LLP		Phone Num 203-781-96		Date 1/17/2024	
Item		Total	CCNH / RHNS	(Specify)	Other
Dietary wages paid	\$				
2. Laundry wages paid	\$				
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

	The same of the sa		-	101-31-10-C 7F	n + 1	Dooo	of
		e No. of Facility		eport for Year/30/2023	r Ended	Page 2	37
	860-	349-1041	0.11	The state of the s	2)		
Name of Facility (as shown on license)		Address (No. & Si	Pood	Durham CT	7) 106422		
Twin Maples Home, Inc., d/b/a Twin Maples Health Care I	Facility	(Specify)	r Koad,	Other	00122	Medicare	Provider No
CCNH / RHN	2	(Specify)		Other		07-5431	
LICENSE NUMBERS.	3						
RHNS Combined	☑ (Spe	cify)		☑	Other		
Type of Ownership (Check appropriate box)					_	Governmen	• O Tru
O Proprietorship O LLC O Partnership	•	Profit Corp.	0 1	Non-Profit Cor			
· ·			Date (Opened	Date Cl	osed	
If this facility opened or closed during report year provide:					1		
Has there been any change in ownership or operation during this report year?	0	Yes	⊙]	No	If "Yes	," explain fu	lly.
Administrator				Nursing			
Name of Administrator John Caron				Adminis		1903	
					se No.:		
Other Operators/Owners who are assistant administrators	(full o	r part time) of this	facility	C.	NT. J		
Name				Licen	se No.:		
N/A					1		

General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page of 37
Twin Maples Home, Inc., d/b/a T	win Maples Health C	2315	9/30/2023	State(s) and/	or Town(s) in
Legal Name of Partne		Business A	ddress	Which R	egistered
N/A					
-					
Name of Partners/Members	Business Ad	ddress		Title	% Owned
N/A					
			K		i

General Information and Questionnaire Corporate Owners

Name of Pacific	License No. 2315	Report for Year End	ied	Page of 3A 37
Win Maples Home, Inc., d/b/a Twin Maples	ation provide the		n:	
f this facility is owned or operated as a corpora	Rucine	ess Address	State(s) in Which	ch Incorporated
Legal Name of Corporation		en Road, Durham,	CT	
Will Maples Home, men, and	CT 06422	, ,		
Will Maples Health Care	C1 00+22			
Facility				
Name of Directors, Officers	Busin	ess Address	Title	No. Shares Held by Each
Theodore E. Jackson	55 Blanks Blvd,	Guilford, CT 06437	President	50
	55 Blanks Blvd	Guilford, CT 06437	Sec / Treas	50
Shelley L. Jackson	JJ Diames Biva,			
Names of Stockholders Owning at Least 10% of Shares	6			
Theodore E. Jackson	55 Blanks Blvo	l, Guilford, CT 06437	President	50
Theodore E. Jackson				50
Shelley L. Jackson	55 Blanks Blv	d, Guilford, CT 06437	Sec / Treas	50

State of Connecticut

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General Information and Questionnaire Individual Proprietorship

ame of Facility	License No.	Report for Year Ended 9/30/2023		of 37
win Maples Home, Inc., d/b/a Twin Maples Heal	tl 2315	9/30/2023		
this facility is owned or operated as an individual	proprietorsinp, p	provide the following informati	1011.	_
Ov	vner(s) of Facility	<i>I</i>		
I/A				
		PESSE		
				-
				_
				_
r r				_

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General Information and Questionnaire Related Parties*

Name of Facility	Name of Facility	License No.	No. 2315	Report for Year Ended 9/30/2023	p		Page 4	of 37
I WIN Maples Frome, me.,	d of a rwin mapped received							
Are any individuals receiv	Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	ility relat s associa	ygno.	• Yes O No		If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	s Name/Addration on Page	ess and e 11 of the report.
Are any individuals or con including the rental of pro related through family assassociation to any of the contraction to any other c	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?	r service this faci control, o	s, lity, r business ility?	⊙ Yes O Ño	Ño	If "Yes," provide the following information:	e following is	nformation:
		Alse	Also Provides Goods/Services to			Indicate Where Costs are Included		
Name of Related	Business	Non-R	Non-Related Parties	Description of Goods/Services	oods/Services ed	in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
Individual or Company	Address	S .	╅					
A/X		0	•					
		0	•					
		0	•					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
Transacart interest in the second in the sec	the constant							

^{*} Use additional sheets if necessary.

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No	Report for Year Ended Page of 5 37
Twin Maples Home, Inc., d/b/a Twin Maples He	2315	19/30/2023
If the facility is licensed as CDH and/or RCH or	provides AII	DS or TBI services with special Medicaid rates, costs
must be allocated to CCNH and RHNS as follow	vs:	Method of Allocation
Item		Number of meals served to residents
Dietary		Number of pounds processed
Laundry		Number of square feet serviced
Housekeeping		Number of square feet serviced Number of hours of routine care provided by EACH
Nursing		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)
M: A marginary of plant		Square feet
Maintenance and operation of plant		Square feet
Property costs (depreciation) Employee health and welfare		Gross salaries
	Appropriate cost center involved	
Management services All other General Administrative expenses		Total of Direct and Allocated Costs
All other General Administrative expenses	owing guesti	ions applicable to the cost information provided.
In the preparation of this Report, were all costs allocated as required? N/A	⊙ Yes	O No If "No," explain fully why such allocation was not made.
Explain the allocation of related company ex	xnenses and	attach copy of appropriate supporting data.
N/A		
3. Did the Facility appropriately allocate and s (e.g., Assisted Living, Home Health, Outpar	elf-disallow tient Services	O No If "No," explain fully why such allocation was no
		made.
N/A		

General Information and Questionnaire Other Lines of Business

Name of Facilit	v	License No.		Report for Year Ended	Page	of
	Iome, Inc., d/b/a Twin	2315		9/30/2023	6	37
		2				
Square footage	of entire facility.	19,950				
Outpatient Th	erapy					
Does the Facili	ty provide outpatient t	herapy services? No				
11	and the following:					
ij yes, piease c	omplete the following: Square footage of t	herany space				
	Square rootage or c	morup) spures				
Meals on Whe	eels					
Does the facili	ity provide Meals on W	/heels? No				
If yes, please c	omplete the following.					
	Square footage of					
	Number of meals s	erved per week	10.01	1 D 40		
No		d in meals served on pag		Annual Report?		7
No	Are direct costs in	cluded in the Annual Re	port?			l.
	If yes, please state	where costs are reported	d.			1
No	Are drivers for the	program included in the	e facility's j	payroll?		1
	If yes, please com	olete the following:				1
		Amount Reported Annual Report page	and line			1
	Dlease state the sa	lary amounts of specific	cooks and/	or dietary aides]
	Please state where	the cooks and/or dietary	aides are	reported in the Annual I	Report	
	I lease state where	the cooks and, or manning		W		
_	Independent Living,					
		dependent living, and/or	r No			
assisted living						
If yes, please	complete the following					
	Square footage of	apartments				
	Square footage of	independent living				
	Square footage of	assisted living				
	Please identify the	services provided:				

General Information and Questionnaire Other Lines of Business (Continued)

Name of Facility License No.	Report for Year Ended	Page of
Twin Maples Home, I 2315	9/30/2023	7 37
Child Day Care		
Does the Facility provide Child Day Care? No		
If yes, please complete the following:		
Square footage of child day care space.		
Average number of daily participants.		
Number of meals per day provided to child d	lay care.	
Nature of services provided:		
		*
Adult Day Care		
Does the Facility provide Adult Day Care? No		
If yes, please complete the following:	*	
Square footage of adult day care space.		
Please state where it is located in relation to	the facility.	
Average number of daily participants.		
Number of meals per day provided to adult	day care.	
Nature of services provided:		
-		

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Schedule of Resident Statistics

Name of Facility Twin Maples Home. Inc d/b/a Twin Maples Health Care Facility	are Facili	È	License No.	No. 2315			Report for 9/30/2023	Report for Year Ended 9/30/2023			Page 8	of 37
						Period 10	Period 10/1 Thru 6/30	0		Period 7/	Period 7/1 Thru 9/30	
	Total All Levels	Total CCNH / RHNS Level	Total	Total Other	Total	CCNH / RHNS	(Specify)	Other	Total	CCNH / RHNS	(Specify)	Other
Certified Bed Capacity A. On last day of PREVIOUS report period	44	44			44	44						
	44	44							44	44		
E	36	36			36	36						
1	39	39							39	39		
l G												
A. Medicare	556	556			424	424			132	132		
	11,604	11,604			8,732	8,732			2,872	2,872		
C. Medicaid (other states)												
D. Private Pay	1,307	1,307			728	728			579	579		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	13,467	13,467			9,884	9,884			3,583	3,583		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days												
5 Total Pasident Days (3G + 4A + 4B)	13 467	13.467			9,884	9,884			3,583	3,583		

Schedule of Resident Statistics (Cont'd)

													Dogo	of
Name of Facil	lity				ise No					for Year			Page 9	37
Twin Maples	Home, In	c., d/b/a Twii	n Maples Health	23	15					9/30/202	3		9	37
						.1		0		0	Yes	0	No	
			certified bed capa	city	during	the re	port ye	ear?		O	103	Ü	1.0	
If "YES'	, provide	the following	g information:			_				24	16 16 1	A1		
		Place of Cl	nange		C	hang	in Be	ds		Ca	apacity After	Change		
	CCNH)		
	1													
Date of	RHNS	(Specify)	Other		Lost		(Gaine	d	CONTI				
O1				770c. II	102501	195501	95250	320	9887	CCNH	76 E A	Other	Reason fo	r Change
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	/ RHNS	(Specify)	Other	Reason to	Change
						_								
				_		-		-						
						_								
			- ·			-		_			L			
5 If there	was anv o	hange in cert	ified bed capacity	y duri	ing the	герог	rt year	(as re	ported	in item 4	above) provid	le the number (of	
RESID	FNT DA	VS for 90 day	ys following the	chang	ze.									
ICOID	LIVI DIL	15 10. 20 44.												
			Change in Resider	nt Da	NS.					CCNI	1/RHNS	(Specify)	Oth	пег
1st char	nge		mange in reside	ii Du	., 0									
2nd cha														
3rd cha														_
4th cha	nge													
6. Number	r of Resid	lents and Rate	es on September	30 of	Cost	Year							L Oak Stee	e Assisted
			Medicare		Me	licaid		_			Self-Pay		Other State	e Assisted
											4		1 8	
				CC	NH/			C	CNH/					TOT NO
	Item	1	CCNH / RHNS	R	HNS	(Sp	ecify)	R	HNS	(S	pecify)	Other	R.C.H.	ICF-MR
No. of	Residents		2		31			_	6			Elizabeth and the later of the		
	m Rate			528	SSLIP	1	120	VI.						
a. One	bed rm.		Various		nunun	#			390.00			J.,	1	
b. Two	bed rms.		Various	_	ununu	#		-	390.00				1	
c. Thre	ee or more	Э		ı		1		١.					1	
bed	rms.												-	
													1	
									OT AT	CCNI	H/RHNS	(Specify)	Outpatient	Other
7. Total N	Jumber of	Physical The	erapy Treatments	i				1	OTAL		197	(Specify)	Cutpution	
		re - Part B	an Thi			_	_	-	19			RPL RESWAL		
Į I		aid (Exclusive									C July 115-34	7,00		
		intenance Tre					_			+				
	C. Other	torative Treat	unents						114	4	114			
		Physical The	rapy Treatments						31		311			
			rapy Treatments						The state of	MULEON	DESCRIPTION OF THE PERSON OF T			
		are - Part B	тару хассана											THE PERSON
	R Medic	aid (Exclusive	e of Part B)						H HA			(6) Solver		
1	1. Ma	intenance Tre	eatments											
		torative Trea											_	
	C. Other												-	
			apy Treatments								II AIGHISS I	In Charles of	A STATE OF THE PARTY OF THE PAR	
			al Therapy Treat	ment	S			Ilei		A SUPPLIE				
	A. Medic	are - Part B							75	8	758	1200000	NE SOUTH OF	
		aid (Exclusiv						1	11111					
		intenance Tre						-		_				
		storative Trea	itments	_				+	26	6	266			
	C. Other	No. of the last of	l Therapy Treat	500 CTr 4	la.	_		+	1,02		1,024			
1	1) Total:	Occupations	u inerany ireat	meni	3			- 1	1,02	- 1	F - 100 Mg - 1	1		

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

ne of Facility	License No.		3,100	eport for Year /30/2023	Ellucu			Page 10	37
Maples Home, Inc., d/b/a Twin Maples Health Care Fa			<u> </u>			0 1	No		
ime records maintained by all individuals receiving con	npensation?				Cost and Hours				
				(0:6-)	Adjustment	Hours	Other	Adjustment	Hours
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Aujusunciit	Tious .			
Salaries and Wages* 1. Operators/Owners (Complete also Sec. I	and one was							N SIS III CO	
of Schedule A1)	43,240	(43,240)	752	HUTTH OFFICE IN	Service District				W N
Administrator(s) (Complete also Sec. III	74.025	TO HEAVE	2,072						
of Schedule A1)	74,935								
Assistant Administrator (Complete also Sec. IV									
of Schedule A1) 4. Other Administrative Salaries (telephone		RVIII SEIJESW	INSE SEE	TO DESIGN	10 353111			ALIES STATE	
operator, clerks, receptionists, etc.)	73,977		2,991			DONE DES	Masi		
5. Dietary Service	HE IN		HEROTOTIC DUTY						
a. Head Dietitian b. Food Service Supervisor	49,254		2,088						
c. Dietary Workers	197,505		11,563	- HI		Distriction	1900 4 160		
6. Housekeeping Service					III III III III III III III III III II			Vac	
a. Head Housekeeper	62,786		3,635					The second second	
b. Other Housekeeping Workers 7. Repairs & Maintenance Services	(H17)H E011 T							diam'r.	
a. Engineer or Chief of Maintenance			1.002						
 Other Maintenance Workers 	54,285	AND DESCRIPTION OF THE PERSON	1,993	III (HIE DEEV)	u kataning				
8. Laundry Service	III (III (III III III III III III III I	O-SUBINIS							-
a. Supervisor b. Other Laundry Workers	9,028		520	Y			-	_	
Barber and Beautician Services									
10. Protective Services				Name of Street					001
Accounting Services a. Head Accountant	Section 1997								-
b. Other Accountants				Marine and Spirit			A TOPIC STATE		
12. Professional Care of Residents			2,143						
a. Directors and Assistant Director of Nurses	105,412	-	2,143	B 1 B 1	7 Description	No. of Lot	A LINE WALLS	1 3 6	10-4-
b. RN	383,50	5	8,307						-
Direct Care Administrative**	81,66		1,830		78862 (2)	Day Charles	William City		100
c. LPN		H DHIES	4,519		ALC: SHOW	Contract Con			
1. Direct Care	148,36	6	4,513						_
Administrative** d. Aides and Attendants	290,47	0	13,29						+-
d. Aides and Attendants e. Physical Therapists						+	+		
f. Speech Therapists					-	1			
g. Occupational Therapists	76,59	5	3,650	0					
h. Recreation Workers i. Physicians	LIVE LIE					(i) Joseph H.	IN HIDOSELLA	THE PERSON NAMED IN	
Medical Director					-				
Utilization Review			+						
3. Resident Care***	DANIEL SEE	THE STATE OF			THE SHOULD			THE REAL PROPERTY.	
4. Other (Specify)					-				
j. Dentists				-					
k. Pharmacists		-							-
Podiatrists Social Workers/Case Management	54,15	8	1,99	6					-1-
n. Marketing						A STATE OF THE	WEST OF		
o. Other (Specify)	THE PROPERTY.			No. of Lot			The state of the s		
See Attached Schedule A-13. Total Salary Expenditures	1,705,2	19 (43,24	(0) 61,35	0					

^{*} 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 in the Adjustment column.

Schedule of Other Salaries and Wages (Page 10)

		CCNH / RHNS			(Specify)			Other	
		Adjustment	Hours	S	Adjustment	Hours	S	Adjustment	Hours
osition	\$	Adjustment	110013	1					
English XII DE WAR DE SA	0								
				U 1500 III					1217
				J=/CITEDA					
						THUS DO	1-0 11-	THE RESERVE	
									- P P
		DI NUCLEUR BERN							
							FLORE		
						HE I WEST	IDVE LET		
		- SCHOOL AND IN					The same of the sa		
THE RESERVE OF THE PARTY OF THE									Secret I
								D	
						X			
		39.31					100	III STATIST	ACC. THE
		19	10					The state of the s	rescut-
		Jennie XIII			THE RESERVE				
		1.7	0.00					النج الجداي	
		-							
									3 444
CHARLES ON THE PARTY OF THE PAR									
Γotal	S -	s -		s -	\$ -		\$	- S -	100

Schedule of Other Fees (Page 13)

		CCNH / RHNS			(Specify)			Other	
ervice	S	Adjustment	Hours	S	Adjustment	Hours	S	Adjustment	Hours
	0								
lectronic Medical Records	\$ 9,632		Monthly Fee				in R		The Tr
									1 E 1 (1 E
			FIRST TOTAL	S/LAVVII				3 /W 1112 L	
		-,21 (51)	Upilla III X	U., I	10000				
				14.0	(Carlo				
				2.0				-	
							-		
	de ly or a livi								
Total	\$ 9,632	5 +		s -	s		\$ -	\$ -	Per 12

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

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

ssistant Administrators and Other Related Parties*

		A	ssistant	Administrat	Assistant Administrators and Other Related Farties*	Kelatec	Parties			
AND TO MENT OF THE PARTY.				License No.		Report for Year Ended	ear Ended		Page	Jo
Name of Facility		TT - 1st Come D		2315		9/30/2023			=	37
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility	vm Maples	Health Care F	acility	C1C7		10012020				
		Salary Paid		, ,						
				Fringe Benefits and/or Other			Line Where	Name and Address of All	Total	Compensation
Name	CCNH/ RHNS	(Specify)	Other	Payments (describe fully)	Full Description of Services Rendered	Hours	Page 10	Other Employment**	Worked	Received
Section I - Operators/Owners										
Theodore E. Jackson	43,240			Non- Discriminatory	Owner	752	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).										
Challan Induan	76 163			Non- Discriminatory	Infection Control Nurse	1,693	A12b2			
Sitting Jackson										

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

^{**} Include all employment worked during the cost year.

State of Connecticut Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005

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

Assistant Administrators and Other Related Parties*

		Ä	ssistant	Administrat	Assistant Administrators and Other Kelaled Fallies	Kelaled	raines			
Manage Coullity (as licensed)				License No.		Report for Year Ended	ear Ended		Page	Jo
Name of Facility (as ficefised)	00 99 W			2116		500/05/0			12	37
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility	in Maples I	Health Care F	acility	7313		9/30/2023				
		Salary Paid		, i						
Мате	CCNH / RHNS	(Specify)	Other	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section III - Administrators***										
John L. Caron	74,935			Non- Discriminatory	Administrator	2,072	A2			
Section IV - Assistant Administrators			2							
	15.									

*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.

	License No.	of Expend	1	Report for Y	ear Ended			Page	of
	License No.	2315		9/30/2023				13	37
rin Maples Home, Inc., d/b/a Twin Maples Health		2313		Total	Cost and Hou	ırs			
								1	
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	Other	Adjustment	Hours
Direct care consultants paid on a fee	FILE THE P								
for service basis in lieu of salary			PA		ALL HELD				
(For all such services complete Schedule B1)			2 187		92 1 SHEET				District Control
Dietitian	6,580		165					+	
2 Dentist	2,400		57					-	
	3,019		53						
Pharmacist Podiatrist							THE PARTY		GEORGE ST
5. Physical Therapy		E BISME	CHOSE D			ALC: UNKNOWN		THE REAL PROPERTY.	_
a. Resident Care	26,403		199						
								_	
b. Other									
6. Social Worker									TATE OF THE
7. Recreation Worker	= heart to	Hayom III					DE A ME		
8. Physicians	9,600		Monthly Fe					0.00	
a. Medical Director (entire facility)	9,000		F-HILLSAN		ling upon				
b. Utilization Review	The same of the sa								-
(Title 18 and 19 only) monthly meeting				1					A STREET, STRE
c. Resident Care**	Talles - 55		0 - 70 100		and the second	(IIII 1893)		AND RESIDEN	
d. Administrative Services facility 1 Infection Control Committee (Quarterly meetings)									
Pharmaceutical Committee (Quarterly meetings)					-				
3. Staff Development Committee									
(Once annually)	The second series			L	O CLEANE				
e. Other (Specify)	2/3 1/2 1/2								NOTE OF
9. Speech Therapist	He Sine					THE THE			
a. Resident Care						-			
b. Other						H = 205		511 10 13 million	
10. Occupational Therapist		18 W 15 16		HE SERVE					
a. Resident Care	86,93	3 (86,933	654			-			
b. Other					and the same of the			A PER TAGES	
11. Nurses and aides and attendants							45		B Barri
a. RN	100 21139								
1. Direct Care	147,39	7	1,73	1.		-	+		
2. Administrative***						W. CHICAGON	e mayer an		1000
b. LPN	II CHILLE					13 1/11			
1. Direct Care	4,67	0	7	8		-			
2. Administrative***	-37					-			
c. Aides	403.72	20	12,56	2			4		
d. Other								0 H H H	No. of the
	(IEO)(SEII	w pelija		1 3 E	Elliph Str. AV		- HILL II		2 - 2
12. Other (Specify) See Attached Schedule	9,63	32							
B-13 Total Fees Paid in Lieu of Salaries * Do not include in this section management consultants or services	700.2	/86.93	3) 15,50	2					

^{*} 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 in the Adjustment column. the removed in the Adjustment column.

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

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

Name of Facility	License No.		Report for \ 9/30/2023	Year Ended	Page 14	of 37
Twin Maples Home, Inc., d/b/a Twin Mapl Name & Address of Individual	es Health Ca 2315 Full Explanation of Service	Operato	to Owners,	Explai	nation of Relation	
Sherree lafrate, 462 Briarwood Drive, Guilford,	Dietician	Yes	No •	N/A		
CT 06437 Point Click Care	Electronic Medical Records	0	0	N/A		
Partners Pharmacy, 70 Jackson Drive, Cranford, NJ 07016	Pharmacist	0	0	N/A		
Or. Anuruddha Walaliyadda, 687 Campbell Ave, Ste 2, West Haven, CT 06516	Medical Director	0	0	N/A		
Massage Fusion, 291 Main Street, Niantic, CT 06357	PT, OT	0	0	N/A		
LTC Management, 174 Scott Rd, Prospect, CT	Dentist	0	0	N/A		
Intelycare	RN, LPN, CNAs	0	0	N/A		
Strategic Nursing	RN, LPN, CNAs	0	0	N/A		
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	•			
		0	0			
		0	0			
		0	•			

^{*} Use additional sheets if necessary.

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility License No.		port for Ye	ar Ended	#			Page 15	of 37
win Maples Home, Inc., d/b/a Twin Maples Hea 2315 Item	97:	30/2023 Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustmen
10 1	100			105				
Administrative and General Employee Health & Welfare Benefits								
	s	21,483	21,483					
Workmen's Compensation	\$							
2. Disability Insurance	\$	17,263	17,263					
3. Unemployment Insurance	\$	123,305	126,513	(3,208)				
4. Social Security (F.I.C.A.)	\$	93,566	93,566					
5. Health Insurance	Ψ	75,500	TO LIVE TO		The state of			
6. Life Insurance (employees only)	s							
(not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory)		William Control	, the second		All SECTION			
(not-owners and not-operators)	S	BUICEBIID						
Uniform Allowance	\$	4,621	5,696	(1,075)				
9. Other (Specify)	D.	4,021	5,070	The state of the s	Tolland .	Name of the last		DEW ST
See Attached Schedule	-		E 11 2 - 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The same of the sa	100000000000000000000000000000000000000			
b. Personal Retirement Plans, Pensions, and	\$	All the Control	- COLUMN		March 18 II.			
Profit Sharing Plans for Owners and	田							
Operators (Discriminatory)*		WENT THE			firm I's			
c. Bad Debts*	S	- 11 11 15 11 10	12,293	(12,293)				
d. Accounting and Auditing	S	27,211	27,211					
e. Legal (Services should be fully described on Page 15b)	\$		794	(794)				_
f. Insurance on Lives of Owners and	\$							The same of
Operators (Specify)*			- T					
g. Office Supplies	\$	2,657	2,657					
h. Telephone and Cellular Phones		小曲 图			March 1982	Tale		
Telephone & Pagers	\$	4,270	4,270					_
Cellular Phones	\$							
	\$							
i. Appraisal (Specify purpose and attach copy)*		TO STORY		107 11 110	-			
anach copy)	- 8			THEOLOGICAL	and Emerge		Marin Bar	
j. Corporation Business Taxes (franchise tax)	\$							Distriction of the last of the
k. Other Taxes (Not related to property - See Page 22)	i i	RI STATE						110000
1. Income*	S					-		-
2. Other (Specify)	S	132	132	2				
See Attached Schedule				THE LINE OF STREET				
Resident Day User Fee	5	268,636	268,636	6				
Subtotal	\$	563,144	580,514	(17,370)			

^{*} Facility should self-disallow the expense in the Adjustment column.

(Carry Subtotals forward to next page)

Schedule of Other Employee Benefits

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
	0			I DESCRIPTION OF THE		
401K Plan Fees	\$ 2,600			Land Land		
Employee Background Check	\$ 2,021	174 700				
Staff Appreciation	\$ 1,075	\$ (1,075)				
u ze (na to i de de de de		**************************************				
					1000	
Total	\$ 5,696	\$ (1,075)	\$ -	s -	\$ -	s -

Schedule of Other Taxes

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
	0					
Sales Use Tax	\$ 132					
10.5						
Total	\$ 132	\$	s -	\$ -	\$ -	\$ -

Twin Maples 2023 Cost Report September 30, 2023 Benefits Disallowance

Owner's Benefits Disallowance

Owner's Salary	43,240	Page 10
Total Salaries	1,705,219	TB Linked
Percent to Total Salaries	2.54%	
Total Payroll FICA Benefits (Pg 15, Line 1a4)	126,513	TB Linked
Owner Payroll Benefits Disallowed	3,208	Page 15 Line 1a4

State of Connecticut Annual Report of Long-Term Care Facility CSP-15b Rev. 3/2023

General Information and Questionnaire Accounting Basis

Name of Facility License No.	Report for Year Ended		Page	700	of
Twin Maples Home, Inc., d/b/a Tw 2315	9/30/2023		15b		37
The records of this facility for the period covered by this	s report were maintained on the following basis:				
s the accounting basis for this	If "No," explain.				
eriod the same as for the O Yes previous period? O No	ii ivo, explain.				
N/A					
ndependent Accounting Firm					
Name of Accounting Firm	Address (No. & Street, City, State, Zip	Code)			
	555 Long Wharf Drive, New Have	n, CT 06511			
2					
Marcum LLP 2 3					
1					
Services Provided by This Firm (describe fully)					
Audited Financial Statements, Tax Returns, Cost Report Prepa	ration and Advisory Reimbursement Consulting	\$	27,2	11	
Audited I manoral difficultions, Vall Vertiling, Control		\$			
		\$			
		\$			
		Charge fo	or Service:	s Pro	vided
		\$	27,2		
10)	Clarify discounting No.		21,2	11	
Are These Charges Reflected in the Expenditure Portion of This Re	port? If Yes, Specify Expense Classification and Ellie No.				
O Yes O No Page 15, Line 1d					
Legal Services Information		Telephor	ne Number	r	
Name of Legal Firm or Independent Attorney		203-772-			
1 Murtha Cullina LLP					
2					
3					
4					
Address (No. & Street, City, State, Zip Code)					
2 3					
4					
5					
Services Provided by This Firm (describe fully)					
1 Provide insight on potential plans for facility, Physical Plant	Inspection(Disallowed on Page 15)	3.5	s :	794	
1 1107/de margin on percental prime for memory, a system from	A (100)		\$		
2			\$		
<i>x</i>			\$		
4			\$		
)·			for Service	s Pr	vided
				794	
	o very on the East of Charles and the Ma				
Are These Charges Reflected in the Expenditure Portion of This R	eport? If Yes, Specify Expense Classification and Line No.				
O Yes O No Page 15 Line 1e					
0 100 0 110				_	

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

ame of Facility License No. 2315	Report for Ye 9/30/2023	ar Ended				Page 16	of 37
Item +	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustmen
Subtotals Brought Forward:	563,144	580,514	(17,370)				
Travel and Entertainment 1. Resident Travel and Entertainment \$					0.035.17/0		
Holiday Parties for Staff S							
Gifts to Staff and Residents S							
4. Employee Travel \$		114	(114)				
Education Expenses Related to Seminars and Conventions S	109	109					
Automobile Expense (not purchase or depreciation) S							
7. Other (Specify) See Attached Schedule	DOESE			Hellm lightness		(6151)	
n. Other Administrative and General Expenses							
Advertising Help Wanted (all such expenses) S	16,997	16,997	THE RESERVE TO SHARE		STATE OF THE PARTY.		
2. Advertising Telephone Directory (all such expenses)*** S		10,551					
Advertising Other (Specify')*** See Attached Schedule	Nin-Sha N				MANUFOR DIV		
4. Fund-Raising*** \$	Service Street			1 1 1 1 1 1 1			
5. Medical Records S							
Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	1 2 2 2						
7. Postage \$	584	584	11		THE PERSON NAMED IN		
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	4,753	4,753	機」表別			e Pe	O Sauce
8a. Dues to Chamber of Commerce & Other Non-Allowable Org. *** \$		336	(336)		EN AUGUS		Harris, Sanch
9. Subscriptions S	179	179	(330)				
10. Contributions*** See Attached Schedule	113	119	THE CONTRACT OF THE CONTRACT O				
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	28,501	28,501					V 8 MII 20
12. Administrative Management Services**						HATE SHIPS	
13. Other (Specify) \$ See Attached Schedule	742	17,620	(16,878)				
4 Total Administrative & General Expenditures \$	615,009	649,707	(34,698)				

^{*} 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 expensein the Adjustment column.

Schedule of Other Travel and Entertainment

Description	CCNH / RHNS	Adjustment	(Specify)	Adjust	ment	Othe	r	Adjustn	nent
	0		ENTRE				-		
							-		
		ALL VENUE	88,	0					
				100		-			
					10 23	NO.			
			-					011.1	
Total Other Travel and Entertainment	\$ -	s -	2 -	s	*	S		S	

Schedule of Other Advertising

Description	CCNI	I / RHNS	Adjustme	nt	(Spe	cify)	Adju	stment	0	ther	Adju	stment
		0	Vision I		Munic							8 11
		W III			ON HIT			0.00			-	
								SIE N	-			
Total Other Advertising	\$		2		\$	201	S		1.5		2	

Schedule of Dues

Description	CCNH	/ RHNS	Adjustment	(Spec	cify)	Adju	stment	Oth	er	Adjust	tment
	HI CONTRACTOR	0				IB TO	-21				100
CAHCF Dues(Connecticut Association of Health Care Facilities)	S	3,353				HILL.		1000	950		110
CBIA Dues(Connecticut Business and Industry Association)	S	1,400		910		17150			- 10	RECL	-
				16		1000	- 1	43 54	-	150	-
		123	The last	10-11	Q. II			199		+	
						10017-0	300		-		
THE RESIDENCE SECTION AND ADDRESS OF THE PARTY OF THE PAR											NUL
						+		22			
									TAT		500
Total Dues	S	4,753	\$ -	S		\$	- 40	\$		\$	100

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
	0					
A STATE OF THE STA				7-7		
			0.00			
Total Contributions	\$ -	s -	\$ -	S -	S -	5 -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
	0					
LATE CHARGES	\$ 13,151	\$ (13,151)			00.15	8 101 0 1
Licenses	\$ 1,010					
OSHA FINE	\$ 3,500	\$ (3,500)				101 0-0, 5
Purchase Disc- Expense Items	\$ (41)					
Mise: Income		\$ (227)				
No. 16 Carlot Laboratory (1991)						
Total Other Administrative and General	\$ 17,620	\$ (16,878)	s -	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Twin Maples Home, Inc., d/b/a Twin Map	2315	9/30/2023	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 #
		ń	

^{*} 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) of Report for Year Ended License No. 37 9/30/2023 Twin Maples Home, Inc., d/b/a Twin Maples Health Car CCNH / Other Adjustment (Specify) Adjustment Adjustment RHNS Total Dietary a. In-House Preparation & Service 106,798 106,798 Raw Food 14,479 14,479 Non-Food Supplies Other (Specify) 2,102 2,102 b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify) 123,379 2D. Total Dietary Expenditures (2a + b + c + d) 123,379 Other (Specify) Total CCNH / RHNS 2E. Dietary Questionnaire Resident Meals: Total no. of meals served per day:* O No Is cost of employee meals included in 2D? If yes, specify ⊙ No H. Did you receive revenue from employees? amt. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other than If yes, specify employees or residents (i.e., Board Members, O Yes ⊙ No Guests) included in 2D? If yes, specify ⊙ No Is any revenue collected from these people? O Yes amt. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks If yes, specify O No at monthly staff meetings, board meetings) O Yes cost. provided to employees included in 2D? If yes, specify O No Is any revenue collected from employees? O Yes amt. 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		Report for Yea	r Ended			Page 19	of 37
Twin Maples Home, Inc., d/b/a Twin Maples Health C	ırc	2315	9/30/2023				19	57
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.							
gowns and other resident care items washed, ironed, and/or processed.***	Ann, s							
Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.							
processed.***	Amt. \$							-
3. Personal clothing of residents	Lbs.							
washed, ironed, and/or processed.***	Amt. \$							
4. Repair and/or purchase of linens.***	Lbs.							
	Amt. \$							
 b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) 	\$	19,509	19,509					
c. Other (Specify) Laundry Supplies	9	10	10					
BD Total Laundry Expenditures (3a + b + c)		75,567	75,567					
BE. Laundry Questionnaire					If yes, specify			
F. Is cost of employee laundry included in 3D?	O Yes	0	No		cost			
G Did you receive revenue from employees?	O Yes	•	No		If yes, specify amt.			
 Where is the revenue received reported in the Co 	st Report?		(Page/Line I	tem)				
Is Cost of laundry provided to persons other than employees or residents included in 3D?	O Yes	0	No		If yes, specify cost.			
Did you receive revenue from these people?	O Yes	0	No		If yes, specify arnt.			
 K. Where is the revenue received reported in the Co 	st Report?		(Page/Line I	tem)				

^{*} 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)

Jame of Facility	License No.	Repo	rt for Year En	ded				Page 20	of 1 37
ame of Facility win Maples Home, Inc., d/b/a Twin Maples Ho			9/30/2023					20	37
Item			Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
. Housekeeping	Sq Ft Serviced								
a. In-House Care	by Personnel								-
1. Supplies - Cleaning (Mops, pails, brooms, etc.)	Amt	\$							
b. Purchased Services (by contract other than through Management Services)	Sq. Ft. Serviced by Personnel								
(Complete Schedule C-2 att. Page 21)	Aml,	S							
C. Other (Specify) Housekeeping Supplies		\$	8,891	8,891			E SAIL IN THE		
D. Total Housekeeping Expenditures (4a +	-b+c)	S	8,891	8,891			recoverage and	Annual Control	
5. Resident Care (Supplies)* a. Prescription Drugs*** 1. Own Pharmacy		ş							
Purchased from Partners Pharmacy		\$		32,741	(32,741)				
b. Medicine Cabinet Drugs		\$			726 may				
c. Medical and Therapeutic Supplies		S	57,067	62,848	(5,781)		-	
d. Ambulance/Limousine***		\$					E-SANGER VIEW III	- NE I	Z S BIHLE
e. Oxygen				William II		EN INCHES			
For Emergency Use		\$			45.004		-		
2. Other***		S		6,946	(6,946	1			
f. X-rays and Related Radiological Procedures***		\$	5 4 5						
g. Dental (Not dentists who should be in salaries or fees)	icluded under				(4,833				
h. Laboratory***		5		4,833		23			
i. Recreation		5	1,368	1,368	5				
j. Direct Management Services*		- 5				-			
k. Indirect Management Services*		5		-	(63)	m			
I Cable TV		5		11,805	- P. T. T.				
m. Other (Specify)**** See Attached Schedule			8,607	11,80					
n. Physical Therapy Expense		- 1				-	-		
o. Speech Therapy Expense		- 5		100 71	1 (54,12	m			
5P. Total Resident Care Expenditures (5a	- 50)		66,412		1 (54,12	2)]		-	

^{*} 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 in the Adjustment column.

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

Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
zeseripiion	0					
PURCHASED SERVICES-NURSING	\$ 705				TIL INS. IN	
PURCHASED SERVICES-MEDICARE A	\$ 3,125	\$ (3,125)				
Supplies - Patient Personal	\$ 73	s (73)				
Supplies-COVID	\$ 7,850		DE CONTRACTOR			
COVID CLEANING	S 52					
						Unemodel
			1000			A 180
and strength of the strength o						
No. of Landing					J. 1944	
		31 - 118				
Total Other Resident Care	\$ 11,805	\$ (3,198)	s -	s -	s -	s -

State of Connecticut Annual Report of Long-Term Care Facility CSP-21 Rev. 3/2023

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

Name of Facility Twin Maples Home. Inc., d/b/a Twin Maples Health Care Facility	/a Twin Maples Healt	Care Facility		License No. 2315	Report for Year Ended 9/30/2023	7			Page of 21 37
		Related ** to Owners, Operators, Officers	o Owners, Officers		×		Total Cost/Page Ref.***	ge Ref.***	
Name of Individual or				Explanation of	Full Explanation of	CCNH/			
Company	Address	Yes	No	Relationship	Service Provided*	RHINS	(Specify)	Other	Pg Line
Rinaldi Linen	47 Common Ct, Waterbury, CT 06704	0	•	N/A	Laundry/Linen	75,557			19 3a4/3
Aqua Pump	169 W Stafford Rd, Stafford, CT 06076	0	0	N/A	Wells/Water Tests	11,204			22 6f
Facility Compliance Services, LLC Berlin, CT 06037	1492 Berlin Turnpike, Berlin, CT 06037	0	•	N/A	Sprinkler Systems	19,440			22 6f
		0	•						
		0	•						
		0	0						
		0	•						
		0	•						
		0	•						
		0	•						
		0	•						
		0	•						
		0	•						
		0	0						

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

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

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

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

Name of Facility License No		Report for Year	Ended				Page 22	of 37
Twin Maples Home, Inc., d/b/a Twin Maples He 2315		9/30/2023						Ì
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
6. Maintenance & Operation of Plant								1
a Repairs & Maintenance	\$	15,604	15,604					
b. Heat	\$	30,555	30,555					-
c. Light & Power	\$	33,315	33,315					
d. Water	S							-
e. Equipment Lease (Provide detail on page 22b)	S	2,493	2,493					1
f. Other (itemize)	\$	68,055	68,055					
See Attached Schedule			He IVA	11 5 1011	Trusti W. N.			
6g. Total Maint. & Operating Expense (6a - 6f)	\$	150,022	150,022					-
Depreciation (complete schedule page 23*) a. Land Improvements	\$							
b. Building & Building Improvements	\$	17,046	17,046					
c. Non-Movable Equipment	\$	9,847	9,847		1			+
d. Movable Equipment	S	5,746	5,746					-
*7e. Total Depreciation Costs (7a+b+c+d)	\$	32,639	32,639					_
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)	\$							+
Rental payments on leased real property less real estate taxes included in item 10b	s							
Property Taxes Real estate taxes paid by owner	s		29,146					
b. Real estate taxes paid by lessor	\$							+
c. Personal property taxes	\$	3,120	3,120					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	64,905	64,905	6				

^{*} 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 / RHN	S Adjustment	(Specify)	Adjustment	Other	Adjustment
				2 20 10 20		
Inspection Fees	\$ 160			10.1.1.20		
Purch Sves-EMR & INFO TECH	\$ 3,036		0 1 50			
PURCHASED SVCS-MEDICAL WASTE	S 1,152					
Purchased Services - Maint.	\$ 57,04:					
Rent-Equipment	\$ 5,921					
PPE-SUPPLIES	S 19					
DIESEL-GENERATOR	\$ 53					
	THE PERSON WHEN THE					
		8		NO DOMEST	DESTIN	
	Charles and the same of the same of	H I BARLES III				
						DESCRIPTION OF
		TO A STREET STREET			00101	NEW WOOD III
				والمراوات المراوات	DESCRIPTION OF THE PERSON OF T	TIES STIES
or was the second	/	2			- CONTRACT	
	R POLICE					
Fotal Other Repairs and Maintenance	\$ 68,05	5 S -	s -	s -	s -	s -

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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.

should not be included in these amounts.							
Name of Facility			License No.	Report for Year Ended	ar Ended		-
Twin Manles Home. Inc., d/b/a Twin Maples Health Care Fa	Health C	are Fa	2315	9/30/2023			22b 37
	Related * to	1 * to	-				
	Owners,	ers,				•	
	Operators,	tors,		Date of	Term of	Annual Amount	Amount
Name and Address of Lessor	Yes	S S	Description of Items Leased	Lease**	Lease	of Lease	Claimed
Sysco - 1390 Enclave parkway, Houston, TX 77077-2099	0	0	Dishwasher	01/01/10	Monthly	1,282	1,282
Tamco/Frontier	0	0	Phone System	04/19/18	60 Months	1,211	1,211
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
Collination	7.7	10.1	O Yes		O No	Total ***	2,493

Is a Mileage Log Book Maintained for All Leased Vehicles?

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

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32,639 5,746 17,046 9,847 Totals Totals of 37 1,383 3,393 Depreciation for This Year 2,353 2,010 9,847 Depreciation for This Year 17,046 Page 23 Useful Life Useful Life Various Various Var Var ۷аг Computing Depreciation Depreciation Computing Method of Method of S/L S/LS/L Report for Year Ended 9/30/2023 S/L 865,335 S/L Depreciation to
Beginning of Year's
Operations 217,622 306,401 Year's Operations Depreciation to Beginning of Accumulated Accumulated 8,262 22,699 225,655 14,437 358,479 1,063,247 Depreciated Cost to Be Depreciated Cost to Be Depreciation Schedule Less Salvage Salvage Value Value Less 2315 8,262 22,699 Historical Cost Exclusive of Date of Acquisition Historical Cost 225,655 358,479 Exclusive of 1,063,247 License No. Land Land Year Var Var Month Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility Var Var Var maintained? å Is a mileage iogbook Acquired during this report period (attach schedule) 3. Acquired during this report period (attach schedule) 3. Acquired during this report period (attach schedule) Yes a. Acquired prior to this report period Property Item 1. Motor Vehicles (Specify name, model Acquired during this report period Total Acquired during this report **Building and Building Improvements** 1. Acquired prior to this report period Acquired prior to this report period 1. Acquired prior to this report period b. Disposals (attach schedule) Disposals (attach schedule) Disposals (attach schedule) 2. Disposals (attach schedule) and year of each vehicle) e. Specialized Resident Non-Movable Equipment d. Standard Resident (attach schedule): 2. Movable Equipment c. Administrative Movable Equipment Land Improvements Total Depreciation period Name of Facility D-3. Subtotal E. Total Dep B-4. Subtotal C-4. Subtotal A-4. Subtotal

Useful

Schedule of Land Improvements Acquired during this report period

Schedule of Land Improvement Acquisition Date	nts Acquired during this report period Description of Item	Cost	Useful Life	Depreciation
	20000			
Additions:				
		S -		\$ -
Fotal additions for Land Impi	rovements			
Deletions:				0.00
				THE TAX IN
				s -
Total deletions for Land Impi	rovements	\$ 30.00		9

^{*}Tics to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Schedule of Building Improve Acquisition Date	ments Acquired during this report period Description of Item	Cost	Useful Life	Depreciation
Additions:				
			Melinin	
	And the second s			
		s -		\$ -
Total additions for Building I	mprovements			
Deletions:				STATE OF THE PARTY
				4
Total deletions for Building In	mprovements	The state of the s		3

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Life	Depreci	ation
Additions:			DOMESTIC OF STREET		77 3
			liga cinci		
XI 0 =			1 = 0 × 1		
	SOUTH SERVICE CONTRACTOR OF THE SAME			•	
Total additions for Non-Mova	ble Equipment	3			
Deletions:					
				8 8	
		\$ -		5	
Total deletions for Non-Mova	ble Equipment	3			1000

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

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

^{*}Ties to Page 23, Line C3
**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Deneuale of Maria	Дапринатичения	Pick One]		Useful		8 8
Acquisition Date	Description of Item	Movable Category	-	Cost	Life	Depi	eciation
Additions:				2.020	5		566
4/20/2023	Chemical Feed Pump	Standard Resident	\$	2,829		2	878
	Chlorination Tanks	Standard Resident	\$	8,779	10	2	
	Chemical Feed Parts	Standard Resident	\$	2,829	5	S	566
	Hoyer Lift	Administrative	\$	2,510	5	\$	502
2/9/2023		Administrative	\$	2,834	7	S	405
5/4/2023		Administrative	S	559	10	\$	56
		Administrative	\$	902	7	\$	129
5/24/2023		Administrative	S	1,457	5	\$	291
	Electric Bed Moyable Equipment		\$	22,699		S	3,393
Deletions:							
Deletions.					1 201		
				THE RELEASE			
							10 -
		TO SECULIAR				100	
				UT of The		0=0	
m . 1 1 1 1	Movable Equipment		\$			\$	

Schedule of Leasehold Improvements Acquired during this report period

Description of Item	Cost	Life Depreciation
nprovement	S -	S
provement	\$.	\$
	nprovement	Description of Item Cost Inprovement S -

^{*}Ties to Page 23, Line D2c
**Ties to Page 23, Line D2b

^{*}Ties to Page 24, Line C3
**Ties to Page 24, Line C2

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

Amortization Schedule*

	į.	,		Constant for Voor	Ended		Раяе	Jo
Name of Facility	Health Care Fac	License No. 2315		Keport for real Elluca 9/30/2023	Diluca		24	37
I WIII Maples frome, inc., were a will respect				Accumulated				
	Date of			Amort. to	•			
	Acquisition			Beginning of	Basis for	Doto	Amortization	
			Cost to Be	Year's	Computing	Nate 0/	for This Vear	Totals
Item	Month Year	Amortization	Amortized	Operations	Amortization	\neg	TO THE TOTAL	
A. Organization Expense							and the same of th	
2.								The state of the s
ı						CONTRACTOR OF THE PERSON OF TH		
A 0.:L+++=:			TO THE PERSON NAMED IN					
A-4. Subtotal								
B. Mortgage Expense								
-								
2.								
ί,								
B-4. Subtotal				THE REAL PROPERTY.				
C. Leasehold Improvements and Other								
 Acquired prior to this report period 								
2. Disposals (attach schedule)							The same of the same	
3. Acquired during this report period			DEL MILITARIO III					
(attach schedule)			SHE CHILDREN	The Control	The state of the s		THE REAL PROPERTY.	
C-4. Subtotal								
D. Total Amortization								
1								

* 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, 2023

Depreciation Schedule	Aciticities	Historical	Cost to be	Useful	Depreciation	2022	2022	2023	2023	
	Date	Cost	Depreciated	Lives	Method	Depreciation	Accum	Depreciation	Accum	NBV
Description									1	
Building Improvements	Warious	704 705	Ċ	-	Var	18	704,705	40	704,705	*
Various	Vallous V/V	(54 390)		A/N	N/A	9.90	(54,390	*	(54,390)	<u> </u>
(Less) Closing Costs*	7/N	(000,40)			1/5	15	2,700	e	2,700	9
Closet Doors	5/30/2003	2,700			1/5		5,277	38	5,277)))
Phone System	9/30/7003	117'5			7/5		720		720	()
Hydrolic Lift	9/30/2003	720		≓ !	2/1		15 100	0 0	16 100	Ü
Contic	9/30/2003	16,100			S/L		10,100	()	070	[8
Septile	9/30/2003	978			S/L))	8/6	6 0	978	
Oxygen capmet	9/30/2003	3,631			S/L	٠	3,631	96	3,631	
Well System Repair	5/30/2003	1 062		1	S/L	*	1,062	1 05	1,062	
Floorcoverings	6/22/2005	1.696			S/L	(8)	1,696	Ж	1,696	¥ii
Metal Doors	7000/20/2	7 690			3/1	Ÿ.	7,689	180	7,689	
Heating and Air Conditioning Unit	5007/97/1	7,700			1/5	041	1,574	ā	1,574	
Locking / Security System	5/11/2006	1,3/4			7/5	ï	1,775	6	1,775	
Compressor for A/C	8/1/7000	C///T			7,0	- 24	3,205	9	3,205	
Water valve - sprinkler system	9/26/2006	3,205			3/r	DC - 8	7,07	,	5.051	
Sprinkler Instal, Patio/BSMT Pump Rm	5/15/2007	5,051			3/F	6 6	יים וו			
To 2000 00 11/B		264			N/A	(40)	8	0	Z (0	
lo reconcile to 1/ B	3/17/2008				N/A	(0)	£0	0		
Fire Door	11/17/2008				S/L	X000	14,88(*	14,880	
Septic Pump	11/11/2000				N/A	×	Ĭ.	٠	(T 4	
Well Pump	4/15/2009				5	89	17,49		17,490	
Chlorine Feed System	6/30/5009				1/5	,	12.20		12,204	
Air Conditioner Replacement	6/30/2009				3/5	2. 31	ĺ		٠	
Washing Machine and window air conditioner	6/30/2009				N/A		14.40	707	11 957	
Ciding Droject	6/30/2009				1/S	/6/	11,10		00111	
Sidning rioject	8/31/2009				N/A	9.1	•	ě.	()	
Circulator Pump	11/15/2010				2/r	(8)	2,71	00	2,718	
Septic Kepairs	12/20/01/01				S/L	(*)	1,32	2	1,325	
Septic Vent	2/10/2017	2 940	2,940	10	S/L	٠	2,940	0	2,940	
Septic Repaids	3/23/2011				1/5		4,77	0	4,770	
Well Pump (replacement)	10/11/2010				1/5	*	2,87	20	2,877	
Septic Piping From Kitchen	1102/62/6				1/3	()	7,44	(M)	7,440	E
Septic Grinder Pump	3/9/2012				3/L	0 1	1 20		1.200	30
Lobby Carpating	3/21/2012					i.	2,4	a)	4 971	134
Cody carpeting	6/5/2012					-	4,4	- 6	4,0,4	1 9
Dutcil Colonial stolage office	12/3/1918					2	[6,9 [η.	0,515	1 (0
Wali Kemoval	10/1/2011				s/r		97	Į,	5/6	
Toilet/Sink	2/2/2/					1	2	1	/81	0 - 3
Septic Filter Upgrade	2/2/2017					10.	2,17		2,175	
Boiler Service	4/6/2012	7,1,7		1 1 2	s/L	267	2,40	3 267	2,670	1,331
Portable On-Site Generator	10/1//2013	4,			1					

	9	7	077	Ļ	1/3	8.5	765	85	850	421
Treatment Room Upgrades (Cabinets)	11/10/2013	1,2/0	1,2/U	7 1	7/5	756	6.804	756	7,560	3,773
Breaker for Transfer Switch	11/19/2013	11,333	11,333	J 1	7/5	358	3,222	358	3,580	1,791
Transfer Switch - Energency Generator	11/22/2013	1/5,0	1/5/0	J 1	2/5	650	5,850	650	6,500	3,253
1-Well Water Chlorination System	4/8/2014	9,755	9,733	J +	7/5	157	1.413	157	1,570	780
Tile Flooring	8/5/2014	2,350	055,2	J 1	3/F S/I	488	384	48	432	288
Electrical Transfer Switch	10/1/2014	720	757	1 1	1/2	1 095	8.760	1,095	9,855	9/5/9
Water Softener System	7/2//2015	15,431	10,431	J 7	3/5	70	490	70	260	493
Aqua Compliance Spec	10/2//2015	1,055	L,033	1 ¥	1/5	312	2,184	312	2,496	2,183
Generator Remote Enunciator	11/25/2015	4,0/9	1 212	1 L	3/5	121	847	121	896	847
Generator E-Stop Button	11/25/2015	CIO,I	L,011	5 ¥	2/2	418	2,926	418	3,344	2,931
AC Unit	12/10/2015	6/7/0	0,2,0	J	7/5	414	2,898	414	3,312	2,898
Shower Room Renovation/Replacement	12/22/2015	0,210	0,210	; t	3/5	167	1,169	167	1,336	1,164
Shower Room Renovation/Replacement	1/11/2016	2,500	285	ξ ξ	3/5	26	182	26	208	177
Installation of touch screen	9/21/2016 41/5/2015	2 500	2500	1 1	1/8	233	1,631	233	1,864	1,636
Installation of emergency generator	21/6/2015	3,300	5,500	; £	1/8	368	2,576	368	2,944	2,581
AC Unit	0107/01//	2,253	3 400	; L	1/5	227	1,362	227	1,589	1,811
Patio	/107/77/0	3,400	77.385	3 5	7/5	1,826	9,130	1,826	10,956	16,429
Upgrade to 4-Log	3/9/2018	C0C,12	205,12 2002 7	3 1	1/5	390	1,950	390	2,340	3,509
Fire Doors	3/22/2018	0,045	0,00	; ;	1/5	253	1,265	253	1,518	2,282
J Beecher Construction	5/15/2018	00,000	277 19	3 5	7/5	4,089	12,267	4,089	16,356	65,417
Replaced Roof	9/10/2020	10 102	10 103	7 2	1/5	674	2,022	674	2,696	7,407
Retaining Wall	9/30/2020	2 217	2 217	; ;	-/s	214	429	214	643	2,574
Retaining Wall	10/12/2020	7,21/	7,22,7	1 5	1/5	240	480	240	720	4,081
Well Pipe from Well to Building	1/13/2021	4,601	1,001	2 ¹	1/5	422	843	422	1,265	5,058
A/C Unit Office	b/24/2021 1202/2021	0,323	2,5	T	1/5	333	299	333	1,000	4,000
Office Repairs	1/12/2021	3,000	18 176	; (7/S	1,208	2,417	1,208	3,625	14,501
Office Repairs	4/20/2021	(1,120	(1 102)	Q	e/N		(1,102)	eş i	(1,102)	ě
Carpeting(Disposal)	1707/5627	(1,102)	(4,102)	(/ N	A/N		(2,088)	ŧ	(2,088)	٠
CBN Security System(Disposal)	1707/05/6	(5,000)	(2,080)	()	V/N	,	(2,507)	(76)	(2,507)	*
Water Softener(Disposal)	9/30/2021	(705'7)	(705,2)	(<u> </u>	V/N		(720)		(720)	·
Hydrolic Lift(Disposal)	9/30/2021	(720)	(07/)	4 c	Y/N	319	319	319	637	5,733
Well Repairs	9/29/2022	6,370	6,370	0, 1	3/5	311	311	311	623	4,046
Agua Pump	2/8/2022	4,669	4,669	t ;	3/L	701	197	197	395	2,567
Rhodes Pump Service	6/6/2022	2,962	2,962	15	3/F	161				
	1	900 630 1	1 055 188			17,050	865,336	17,046	882,382	180,864
Total Building/Improv	1	1,003,240	northern's							
Nonmovable Equipment					ļ.		017 / 10	5 303	739 777	4.587
Various	Various	244,309	244,309		s/r	5,503	1 267	202,0	1 367	94
M/ell Pirms	10/30/2001	1,367	1,367		s/r	v	1,307	Ŧ A	1 589	×
Posts Circulator Heating Svs	10/29/2001	1,589	1,589		S/L	¥01	1,009		1,200	91
heplace circulator incaring of 5:	1/23/2002	1,358	1,358		S/L	14	1,358	•	ביין נ	
pump	1/23/2002	2,507	2,507	10	2/1	62	2,507		705,7	10 0
Water Softener	10/1/2005	1,705	1,705		s/L	ж	1,705		L, /U5	2535
Steam Table	10/1/2005	73.675	23,675		3/r	947	15,152	947	16,099	٥/ج//
Furnace	2007 /4 /OT	1								

	7006/06/3	1 226		N/A	N/A	ж		Æ	*05	1,226
2 Office Desks	1002/05/5	2777		N/A	A/N	10		ĕ	3 ¥	200
Hoyer Lift	60,000	000 0				200	3,584	#	3,584	95
Freezer	11/9/2009	3,004		ם כ	3/F	,			01	2,136
Generator Work	5/11/2010	2,135		ח ו	()	R 19	3 135		3.135	9
Refridgerator	5/18/2010	3,135		ი :	3/1		1	2.9	Δ¥	2.160
Driveway Paving	6/8/2010	2,160		10	N/A	v	Si i)	1 197
AC Unit	6/8/2010	1,197		2	N/A	ı.	8 1	8 5	27.45	1011
NIE Flectric - Generator	6/23/2010	2,745		10	s/r	*0	2,745	41	2,745	
Dining Room Sink and Cabinet	5/19/2015	630		7	S/L	78	630	¥()	930	9)
	3/18/2015	999		7	s/r	1	999	(0)	999	
Kerridgerator	6/16/2015	807		7	S/L	2	807	E	807	٠
Freezer	2/2/2/2	850		7	S/L	2	849	a	849	ě
Steam Table	5,77,777	830 7 819			3/5	7	4,818	•0)	4,818	٠
Wanderguard Unit	3/20/2013	050,7		, _	7/5	Ŷ	7,860	Э¥	7,860	•
Dining Room AC Unit	6/15/2015	000,		, 4	7/5	15	105	15	120	66
Toilet	5102/5/01	219		1 1	1/5	15	105	15	120	66
Toilet	2/1/2016	517		3 5	1/5	1 5	000	20	350	147
Electric Drain Cleaner	3/6/2017	497		OI 1	3/r 5/i	On .	887	3	488	
AC Unit	5/18/2017	488		۲	s/L	9	1 0 0		11 306	94
Generator Tank	8/2/2017	11,306		2	S/L	- ;	11,306		1,000	777. (
Ctainless Steel Kitchen Cabinets	7/10/2017	4,265		15	s/r	284	1,704	784	1,700	7,2,7
Vitabon Causott	5/24/2017	175		7	S/L	25	150	25	1/5	607 (
Nitchell radicels	6/13/2019	7.612		2	S/L	1,522	6,088	1,522	7,610	7 !!
Electronic beus	0/10/10	587		7	S/L	84	336	84	420	16/
Retridgerator	2/07/72/2	1 125		7	S/L	161	644	161	802	320
Refridgerator	0/0/2019	1,12,1		10	3/F	181	724	181	902	906
Patient Sit to Stand Lift	CL02/21//	1,011			1/5	134	134	134	269	672
Washing Machine	1/1/2022	941		٠ ـ ـ	7/5	44	44	44	87	131
Meat Slicer	2/10/2022	718		n (3/2	NTC.	274	274	548	4,928
Water Tanker	7/7/2022	5,475		70	5/L	4/7	735	657	1314	11.829
Water Tanker	7/9/2022	13,143		70	s/r	/59	750	(70	1,72	601
Water Tanker	7/20/2022	899		70	S/L	33	33	22	6	372
Carloot-Vitchen	4/26/2022	420		70	s/r	21	21	77	7 7 7	000
Bed modifications	8/31/2022	484		2	s/r	97	26	/6	194	067
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200,000	0 947	316 250	42.228
Total Nonmovable Equip.		358,477	351,258			2,833	200,400	i i		
Movable Equipment	7002/02/5	7.080	7,080	10	S/L		7,080	90.	7,080	10
Patient Life/Mattress	1) 30/ 2007	750 505	700 000	Var	S/L		202,027	XX	202,027	(i
Various	Various N/A	(6,000)	(6,000)	A/N	N/A	3	(000′9)		(6,000)	p
(Less) Appraisal Cost*	1/VI	3 535	(200(2)	r	s/L		3,535	E)	3,535	a a
Oxygen Concentrator	4/ 12/ 2004	4016	4 016	יני	S/L	(*)	4,016	95	4,016	1
Gas Range	10/20/2004	010't		N/A	N/A	ī	ĸ	ij.	ě	934
Computer	11/13/2005	t 000	01 (8	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N/A	7/61	Đ.	Ĭ	Ĭ.	200
Electric Bed	9/2/2006	200	2 19	N/A	A/N	1.16	ĸ	è	i i	104
Office Chairs	9/28/2006	104 2 0.41	3 041	. L	1/5	690	3,041	100	3,041	(0)
Medline Equipment - Capital lease	a002/c1/a	1+0,0	1.00)	1					

	1/20/2007	887	,	N/A	A/N	28	3	<u> </u>	(6)	882
Computer Car Banga	7007/2/5	8 055	8.055		S/L	10	8,055	٠	8,055	Œ.
Supression System Gds Kange	7002/12/0	1 368		N/A	A/N	9	ž	į	×	1,368
Computer	4/21/200/	1,300	Q (8	N/A	A/N	*	ħ	14)	Ð	1,343
Computer	9/3/2008	1,74 507	593	10		e	594	¥	594	Ē
Maytag Uryer	9/27/2013	1.170	1,170	2	S/L	#4	1,170	840	1,170	3
Nacettonical P. Dodravoode	5/24/2013	2006	9,007	7	s/r	æ	200'6	æ	6,007	ij
Matteesses & Deuspieaus Datio Firmiture	6/26/2013	256	256	2	S/L	£	256	162	256	(ē
מייים לייים ליים לייים ליים לייים ליים ליים ליים ליים לייים ליים לי	4/10/2013	25	25	2	S/L	Ų!	25	W.	25	ě
Citalis Freezer & Milk Cooler	9/5/2013	400	400	7	s/L	¥i	400	10%	400	
As Armoire Units	4/16/2014	2,665	2,665	7	s/L	Ē	2,666	(e)	2,666	Ų.
Fireiture (Disposal)	10/1/1997	(9,648)	(9,648)	7	S/L	Ü	(9,648)	w	(9,648)	
Dining Room Chairs	10/23/2014	426	426	7	s/L	(Ý	426	(0) -1	426	i)
Conveyor Toaster	12/3/2015	410	410	7	S/L	26	410	ж:	410	ı
Flectrolux JetMaxx Bag Canister Vac	12/18/2015	389	389	7	S/L	53	389	K)	389	
Wet/dry Vecinim and Floor Machine	3/29/2017	1,150	1,150	2	S/L	£	1,150	v.	1,150	*
Office Computer and Printer	1/16/2017	275	275	2	S/L	ij.	275	2:	275	72
Laston Computer	5/25/2017	100	100	c	S/L	<u>X</u>	100	IN.	100	ï
	9/1/2017	295	295	3	S/L	<u> </u>	295	*	295	¥C.
Mirology Notwork	1/31/2017	689	689	2	2/5	•	689	w.	689	W.
Willers Network	10/3/2016	532	532	15	s/L	32	210	35	245	287
Compared Tablets	10/22/2020	890	890	က	S/L	297	594	296	890	
Laston (Dork Comp	10/22/2020	786	786	е	S/L	262	524	292	786	
Laptop/ Desk Comp	2/9/2021	388	388	ĸ	S/L	129	258	129	387	ᆏ .
Laptop	1/8/2021	584	584	2	s/L	117	234	117	351	233
Voneelchair Scale	5/23/2021	513	513	2	S/L	103	206	103	309	204
Housekeeping Cart	7/13/2021	470	470	2	S/L	94	188	94	282	188
Food Processor	7/21/2021	557	557	2	S/L	111	222	111	333	224
	1/15/2021	2,327	2.327	10	S/L	233	466	233	669	1,628
Nurse Call System Repairs	9/30/2021	(1.634)	18	N/A	N/A	ı	(1,634)	٠	(1,634)	*
Computers(Disposal)	9/30/2021	(200)	X)	N/A	N/A	()*	(200)	ě	(200)	50
Computers(Disposal)	9/30/2021	(1,885)	()	N/A	N/A	æ	(1,885)	(6)/	(1,885)	Œ.
Committees(Dispose)	9/30/2021	(882)	E	N/A	N/A	13	(882)	ï	(882)	•
Dhone System(Disnosal)	9/30/2021	(471)	9	N/A	N/A	<u>r</u>	(471)	W.	(4/1)	ě
Conjer(Disnosal)	9/30/2021	(7,104)	Ü	N/A	N/A	J.	(7,104)	86 0	(7,104)	
Oxygen Concentrator(Disposal)	9/30/2021	(3,535)	ìã	N/A	N/A	57	(3,535)	9ET	(5,535)	(700)
Computers(Disposal)	9/30/2021	(934)	E	N/A	N/A	Ē			8 0 - 0	(934)
Committees(Disposal)	9/30/2021	(1,368)	38	N/A	N/A	ĬĬ.	200	(0)		(T,506)
Computers(Dispose)	9/30/2021	(1,343)	•	N/A	N/A		,	10	. ;	(1,545)
Tolowision	11/11/2021	351	351	2	S/L	70	70	70	140	117
	11/15/2021	540	540	2	1/s	108	108	108	216	324
Committee Software	12/10/2021	1,113	1,113	ĸ	S/L	371	371	371	742	3/1
Air Mattress Plimp	12/31/2021	85	85	7	S/L	12	12	12	77	01
Air Mattrace Pilmps	2/22/2022	163	163	7	2/1	23	23	23	4/	116
Air Mattress Pumps	3/16/2022	346	346	7	S/L	49	49	49	u u	/47

;	94 37 270 2,263 7,901 2,263 2,429 503 773 1,166	24,988 265,379 331,657 66,278 {a}	I to replace c
;	63 75 76 540 566 878 878 566 502 405 56 129	223,367 1,421,999 1,574,410 152,411	ance claim usec
	31 37 270 270 566 878 878 566 502 405 56 129	5,746 32,639 43,184 10,545 {b}	ion of the insur
	31 270 270	217,621 1,389,360 1,574,410 185,050	ites to the port
	31 270 270	2,466 29,371 43,184 13,813	This amount relates to the portion of the insurance claim used to replace c
	7		()
	5 110 110 5 7 7 7		
	157 112 810 2,829 8,779 2,829 2,510 2,834 559 902 1,457	259,845	
	157 112 810 2,829 8,779 2,510 2,510 2,534 559 902	248,354 2 1,687,378 1,906,067 (88,686) 641 (88,045) (88,045)	66,278 {a} 10,545 {b}
	2/25/2022 3/21/2022 3/21/2022 4/20/2023 5/18/2023 8/31/2023 12/8/2022 2/9/2023 5/4/2023 8/20/2023		
	Hoyer Sling External Hard Drive Computer Chemical Feed Pump Chlorination Tanks Chemical Feed Parts Hoyer Lift Freezer Dryer Freezer Freezer	Total Movable Equipment C/R Assets & Depreciation Total (Land Included) F/S Assets & Depreciation per TB Rounding Variance Rollforward Adjustment From Audit Binder Variance from Prior Year C/R Variance from Insurance Claim	F/S vs C/R Depreciation - Page 36, Line F1 F/S vs C/R Depreciation - Page 36, Line F1

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

Name of Facility License No.	Report for Year End	ed		Page	of
Twin Maples Home, Inc., d/b/a Twin N 2315	9/30/2023			25	37
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility	0.44	•	N.o.	If "Yes," comple	
or leased from a Related Party?*	O Yes	•	INO	If "No," comple	te 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 who	om buildings are leased, then it	is considered a			
related party transaction.			10000	TO AND STREET	0101 11 010
Description	Total				
Date Land Purchased	06/01/72				
Date Structure Completed	06/01/72 N/A				
3. If NOT Original Owner, Date of Purchase	N/A				
4. Date of Initial Licensure	14/4				
5. Total Licensed Bed Capacity	13,290				
6. Square Footage	15,290				
7. Acquisition Cost	17,298	Wall Table			
a. Land b. Building	432,199	A HET THE REAL			
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mor	tgage
1. Financing	THE WASHINGTON				
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				
 Principal balance outstanding as of 9/30/202 	546,776				
Complete if Mortgage was Refinanced					
During Current Cost Year			THE RESERVED		
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				-	
Principal Outstanding on Note Paid-Off	. T Onl		I		
Part C - Arms-Length Leases for Real Prope	erty Improvements Uni	Deta of Loone	Term of Leas	e Annual Amor	int of Lea
Name and Address of Lessor	Property Leased	Date of Lease	Term of Leas	Allindar / Hillor	int of Boa
		1			
12%					
				F =	

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

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

Name of Facility License No.		Report for Yea	r Ended				Page 26	of 1 37
Twin Maples Home, Inc., d/b/a Twin N 2315		9/30/2023						
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
 Interest A. Building, Land Improvement & Non-Movable Equipment 1. First Mortgage 	\$	25025	25,025					
Name of Lender	Rate							建 制5克
Address of Lender								
2. Second Mortgage	5							VIII III III III III III III III III II
Name of Lender	Rate							
Address of Lender								
3. Third Mortgage	5	5						
Name of Lender	Rate							
Address of Lender								
Fourth Mortgage	1	S						
Name of Lender	Rate							
Address of Lender								
B. CHEFA Loan Information							EBLE	
Original Loan Amount		s						
2. Loan Origination Date			1200		THE REAL PROPERTY.			
3. Interest Rate %			B SHIM					
4 Tenn								III SANDINI ISSEEL
CHEFA Interest Expense								-
12 B7. Total Building Interest Expense (A1 - A4 + B5)	_	\$ 25,025	25,025			rd to next nage)	<u>i</u>	

(Carry Subtotals forward to next page)

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

Name of Facility Licens	e No.		Report for Year	r Ended				Page 27	of 1 37
Twin Maples Home, Inc., d/b/a Twi	2315		9/30/2023				1		
Item			Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
	ubtotals Brou	ght Forward:	25,025	25,025					
12 C. Movable Equipment 1. Automotive Equipment		s						= -466	
A. Item	Rate	Amount							
Lender									
Address of Lender									
2. Other (Specify)		5						T-OUT HIS	III (AND INCOME)
A. Item	Rate	Amount							
Lender									
Address of Lender									100000
B. Item	Rate	Amount							
Lender		1.					mixalia magazi		
Address of Lender									
12 C 3. Total Movable Equipment I Expense (C1 + 2)	nterest		s						
12. D Other Interest Expense (Specification of the Interest Expense - Other	·)		\$ 24,649	24,649		NO.	2000		
			S 49,674	49,674					
13. Total All Interest Expense (12B7	+ 12C3 + 12L))	\$ 49,674	45,074					
14. Insurance a. Insurance on Property (building	es only)		s 94,940	94,940					_
b. Insurance on Automobiles		1	\$ 432	432					
c. Insurance other than Property (1. Umbrella (Blanket Coverage	as specified a		s 600	600					-
Fire and Extended Coverage	e		S			-			
3. Other (Specify)			S .						
14d. Total Insurance Expenditures (1-	(a+b+c)		\$ 95,972	95,972	2				
 Total Insurance Expenditures (1- Total All Expenditures (A-13 thrule) 	(C-14)		\$ 3,525,231	3,744,231		0)			

F. Statement of Revenue

Name of Facility License No.	11000	eport for Yes	ar Ended		Page of 30 37
win Maples Home, Inc., d/b/a Twin Mar 2315	19/	130/2023	T		
			CCNH/	(C 10.)	Other
Item		Total	RHNS	(Specify)	Oulei
Resident Room, Board & Routine Care Revenue	100				
1. a. Medicaid Residents (CT only)	\$	2,593,930	2,593,930		
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)	\$	367,505	367,505		-
b. Medicare Room and Board Contractual Allowance **	\$				
4. a. Private-Pay Residents and Other	\$	522,592	522,592	-	
b. Private-Pay Room and Board Contractual Allowance **	\$	- mary dist	WELL CONTROL		and the second
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 **	\$				
a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$	(68)	(68)		
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$	17,783	17,783		
b. Physical Therapy - Medicare Contractual Allowance **	S				
c. Physical Therapy - Non-Medicare	\$	10,902	10,902		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$				
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$	58,552	58,552		
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (Specify) - Medicare	\$	1,049	1,049		
b. Other (Specify) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$	3,572,245	3,572,245		
IV. Other Revenue*					
Meals sold to guests, employees & others	\$				
Meals sold to guests, employees & others Rental of rooms to non-residents	\$				
	\$				
Telephone Rental of Television and Cable Services	\$	630	630		
Rental of Television and Cable Services Interest Income (Specify)	\$	47	47		
	S				
Private Duty Nurses' Fees Barber, Coffee, Beauty and Gift shops	\$				
	\$	5,647	5,64	7	
8. Other (Specify)	\$		70.0121		
V. Total Other Revenue (1 thru 8) VI. Total All Revenue (III +V)	\$		_		S. 55000

^{*} 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

H /)	RHNS	(Spe	ecify)	0	ther
	0				7 (438)
-	741				
	308				THE STATE OF
		ESA.			
UI,					11 11
	ESSIN		-30	185	
	1,049	\$	180	S	Je II
		1,049	1,049 \$	1,049 \$ -	1,049 S - S

Schedule of Other Non-Medicare Resident Revenue

Related Exp

n D.C Description	CCNH / RHNS	(Specify)	Other
Page Ref Description	0	NATE OF	
			1
		100	
		s -	s -
Total Other Resident Revenue		***************************************	

Interest Income

Account

900 p.c	Account	Balance	CCNH	/ RHNS	(Spe	cify)	Ot	her
Page Kei	Account			0	7.7		Y In	
30 IV 5	Interest Income	N/A	S	47				
Total Into	rest Income		S	47	\$		S	

Schedule of Other Revenue

	S	CCNH / RHNS	(Specify)	Other
age Ret	Description	0		
30 IV 8	Misc. Income(Disallowed on Page 16a) Reversal of PY Expenses(No related CY Expense)	\$ 227 \$ 5,420		P. 20
Total Oth	per Revenue	\$ 5,647	\$	s -

G. Balance Sheet

Name of Facility	License No.	-	ort for Year Ende 0/2023	d Pag	ge of 37
win Maples Home, Inc., d/b/a T		19/30	0/2023	1 3 1	Amount
	Account				
Assets					
A. Current Assets	and tra			\$	162,664
1. Cash (on hand and in b	eivable (Less Allowance	for Bad	Debts)	\$	301,509
Resident Accounts Rec Other Accounts Receiv	able (Evaluding Owners	or Relate	ed Parties)	\$	19,703
	able (Excluding Owners	Of Itelate		\$	700
4 Inventories				\$	23,601
5. Prepaid Expenses			23,601		
a. Prepaid Expenses					
b					
c d. See Schedule					
				\$	
6. Interest Receivable7. Medicare Final Settlem	ant Peceivable			\$	
				\$	
8. Other Current Assets (ilemize)				
-				animized.	
See Schedule	an Althrug)			\$	508,17
A-9. Total Current Assets (Lin	les Al uliu o)				
B. Fixed Assets				\$	17,298
1. Land	*Historical Cos	t		\$	
2. Land Improvements	Accum. Deprec		Ne	t	
2 D 111	*Historical Cos		1,063,247	\$	180,860
3. Buildings	Accum. Depred		882,381 Ne	t	E-
4 T 1 I I I I I I I I I I I I I I I I I I				\$	
 Leasehold Improveme 	Accum. Deprec		Ne	t	
5. Non-Movable Equipm			358,479	\$	42,23
5. Non-Movable Equipit	Accum. Depred		316,248 Ne	t	
C. M. sulla Equipment	*Historical Cos		248,354	\$	24,98
6. Movable Equipment	Accum. Depres	127 127	223,368 Ne	et	
77.11-1	*Historical Cos		220,0	\$	
7. Motor Vehicles	Accum. Depre		Ne	et	
- 20 D : 4N		ciation		\$	
8. Minor Equipment-No	L Depreciable				((00
9. Other Fixed Assets (ii	temize)			\$	66,27
9. Office 1 fact 7 1330 to (1)			66,278		
F/S vs C/R NBV See Schedule			(2)	\$	331,65

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

Teal Prepaid Expresses Sala P		Line Rei	Description					
Anchola of Other Current Assets (itemized) Page 31 Line AB ge Ref Line Ref Description							W. L.	
Anchola of Other Current Assets (itemized) Page 31 Line AB ge Ref Line Ref Description							Marke III	
Anchola of Other Current Assets (itemized) Page 31 Line AB ge Ref Line Ref Description		8 1						
Anchola of Other Current Assets (itemized) Page 31 Line AB ge Ref Line Ref Description				10				
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tel Other Current Assets (Itemize) And Other Other Fixed Assets (Itemize) Begg Ref Line Ref Description Assets Other Other Fixed Assets (Itemize) Assets Other Other Fixed Assets (Itemize) Assets Checkelle of Other Assets Assets Checkelle of Other Assets Assets Climate Assets Assets Climate Assets A								
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thedule of Other Fixed Assets (Itemize) Page 31 Line B9 ge Ref Line Ref Description 3) 159 Roomling stal Other Other Fixed Assets (Itemize) stal Other Other Fixed Assets (Itemize) stal Other Other Assets Page 32 Line D7 age Ref Line Ref Description stal Other Assets stal	ge Ref	Line Ref	Description					
thedule of Other Fixed Assets (Itemize) Page 31 Line B9 ge Ref Line Ref Description 3) 159 Roomling stal Other Other Fixed Assets (Itemize) stal Other Other Fixed Assets (Itemize) stal Other Other Assets Page 32 Line D7 age Ref Line Ref Description stal Other Assets stal								
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Total Other Current Liabilities (Itemice)

G. Balance Sheet (cont'd)

Name of Fa		License No.	Report for Year Ended 9/30/2023	Page 32	1	of 37
win Mapl	es Home, Inc., d/b/a Twin N		9/30/2023		Amount	
		Account	T 1 Describe Forward			39,834
			Total Brought Forward	Ι. Φ		33,02
C. Lease	chold or like property record	ded for Equity Purpose	es.	\$		
1. L	and			Ψ		
2. L	and Improvements	*Historical Cost	NI-A	\$		
		Accum. Depreciation	on Net	D.		
3. E	Buildings	*Historical Cost	- N.4	l _e		
		Accum. Depreciation	on Net	\$		
4. N	Ion-Movable Equipment	*Historical Cost		6		
		Accum. Depreciati	on Net	\$		
5. N	Novable Equipment	*Historical Cost		<u></u>		
	• •	Accum. Depreciati	on Net	\$		
6. N	Motor Vehicles	*Historical Cost				
		Accum. Depreciati	on Net	\$		
7. N	Minor Equipment-Not Depr	eciable		\$		
C-8 Tota	l Leasehold or Like Prope	rties (C1 thru 7)		\$		
D. Inve	stment and Other Assets					
	Deferred Deposits		<u> </u>	\$		
	Escrow Deposits			\$		
	Organization Expense	*Historical Cost	***	1.		
J	0.Bam===== 1	Accum. Depreciat	ion Net	\$		
4	Goodwill (Purchased Only)			\$		
5	Investments Related to Res	ident Care (itemize)		\$		10000 1000
J	III V COLITIONIS A COLOR	·				
-					THE REAL PROPERTY.	
6	Loans to Owners or Related	d Parties (itemize)		\$		
0.	Name and Address	Amount	Loan Date			
	Name and Address					
1			9			
7	Other Assets (itemize)			\$		35,76
/-	Replacement Reserves		35,761			
	Replacement Reserves					
	Car Cahadula					
D 0 7	See Schedule al Investments and Other	\$		35,76		
D-8. Tot	tal Investments and Other tal All Assets (Lines A9 +	\$		875,59		

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

G. Balance Sheet (cont'd)

Name of Fac	ility		License No.	Report for Year I	Ended	Page 33	of 1 37
Twin Maples	s Hon	ne, Inc., d/b/a Twin Maples H	2315	9/30/2023			
			ccount			Am	ount
Liabilities							
A.	Cu	rrent Liabilities				\$	864,337
	1.	Trade Accounts Payable				\$	001,557
	2.	Notes Payable (itemize)					
		See Schedule	\$				
	3.	Loans Payable for Equipmer					
		Name of Lender	Purpose	Amount	Date Due		
				-			
				l l			
					1 ×		
		*					
	4.	Accrued Payroll (Exclusive	of Owners and/o	r Stockholders only)		\$	97,322
	4.	Accrued Payroll (Owners a	nd/or Stockholde	rs only)		\$	Process.
	5.	Accrued Payroll Taxes Pay	able			\$	12,20
	7	Medicare Final Settlement	Pavable			\$	41,01
	0	Medicare Current Financin	Pavable			\$	- 307
		\$	59,28				
	\$						
	\$						
	11	Accrued Income Taxes* Other Current Liabilities (i)	temize)			\$	24,60
	1.	Accrued Expenses		20,254			
		Other Taxes Payable		3,646			
		Deferred Revenue		700			
		Deterred Acycride		See Schedule			
A-1	12 7	Total Current Liabilities (Lin	es A1 thru 12)			\$	1,098,75

^{*} 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 ractify	License No. 2315	Report for Year 9/30/2023	Ended	Page 34	of 37
Twin Maples Home, Inc., d/b/a Twin Maples		9/30/2023		A	mount
A	ccount	Total Broug	ght Forward:		1,098,751
Liabilities (cont'd)					
B. Long-Term Liabilities					
Loans Payable-Equipment (i	temize)			S	
Name of Lender	Purpose	Amount	Date Due		
			1		
		'			
12.0				\$	546,77
Mortgages Payable	. 1D. di - /itamin	2)		\$	
3. Loans from Owners or Rela	Amount	Loan	Date		
Name and Address of Lender	Allibuit	Doux			
		1			
		- 1			
4. Other Long-Term Liabilitie	es (itemize)			\$	
4. Office Bong Term 2.00	,				
-					
See Schedule				C	546,7
B-5 Total Long-Term Liabilities	(Lines B1 thru 4)			\$	1,645,5
C. Total All Liabilities (Lines A	-13 + B-5)			12	1,043,5

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

Name of Facility Licens	se No. 2315	Report f		r Ended	Page 35	of 37
Twin Maples Home, Inc., d/b/a Twin M		191301202				Amount
A. Reserves						
1. Reserve for value of leased land					\$	
Reserve for depreciation value of le to be amortized	eased building	gs and appi	ırtenar	nces	\$	
3. Reserve for depreciation value of le	eased persona	al property	(Equit	v)	\$	
4. Reserve for leasehold real propertie	s on which fa	air rental v	alue is	based	\$	
5. Reserve for funds set aside as dono	r restricted	(b)			\$	
6. Total Reserves					\$	
Net Worth 1. Owner's Capital					\$	
					\$	3,000
Capital Stock Paid-in Surplus					\$	(15,227
4. Treasury Stock					\$	
5. Cumulated Earnings					\$	(581,498
6. Gain or Loss for Period	10/1/20)22 tl	ıru	9/30/2023	\$	(176,20
7. Total Net Worth					\$	(769,93
C. Total Reserves and Net Worth					\$	(769,93
D. Total Liabilities, Reserves, and Net W	Vorth				\$	875,59

H. Changes in Total Net Worth

Name of Facility License No.	Report for Year	Ended	Page 36	î	of 37
Twin Maples Home, Inc., d/b/a Twin Ma 2315	9/30/2023			mount	31
Account					3,724
A. Balance at End of Prior Period as shown on Report	of 09/30/2022		\$ \$		8,569
Total Revenue (From Statement of Revenue Page 30)					4,776
Total Expenditures (From Statement of Expenditures Page 27)					6,207
Net Income or Deficit			\$		9,931
Balance			Tunks Egit =	(10	7,751
F. Additions					
1. Additional Capital Contributed (itemize)					
Total Expenditures Per Pg 27 \$3,744,231					
F/S vs C/R Depreciation 10,545					
Total Expenses \$3,754,776	b				
2. Other (itemize)					
			\$		
F-3. Total Additions					
G. Deductions	if.		\$		
1. Drawings of Owners/Operators/Partners (Spec	Title	Amount			
Name and Address (No., City, State, Zip)	1100				
		<u> </u>	\$		
2. Other Withdrawings (Specify)	Am	ount			100
Purpose	7111	Cuit			
			图 图 图		
			\$		
3. Total Deductions	0/20/22		\$	C.	769,93
H. Balance at End of Period 0	9/30/23				

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended		of 37
Twin Maples Home, Inc., d/b/a Twin	2315	9/30/2023	31	<i>51</i>
	Check appropriate category	I .		
Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined	☑ (Specify)	☑ Other		
P	reparer/Reviewer Certifica	tion		
I have prepared and reviewed this re- have read the most recent Federal and S personnel as to the possible inclusion in regulations. All non-reimbursable expe removed in the State rate computation s are properly reported as such in this rep data contained in this report is in agreer	this report of expenses which are not increase of which I am aware (except those system) as a result of reading reports, increase on Pages 28 and 29 (adjustments to	reimbursable under the applicable expenses known to be automated or other services performed statement of expenditures). Further services performed to the services performed	le tically d by me	
Signature of Freparer Allulia	PRINCIPAL	Date Signed	•	
Printed Name of Preparer		9		
Matthew S. Bavolack				
Address		Phone Number		
555 Long Wharf Drive, New Haven, CT 0651	1	203-781-9600		
Contacted Person Regarding Additional Inform	nation Needed Regarding This Report	Phone Number		
Michele D'Amico		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, 2023, 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 17, 2024



Client: Twin Maples Home, Inc.
Engagement: Medicaid - Twin Maples 2023 Cost Report
Period Ending: 9/30/2023
Trial Balance: A.01 - TB-CCNH

Trial Balance:	A.01 - TB-CCNH					
Account	Description	UNADJ	JE Ref#	RJE	FINAL '	Ist PP-FINAL
		9/30/2023			9/30/2023	9/30/2022
	D. H. Ozak	50.00			50.00	50.00
10000	Petty Cash	91,286.00			91,286.00	59,313.00
10200	Regular Checking Account Investments-Cert. of Deposit	(490.00)			(490.00)	(490.00)
10700	MORTGAGE ESCROW	71,818.00			71,818.00	110,168.00
10800		35,761.00			35,761.00	0.00
10801	Replacement Reserves Accounts Receivable-PRIVATE	57,195.00			57,195.00	15,951.00
11000	Accounts Receivable-RIVATE Accounts Receivable-MEDICAID	211,803.00			211,803.00	228,581.00
11001	AR MEDICARE PART A	29,860.00			29,860.00	110,586.00
11002	AR MEDICARE PART B	8,197.00			8,197.00	(227.00)
11003	MEDICARE B COINSURANCE	293.00			293.00	293.00
11004	AR ANTHEM MEDICARE	(210.00)			(210.00)	1,154.00
11005	AR ARTHEM MEDICARE AR AETNA MANAGED MEDICARE	1,508.00			1,508.00	1,481.00
11007	AR UNITED HEALTH MGD MCR	(107.00)			(107.00)	8,379.00
11011	AR UNITED HEALTH MIGD MICH	741.00			741.00	731.00
11014	AR ANTHEM MEDICARE B	0.00			0.00	1,789.00
11015	WELLCARE MGD MCR B	(8,330.00)			(8,330.00)	(8,330.00)
11100	ALLOWANCE FOR BAD DEBT	559.00			559.00	5,313.00
11120	ACCOUNTS RECEIVABLE PPO	19,703.00			19,703.00	34,703.00
11450	LOAN RECEIVABLE	700.00			700.00	700.00
12000	Supplies-Inventory	23,601.00			23,601.00	20,140.00
14000	Prepaid Expenses	89,566.00		(2,985.00)	86,581.00	72,144.00
15000	Furniture and Fixtures	05,500.00	RJE - 4	(2,985,00)		
		261,265.00		(4,728.00)	256,537.00	248,275.00
15100	Equipment	201,200.00	RJE - 4	(4,728.00)		
		371,439.00	1.02	(5,568.00)	365,871.00	365,871.00
15400	Leasehold Improvements	371,400.00	RJE - 4	(5,568.00)		
		704,705.00	102		704,705.00	704,705.00
15500	Buildings	461,794.00		13,281.00	475,075.00	475,075.00
15600	Building Improvements	401,734.00	RJE - 4	13,281.00		
		17,298.00	1102		17,298.00	17,298.00
16900	Land	(1,574,410.00)			(1,574,410.00)	(1,531,226.00)
17300	Accum. Depreciation-Other	(863,125.00)			(863,125.00)	(700,860.00)
20000	Accounts Payable	(37,521.00)			(37,521.00)	(41,153.00)
20001	RESIDENT FUND ACCOUNT	(20,254.00)			(20,254.00)	(20,069.00)
23000	Accrued Expenses	(99,322.00)			(99,322.00)	(96,550.00)
23200	Wages Payable	(12,200.00)			(12,200.00)	(8,361.00)
23210	ACCRUED PAYROLL TAXES	214.00			214.00	209.00
23300	401 K Deductions Payable	1,786.00			1,786.00	1,778.00
23302	401K PAYABLE EMP MATCH	(3,646.00)			(3,646.00)	(3,646.00)
24000	Other Taxes Payable	(59,280.00)			(59,280.00)	(57,016.00)
24100	Current Portion Long-Term Debt	18.00	'		18.00	18.00
24250	VISA CREDIT CARD	36,291.00			36,291.00	40,090.00
24300	Resident Fund Account	(41,012.00	\		(41,012.00)	(43,835.00)
26000	MEDICAID RECOUPMENTS	• •			(546,776.00)	
27000	Notes Payable-Noncurrent	(546,776.00			(700.00)	
27100	Deferred Revenue	(700.00 (3,000.00) \		(3,000.00)	
39003	Common Stock				15,227.00	15,227.00
39004	Paid-in Capital	15,227.00			581,498.00	750,540.00
39005	Retained Earnings	581,498.00			0.00	(20,754.00
40160	OTHER INCOME	0.00			0.00	(77,167.00
40162	OTHER INCOME COVID-DHHS	0.00			0.00	9,480.00
40165	OTHER INCOME-COVID CRF GRANT	0.00				(2,579,857.00
40201	MEDICAID -SNF	(2,593,930.00			(502,418.00)	
40300	Private Pay	(502,418.00			(367,505.00	
40400	MEDICARE PT A REVENUE	(367,505.00		E0 EE0 00.		
40401	MEDICARE PT B REVENUE	(76,335.00		58,552.00	(11,100.00	, (20,000.00
			RJE - 2	58,552.00	(1,389.00) (928.00
	AR AETNA PT B MANAGED	(1,389.00))			
40403	AIC/12/10/11 D 1111 1111 1111					
40403 40404	MANAGED MEDICARE B ANTHEM MGD MEDICARE PT A AETNA/ANTHEM	(741.00 (9,513.00			(741.00 (9,513.00	

	Description	UNADJ	JE Ref#	RJE	FINAL	1st PP-FINAL
Account	Description	9/30/2023			9/30/2023	9/30/2022
10107	PPO INSURANCE	(587.00)			(587.00)	(4,173.00)
40407 40408	LONG TERM CARE INS REVENUE	0.00			0.00	(119,035.00)
40409	UNITED HEALTH MGD MEDICARE	(19,587.00)			(19,587.00)	(18,990.00)
40411	WELLCARE MGD MCR B	(308.00)			(308.00)	(1,789.00) 12.00
43200	Interest Income	(47.00)			(47.00)	0.00
43402	Misc Income	(227.00)			(227.00)	
58101	Payroll Administrator	74,935.00			74,935.00	82,633.00 85,476.00
58102	Payroll Office	73,977.00			73,977.00	
58102	Payroll Dietary	197,505.00			197,505.00	190,459.00 9,445.00
58104	Payroll Laundry	9,028.00			9,028.00	56,757.00
58105	Payroll Housekeeping	62,786.00			62,786.00 54,285.00	59,391.00
58106	Payroll Maintenance	54,285.00			290,470.00	282,031.00
58107	Payroll Aides	290,470.00				77,840.00
58108	Payroll Recreation	76,595.00			76,595.00 49,254.00	37,411.00
58109	Salaries FSS	49,254.00			105,412.00	89,738.00
58110	Salaries Dir. Nurses	105,412.00			148,366.00	125,084.00
58111	Salaries LPN's	148,366.00			383,505.00	373,758.00
58112	Salaries RN's	383,505.00			54,198.00	50,907.00
58114	Salaries Social Worker	54,198.00			5,500.00	6,874.00
58115	Salaries MDS INFECTION CONTROL	5,500.00			76,163.00	73,043.00
58116	SALARIES INFECTION CONTROL	76,163.00			43,240.00	39,100.00
58117	SALARIES T JACKSON	43,240.00			126,513.00	125,431.00
58201	Payroll FICA	126,513.00			4,513.00	5,890.00
58202	Payroll FUTA	4,513.00			12,750.00	14,584.00
58203	Payroll SUTA	12,750.00			27,211.00	34,418.00
59000	Accounting	27,211.00			16,997.00	19,681.00
60501	Advertising - Help Wanted	16,997.00			0.00	35.00
62500	Bank Charges	0.00			6,580.00	6,860.00
63104	Consultants - Dietician	6,580.00			9,600.00	9,600.00
63106	Consultants - Medical Dir.	9,600.00 3,019.00			3,019.00	2,896.00
63108	Consultants - Pharmacist	113,336.00		(86,933.00)	26,403.00	48,909.00
63112	Consultants - PT Part A	113,330.00	RJE - 3	(86,933.00)		
		0.00	1102 0	(0.00	11,461.00
63118	Consultants - ST PART A	0.00	RJE - 3	0.00		
	a by a strant p	0.00			0.00	1,590.00
63119	Consultants - ST PART B	0.00		86,933.00	86,933.00	67,385.00
63120	Consultants - OT PART A		RJE - 3	86,933.00		
-0100	CONSULTANTS-CORP COMPLIANCE	7,037.00			7,037.00	6,832.00
63123	Dairy Products Expense	0.00			0.00	
63500	Depreciation Expense	43,184.00			43,184.00	42,458.00
64500	Dues and Subscriptions Expense	5,268.00		(515.00)	4,753.00	4,813.00
65500	Dues and Subscriptions Expense	,	RJE - 1	(336.00)		
			RJE - 1	(179.00)		000.00
65501	Dues to Chamber of Commerce	0.00		336.00	336.00	336.00
65501	Dues to onambor of ocuments		RJE - 1	336.00		700.00
65600	EDUCATION EXPENSE	109.00			109.00	
67000	Groceries Expense	106,798.00			106,798.00	
67001	DELIVERY FEE	0.00			0.00	
68000	Inspection Fees	160.00			160.00	
68500	Insurance Expense	600.00			600.00	
68501	401K PLAN FEES	2,600.00			2,600.00	
68510	Insurance Expense - Auto	432.00			432.00	
68513	VOLUNTARY DENTAL & VISION	(123.00			(123.00	
68514	Insurance Expense - Health	93,136,00			93,136.00	
68516	Insurance Expense - Life Vol	553.00			553.00 94,940.00	
68518	Insurance Expense - Property	94,940.00			94,940.00	
68521	Ins Exp - LIFE Employer paid	0.00			21,483.00	
68522	Insurance Expense - Wkrs. Com	21,483.00			25,025.00	
69000	Interest Expense	25,025.00			24,649.00	
69020	Interest Expense - Other	24,649.00			13,151.00	
69200	LATE CHARGES	13,151.00			56,048.00	
69500	Laundry - Linens	56,048.00	J		55,515.0	

		UNADJ J	E Ref#	RJE	FINAL	1st PP-FINAL
Account	Description				9/30/2023	9/30/2022
		9/30/2023			0.00	1,862.00
69720	Leases - Copier	0.00			1,990.00	934.00
69725	COPIER MAINTENANCE CONTRACT	1,990.00			1,282.00	1,191.00
69730	Leases - Dish Washer	1,282.00			1,211.00	1,646.00
69735	LEASE-TELEPHONE	1,211.00			0.00	2,208.00
69737	LEASE-TELEVISION	0.00			794.00	208.00
70000	Legal	794.00			1,010.00	2,234.00
70200	Licenses	1,010.00			114.00	146.00
70300	MILAGE REIMBURSEMENT	114.00			4,213.00	4,282.00
71000	Maintenance and Repairs Exp	4,213.00			4,670.00	0.00
72499	LPN POOL COSTS	4,670.00			147,397.00	125,462.00
72500	Nursing Pool Costs	147,397.00			403,720.00	293,251.00
72501	CNA POOL COSTS	403,720.00			2,021.00	2,233.00
72503	EMP BACKGROUND CHECK	2,021.00			1,547.00	1,604.00
73000	Office Supplies Expense	1,547.00			0.00	45.00
74000	Outside Services Expense	0.00			0.00	89.00
74003	EMPLOYEE DRUG TESTING	0.00			13,888.00	18,001.00
75500	Payroll Processing	13,888.00			0.00	15,177.00
76201	PENALTY-STATE	0.00			3,500.00	0.00
76202	OSHA FINE	3,500.00			0.00	658.00
76204	PENALTY/FINE CMS	0.00			. 34.00	189.00
76500	PATIENT SUPPLIES	34.00			584.00	641.00
77000	Postage Expense	584.00		5,065.00	0.00	0.00
78199	PURCHASED SVCS-MED A CNSL BILL	(5,065.00)	DIE E	5,065.00		
			RJE - 5	5,555.55	3,036.00	2,839.00
78200	Purch Svcs-EMR & INFO TECH	3,036.00			1,152.00	1,079.00
78201	PURCHASED SVCS-MEDICAL WASTE	1,152.00			2,102.00	648.00
78202	Purchased Services - Dietary	2,102.00			6,928.00	
78203	PURCHASED SERVICES OXYGEN	6,928.00			19,509.00	
78204	Purchased Services - Laundry	19,509.00			2,903.00	
78205	Purchased Services- Office	2,903.00			705.00	
78207	PURCHASED SERVICES-NURSING	705.00			57,043.00	
78208	Purchased Services - Maint.	57,043.00			4,833.00	
78210	PURCHASED SVCS-LABS MEDICARE	4,833.00		355.00	0.00	
78212	PURCH SVCS-TRANSPORTATION MEDA	(355.00)	D.IE. E	355.00		
	1		RJE - 5	300.00	2,400.00	2,400.00
78216	PURCHASED SERVICES DENTAL	2,400.00			3,125.00	
78217	PURCHASED SERVICES-MEDICARE A	3,125.00			9,632.00	
78219	PURCHASED SVCS-ELEC MED REC	9,632.00			128.00	
78220	PURCHASED SVCS - INFO TECHNOL	128.00			600.00	
78500	Recreation Expenses	600.00			5,928.00	
80000	Rent-Equipment	5,928.00			1,075.00	
80100	Staff Appreciation	1,075.00			375.00	
81000	Supplies	375.00			4,545.00	
81001	Supplies - Office	4,545.00			14,479.00	
81002	Supplies - Dietary	14,479.00			10.0	
81003	Supplies - Laundry	10.00			8,891.0	
81004	Supplies - Housekeeping	8,891.00			4,425.0	
81005	Supplies - Maintenance	4,425.00			34.0	
81006	Supplies - Nursing (MCD) OTC	34.00			768.0	
81007	Supplies - Recreation	768.00			73.0	
81009	Supplies - Patient Personal	73.00			57.067.0	
81010	SUPPLIES-MEDICAL	57,067.00			0.0	
81012	MEDICAL RECORDS	0.00			30,175.0	
81013	MEDICINE-MEDICARE PART A	30,175.00			0.0	
81013	MED CARTS	0.00			0.0	
81014	THE STATE OF THE CADINET	0.00			18.0	
	OTC MEDICINE(MEDICINE CABINET)				10.0	-
	OTC MEDICINE(MEDICINE CABINET) SUPPLIES OXYGEN	18.00				n 431.00
81017	SUPPLIES OXYGEN	0.00)		0.0	
81017 81019	SUPPLIES OXYGEN OTC SUPPLIES)		0.0 146.0	00 (227.00)
81017 81019 81023	SUPPLIES OXYGEN OTC SUPPLIES MEDICINE T19/OTC T19	0.00 146.00 5.00)))		0.0 146.0 5.0	00 (227.00) 00 (667.00)
81017 81019 81023 81024	SUPPLIES OXYGEN OTC SUPPLIES MEDICINE T19/OTC T19 FLU SHOT VACCINE/PNEUMOVAX	0.00 146.00 5.00 547.00)))		0.0 146.0 5.0 547.0	00 (227.00) 00 (667.00) 00 472.00
81017 81019 81023	SUPPLIES OXYGEN OTC SUPPLIES MEDICINE T19/OTC T19 FLU SHOT VACCINE/PNEUMOVAX EBOX PRESCRIPTIONS	0.00 146.00 5.00))))		0.0 146.0 5.0	00 (227.00) 00 (667.00) 00 472.00 00 2,233.00

A	Description	UNADJ	JE Ref#	RJE	FINAL	1st PP-FINAL
Account	Description	9/30/2023			9/30/2023	9/30/2022
24000	TELEVISION	(630.00)			(630.00)	906.00
81028	Supplies-COVID	7,850.00			7,850.00	3,139.00
81029	COVID SERVICES	0.00			0.00	3,726.00
81030		0.00			0.00	248.00
81031	COVID screening COVID CLEANING	52.00			52.00	1,513.00
81033	COVID TESTING	0.00			0.00	5,332.00
81034		199.00			199.00	4,724.00
81035	PPE-SUPPLIES	0.00			0.00	459.00
81500	Travel Expense	132.00			132.00	747.00
81709	TAXES-SALES & USE	29,146,00			29,146.00	29,474.00
81711	Taxes - Property PERSONAL PROPERTY TAXES	3,120.00			3,120.00	2,811.00
81712		268,636.00			268,636.00	256,338.00
81716	Taxes - Nursing Home Provider	33,315.00			33,315.00	35,759.00
82010	Utilities - Electricity	3,980.00			3,980.00	3,993.00
82015	Utilities - Gas	537.00			537.00	0.00
82019	DIESEL-GENERATOR	26,575.00			26,575.00	30,005.00
82020	Utilities - Oil	4,976,00			4,976.00	1,896.00
82021	REPAIRS-OIL BURNER/AC REPAIR	4,270.00			4,270.00	7,005.00
82025	Utilities - Telephone	12,293.00			12,293.00	8,108.00
88000	Bad Debt Expense	735.00			735.00	73.00
89000	Other Expense	0.00			0.00	(35.00)
89001	OWNER EXPENSE-UNALLOWABLE	(41.00)			(41.00)	(657.00)
89500	Purchase Disc- Expense Items	0.00			0.00	(340,854.00)
90001	PPP Loan Forgiveness	0.00			0.00	(6,062.00)
Marcum 102	ST Revenue Medicare Part B	0.00	RJE - 2	0.00		
		0.00	NOL - Z	(58,552.00)	(58,552.00)	(35,640,00)
Marcum 103	OT Revenue Medicare Part B	0.00	RJE - 2	(58,552.00)	, ,	
		0,00	NOL - Z	179.00	179.00	179.00
Marcum 106	Subscriptions	0.00	RJE - 1	179.00		
		0.00	1/3 = 1	(5 420.00)	(5,420.00)	0.00
Marcum 108	Reversal of PY Expenses	0.00	RJE - 5	(5,420.00)		
4		0.00	1/3 - 3	0.00	0.00	0.00
Total		0.00				
	5 1	176,207.00		0.00	176,207.00	(469,043.00)
	Net (Income) Loss	110,201.00				

Twin Maples Home, Inc. Client: Medicaid - Twin Maples 2023 Cost Report Engagement: Period Ending: 9/30/2023 Trial Balance: A.01 - TB-CCNH A.03 - TB-CCNH Combined Detail LS 2 Workpaper: 1st PP-FINAL FINAL JE Ref# RJE UNADJ Description Account 9/30/2022 9/30/2023 9/30/2023 9/30/2023 Group : [10-A] Salaries and Wages Subgroup: [1] Operators/Owners 39,100.00 43,240,00 0.00 43,240.00 SALARIES T JACKSON 58117 39,100.00 43,240.00 0.00 43,240,00 Operators/Owners Subtotal [1] Administrators 82.633.00 Subgroup : [2] 74,935.00 0.00 74,935,00 Payroll Administrator 82,633.00 58101 74,935.00 0.00 74,935.00 Administrators Subtotal [2] Other Administrative Salaries 85,476.00 Subgroup: [4] 0.00 73_977_00 73,977.00 58102 Payroll Office 85,476.00 73,977.00 0.00 Other Administrative Salaries 73,977.00 Subtotal [4] Food Service Supervisor 37.411.00 Subgroup : [5B] 49,254.00 0.00 49,254.00 Salaries FSS 37,411.00 58109 49,254.00 0.00 49,254.00 Food Service Supervisor Subtotal [5B] Dietary Workers 190,459.00 Subgroup: [5C] 0,00 197,505.00 197,505.00 58103 Payroll Dietary 190,459,00 197,505,00 0.00 Dietary Workers 197,505.00 Subtotal [5C] Other Housekeeping Workers 56,757.00 Subgroup : [6B] 62,786.00 0.00 62,786.00 Payroll Housekeeping 56,757,00 58105 62,786.00 0.00 62,786.00 Other Housekeeping Workers Subtotal [6B] Other Maintenance Workers 59,391.00 Subgroup: [7B] 54,285.00 0.00 54,285.00 Payroll Maintenance 58106 59,391.00 54,285.00 0.00 54,285.00 Other Maintenance Workers Subtotal [7B] Other Laundry Workers 9,445.00 Subgroup : [8B] 9,028.00 0.00 9,028.00 Payroll Laundry 58104 9,445.00 9,028.00 0.00 9,028.00 Other Laundry Workers Subtotal [8B] Director of Nurses/Assistant Director Subgroup: [12A] 105,412.00 89,738.00 0.00 105.412.00 Salaries Dir. Nurses 58110 105,412.00 89,73B.00 0,00 Director of Nurses/Assistant Director 105,412.00 Subtotal [12A] Subgroup : [12B1] RNs - Direct Care 373,758.00 383,505.00 0.00 383,505.00 Salaries RN's 373,758.00 0.00 383,505.00 383,505.00 Subtotal [12B1] RNs - Direct Care RNs - Administrative Subgroup: [12B2] 6.874.00 5,500.00 0.00 5.500.00 Salaries MDS INFECTION CONTROL 58115 76,163.00 73.043.00 76,163.00 0.00 SALARIES INFECTION CONTROL 58116 79,917.00 81,663.00 81,663.00 0.00 RNs - Administrative Subtotal [12B2] Subgroup : [12C1] LPNs - Direct Care 125,084.00 0.00 148,366.00 148.366.00 Salaries LPN's 58111 125,084.00 148,366.00 0.00 148,366.00 LPNs - Direct Care Subtotal [12C1] Subgroup : [12D] Aides and Attendants 282,031.00 290,470.00 0.00 290,470.00 Payroll Aides 58107 282,031.00 290,470.00 0.00 290,470.00 Subtotal [12D] Aides and Attendants Subgroup : [12H] Recreation Workers 77.840.00 76,595.00 0.00 76.595.00 Payroll Recreation 58108 76,595.00 77,840.00 0.00 Recreation Workers 76,595.00 Subtotal [12H] Social Workers/Case Management Subgroup : [12M] 50,907.00 54,198.00 0.00 54,198.00 Salaries Social Worker 50,907.00 58114 54,198.00 0.00 54,198.00 Subtotal [12M] Social Workers/Case Management 1,639,947.00 1,705,219.00 0.00 1,705,219.00 Salaries and Wages Total [10-A] Professional Fees Group : [13-B] Dietitian 6,860.00 Subgroup : [1] 6,580.00 0.00 6,580.00 Consultants - Dietician 63104 6,860.00 6.580.00 6,580.00 0.00 Subtotal [1] Dietitian Subgroup : [2] Dentist 2.400.00 2,400,00 0.00 PURCHASED SERVICES DENTAL 2.400.00

2,400.00

78216

Subtotal [2]

Dentist

2,400.00

2,400.00

0.00

0.1	Pharmacist					0.2020
Subgroup : [3] 63108	Consultants - Pharmacist	3,019.00		0.00	3,019.00	2,896.00
Subtotal [3]	Pharmacist	3,019.00	13	0.00	3,019.00	2,030.00
Subgroup : [5A]	PT - Resident Care Consultants - PT Part A	113,336.00		(86,933.00)	26,403.00	48,909.00
63112	Consultants - 1 1 at 7		RJE - 3	(86,933,00)	20,402.00	48,909.00
Subtotal [5A]	PT - Resident Care	113,336,00	10	(86,933,00)	26,403.00	48,303,00
Subgroup : [8A]	Medical Director	9,600.00		0.00	9,600.00	9,600.00
63106 Subtate [PA]	Consultants - Medical Dir. Medical Director	9,600,00	- 55	0.00	9,600.00	9,600.00
Subtotal [BA]	Medical Director					
Subgroup : [9A]	ST - Resident Care			0,00	0.00	11,461,00
63118	Consultants - ST PART A	0.00	RJE - 3	0.00	••••	
	C	0.00	1402 - 0	0.00	0.00	1,590.00
63119 Subtotal [9A]	Consultants - ST PART B ST - Resident Care	0.00		0.00	0.00	13,051.00
Suprorai favi	51 - Itesiaem out					
Subgroup : [10A]	OT - Resident Care			86,933.00	86,933.00	67,385.00
63120	Consultants - OT PART A	0.00	RJE-3	86,933.00	20,000.00	
154047	OT Basidant Cara	0,00	1102 0	86,933.00	B6,933.00	67,385.00
Subtotal [10A]	OT - Resident Care					
Subgroup : [11A1]	RN's - Direct Care				147,397.00	125,462,00
72500	Nursing Pool Costs	147,397.00		0.00	147,397.00	125,462,00
Subtotal [11A1]	RN's - Direct Care	147,397.00		0.00	1771351352	
	I Date - Discot Core					
Subgroup : [11B1] 72499	LPN's - Direct Care LPN POOL COSTS	4,670.00		0.00	4,670.00	0.00
Subtotal [11B1]	LPN's - Direct Care	4,670.00		0.00	4,670,00	0.00
Subgroup : [11C]	Aides	400 700 00		0.00	403,720.00	293,251,00
72501	CNA POOL COSTS	403,720.00		0.00	403,720.00	293,251.00
Subtotal [11C]	Aides	400,720,00				
Subgroup : [12]	Other				0.000.00	11,082.00
78219	PURCHASED SVCS-ELEC MED REC	9,632.00		0.00	9,632.00	11,082.00
Subtotal [12]	Other	9,632.00			- 0,002,00	
	Burfassianal Fons	700,354.00		0.00	700,354.00	580,896.00
Total [13-B]	Professional Fees	700,004,00				
Group : [15]	Expenditures Other than Şalaries					
Subgroup : [1A1]	Workmen's Compensation					
				0.00	21 483 00	16,400.00
68522	Insurance Expense - Wkrs. Com	21,483.00		0.00	21,483.00 21,483.00	16,400.00 16,400.00
	Insurance Expense - Wkrs. Com Workmen's Compensation	21,483.00 21,483.00		0.00		
68522 Subtotal [1A1]	Workmen's Compensation			0.00	21,483.00	16,400.00
68522 Subtotal [1A1] Subgroup : [1A3]				0.00	21,483.00 4,513.00	16,400.00 5,890.00
68522 Subtotal [1A1]	Workmen's Compensation Unemployment Insurance	21,483.00 4,513.00 12,750.00		0.00 0.00 0.00	21,483.00 4,513.00 12,750.00	16,400.00
68522 Subtotal [1A1] Subgroup : [1A3] 58202	Workmen's Compensation Unemployment Insurance Payroll FUTA	21,483.00 4,513.00		0.00	21,483.00 4,513.00	16,400.00 5,890.00 14,584.00
68522 Subtotal [1A1] Subgroup : [1A3] 58202 58203 Subtotal [1A3]	Workmen's Compensation Unemployment Insurance Payroll FUTA Payroll SUTA Unemployment Insurance	21,483.00 4,513.00 12,750.00		0.00 0.00 0.00	21,483.00 4,513.00 12,750.00	16,400.00 5,890.00 14,584.00 20,474.00
68522 Subtotal [1A1] Subgroup : [1A3] 58202 58203 Subtotal [1A3] Subgroup : [1A4]	Workmen's Compensation Unemployment Insurance Payroll FUTA Payroll SUTA Unemployment Insurance Social Security (FICA)	21,483.00 4,513.00 12,750.00		0.00 0.00 0.00 0.00	4,513.00 12,750.00 17,263.00	5,890.00 14,584.00 20,474.00
68522 Subtotal [1A1] Subgroup : [1A3] 58202 58203 Subtotal [1A3] Subgroup : [1A4] 58201	Workmen's Compensation Unemployment Insurance Payroll FUTA Payroll SUTA Unemployment Insurance	21,483.00 4,513.00 12,750.00 17,253.00		0.00 0.00 0.00 0.00	21,483.00 4,513.00 12,750.00 17,263.00	16,400.00 5,890.00 14,584.00 20,474.00
68522 Subtotal [1A1] Subgroup : [1A3] 58202 58203 Subtotal [1A3] Subgroup : [1A4]	Workmen's Compensation Unemployment Insurance Payroll FUTA Payroll SUTA Unemployment Insurance Social Security (FICA) Payroll FICA	21,483.00 4,513.00 12,750.00 17,263.00		0.00 0.00 0.00 0.00	4,513.00 12,750.00 17,263.00	5,890.00 14,584.00 20,474.00
68522 Subtotal [1A1] Subgroup : [1A3] 58202 58203 Subtotal [1A3] Subgroup : [1A4] 58201 Subtotal [1A4] Subgroup : [1A5]	Workmen's Compensation Unemployment Insurance Payroll FUTA Payroll SUTA Unemployment Insurance Social Security (FICA) Payroll FICA Social Security (FICA) Health Insurance	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 126,513.00		0.00 0.00 0.00 0.00	4,513.00 12,750.00 17,263.00	5,890.00 14,584.00 20,474.00
68522 Subtotal [1A1] Subgroup : [1A3] 58202 58203 Subtotal [1A3] Subgroup : [1A4] 58201 Subtotal [1A4] Subgroup : [1A5] 68513	Workmen's Compensation Unemployment Insurance Payroll FUTA Payroll SUTA Unemployment Insurance Social Security (FICA) Payroll FICA Social Security (FICA) Health Insurance VOLUNTARY DENTAL & VISION	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 126,513.00 (123.00)		0.00 0.00 0.00 0.00	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00	5,890.00 14,584.00 20,474.00 125,431.00 125,431.00 3,006.00 93,845.00
68522 Subtotal [1A1] Subgroup: [1A3] 58202 58203 Subtotal [1A3] Subgroup: [1A4] 58201 Subtotal [1A4] Subgroup: [1A5] 68513 58514	Workmen's Compensation Unemployment Insurance Payroll FUTA Payroll SUTA Unemployment Insurance Social Security (FICA) Payroll FICA Social Security (FICA) Health Insurance VOLUNTARY DENTAL & VISION Insurance Expense - Health	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 126,513.00		0.00 0.00 0.00 0.00 0.00	21,483.00 4,513.00 12,750.00 17,283.00 126,513.00 126,513.00 (123.00) 93,136.00 553.00	16,400.00 5,890.00 14,584.00 20,474.00 125,431.00 125,431.00 3,006.00 93,845.00 (3,070.00)
68522 Subtotal [1A1] Subgroup: [1A3] 58202 58203 Subtotal [1A3] Subgroup: [1A4] 58201 Subtotal [1A4] Subgroup: [1A5] 68513 68514 68516	Workmen's Compensation Unemployment Insurance Payroll FUTA Payroll SUTA Unemployment Insurance Social Security (FICA) Payroll FICA Social Security (FICA) Health Insurance VOLUNTARY DENTAL & VISION	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 126,513.00 (123.00) 93,136.00		0.00 0.00 0.00 0.00 0.00	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 126,513.00 (123.00) 93,136.00	5,890.00 14,584.00 20,474.00 125,431.00 125,431.00 3,006.00 93,845.00
68522 Subtotal [1A1] Subgroup : [1A3] 58202 58203 Subtotal [1A3] Subgroup : [1A4] 58201 Subtotal [1A4] Subgroup : [1A5] 68513 68514 68516 Subtotal [1A5]	Workmen's Compensation Unemployment Insurance Payroll FUTA Payroll SUTA Unemployment Insurance Social Security (FICA) Payroll FICA Social Security (FICA) Health Insurance VOLUNTARY DENTAL & VISION Insurance Expense - Health Insurance Expense - Life Vol Health Insurance	21,483.00 4,513.00 12,750.00 17,253.00 126,513.00 (123.00) 93,136.00 553.00		0.00 0.00 0.00 0.00 0.00	21,483.00 4,513.00 12,750.00 17,283.00 126,513.00 126,513.00 (123.00) 93,136.00 553.00	16,400.00 5,890.00 14,584.00 20,474.00 125,431.00 125,431.00 3,006.00 93,845.00 (3,070.00)
68522 Subtotal [1A1] Subgroup: [1A3] 58202 58203 Subtotal [1A3] Subgroup: [1A4] 58201 Subtotal [1A4] Subgroup: [1A5] 68513 68514 68516	Workmen's Compensation Unemployment Insurance Payroll FUTA Payroll SUTA Unemployment Insurance Social Security (FICA) Payroll FICA Social Security (FICA) Health Insurance VOLUNTARY DENTAL & VISION Insurance Expense - Health Insurance Expense - Life Vol Health Insurance Other	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 126,513.00 (123.00) 93,136.00 553.00 93,566.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	21,483.00 4,513.00 12,750.00 17,283.00 126,513.00 126,513.00 (123.00) 93,136.00 553.00	16,400.00 5,890.00 14,584.00 20,474.00 125,431.00 125,431.00 3,006.00 93,845.00 (3,070.00)
68522 Subtotal [1A1] Subgroup: [1A3] 58202 58203 Subtotal [1A3] Subgroup: [1A4] 58201 Subtotal [1A4] Subgroup: [1A5] 68513 68514 68516 Subtotal [1A5] Subgroup: [1A9] 68501	Workmen's Compensation Unemployment Insurance Payroll FUTA Payroll SUTA Unemployment Insurance Social Security (FICA) Payroll FICA Social Security (FICA) Health Insurance VOLUNTARY DENTAL & VISION Insurance Expense - Health Insurance Expense - Life Vol Health Insurance Other 401K PLAN FEES	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 (123.00) 93,136.00 553.00 93,566.00		0.00 0.00 0.00 0.00 0.00	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 126,513.00 (123.00) 93,136.00 553.00 93,566.00	16,400.00 5,890.00 14,584.00 20,474.00 125,431.00 125,431.00 3,006.00 93,845.00 (3,070.00) 93,781.00 2,877.00 2,233.00
68522 Subtotal [1A1] Subgroup: [1A3] 58202 58203 Subtotal [1A3] Subgroup: [1A4] 58201 Subtotal [1A4] Subgroup: [1A5] 68513 68514 68516 Subtotal [1A5] Subgroup: [1A9] 68501 72503	Workmen's Compensation Unemployment Insurance Payroll FUTA Payroll SUTA Unemployment Insurance Social Security (FICA) Payroll FICA Social Security (FICA) Health Insurance VOLUNTARY DENTAL & VISION Insurance Expense - Health Insurance Expense - Life Vol Health Insurance Other 401K PLAN FEES EMP BACKGROUND CHECK	21,483.00 4,513.00 12,750.00 17,253.00 126,513.00 126,513.00 (123.00) 93,136.00 93,566.00 2,600.00 2,021.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 126,513.00 93,136.00 93,566,00 2,600.00 2,021.00 1,075.00	16,400.00 5,890.00 14,584.00 20,474.00 125,431.00 125,431.00 3,005.00 93,845.00 (3,070.00) 93,781.00 2,877.00 2,233.00 1,494.00
68522 Subtotal [1A1] Subgroup: [1A3] 58202 58203 Subtotal [1A3] Subgroup: [1A4] 58201 Subtotal [1A4] Subgroup: [1A5] 68513 68514 68516 Subtotal [1A5] Subgroup: [1A9] 68501 72503 80100	Workmen's Compensation Unemployment Insurance Payroll FUTA Payroll SUTA Unemployment Insurance Social Security (FICA) Payroll FICA Social Security (FICA) Health Insurance VOLUNTARY DENTAL & VISION Insurance Expense - Health Insurance Expense - Life Vol Health Insurance Other 401K PLAN FEES EMP BACKGROUND CHECK Staff Appreciation	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 (123.00) 93,136.00 553.00 93,566.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 126,513.00 (123.00) 93,135.00 553.00 93,566.00 2,600.00 2,021.00	16,400.00 5,890.00 14,584.00 20,474.00 125,431.00 125,431.00 3,006.00 93,845.00 (3,070.00) 93,781.00 2,877.00 2,233.00
68522 Subtotal [1A1] Subgroup: [1A3] 58202 58203 Subtotal [1A3] Subgroup: [1A4] 58201 Subtotal [1A4] Subgroup: [1A5] 68513 68514 68516 Subtotal [1A5] Subgroup: [1A9] 68501 72503	Workmen's Compensation Unemployment Insurance Payroll FUTA Payroll SUTA Unemployment Insurance Social Security (FICA) Payroll FICA Social Security (FICA) Health Insurance VOLUNTARY DENTAL & VISION Insurance Expense - Health Insurance Expense - Life Vol Health Insurance Other 401K PLAN FEES EMP BACKGROUND CHECK	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 126,513.00 (123.00) 93,136.00 93,566.00 2,600.00 2,021.00 1,075.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 126,513.00 93,136.00 93,566,00 2,600.00 2,021.00 1,075.00	16,400.00 5,890.00 14,584.00 20,474.00 125,431.00 125,431.00 3,005.00 93,845.00 (3,070.00) 93,781.00 2,877.00 2,233.00 1,494.00
68522 Subtotal [1A1] Subgroup: [1A3] 58202 58203 Subtotal [1A3] Subgroup: [1A4] 58201 Subtotal [1A4] Subgroup: [1A5] 68513 68514 68516 Subtotal [1A5] Subgroup: [1A9] 68501 72503 80100	Workmen's Compensation Unemployment Insurance Payroll FUTA Payroll SUTA Unemployment Insurance Social Security (FICA) Payroll FICA Social Security (FICA) Health Insurance VOLUNTARY DENTAL & VISION Insurance Expense - Health Insurance Expense - Life Vol Health Insurance Other 401K PLAN FEES EMP BACKGROUND CHECK Staff Appreciation Other Bad Debts	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 126,513.00 (123.00) 93,136.00 93,566.00 2,600.00 2,021.00 1,075.00 5,696.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 126,513.00 93,136.00 93,566,00 2,600.00 2,021.00 1,075.00	16,400.00 5,890.00 14,584.00 20,474.00 125,431.00 125,431.00 3,005.00 93,845.00 (3,070.00) 93,781.00 2,877.00 2,233.00 1,494.00
68522 Subtotal [1A1] Subgroup: [1A3] 58202 58203 Subtotal [1A3] Subgroup: [1A4] 58201 Subtotal [1A4] Subgroup: [1A5] 68513 68514 68516 Subtotal [1A5] Subgroup: [1A9] 68501 72503 80100 Subtotal [1A9] Subgroup: [1C] 88000	Workmen's Compensation Unemployment Insurance Payroll FUTA Payroll SUTA Unemployment Insurance Social Security (FICA) Payroll FICA Social Security (FICA) Health Insurance VOLUNTARY DENTAL & VISION Insurance Expense - Health Insurance Expense - Life Vol Health Insurance Other 401K PLAN FEES EMP BACKGROUND CHECK Staff Appreciation Other Bad Debts Bad Debt Expense	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 (123.00) 93,136.00 553.00 93,566.00 2,600.00 2,021.00 1,075.00 5,696.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 126,513.00 (123.00) 93,135.00 553.00 93,566.00 2,600.00 2,021.00 1,075.00 5,696.00	16,400.00 5,890.00 14,584.00 20,474.00 125,431.00 125,431.00 3,006.00 93,845.00 (3,070.00) 93,781.00 2,877.00 2,233.00 1,494.00 6,604.00
68522 Subtotal [1A1] Subgroup: [1A3] 58202 58203 Subtotal [1A3] Subgroup: [1A4] 58201 Subtotal [1A4] Subgroup: [1A5] 68513 58514 68516 Subtotal [1A5] Subgroup: [1A9] 68501 72503 80100 Subtotal [1A9] Subgroup: [1C]	Workmen's Compensation Unemployment Insurance Payroll FUTA Payroll SUTA Unemployment Insurance Social Security (FICA) Payroll FICA Social Security (FICA) Health Insurance VOLUNTARY DENTAL & VISION Insurance Expense - Health Insurance Expense - Life Vol Health Insurance Other 401K PLAN FEES EMP BACKGROUND CHECK Staff Appreciation Other Bad Debts	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 126,513.00 (123.00) 93,136.00 93,566.00 2,600.00 2,021.00 1,075.00 5,696.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 126,513.00 93,136.00 93,566.00 2,600.00 2,021.00 1,075.00 5,696.00	16,400.00 5,890.00 14,584.00 20,474.00 125,431.00 125,431.00 3,005.00 93,845.00 (3,070.00) 93,781.00 2,877.00 2,233.00 1,494.00 6,604.00
58522 Subtotal [1A1] Subgroup: [1A3] 58202 58203 Subtotal [1A3] Subgroup: [1A4] 58201 Subtotal [1A4] Subgroup: [1A5] 68513 68514 68516 Subtotal [1A5] Subgroup: [1A9] 68501 72503 80100 Subtotal [1A9] Subgroup: [1C] 88000 Subtotal [1C]	Workmen's Compensation Unemployment Insurance Payroll FUTA Payroll SUTA Unemployment Insurance Social Security (FICA) Payroll FICA Social Security (FICA) Health Insurance VOLUNTARY DENTAL & VISION Insurance Expense - Health Insurance Expense - Life Vol Health Insurance Other 401K PLAN FEES EMP BACKGROUND CHECK Staff Appreciation Other Bad Debts Bad Debts Bad Debts	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 (123.00) 93,136.00 553.00 93,566.00 2,600.00 2,021.00 1,075.00 5,696.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 126,513.00 (123.00) 93,135.00 93,566.00 2,600.00 2,021.00 1,075.00 5,696.00 12,293.00 12,293.00	16,400.00 5,890.00 14,584.00 20,474.00 125,431.00 125,431.00 3,006.00 93,845.00 (3,070.00) 93,781.00 2,877.00 2,233.00 1,494.00 6,604.00 8,108.00
68522 Subtotal [1A1] Subgroup: [1A3] 58202 58203 Subtotal [1A3] Subgroup: [1A4] 58201 Subtotal [1A4] Subgroup: [1A5] 68513 68514 68516 Subtotal [1A5] Subgroup: [1A9] 68501 72503 80100 Subtotal [1A9] Subgroup: [1C] 88000	Workmen's Compensation Unemployment Insurance Payroll FUTA Payroll SUTA Unemployment Insurance Social Security (FICA) Payroll FICA Social Security (FICA) Health Insurance VOLUNTARY DENTAL & VISION Insurance Expense - Health Insurance Expense - Life Vol Health Insurance Other 401K PLAN FEES EMP BACKGROUND CHECK Staff Appreciation Other Bad Debts Bad Debt Expense	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 (123.00) 93,136.00 553.00 93,566.00 2,600.00 2,021.00 1,075.00 5,696.00 12,293.00 12,293.00 27,211.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 126,513.00 93,136.00 93,566,00 2,600.00 2,021.00 1,075.00 5,696.00 12,293.00 12,293.00 27,211.00	16,400.00 5,890.00 14,584.00 20,474.00 125,431.00 125,431.00 3,005.00 93,845.00 (3,070.00) 93,781.00 2,877.00 2,233.00 1,494.00 6,604.00 8,108.00 8,108.00
68522 Subtotal [1A1] Subgroup: [1A3] 58202 58203 Subtotal [1A3] Subgroup: [1A4] 58201 Subtotal [1A4] Subgroup: [1A5] 68513 58514 68516 Subtotal [1A5] Subgroup: [1A9] 68501 72503 80100 Subtotal [1A9] Subgroup: [1C] 88000 Subtotal [1C] Subgroup: [1D]	Workmen's Compensation Unemployment Insurance Payroll FUTA Payroll SUTA Unemployment Insurance Social Security (FICA) Payroll FICA Social Security (FICA) Health Insurance VOLUNTARY DENTAL & VISION Insurance Expense - Health Insurance Expense - Life Vol Health Insurance Other 401K PLAN FEES EMP BACKGROUND CHECK Staff Appreciation Other Bad Debts Bad Debts Bad Debts Bad Debts Accounting and Auditing	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 126,513.00 (123.00) 93,136.00 93,566.00 2,600.00 2,021.00 1,075.00 5,696.00 12,293.00 12,293.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 126,513.00 (123.00) 93,135.00 93,566.00 2,600.00 2,021.00 1,075.00 5,696.00 12,293.00 12,293.00	16,400.00 5,890.00 14,584.00 20,474.00 125,431.00 125,431.00 3,006.00 93,845.00 (3,070.00) 93,781.00 2,877.00 2,233.00 1,494.00 6,604.00 8,108.00
58522 Subtotal [1A1] Subgroup: [1A3] 58202 58203 Subtotal [1A3] Subgroup: [1A4] 58201 Subtotal [1A4] Subgroup: [1A5] 68513 68514 68516 Subtotal [1A5] Subgroup: [1A9] 68501 72503 80100 Subtotal [1A9] Subgroup: [1C] 88000 Subtotal [1C] Subgroup: [1D] 59000 Subtotal [1D]	Workmen's Compensation Unemployment Insurance Payroll FUTA Payroll SUTA Unemployment Insurance Social Security (FICA) Payroll FICA Social Security (FICA) Health Insurance VOLUNTARY DENTAL & VISION Insurance Expense - Health Insurance Expense - Life Vol Health Insurance Other 401K PLAN FEES EMP BACKGROUND CHECK Staff Appreciation Other Bad Debts Bad Debts Bad Debts Accounting and Auditing Accounting Accounting and Auditing	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 (123.00) 93,136.00 553.00 93,566.00 2,600.00 2,021.00 1,075.00 5,696.00 12,293.00 12,293.00 27,211.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 126,513.00 93,136.00 93,566,00 2,600.00 2,021.00 1,075.00 5,696.00 12,293.00 12,293.00 27,211.00	16,400.00 5,890.00 14,584.00 20,474.00 125,431.00 125,431.00 3,006.00 93,845.00 (3,070.00) 93,781.00 2,877.00 2,233.00 1,494.00 6,604.00 8,108.00 8,108.00 34,418.00
58522 Subtotal [1A1] Subgroup: [1A3] 58202 58203 Subtotal [1A3] Subgroup: [1A4] 58201 Subtotal [1A4] Subgroup: [1A5] 68513 68514 68516 Subtotal [1A5] Subgroup: [1A9] 68501 72503 80100 Subtotal [1A9] Subgroup: [1C] 88000 Subtotal [1C] Subgroup: [1D] 59000 Subtotal [1D] Subgroup: [1D] Subgroup: [1D] Subgroup: [1D] Subgroup: [1D] Subgroup: [1D] Subgroup: [1D]	Workmen's Compensation Unemployment Insurance Payroll FUTA Payroll SUTA Unemployment Insurance Social Security (FICA) Payroll FICA Social Security (FICA) Health Insurance VOLUNTARY DENTAL & VISION Insurance Expense - Health Insurance Expense - Life Vol Health Insurance Other 401K PLAN FEES EMP BACKGROUND CHECK Staff Appreciation Other Bad Debts Bad Debts Bad Debts Accounting and Auditing Accounting Accounting and Auditing Legal	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 126,513.00 (123.00) 93,136.00 2,600.00 2,021.00 1,075.00 5,696.00 12,293.00 12,293.00 27,211.00 27,211.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 126,513.00 (123.00) 93,136.00 93,566.00 2,021.00 1,075.00 5,696.00 12,293.00 12,293.00 12,293.00 27,211.00 27,211.00 27,211.00	16,400.00 5,890.00 14,584.00 20,474.00 125,431.00 125,431.00 3,006.00 93,845.00 (3,070.00) 93,781.00 2,877.00 2,233.00 1,494.00 6,604.00 8,108.00 34,418.00 34,418.00 34,418.00
58522 Subtotal [1A1] Subgroup: [1A3] 58202 58203 Subtotal [1A3] Subgroup: [1A4] 58201 Subtotal [1A4] Subgroup: [1A5] 68513 68514 68516 Subtotal [1A5] Subgroup: [1A9] 68501 72503 80100 Subtotal [1A9] Subgroup: [1C] 88000 Subtotal [1C] Subgroup: [1D] 59000 Subtotal [1D]	Workmen's Compensation Unemployment Insurance Payroll FUTA Payroll SUTA Unemployment Insurance Social Security (FICA) Payroll FICA Social Security (FICA) Health Insurance VOLUNTARY DENTAL & VISION Insurance Expense - Health Insurance Expense - Life Vol Health Insurance Other 401K PLAN FEES EMP BACKGROUND CHECK Staff Appreciation Other Bad Debts Bad Debts Bad Debts Accounting and Auditing Accounting Accounting and Auditing	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 (123.00) 93,136.00 553.00 93,566.00 2,600.00 2,021.00 1,075.00 5,696.00 12,293.00 12,293.00 27,211.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	21,483.00 4,513.00 12,750.00 17,263.00 126,513.00 126,513.00 (123.00) 93,136.00 553.00 93,566.00 2,600.00 2,021.00 1,075.00 5,696.00 12,293.00 12,293.00 27,211.00 27,211.00	16,400.00 5,890.00 14,584.00 20,474.00 125,431.00 125,431.00 3,006.00 93,845.00 (3,070.00) 93,781.00 2,877.00 2,233.00 1,494.00 6,604.00 8,108.00 8,108.00 34,418.00

Subgroup : [1G]	Office Supplies	4 547 00		0.00	1,547.00	1,604.00
73000	Office Supplies Expense	1,547.00 375.00		0.00	375.00	0.00
81000	Supplies	735.00		0.00	735,00	73,00
89000	Other Expense	2.657.00	=	0.00	2,657.00	1,677.00
Subtotal [1G]	Office Supplies —	2,037.00	-			
Subgroup : [4H1]	Telephone and Telegraph					7 005 00
Subgroup : [1H1]	Utilities - Telephone	4,270.00		0.00	4,270.00	7,005.00
82025	Telephone and Telegraph	4,270.00	-	0.00	4,270.00	7,005.00
Subtotal [1H1]	Telebuotie aug Telegraph		_			
Subgroup : [1K2]	Other				400.00	747.00
81709	TAXES-SALES & USE	132.00	_	0.00	132.00	747.00
Subtotal [1K2]	Other	132.00	_	0,00	132.00	141.00
00010101[]	=					
Subgroup : [1K3]	Resident Day User Fee			0.00	268,636.00	256,338.00
81716	Taxes - Nursing Home Provider	268,636.00	92	0.00	268,636.00	256,338.00
Subtotal [1K3]	Resident Day User Fee	268,636.00	34	0.00	200,000.00	
	- · · · · · · · · · · · · · · · · · · ·	1000000000	-	0.00	580,514.00	571,191.00
Total [15]	Expenditures Other than Salaries	580,514.00	=	0,00		
		LA) Admin and Coneral				
Group : [16]	Expenditures Other than Salaries (cont	d) - Admin, and General				
Subgroup : [4]	Employee Travel	114.00		0.00	114.00	146.00
70300	MILAGE REIMBURSEMENT	0.00		0.00	0.00	459,00
81500	Travel Expense	114.00	-	0.00	114.00	605.00
Subtotal [4]	Employee Travel	114,00	-			
0.1	Education Expense					700.00
Subgroup : [5]	EDUCATION EXPENSE	109.00		0.00	109.00	786.00
65600 Subtate 151	Education Expense	109.00		0.00	109.00	786.00
Subtotal [5]	Eddedion Expense					
Subgroup : [M1]	Advertising Help Wanted				45 007 00	19,681.00
60501	Advertising - Help Wanted	16,997.00		0.00	16,997.00	19,681.00
Subtotal [M1]	Advertising Help Wanted	16,997.00	:-	0.00	16,997.00	13,001.00
00010101[]						
Subgroup : [M5]	Medical Records			0.00	0.00	(15.00)
81012	MEDICAL RECORDS	0.00	27	0.00	0,00	(15.00)
Subtotal [M5]	Medical Records	0.00	82	0.00		
Subgroup : [M7]	Postage	504.00		0.00	584.00	641.00
77000	Postage Expense	584.00 584.00	187	0.00	584.00	641.00
Subtotal [M7]	Postage	584.00	0.5			
Subgroup : [MBA]	Dues to Chamber of Commerce	0.00		336.00	336.00	336.00
65501	Dues to Chamber of Commerce	0.00	RJE - 1	336.00		
	D Observer of Commerce	0.00	,,	336.00	336.00	336.00
Subtotal [M8A]	Dues to Chamber of Commerce					
Subseque (IMO)	D. ti-diame					
Subgroup : [M9]						470.00
Marcum 106	Subscriptions Subscriptions	0.00		179.00	179.00	179.00
	Subscriptions	0.00	RJE - 1	179.00		
Subtotal IM91	Subscriptions	0.00	RJE - 1		179.00	179,00
Subtotal [M9]			RJE - 1	179.00		
	Subscriptions	0.00	RJE - 1	179.00 179.00	179.00	179.00
Subgroup : [M11]	Subscriptions Subscriptions Services Provided by Contract		RJE - 1	179.00 179.00	7,037.00	179.00 6,832.00
Subgroup : [M11] 63123	Subscriptions Subscriptions	7,037.00 0.00	RJE - 1	179.00 179.00 0.00 0.00	7,037.00 0.00	6,632.00 45.00
Subgroup : [M11] 63123 74000	Subscriptions Subscriptions Services Provided by Contract CONSULTANTS-CORP COMPLIANCE	7,037.00 0.00 13,888.00	RJE - 1	179.00 179.00 0.00 0.00 0.00	7,037.00 0.00 13,888.00	6,832.00 45.00 18,001.00
Subgroup : [M11] 63123 74000 75500	Subscriptions Subscriptions Services Provided by Contract CONSULTANTS-CORP COMPLIANCE Outside Services Expense	7,037.00 0.00 13,888.00 2,803.00	RJE - 1	179.00 179.00 0.00 0.00 0.00 0.00	7,037.00 0.00 13,888.00 2,903.00	6,832.00 45.00 18,001.00 2,732.00
Subgroup : [M11] 63123 74000 75500 78205	Subscriptions Subscriptions Services Provided by Contract CONSULTANTS-CORP COMPLIANCE Outside Services Expense Payroll Processing	7,037.00 0.00 13,888.00 2,803.00 128.00	RJE - 1	179.00 179.00 0.00 0.00 0.00 0.00 0.00	7,037.00 0.00 13,888.00 2,903.00 128.00	6,832.00 45.00 18,001.00 2,732.00 191.00
Subgroup : [M11] 63123 74000 75500	Subscriptions Services Provided by Contract CONSULTANTS-CORP COMPLIANCE Outside Services Expense Payroll Processing Purchased Services- Office	7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00	RJE-1	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00	6,832.00 45.00 18,001.00 2,732.00 191.00 900.00
Subgroup : [M11] 63123 74000 75500 78205 78220	Subscriptions Services Provided by Contract CONSULTANTS-CORP COMPLIANCE Outside Services Expense Payroll Processing Purchased Services- Office PURCHASED SVCS - INFO TECHNOL	7,037.00 0.00 13,888.00 2,803.00 128.00	RJE-1	179.00 179.00 0.00 0.00 0.00 0.00 0.00	7,037.00 0.00 13,888.00 2,903.00 128.00	6,832.00 45.00 18,001.00 2,732.00 191.00
Subgroup: [M11] 63123 74000 75500 78205 78220 81001	Subscriptions Services Provided by Contract CONSULTANTS-CORP COMPLIANCE Outside Services Expense Payroll Processing Purchased Services- Office PURCHASED SVCS - INFO TECHNOL Supplies - Office	7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00	RJE - 1	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00	6,832.00 45.00 18,001.00 2,732.00 191.00 900.00
Subgroup: [M11] 63123 74000 75500 78205 78220 81001	Subscriptions Services Provided by Contract CONSULTANTS-CORP COMPLIANCE Outside Services Expense Payroll Processing Purchased Services- Office PURCHASED SVCS - INFO TECHNOL Supplies - Office Services Provided by Contract Other	7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00	RJE - 1	179.00 179.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00	6,832.00 45.00 18,001.00 2,732.00 191.00 900.00
Subgroup : [M11] 63123 74000 75500 78205 78220 81001 Subtotal [M11]	Subscriptions Subscriptions Services Provided by Contract CONSULTANTS-CORP COMPLIANCE Outside Services Expense Payroll Processing Purchased Services- Office PURCHASED SVCS - INFO TECHNOL Supplies - Office Services Provided by Contract Other Bank Charges	7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00	RJE - 1	179.00 179.00 0.00 0.00 0.00 0.00 0.00 0.00	7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00	179.00 6,832.00 45.00 18,001.00 2,732.00 191.00 900.00 28,701.00
Subgroup: [M11] 63123 74000 75500 78205 78220 81001 Subtotal [M11]	Subscriptions Subscriptions Services Provided by Contract CONSULTANTS-CORP COMPLIANCE Outside Services Expense Payroll Processing Purchased Services- Office PURCHASED SVCS - INFO TECHNOL Supplies - Office Services Provided by Contract Other Bank Charges DELIVERY FEE	7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00	RJE - 1	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00	179.00 6,832.00 45.00 18,001.00 2,732.00 191.00 900.00 28,701.00
Subgroup: [M11] 63123 74000 75500 78205 78220 81001 Subtotal [M11] Subgroup: [M13] 62500 67001 69200	Subscriptions Services Provided by Contract CONSULTANTS-CORP COMPLIANCE Outside Services Expense Payroll Processing Purchased Services- Office PURCHASED SVCS - INFO TECHNOL Supplies - Office Services Provided by Contract Other Bank Charges DELIVERY FEE LATE CHARGES	7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00	RJE - 1	179.00 179.00 0.00 0.00 0.00 0.00 0.00 0.00	7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00	179.00 6,832.00 45.00 18,001.00 2,732.00 191.00 900.00 28,701.00
Subgroup : [M11] 63123 74000 75500 78205 78220 81001 Subtotal [M11] Subgroup : [M13] 62500 67001 69200 70200	Subscriptions Services Provided by Contract CONSULTANTS-CORP COMPLIANCE Outside Services Expense Payroll Processing Purchased Services- Office PURCHASED SVCS - INFO TECHNOL Supplies - Office Services Provided by Contract Other Bank Charges DELIVERY FEE LATE CHARGES Licenses	0.00 7,037.00 0.00 13,888.00 2,803.00 128.00 4,545.00 28,501.00 0.00 0.00 13,151.00 1,010.00	RJE - 1	179.00 179.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00	179.00 6,832.00 45.00 18,001.00 2,732.00 191.00 900.00 28,701.00 35.00 20.00 2,994.00 2,234.00 89.00
Subgroup: [M11] 63123 74000 75500 78205 78220 81001 Subtotal [M11] Subgroup: [M13] 62500 67001 69200 74003	Subscriptions Subscriptions Services Provided by Contract CONSULTANTS-CORP COMPLIANCE Outside Services Expense Payroll Processing Purchased Services- Office PURCHASED SVCS - INFO TECHNOL Supplies - Office Services Provided by Contract Other Bank Charges DELIVERY FEE LATE CHARGES Licenses EMPLOYEE DRUG TESTING	0.00 7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00 0.00 0.00 13,151.00 1,010.00 0.00	RJE - 1	179.00 179.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00 0.00 0.00 13,151.00 1,010.00	179.00 6,832.00 45.00 18,001.00 2,732.00 191.00 900.00 28,701.00 35.00 20,00 2,994.00 2,234.00 89.00 15,177.00
Subgroup : [M11] 63123 74000 75500 78205 78220 81001 Subtotal [M11] Subgroup : [M13] 62500 67001 69200 74003 76201	Subscriptions Subscriptions Services Provided by Contract CONSULTANTS-CORP COMPLIANCE Outside Services Expense Payroll Processing Purchased Services- Office PURCHASED SVCS - INFO TECHNOL Supplies - Office Services Provided by Contract Other Bank Charges DELIVERY FEE LATE CHARGES Licenses EMPLOYEE DRUG TESTING PENALTY-STATE	0.00 7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00 0.00 0,00 13,151.00 1,010.00 0,00	RJE - 1	179.00 179.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00 0.00 0.00 13,151.00 1,010.00 0.00	179.00 6,832.00 45.00 18,001.00 2,732.00 191.00 900.00 28,701.00 35.00 20,00 2,994.00 2,234.00 89.00 15,177.00 0,00
Subgroup: [M11] 63123 74000 75500 78205 78220 81001 Subtrotal [M11] Subgroup: [M13] 62500 67001 69200 70200 74003 76201 76202	Subscriptions Services Provided by Contract CONSULTANTS-CORP COMPLIANCE Outside Services Expense Payroll Processing Purchased Services- Office PURCHASED SVCS - INFO TECHNOL Supplies - Office Services Provided by Contract Other Bank Charges DELIVERY FEE LATE CHARGES Licenses EMPLOYEE DRUG TESTING PENALTY-STATE OSHA FINE	0.00 7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00 0.00 13,151.00 1,010.00 0.00 0.00 3,500.00	RJE - 1	179.00 179.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00 0.00 13,151.00 1,010.00 0.00 0.00	179,00 6,832,00 45,00 18,001.00 2,732,00 191,00 900,00 28,701,00 35,00 20,00 2,994,00 2,234,00 89,00 15,177,00 0,00 658,00
Subgroup : [M11] 63123 74000 75500 78205 78220 81001 Subtotal [M11] Subgroup : [M13] 62500 67001 69200 70200 74003 76201 76202 76204	Subscriptions Subscriptions Services Provided by Contract CONSULTANTS-CORP COMPLIANCE Outside Services Expense Payroll Processing Purchased Services- Office PURCHASED SVCS - INFO TECHNOL Supplies - Office Services Provided by Contract Other Bank Charges DELIVERY FEE LATE CHARGES Licenses EMPLOYEE DRUG TESTING PENALTY-STATE OSHA FINE PENALTY/FINE CMS	0.00 7,037.00 0.00 13,888.00 2,803.00 128.00 4,545.00 28,501.00 0.00 0.00 13,151.00 1,010.00 0.00 3,500.00 0.00	RJE - 1	179.00 179.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00 0.00 13,151.00 1,010.00 0.00 0.00 3,500.00	179.00 6,832.00 45.00 18,001.00 2,732.00 191.00 900.00 28,701.00 35.00 20,00 2,994.00 2,234.00 89.00 15,177.00 0.00 658.00 (35.00)
Subgroup: [M11] 53123 74000 75500 78205 78220 81001 Subtotal [M11] Subgroup: [M13] 62500 67001 69200 70200 74003 76201 76202 76204 89001	Subscriptions Subscriptions Services Provided by Contract CONSULTANTS-CORP COMPLIANCE Outside Services Expense Payroll Processing Purchased Services- Office PURCHASED SVCS - INFO TECHNOL Supplies - Office Services Provided by Contract Other Bank Charges DELIVERY FEE LATE CHARGES Licenses Licenses EMPLOYEE DRUG TESTING PENALTY-STATE OSHA FINE PENALTY/FINE CMS OWNER EXPENSE-UNALLOWABLE	0.00 7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00 0.00 0.00 13,151.00 1,010.00 0.00 0.00 3,500.00 0.00 0.00	RJE - 1	179.00 179.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00 0.00 0.00 13,151.00 1,010.00 0.00 3,500.00 0.00	179.00 6,832.00 45.00 18,001.00 2,732.00 191.00 900.00 28,701.00 35.00 20,00 2,994.00 2,234.00 89.00 15,177.00 0,00 658.00 (35.00) (657.00)
Subgroup: [M11] 63123 74000 75500 78205 78220 81001 Subtotal [M11] Subgroup: [M13] 62500 67001 69200 74003 76201 76202 76204 89001 89500	Subscriptions Subscriptions Services Provided by Contract CONSULTANTS-CORP COMPLIANCE Outside Services Expense Payroll Processing Purchased Services- Office PURCHASED SVCS - INFO TECHNOL Supplies - Office Services Provided by Contract Other Bank Charges DELIVERY FEE LATE CHARGES Licenses EMPLOYEE DRUG TESTING PENALTY-STATE OSHA FINE PENALTY-FINE CMS OWNER EXPENSE-UNALLOWABLE Purchase Disc- Expense Items	0.00 7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00 0.00 0.00 13,151.00 1,010.00 0.00 0.00 3,500.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	RJE - 1	179.00 179.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00 0.00 0.00 13,151.00 1,010.00 0.00 0.00 3,500.00 0.00 0.00	179.00 6,832.00 45.00 18,001.00 2,732.00 191.00 900.00 28,701.00 35.00 20,00 2,994.00 2,234.00 89.00 15,177.00 0.00 658.00 (35.00)
Subgroup: [M11] 53123 74000 75500 78205 78220 81001 Subtotal [M11] Subgroup: [M13] 62500 67001 69200 70200 74003 76201 76202 76204 89001	Subscriptions Subscriptions Services Provided by Contract CONSULTANTS-CORP COMPLIANCE Outside Services Expense Payroll Processing Purchased Services- Office PURCHASED SVCS - INFO TECHNOL Supplies - Office Services Provided by Contract Other Bank Charges DELIVERY FEE LATE CHARGES Licenses Licenses EMPLOYEE DRUG TESTING PENALTY-STATE OSHA FINE PENALTY/FINE CMS OWNER EXPENSE-UNALLOWABLE	0.00 7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00 0.00 0.00 13,151.00 1,010.00 0.00 0.00 3,500.00 0.00 0.00	RJE - 1	179.00 179.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,037.00 0.00 13,888.00 2,993.00 128.00 4,545.00 28,501.00 0.00 13,151.00 1,010.00 0.00 0.00 3,500.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	179.00 6,832.00 45.00 18,001.00 2,732.00 191.00 900.00 28,701.00 35.00 20,00 2,994.00 2,234.00 89.00 15,177.00 0,00 658.00 (35.00) (657.00)
Subgroup : [M11] 63123 74000 75500 78205 78220 81001 Subtotal [M11] Subgroup : [M13] 62500 67001 69200 74003 76201 76201 76202 76204 89001 89500 Subtotal [M13]	Subscriptions Subscriptions Services Provided by Contract CONSULTANTS-CORP COMPLIANCE Outside Services Expense Payroll Processing Purchased Services- Office PURCHASED SVCS - INFO TECHNOL Supplies - Office Services Provided by Contract Other Bank Charges DELIVERY FEE LATE CHARGES Licenses EMPLOYEE DRUG TESTING PENALTY-STATE OSHA FINE PENALTY-STATE OSHA FINE PENALTY/FINE CMS OWNER EXPENSE-UNALLOWABLE Purchase Disc- Expense Items Other	0.00 7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00 0.00 0.00 13,151.00 1,010.00 0.00 0.00 3,500.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	RJE - 1	179.00 179.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00 0.00 0.00 13,151.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	179.00 6,832.00 45.00 18,001.00 2,732.00 191.00 900.00 28,701.00 35.00 20,00 2,994.00 2,234.00 2,234.00 15,177.00 0.00 658.00 (35.00) (657.00)
Subgroup: [M11] 63123 74000 75500 78205 78220 81001 Subtotal [M11] Subgroup: [M13] 62500 67001 69200 74003 76201 76202 76204 89001 89500 Subtotal [M13] Subgroup: [M8]	Subscriptions Subscriptions Services Provided by Contract CONSULTANTS-CORP COMPLIANCE Outside Services Expense Payroll Processing Purchased Services- Office PURCHASED SVCS - INFO TECHNOL Supplies - Office Services Provided by Contract Other Bank Charges DELIVERY FEE LATE CHARGES Licenses EMPLOYEE DRUG TESTING PENALTY-STATE OSHA FINE PENALTY-FINE CMS OWNER EXPENSE-UNALLOWABLE Purchase Disc- Expense Items Other Dues	0.00 7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00 0.00 0.00 13,151.00 1,010.00 0.00 0.00 3,500.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	RJE - 1	179.00 179.00 0.	7,037.00 0.00 13,888.00 2,993.00 128.00 4,545.00 28,501.00 0.00 13,151.00 1,010.00 0.00 0.00 3,500.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	179.00 6,832.00 45.00 18,001.00 2,732.00 191.00 900.00 28,701.00 35.00 20,00 2,994.00 2,234.00 89.00 15,177.00 0,00 658.00 (35.00) (657.00)
Subgroup : [M11] 63123 74000 75500 78205 78220 81001 Subtotal [M11] Subgroup : [M13] 62500 67001 69200 74003 76201 76201 76202 76204 89001 89500 Subtotal [M13]	Subscriptions Subscriptions Services Provided by Contract CONSULTANTS-CORP COMPLIANCE Outside Services Expense Payroll Processing Purchased Services- Office PURCHASED SVCS - INFO TECHNOL Supplies - Office Services Provided by Contract Other Bank Charges DELIVERY FEE LATE CHARGES Licenses EMPLOYEE DRUG TESTING PENALTY-STATE OSHA FINE PENALTY-STATE OSHA FINE PENALTY/FINE CMS OWNER EXPENSE-UNALLOWABLE Purchase Disc- Expense Items Other	0.00 7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00 0.00 0.00 13,151.00 1,010.00 0.00 0.00 3,500.00 0.00 0.00 (41.00)	RJE-1	179.00 179.00 0.	7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00 0.00 0.00 13,151.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	179,00 6,832.00 45.00 18,001.00 2,732.00 191.00 900.00 28,701.00 35.00 20.00 2,994.00 2,234.00 2,234.00 15,177.00 0.00 658.00 (35.00) (657.00)
Subgroup: [M11] 63123 74000 75500 78205 78220 81001 Subtotal [M11] Subgroup: [M13] 62500 67001 69200 74003 76201 76202 76204 89001 89500 Subtotal [M13] Subgroup: [M8]	Subscriptions Subscriptions Services Provided by Contract CONSULTANTS-CORP COMPLIANCE Outside Services Expense Payroll Processing Purchased Services- Office PURCHASED SVCS - INFO TECHNOL Supplies - Office Services Provided by Contract Other Bank Charges DELIVERY FEE LATE CHARGES Licenses EMPLOYEE DRUG TESTING PENALTY-STATE OSHA FINE PENALTY-FINE CMS OWNER EXPENSE-UNALLOWABLE Purchase Disc- Expense Items Other Dues	0.00 7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00 0.00 0.00 13,151.00 1,010.00 0.00 0.00 3,500.00 0.00 0.00 (41.00)		179.00 179.00 0.	179.00 7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00 0.00 0.00 13,151.00 1,010.00 0.00 0.00 3,500.00 0.00 41.01 17,620.00 4,753.00	179,00 6,832.00 45,00 18,001.00 2,732.00 191,00 900.00 28,701.00 35.00 2,094.00 2,994.00 2,234.00 89.00 15,177.00 0,00 658.00 (35.00) (657.00) 20,515.00
Subgroup : [M11] 63123 74000 75500 78205 78220 81001 Subtotal [M11] Subgroup : [M13] 62500 67001 69200 74003 76201 76202 76204 89001 89500 Subtotal [M13] Subgroup : [M8]	Subscriptions Subscriptions Services Provided by Contract CONSULTANTS-CORP COMPLIANCE Outside Services Expense Payroll Processing Purchased Services- Office PURCHASED SVCS - INFO TECHNOL Supplies - Office Services Provided by Contract Other Bank Charges DELIVERY FEE LATE CHARGES Licenses EMPLOYEE DRUG TESTING PENALTY-STATE OSHA FINE PENALTY-FINE CMS OWNER EXPENSE-UNALLOWABLE Purchase Disc- Expense Items Other Dues	0.00 7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00 0.00 0.00 13,151.00 1,010.00 0.00 0.00 3,500.00 0.00 0.00 (41.00)	RJE-1	179.00 179.00 0.	7,037.00 0.00 13,888.00 2,903.00 128.00 4,545.00 28,501.00 0.00 0.00 13,151.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	179.00 6,832.00 45.00 18,001.00 2,732.00 191.00 900.00 28,701.00 35.00 20,00 2,994.00 2,234.00 2,234.00 15,177.00 0.00 658.00 (35.00) (657.00)

	V <u>2==</u>		0.00	69,193.00	76,242.00
Total [16]	Expenditures Other than Salaries (cor	69,193.00	0.00	00/100/00	
Group : [18]	Dietary Basis for Allocation of Costs				
Subgroup : [2A1]	Raw Food		0.00	0.00	6.00
63500	Dairy Products Expense	0.00		106,798.00	93,220,00
67000	Groceries Expense	106,798.00	0.00	106,798,00	93,226.00
Subtotal [2A1]	Raw Food	106,798.00	0.00	108,798.00	20,000.00
Oubtotal [ER1]	···				
Subgroup : [2A2]	Non-Food Supplies	79		44 470 00	13,216,00
81002	Supplies - Dietary	14,479.00	0,00	14,479.00	13,216,00
	Non-Food Supplies	14,479.00	0.00	14,479.00	13,210,00
Subtotal [2A2]	Mon- ond applica				
	Purchased Services				23522
Subgroup : [2B]	Purchased Services - Dietary	2,102.00	0,00	2,102,00	645.00
78202		2,102.00	0.00	2,102.00	648.00
Subtotal [2B]	Purchased Services	2,102.00			
		402 270 00	0.00	123,379.00	107,090.00
Total [18]	Dietary Basis for Allocation of Costs	123,379.00			
Group : [19]	Laundry-Basis for Allocation of Costs				
Subgroup : [3A4]	Repair and/or purchased linens		0.00	56,048.00	53,015.00
69500	Laundry - Linens	56,048.00	0.00	56,048.00	53,015.00
Subtotal [3A4]	Repair and/or purchased linens	56,048.00	0.00		
Subgroup : [3B]	Purchased Services			19,509.00	20,149,00
78204	Purchased Services - Laundry	19,509.00	0.00		20,149,00
Subtotal [3B]	Purchased Services	19,509,00	0.00	19,509,00	20,170,00
Subtoral [30]	T DI STILLED DE STILLED				
	Other				200.00
Subgroup : [3C]		10.00	0.00	10.00	336.00
81003	Supplies - Laundry	10.00	0.00	10.00	336.00
Subtotal [3C]	Other	1911			
		75,567.00	0.00	75,567.00	73,500.00
Total [19]	Laundry-Basis for Allocation of Costs	13,381.00			
		t Allegation of Corte			
Group : [20]	Housekeeping and Resident Care Basis	TOP Allocation of Costs			
Subgroup : [4C]	Other	0.004.00	0.00	8,891.00	10,276.00
81004	Supplies - Housekeeping	8,891.00	0.00	8,891.00	10,276.00
Subtotal [4C]	Other _	8,891.00			
Subgroup : [5A2]	Purchased from		0.00	30,175.00	29,403.00
81013	MEDICINE-MEDICARE PART A	30,175.00		0.00	59.00
81014	MED CARTS	0.00	0.00		(227.00)
81023	MEDICINE T19/OTC T19	146.00	0,00	146.00	(667.00)
81024	FLU SHOT VACCINE/PNEUMOVAX	5,00	0.00	5.00	472.00
	EBOX PRESCRIPTIONS	547.00	0.00	547.00	
81025	PRESC & T19 COPAYS	1,868.00	0.00	1,868.00	2,233.00
81026		32,741.00	0.00	32,741.00	31,273.00
Subtotal [5A2]	Purchased from	32,7,7,00			
	M. W. L. Collins Deven				
Subgroup : [5B]	Medicine Cabinet Drugs	0.00	0.00	0.00	7.00
81015	OTC MEDICINE (MEDICINE CABINET)	0.00	0.00	0.00	431.00
81019	OTC SUPPLIES	0.00	0.00	0.00	438.00
Subtotal [5B]	Medicine Cabinet Drugs	0.00			
Subgroup : [5C]	Medical and Therapeutic Supplies		0.00	57,067.00	51,222.00
81010	SUPPLIES-MEDICAL	57,067.00	0.00	5.781.00	6,074.00
81027	UNALLOWABLE MED B SUPPLIES	5,781.00	0.00	62,848.00	57,296.00
Subtotal [5C]	Medical and Therapeutic Supplies	62,848.00	0.00	-	
Subgroup : [5D]	Ambulance/Limousine		255.00	0.00	0.00
78212	PURCH SVCS-TRANSPORTATION ME	(355.00)	355.00	0.00	0,00
Subtotal [5D]	Ambulance/Limousine	(355.00)	355.00	0.00	
Odbiomi [o=1					
Subgroup : [5E2]	Oxygen - Other			6 000 00	6,946.00
78203	PURCHASED SERVICES OXYGEN	6,928.00	0.00	6,928.00	0.00
	SUPPLIES OXYGEN	18.00	0.00	16.00	
81017	Oxygen - Other	6,946.00	0.00	5,946.00	6,946.00
Subtotal [5E2]	Oxygen - Other				
	Lehemton				
Subgroup : [5H]	Laboratory	4,833.00	0.00	4,833.00	3,235.00
78210	PURCHASED SVCS-LABS MEDICARE	4,833.00	0.00	4,833.00	3,235.00
Subtotal [5H]	Laboratory	4,033,00			
Subgroup : [51]	Recreation	200.00	0,00	600.00	1,017.00
78500	Recreation Expenses	600.00	0.00	768.00	1,238.00
81007	Supplies - Recreation	768.00	0.00	1,368.00	2,255.00
Subtotal [51]	Recreation	1,368.00	0.00	1,000-	
Subgroup : [5M]	Other		F 05F 00	0,00	0.00
78199	PURCHASED SVCS-MED A CNSL BILL	(5,065.00)	5,065.00	705,00	890,00
78207	PURCHASED SERVICES-NURSING	705.00	0.00		3,033.00
78217	PURCHASED SERVICES-MEDICARE	3,125.00	0.00	3,125.00	5,000.00
10211					

					(72.00)
81009	Supplies - Patient Personal	73.00	0.00	73.00	(73.00)
	Supplies-COVID	7,850.00	0.00	7,850.00	3,139.00
81029		0.00	0.00	0.00	3,726,00
81030	COVID SERVICES	0.00	0.00	0.00	248.00
81031	COVID screening		0.00	52.00	1,513,00
81033	COVID CLEANING	52,00	0.00	0.00	5,332.00
81034	COVID TESTING _	0.00		11,805.00	17,808.00
Subtotal [5M]	Other _	6,740.00	5,065,00	11,600.00	
	=				129,527.00
Total [20]	Housekeeping and Resident Care Bas	124,012.00	5,420.00	129,432.00	129,527.00
i otal [as]					
	Maintenance and Bronotty				
Group : [22]	Maintenance and Property				
Subgroup : [6A]	Repairs and Maintenance	1 000 00	0.00	1,990.00	934.00
69725	COPIER MAINTENANCE CONTRACT	1,990.00	0.00	4,213.00	4,282.00
71000	Maintenance and Repairs Exp	4,213.00		4,425.00	2,960.00
B1005	Supplies - Maintenance	4,425.00	0.00		1,895,00
82021	REPAIRS-OIL BURNER/AC REPAIR	4,976.00	0.00	4,976.00	
Subtotal [6A]	Repairs and Maintenance	15,604.00	0.00	15,604.00	10,072.00
adpitatal [ovi]					
0 1	Heat				
Subgroup : [6B]	Heat	3,980.00	0,00	3,980.00	3,993.00
82015	Utilities - Gas		0.00	26,575.00	30,005.00
82020	Utilities - Oil	26,575.00	0.00	30,555.00	33,998.00
Subtotal [6B]	Heat	30,555.00	- 0.00		
Subgroup : [6C]	Utilities			22 24 5 00	35,769.00
82010	Utilities - Electricity	33,315.00	0.00	33,315.00	35,759.00
Subtotal [6C]	Utilities	33,315.00	0.00	33,315.00	35,735.00
Suprorai faci	Cuntes				
0.1	Equipment Logge				
Subgroup : [6E]	Equipment Lease	0.00	0.00	0.00	1,862.00
69720	Leases - Copier		0.00	1,282.00	1,191.00
69730	Leases - Dish Washer	1,282.00		1,211.00	1,646.00
69735	LEASE-TELEPHONE	1,211.00	0.00	0.00	2,208.00
69737	LEASE-TELEVISION	0.00	0.00		6,907.00
Subtotal [6E]	Equipment Lease	2,493.00	0.00	2,493.00	4,501.00
Subtotal [or]	Edaibutett =====				
Duly 100	Other				
Subgroup : [6F]		160,00	0.00	160.00	0.00
68000	Inspection Fees	3,036.00	0.00	3,036.00	2,839,00
78200	Purch Svcs-EMR & INFO TECH		0,00	1,152.00	1,079.00
78201	PURCHASED SVCS-MEDICAL WASTE		0.00	57,043.00	58,817.00
78208	Purchased Services - Maint.	57,043.00		5,928.00	7,974.00
80000	Rent-Equipment	5,928.00	0.00	199.00	4,724.00
		400.00			
81035	PPE-SUPPLIES	199.00	0.00		0.00
81035	PPE-SUPPLIES DIESEL-GENERATOR		0.00	537.00	0.00
82019	DIESEL-GENERATOR	537.00			75,433.00
			0.00	537.00	
82019 Subtotal [6F]	DIESEL-GENERATOR Other	537.00	0.00	537.00	
82019 Subtotal [6F] Subgroup : [7B]	DIESEL-GENERATOR Other Building & Building Improvements	537.00 68,055.00	0.00	537.00	
82019 Subtotal [6F]	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense	537.00 68,055.00 43,184.00	0.00	537.00 68,055.00 43,184.00	75,433.00
82019 Subtotal [6F] Subgroup : [7B]	DIESEL-GENERATOR Other Building & Building Improvements	537.00 68,055.00	0.00	537.00 68,055.00	75,433.00 42,458.00
82019 Subtotal [6F] Subgroup : [7B] 64500	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense	537.00 68,055.00 43,184.00	0.00	537.00 68,055.00 43,184.00	75,433.00 42,458.00
82019 Subtotal [6F] Subgroup : [7B] 64500	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense	537.00 68,055.00 43,184.00 43,184.00	0.00 0.00 0.00	537.00 68,055.00 43,184.00 43,184.00	75,433.00 42,458.00 42,458.00
82019 Subtotal [6F] Subgroup: [7B] 64500 Subtotal [7B] Subgroup: [10A]	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements	537.00 68,055.00 43,184.00	0.00 0.00 0.00 0.00	537.00 68,055.00 43,184.00 43,184.00 29,146.00	75,433.00 42,458.00 42,458.00 29,474.00
82019 Subtotal [6F] Subgroup : [7B] 64500 Subtotal [7B] Subgroup : [10A] 81711	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property	537.00 68,055.00 43,184.00 43,184.00	0.00 0.00 0.00	537.00 68,055.00 43,184.00 43,184.00	75,433.00 42,458.00 42,458.00
82019 Subtotal [6F] Subgroup: [7B] 64500 Subtotal [7B] Subgroup: [10A]	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00	0.00 0.00 0.00 0.00	537.00 68,055.00 43,184.00 43,184.00 29,146.00	75,433.00 42,458.00 42,458.00 29,474.00
82019 Subtotal [6F] Subgroup : [7B] 64500 Subtotal [7B] Subgroup : [10A] 81711 Subtotal [10A]	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00	0.00 0.00 0.00 0.00	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00	75,433.00 42,456.00 42,458.00 29,474.00 29,474.00
82019 Subtotal [6F] Subgroup : [7B] 64500 Subtotal [7B] Subgroup : [10A] 81711 Subtotal [10A] Subgroup : [10C]	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00	0.00 0.00 0.00 0.00 0.00	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00	75,433.00 42,458.00 42,458.00 29,474.00 29,474.00 29,474.00
82019 Subtotal [6F] Subgroup : [7B] 64500 Subtotal [7B] Subgroup : [10A] 81711 Subtotal [10A] Subgroup : [10C] 81712	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00	0.00 0.00 0.00 0.00	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00	75,433.00 42,456.00 42,458.00 29,474.00 29,474.00
82019 Subtotal [6F] Subgroup : [7B] 64500 Subtotal [7B] Subgroup : [10A] 81711 Subtotal [10A] Subgroup : [10C]	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00	0.00 0.00 0.00 0.00 0.00	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00	75,433.00 42,458.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00
82019 Subtotal [6F] Subgroup : [7B] 64500 Subtotal [7B] Subgroup : [10A] 81711 Subtotal [10A] Subgroup : [10C] 81712 Subtotal [10C]	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00	0.00 0.00 0.00 0.00 0.00 0.00	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00	75,433.00 42,458.00 42,458.00 29,474.00 29,474.00 29,474.00
82019 Subtotal [6F] Subgroup : [7B] 64500 Subtotal [7B] Subgroup : [10A] 81711 Subtotal [10A] Subgroup : [10C] 81712	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00	0.00 0.00 0.00 0.00 0.00	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00	75,433.00 42,458.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00
82019 Subtotal [6F] Subgroup : [7B] 64500 Subtotal [7B] Subgroup : [10A] 81711 Subtotal [10A] Subgroup : [10C] 81712 Subtotal [10C]	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes Maintenance and Property	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00	0.00 0.00 0.00 0.00 0.00 0.00	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00	75,433.00 42,458.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00
82019 Subtotal [6F] Subgroup : [7B] 64500 Subtotal [7B] Subgroup : [10A] 81711 Subtotal [10A] Subgroup : [10C] 81712 Subtotal [10C]	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes Maintenance and Property Interest	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00	0.00 0.00 0.00 0.00 0.00 0.00	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00	75,433.00 42,458.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00
82019 Subtotal [6F] Subgroup: [7B] 64500 Subtotal [7B] Subgroup: [10A] 81711 Subtotal [10A] Subgroup: [10C] 81712 Subtotal [10C] Total [22]	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes Maintenance and Property	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00	0.00 0.00 0.00 0.00 0.00 0.00	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00	75,433.00 42,458.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00 236,912.00
82019 Subtotal [6F] Subgroup : [7B] 64500 Subtotal [7B] Subgroup : [10A] 81711 Subtotal [10A] Subgroup : [10C] 81712 Subtotal [10C] Total [22] Group : [26]	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes Maintenance and Property Interest	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00	0.00 0.00 0.00 0.00 0.00 0.00	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00	75,433.00 42,456.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00 236,912.00
82019 Subtotal [6F] Subgroup: [7B] 64500 Subtotal [7B] Subgroup: [10A] 81711 Subtotal [10A] Subgroup: [10C] 81712 Subtotal [10C] Total [22] Group: [26] Subgroup: [12A1] 69000	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes Maintenance and Property Interest First Mortgage Interest Expense	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00	0.00 0.00 0.00 0.00 0.00 0.00	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00	75,433.00 42,458.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00 236,912.00
82019 Subtotal [6F] Subgroup: [7B] 64500 Subtotal [7B] Subgroup: [10A] 81711 Subtotal [10A] Subgroup: [10C] 81712 Subtotal [10C] Total [22] Group: [25] Subgroup: [12A1]	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes Maintenance and Property Interest First Mortgage	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00	75,433.00 42,458.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00 236,912.00 27,025.00
82019 Subtotal [6F] Subgroup: [7B] 64500 Subtotal [7B] Subgroup: [10A] 81711 Subtotal [10A] Subgroup: [10C] 81712 Subtotal [10C] Total [22] Group: [26] Subgroup: [12A1] 69000 Subtotal [12A1]	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes Maintenance and Property Interest First Mortgage Interest Expense First Mortgage	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00	0.00 0.00 0.00 0.00 0.00 0.00	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00	75,433.00 42,456.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00 236,912.00
82019 Subtotal [6F] Subgroup: [7B] 64500 Subtotal [7B] Subgroup: [10A] 81711 Subtotal [10A] Subgroup: [10C] 81712 Subtotal [10C] Total [22] Group: [26] Subgroup: [12A1] 69000	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes Maintenance and Property Interest First Mortgage Interest Expense	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00	75,433.00 42,458.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00 236,912.00 27,025.00
82019 Subtotal [6F] Subgroup: [7B] 64500 Subtotal [7B] Subgroup: [10A] 81711 Subtotal [10A] Subgroup: [10C] 81712 Subtotal [10C] Total [22] Group: [26] Subgroup: [12A1] 69000 Subtotal [12A1] Total [26]	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes Maintenance and Property Interest First Mortgage Interest Expense First Mortgage Interest	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00	75,433.00 42,458.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00 236,912.00 27,025.00
82019 Subtotal [6F] Subgroup: [7B] 64500 Subtotal [7B] Subgroup: [10A] 81711 Subtotal [10A] Subgroup: [10C] 81712 Subtotal [10C] Total [22] Group: [25] Subgroup: [12A1] 69000 Subtotal [12A1] Total [26] Group: [27]	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes Maintenance and Property Interest First Mortgage Interest Expense First Mortgage Interest Interest Interest Interest and Insurance	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00	75,433.00 42,458.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00 236,912.00 27,025.00
82019 Subtotal [6F] Subgroup: [7B] 64500 Subtotal [7B] Subgroup: [10A] 81711 Subtotal [10A] Subgroup: [10C] 81712 Subtotal [10C] Total [22] Group: [26] Subgroup: [12A1] 69000 Subtotal [12A1] Total [26] Group: [27] Subgroup: [12D]	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes Maintenance and Property Interest First Mortgage Interest Expense Interest Interest Interest Interest Interest and Insurance Other Interest Expense	\$37.00 \$8,055,00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 25,025.00	75,433.00 42,458.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00 236,912.00 27,025.00
82019 Subtotal [6F] Subgroup: [7B] 64500 Subtotal [7B] Subgroup: [10A] 81711 Subtotal [10A] Subgroup: [10C] 81712 Subtotal [10C] Total [22] Group: [25] Subgroup: [12A1] 69000 Subtotal [12A1] Total [26] Group: [27]	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes Maintenance and Property Interest First Mortgage Interest Expense First Mortgage Interest Interest Interest Interest and Insurance	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 25,025.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 24,649.00	75,433.00 42,458.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00 236,912.00 27,025.00 27,025.00 10,152.00
82019 Subtotal [6F] Subgroup: [7B] 64500 Subtotal [7B] Subgroup: [10A] 81711 Subtotal [10A] Subgroup: [10C] 81712 Subtotal [10C] Total [22] Group: [26] Subgroup: [12A1] 69000 Subtotal [12A1] Total [26] Group: [27] Subgroup: [12D]	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes Maintenance and Property Interest First Mortgage Interest Expense Interest Interest Interest Interest Interest and Insurance Other Interest Expense	\$37.00 \$8,055,00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 25,025.00	75,433.00 42,458.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00 236,912.00 27,025.00 27,025.00
82019 Subtrotal [6F] Subgroup: [7B] 64500 Subtotal [7B] Subgroup: [10A] 81711 Subtotal [10A] Subgroup: [10C] 81712 Subtotal [10C] Total [22] Group: [26] Subgroup: [12A1] 69000 Subtotal [12A1] Total [26] Group: [27] Subgroup: [12D] 69020	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes Maintenance and Property Interest First Mortgage Interest Expense First Mortgage Interest Expense Interest and Insurance Other Interest Expense Interest Expense - Other	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 25,025.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 24,649.00	75,433.00 42,458.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00 236,912.00 27,025.00 27,025.00 10,152.00
82019 Subtotal [6F] Subgroup: [7B] 64500 Subtotal [7B] Subgroup: [10A] 81711 Subtotal [10A] Subgroup: [10C] 81712 Subtotal [10C] Total [22] Group: [25] Subgroup: [12A1] 69000 Subtotal [12A1] Total [26] Group: [27] Subgroup: [12D] 69020 Subtotal [12D]	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes Maintenance and Property Interest First Mortgage Interest Expense First Mortgage Interest Expense Other Interest Expense	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 25,025.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 24,649.00 24,649.00	75,433.00 42,458.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00 236,912.00 27,025.00 27,025.00 10,152.00 10,152.00
82019 Subtotal [6F] Subgroup: [7B] 64500 Subtotal [7B] Subgroup: [10A] 81711 Subtotal [10A] Suptotal [10C] Total [22] Group: [25] Subgroup: [12A1] 69000 Subtotal [12A1] Total [26] Group: [27] Subgroup: [12D] 69020 Subtotal [12D] Subgroup: [14A]	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes Maintenance and Property Interest First Mortgage Interest Expense First Mortgage Interest Expense Insurance on Property	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 25,025.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 24,649.00 24,649.00	75,433.00 42,456.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00 236,912.00 27,025.00 27,025.00 10,152.00 10,152.00 80,520.00
82019 Subtrotal [6F] Subgroup: [7B] 64500 Subtotal [7B] Subgroup: [10A] 81711 Subtotal [10A] Subgroup: [10C] 81712 Subtotal [10C] Total [22] Group: [26] Subgroup: [12A1] 69000 Subtotal [12A1] Total [26] Group: [27] Subgroup: [12D] 69020 Subtotal [12D] Subgroup: [14A] 68518	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes Maintenance and Property Interest First Mortgage Interest Expense First Mortgage Interest Expense Interest Expense Other Interest Expense Insurance on Property Insurance Expense - Property Insurance Expense - Property	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 24,649.00 24,649.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 24,649.00 24,649.00	75,433.00 42,458.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00 236,912.00 27,025.00 27,025.00 10,152.00 10,152.00
82019 Subtotal [6F] Subgroup: [7B] 64500 Subtotal [7B] Subgroup: [10A] 81711 Subtotal [10A] Suptotal [10C] Total [22] Group: [25] Subgroup: [12A1] 69000 Subtotal [12A1] Total [26] Group: [27] Subgroup: [12D] 69020 Subtotal [12D] Subgroup: [14A]	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes Maintenance and Property Interest First Mortgage Interest Expense First Mortgage Interest Expense Insurance on Property	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 24,649.00 24,649.00 94,940.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 24,649.00 24,649.00	75,433.00 42,456.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00 236,912.00 27,025.00 27,025.00 10,152.00 10,152.00 80,520.00
82019 Subtotal [6F] Subgroup: [7B] 64500 Subtotal [7B] Subgroup: [10A] 81711 Subtotal [10A] Subgroup: [10C] 81712 Subtotal [10C] Total [22] Group: [25] Subgroup: [12A1] 69000 Subtotal [12A1] Total [26] Group: [27] Subgroup: [12D] 69020 Subtotal [12D] Subgroup: [14A] 68518 Subtotal [14A]	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes Maintenance and Property Interest First Mortgage Interest Expense First Mortgage Interest Expense Interest Expense Other Interest Expense Interest Expense Other Interest Expense Insurance on Property Insurance Expense - Property Insurance on Property Insurance on Property Insurance on Property	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 24,649.00 24,649.00 94,940.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 24,649.00 24,649.00	75,433.00 42,458.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00 236,912.00 27,025.00 27,025.00 10,152.00 10,152.00 80,520.00 80,520.00
82019 Subtrotal [6F] Subgroup: [7B] 64500 Subtotal [7B] Subgroup: [10A] 81711 Subtotal [10A] Subgroup: [10C] 81712 Subtotal [10C] Total [22] Group: [26] Subgroup: [12A1] 69000 Subtotal [12A1] Total [26] Group: [27] Subgroup: [12D] 69020 Subtotal [12D] Subgroup: [14A] 68518 Subtotal [14A] Subgroup: [14B]	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes Maintenance and Property Interest First Mortgage Interest Expense First Mortgage Interest Expense Interest Expense Interest Expense Interest Expense - Other Other Interest Expense Insurance on Property Insurance on Property Insurance on Property Insurance of Automobiles	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 24,649.00 24,649.00 94,940.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 24,649.00 24,649.00	75,433.00 42,458.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00 236,912.00 27,025.00 27,025.00 10,152.00 10,152.00 80,620.00 80,620.00
82019 Subtotal [6F] Subgroup: [7B] 64500 Subtotal [7B] Subgroup: [10A] 81711 Subtotal [10A] Subgroup: [10C] 81712 Subtotal [10C] Total [22] Group: [26] Subgroup: [12A1] 69000 Subtotal [12A1] Total [26] Group: [27] Subgroup: [12D] 69020 Subtotal [12D] Subgroup: [14A] 68518 Subtotal [14A] Subgroup: [14B] 68510	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes Maintenance and Property Interest First Mortgage Interest Expense First Mortgage Interest Expense Other Interest Expense Interest Expense Interest Expense Insurance on Property Insurance on Property Insurance on Property Insurance of Automobiles Insurance Expense - Auto	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 24,649.00 24,649.00 94,940.00 94,940.00 94,940.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 24,649.00 24,649.00 94,940.00	75,433.00 42,458.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00 236,912.00 27,025.00 27,025.00 10,152.00 10,152.00 80,520.00 80,520.00
82019 Subtrotal [6F] Subgroup: [7B] 64500 Subtotal [7B] Subgroup: [10A] 81711 Subtotal [10A] Subgroup: [10C] 81712 Subtotal [10C] Total [22] Group: [26] Subgroup: [12A1] 69000 Subtotal [12A1] Total [26] Group: [27] Subgroup: [12D] 69020 Subtotal [12D] Subgroup: [14A] 68518 Subtotal [14A] Subgroup: [14B]	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes Maintenance and Property Interest First Mortgage Interest Expense First Mortgage Interest Expense Interest Expense Interest Expense Interest Expense - Other Other Interest Expense Insurance on Property Insurance on Property Insurance on Property Insurance of Automobiles	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 24,649.00 24,649.00 94,940.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 24,649.00 24,649.00 94,940.00 94,940.00	75,433.00 42,458.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00 236,912.00 27,025.00 27,025.00 10,152.00 10,152.00 80,620.00 80,620.00
82019 Subtotal [6F] Subgroup: [7B] 64500 Subtotal [7B] Subgroup: [10A] 81711 Subtotal [10A] Subgroup: [10C] 81712 Subtotal [10C] Total [22] Group: [26] Subgroup: [12A1] 69000 Subtotal [12A1] Total [26] Group: [27] Subgroup: [12D] 69020 Subtotal [12D] Subgroup: [14A] 68518 Subtotal [14A] Subgroup: [14B] 68510	DIESEL-GENERATOR Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes Maintenance and Property Interest First Mortgage Interest Expense First Mortgage Interest Expense Other Interest Expense Interest Expense Interest Expense Insurance on Property Insurance on Property Insurance on Property Insurance of Automobiles Insurance Expense - Auto	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 24,649.00 24,649.00 94,940.00 94,940.00 94,940.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 24,649.00 24,649.00 94,940.00 94,940.00	75,433.00 42,456.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00 236,912.00 27,025.00 27,025.00 10,152.00 10,152.00 80,620.00 80,620.00
82019 Subtotal [6F] Subgroup: [7B] 64500 Subtotal [7B] Subgroup: [10A] 81711 Subtotal [10A] Subgroup: [10C] 81712 Subtotal [10C] Total [22] Group: [26] Subgroup: [12A1] 69000 Subtotal [12A1] Total [26] Group: [27] Subgroup: [12D] 69020 Subtotal [12D] Subgroup: [14A] 68518 Subtotal [14A] Subgroup: [14B] 68510	Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes Maintenance and Property Interest First Mortgage Interest Expense First Mortgage Interest Expense Insurance on Property Insurance Expense - Property Insurance Expense - Automobiles Insurance of Automobiles Insurance of Automobiles	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 24,649.00 24,649.00 94,940.00 94,940.00 432.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 25,025.00 24,649.00 94,940.00 94,940.00 432.00	75,433.00 42,456.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00 236,912.00 27,025.00 27,025.00 10,152.00 10,152.00 80,620.00 80,620.00 237.00
82019 Subtotal [6F] Subgroup: [7B] 64500 Subtotal [7B] Subgroup: [10A] 81711 Subtotal [10A] Subgroup: [10C] 81712 Subtotal [10C] Total [22] Group: [25] Subgroup: [12A1] 69000 Subtotal [12A1] Total [26] Group: [27] Subgroup: [12D] 69020 Subtotal [12D] Subgroup: [14A] 68518 Subtotal [14A] Subgroup: [14B] 68510 Subtotal [14B]	Other Building & Building Improvements Depreciation Expense Building & Building Improvements Real estate taxes paid by owner Taxes - Property Real estate taxes paid by owner Personal property taxes PERSONAL PROPERTY TAXES Personal property taxes Maintenance and Property Interest First Mortgage Interest Expense First Mortgage Interest Expense Insurance on Property Insurance Expense - Property Insurance Expense - Automobiles Insurance of Automobiles Insurance of Automobiles	\$37.00 \$8,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 24,649.00 24,649.00 94,940.00 94,940.00 94,940.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	537.00 68,055.00 43,184.00 43,184.00 29,146.00 29,146.00 3,120.00 3,120.00 225,472.00 25,025.00 25,025.00 24,649.00 24,649.00 94,940.00 94,940.00	75,433.00 42,458.00 42,458.00 29,474.00 29,474.00 2,811.00 2,811.00 236,912.00 27,025.00 27,025.00 10,152.00 10,152.00 80,620.00 80,620.00

Subtotal [14C1]	Umbrella	600.00		0.00	600,00	600.00
Subgroup : [14C3]	Other					
68521	Ins Exp - LIFE Employer paid	0.00		0.00	0.00	380,00
Subtotal [14C3]	Other	0.00	-	0.00	0.00	380,00
				0.00	120,621.00	91,989.00
Total [27]	Interest and Insurance	120,621.00	=	0.00	120,021.00	
Group : [30]	Statement of Revenue					
Subgroup : [1A]	Medicaid Residents (CT only)				SCHOOL	m 570 #57 00\
40201	MEDICAID -SNF	(2,593,930.00)	-	0.00	(2,593,930.00)	(2,579,857.00)
Subtotal [1A]	Medicaid Residents (CT only)	(2,593,930.00)	2	0.00	(2,593,930.00)	(2,010)0011001
Subgroup : [3A]	Medicare Residents (All inclusive)					Wate Malesare on
40400	MEDICARE PT A REVENUE	(367,505.00)		0.00	(367,505.00)	(351,597.00)
Subtotal [3A]	Medicare Residents (All Inclusive)	(367,505,00)	-	0,00	(367,505.00)	(331,337.00)
Subgroup : [4A]	Private-pay residents and other					
40300	Private Pay	(502,418.00)		0.00	(502,418.00)	(113,400.00)
40407	PPO INSURANCE	(587.00)		0,00	(587.00)	(4,173,00) (119,035.00)
40408	LONG TERM CARE INS REVENUE	0.00		0.00	0.00 (19,587.00)	(18,990.00)
40409	UNITED HEALTH MGD MEDICARE	(19,587.00)	9	0.00	(522,592.00)	(255,598.00)
Subtotal [4A]	Private-pay residents and other	(522,592.00)	-	0.00	(SEE, SEE, SEE, SEE, SEE, SEE, SEE, SEE,	
Subgroup : [6C]	Medical Supplies - Non-medicare					400.00
76500	PATIENT SUPPLIES	34.00		0.00	34,00 34,00	189,00 36.00
81006	Supplies - Nursing (MCD) OTC	34.00		0.00	68.00	225.00
Subtotal [6C]	Medical Supplies - Non-medicare	68.00	3	0.00	00.00	
Subgroup : [7A]	Physical Therapy - Medicare					(45.000.00)
40401	MEDICARE PT B REVENUE	(76,335.00)		58,552.00	(17,783_00)	(25,868.00)
			RJE - 2	58,552.00	(17,783.00)	(25,868.00)
Subtotal [7A]	Physical Therapy - Medicare	(76,335.00)		58,552.00	(17,783,00)	[25,000.00]
Subgroup : [7C]	Physical Therapy - Non-medicare					
40403	AR AETNA PT B MANAGED	(1,389.00)		0.00	(1,389.00)	(928.00) (14,308.00)
40405	MGD MEDICARE PT A AETNA/ANTHE		9	0.00	(9,513,00)	(15,236.00)
Subtotal [7C]	Physical Therapy - Non-medicare	(10,902.00)	5	0,00	[10,302.00]	(interview)
Subgroup : [8A]	Speech Therapy - Medicare					
Marcum 102	ST Revenue Medicare Part B	0.00		0.00	0,00	(6,062.00)
			RJE - 2	0.00	0.00	(6,062.00)
Subtotal [8A]	Speech Therapy - Medicare	0.00		0.00		(a)
Subgroup : [9A]	Occupational Therapy - Medicare					(
Marcum 103	OT Revenue Medicare Parl B	0.00		(58,552.00)	(58,552,00)	(35,640.00)
		0.00	RJE - 2	(58,552.00)	(58,552.00)	(35,640.00)
Subtotal [9A]	Occupational Therapy - Medicare	0.00		fooloograal		- Control of the Cont
Subgroup : [10A]	Other - Medicare				T11.00\	(3,563.00)
40404	MANAGED MEDICARE B ANTHEM	(741.00)		0.00	(741.00) (308.00)	(1,789.00)
40411	WELLCARE MGD MCR B	(308,00)		0.00	(1,049.00)	(5,352.00)
Subtotal [10A]	Other - Medicare	(1,049.00)		0.00	(10-10-10-1	- Contraction of the Contraction
Subgroup : [14]	Rental of Televisions and Cable Serv	vices				000.00
81028	TELEVISION	(630.00)		0.00	(630.00)	906.00
Subtotal [14]	Rental of Televisions and Cable Sen	/ii (630.00)		0.00	(850.00)	300.00
Subgroup : [15]	Interest Income					
43200	Interest Income	(47.00)		0.00	(47.00)	12.00
Subtotal [15]	Interest Income	(47.00)		0.00	(47,00)	12.00
Cubanana (19)	Other Revenue					
Subgroup : [18] 40160	OTHER INCOME	0.00		0.00	0,00	(20,754.00)
40162	OTHER INCOME COVID-DHHS	0.00		0.00	0.00	(77,167.00)
40165	OTHER INCOME-COVID CRF GRANT			0.00	0.00	9,480.00 0.00
43402	Misc Income	(227.00)		0.00	(227.00) 0.00	(340,854.00)
90001	PPP Loan Forgiveness	0.00		0.00 (5,420.00)	(5,420,00)	0.00
Marcum 108 Subtotal [18]	Reversal of PY Expenses Other Revenue	(227,00)		(5,420.00)	(5,647.00)	(429, 295.00)
Subtotal [10]	Other Revenue	(44,144)				12 702 203 203
Total [30]	Statement of Revenue	(3,573,149.00)		(5,420.00)	(3,578,569.00)	(3,703,362.00)
Group : [31]	Assets					
Subgroup : [A1]	Cash	E0.00		0.00	50.00	50.00
10000	Petty Cash	50,00 91,286.00		0.00	91,286,00	59,313,00
10200 10700	Regular Checking Account Investments-Cert. of Deposit	(490.00)		0.00	(490.00)	(490.00)
10800	MORTGAGE ESCROW	71,818.00		0.00	71,818.00	110,168.00
Subtotal [A1]	Cash	162,664.00		0.00	162,664.00	169,041.00

Subgroup : [A2]	Resident AR	10000	0.00	57,195.00	15,951.00
11000	Accounts Receivable-PRIVATE	57,195.00		211,803.00	228,581.00
11001	Accounts Receivable-MEDICAID	211,803.00	0.00	29,860.00	110,586.00
11002	AR MEDICARE PART A	29,860.00	0.00	8,197.00	(227,00)
	AR MEDICARE PART B	B.197.00	0.00	·	293.00
11003	MEDICARE B COINSURANCE	293.00	0.00	293,00	1,154.00
11004		(210.00)	0.00	(210,00)	
11005	AR ANTHEM MEDICARE	1,508.00	0.00	1,508.00	1,481.00
11007	AR AETNA MANAGED MEDICARE		0.00	(107.00)	8,379.00
11011	AR UNITED HEALTH MGD MCR	(107.00)	0.00	741.00	731,00
11014	AR ANTHEM MEDICARE B	741.00	0.00	0.00	1,789.00
11015	WELLCARE MGD MCR B	0,00		(8,330.00)	(8,330.00)
11100	ALLOWANCE FOR BAD DEBT	(8,330,00)	0.00	559,00	5,313.00
11120	ACCOUNTS RECEIVABLE PPO	559.00	0.00		365,701,00
	Resident AR	301,509.00	0,00	301,509,00	000/1011
Subtotal [A2]	Mediaciie Art				
	ID				100701000000000000000000000000000000000
Subgroup : [A3]	Other AR	19,703.00	0.00	19,703.00	34,703.00
11450	LOAN RECEIVABLE	19,703.00	0.00	19,703.00	34,703.00
Subtotal [A3]	Other AR	13,703.00			
Subgroup : [A4]	Inventories		0.00	700.00	700.00
12000	Supplies-Inventory	700.00		700.00	700.00
Subtotal [A4]	Inventories	700.00	0.00	700.00	
Cantotal Ivvil					
0	Prepaid Expenses			HET WARDEN	20,140.00
Subgroup : [A5]	Prepaid Expenses	23,601.00	0,00	23,601,00	
14000		23,601.00	0.00	23,601.00	20,140.00
Subtotal [A5]	Prepaid Expenses				
Subgroup : [B1]	Land	47 000 DD	0.00	17,298.00	17,298,00
16900	Land	17,298.00	0.00	17,298.00	17,298.00
Subtotal [B1]	Land	17,298.00	0,50		
Subgroup : [B3]	Buildings			704 705 00	704,705.00
15500	Buildings	704,705.00	0.00	704,705.00	475,075.00
	Building Improvements	461,794.00	13,281.00	475,075.00	1,179,780.00
15600		1,166,499.00	13,281.00	1,179,780.00	1,170,700.00
Subtotal [B3]	Buildings				
					P075E43E372ATT
Subgroup : [B5]	Non-Movable Equipment	371,439.00	(5,568.00)	355,871.00	365,871.00
15400	Leasehold Improvements		(5,568.00)	365,871.00	365,871.00
Subtotal [B5]	Non-Movable Equipment	371,439.00	[5]		
Subgroup : [B6]	Movable Equipment		(0.005.00)	86,581.00	72,144.00
15000	Furniture and Fixtures	89,566,00	(2,985.00)		248,275.00
15100	Equipment	261,265.00	(4,728.00)	256,537.00	(1,531,226.00)
	Accum. Depreciation-Other	(1,574,410.00)	0,00	(1,574,410.00)	
17300		(1,223,579.00)	(7,713.00)	(1,231,292.00)	(1,210,807,00)
Subtotal [B6]	Movable Equipment				
					arrarar.
Subgroup : [D7]	Other Assets			35,761.00	0.00
10801			0.00	33,701.00	
10001	Replacement Reserves	35,761.00	0.00		0.00
Subtotal [D7]	Replacement Reserves Other Assets	35,761.00 35,761.00	0.00	35,761.00	0.00
	•	35,761.00	0.00	35,761.00	942,427.00
Subtotal [D7]	•				
	Other Assets	35,761.00	0.00	35,761.00	
Subtotal [D7] Total [31]	Other Assets Assets	35,761.00	0.00	35,761.00	
Subtotal [D7] Total [31] Group : [33]	Other Assets Assets Liabilities & Equity	35,761.00	0.00	35,761.00 875,595.00	942,427.00
Subtotal [D7] Total [31] Group: [33] Subgroup: [A1]	Other Assets Assets Liabilities & Equity Accounts Payable	35,761.00 875,595.00	0.00	35,761.00 875,595.00 (863,125.00)	942,427.00
Subtotal [D7] Total [31] Group : [33] Subgroup : [A1] 20000	Other Assets Assets Liabilities & Equity Accounts Payable Accounts Payable	35,761.00 875,595.00 (863,125.00)	0.00	35,761.00 875,595.00	942,427.00 (700,860.00) (41,153.00)
Subtotal [D7] Total [31] Group : [33] Subgroup : [A1] 20000 20001	Other Assets Assets Liabilities & Equity Accounts Payable Accounts Payable RESIDENT FUND ACCOUNT	35,761.00 875,595.00 (863,125.00) (37,521.00)	0.00	35,761.00 875,595.00 (863,125.00)	942,427.00 (700,860.00) (41,153.00) 18.00
Subtotal [D7] Total [31] Group : [33] Subgroup : [A1] 20000	Other Assets Assets Liabilities & Equity Accounts Payable Accounts Payable RESIDENT FUND ACCOUNT VISA CREDIT CARD	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00	0.00 0.00 0.00 0.00 0.00	35,761.00 875,595.00 (863,125.00) (37,521.00)	942,427.00 (700,860.00) (41,153.00) 18.00 40,090.00
Subtotal [D7] Total [31] Group : [33] Subgroup : [A1] 20000 20001	Other Assets Assets Liabilities & Equity Accounts Payable Accounts Payable RESIDENT FUND ACCOUNT	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 36,291.00	0.00 0.00 0.00 0.00 0.00 0.00	35,761.00 675,595.00 (863,125.00) (37,521.00) 18.00 35,291.00	942,427.00 (700,860.00) (41,153.00) 18.00
Subtotal [D7] Total [31] Group : [33] Subgroup : [A1] 20000 20001 24250 24300	Other Assets Assets Liabilities & Equity Accounts Payable Accounts Payable RESIDENT FUND ACCOUNT VISA CREDIT CARD	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00	0.00 0.00 0.00 0.00 0.00	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00	942,427.00 (700,860.00) (41,153.00) 18.00 40,090.00
Subtotal [D7] Total [31] Group : [33] Subgroup : [A1] 20000 20001 24250	Other Assets Assets Liabilities & Equity Accounts Payable Accounts Payable RESIDENT FUND ACCOUNT VISA CREDIT CARD Resident Fund Account	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 36,291.00	0.00 0.00 0.00 0.00 0.00 0.00	35,761.00 675,595.00 (863,125.00) (37,521.00) 18.00 35,291.00	942,427.00 (700,860.00) (41,153.00) 18.00 40,090.00
Subtotal [D7] Total [31] Group : [33] Subgroup : [A1] 20000 20001 24250 24300 Subtotal [A1]	Other Assets Assets Liabilities & Equity Accounts Payable Accounts Payable RESIDENT FUND ACCOUNT VISA CREDIT CARD Resident Fund Account	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 36,291.00 (864,337.00)	0.00 0.00 0.00 0.00 0.00 0.00	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 35,291.00 (864,337.00)	942,427.00 (700,860.00) (41,153.00) 18.00 40,090.00 (701,905.00)
Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20000 20001 24250 24300 Subtotal [A1] Subgroup: [A4]	Other Assets Assets Liabilities & Equity Accounts Payable Accounts Payable RESIDENT FUND ACCOUNT VISA CREDIT CARD Resident Fund Account Accounts Payable	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 36,291.00	0.00 0.00 0.00 0.00 0.00 0.00	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 36,291.00 (864,337.00)	942,427.00 (700,860.00) (41,153.00) 18.00 40,090.00 (701,905.00)
Subtotal [D7] Total [31] Group : [33] Subgroup : [A1] 20000 20001 24250 24300 Subtotal [A1] Subgroup : [A4] 23200	Other Assets Assets Liabilities & Equity Accounts Payable Accounts Payable RESIDENT FUND ACCOUNT VISA CREDIT CARD Resident Fund Account Accounts Payable Accrued Payroll Wages Payable	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 36,291.00 (864,337.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 35,291.00 (864,337.00) (99,322.00) 214.00	(700,860.00) (41,153.00) 18.00 40,090.00 (701,905.00)
Subtotal [D7] Total [31] Group : [33] Subgroup : [A1] 20000 20001 24250 24300 Subtotal [A1] Subgroup : [A4] 23200 23300	Other Assets Assets Liabilities & Equity Accounts Payable Accounts Payable RESIDENT FUND ACCOUNT VISA CREDIT CARD Resident Fund Account Accounts Payable Accrued Payroll Wages Payable 401 K Deductions Payable	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 36,291.00 (864,337.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 35,291.00 (864,337.00) (99,322.00) 214.00 1,785.00	(700,860.00) (41,153.00) (81,153.00) (18.00) (19.00) (701,905.00) (96,550.00) (209.00) 1,778.00
Subtotal [D7] Total [31] Group : [33] Subgroup : [A1] 20000 20001 24250 24300 Subtotal [A1] Subgroup : [A4] 23200 23300 23302	Other Assets Assets Liabilities & Equity Accounts Payable Accounts Payable RESIDENT FUND ACCOUNT VISA CREDIT CARD Resident Fund Account Accounts Payable Accrued Payroll Wages Payable 401 K Deductions Payable 401 K Deductions Payable	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 35,291.00 (864,337.00) (99,322.00) 214.00 1,786.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 35,291.00 (864,337.00) (99,322.00) 214.00	(700,860.00) (41,153.00) 18.00 40,090.00 (701,905.00)
Subtotal [D7] Total [31] Group : [33] Subgroup : [A1] 20000 20001 24250 24300 Subtotal [A1] Subgroup : [A4] 23200 23300	Other Assets Assets Liabilities & Equity Accounts Payable Accounts Payable RESIDENT FUND ACCOUNT VISA CREDIT CARD Resident Fund Account Accounts Payable Accrued Payroll Wages Payable 401 K Deductions Payable	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 36,291.00 (864,337.00) (99,322.00) 214.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 35,291.00 (864,337.00) (99,322.00) 214.00 1,785.00	(700,860.00) (41,153.00) (81,153.00) (18.00) (19.00) (701,905.00) (96,550.00) (209.00) 1,778.00
Subtotal [D7] Total [31] Group : [33] Subgroup : [A1] 20000 20001 24250 24300 Subtotal [A1] Subgroup : [A4] 23200 23300 23302 Subtotal [A4]	Other Assets Liabilities & Equity Accounts Payable Accounts Payable ACCOUNT VISA CREDIT CARD Resident Fund Account Accounts Payable Accrued Payroll Wages Payable 401 K Deductions Payable 401K PAYABLE EMP MATCH Accrued Payroll	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 35,291.00 (864,337.00) (99,322.00) 214.00 1,786.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 35,291.00 (864,337.00) (99,322.00) 214.00 1,785.00 (97,322.00)	(700,860.00) (41,153.00) 18.00 40,090.00 (701,905.00) (96,550.00) 209.00 1,778.00 (94,563.00)
Subtotal [D7] Total [31] Group : [33] Subgroup : [A1] 20000 20001 24250 24300 Subtotal [A1] Subgroup : [A4] 23200 23300 23302 Subtotal [A4] Subgroup : [A6]	Other Assets Assets Liabilities & Equity Accounts Payable Accounts Payable RESIDENT FUND ACCOUNT VISA CREDIT CARD Resident Fund Account Accounts Payable Accrued Payroll Wages Payable 401 K Deductions Payable 401K PAYABLE EMP MATCH Accrued Payroll Accrued Payroll Accrued Payroll	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 36,291.00 (854,337.00) (99,322.00) 214.00 1,786.00 (97,322.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 35,291.00 (864,337.00) (99,322.00) 214.00 1,785.00 (97,322.00)	942,427.00 (700,860.00) (41,153.00) 18.00 40,090.00 (701,905.00) (96,550.00) 209.00 1,778.00 (94,563.00)
Subtotal [D7] Total [31] Group : [33] Subgroup : [A1] 20000 20001 24250 24300 Subtotal [A1] Subgroup : [A4] 23200 23300 23302 Subtotal [A4]	Other Assets Assets Liabilities & Equity Accounts Payable Accounts Payable RESIDENT FUND ACCOUNT VISA CREDIT CARD Resident Fund Account Accounts Payable Accrued Payroll Wages Payable 401 K Deductions Payable 401K PAYABLE EMP MATCH Accrued Payroll Accrued Payroll Accrued Payroll Taxes ACCRUED PAYROLL TAXES	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 35,291.00 (864,337.00) (99,322.00) 214.00 1,786.00 (97,322.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 35,291.00 (864,337.00) (99,322.00) 214.00 1,785.00 (97,322.00)	(700,860.00) (41,153.00) 18.00 40,090.00 (701,905.00) (96,550.00) 209.00 1,778.00 (94,563.00)
Subtotal [D7] Total [31] Group : [33] Subgroup : [A1] 20000 20001 24250 24300 Subtotal [A1] Subgroup : [A4] 23200 23300 23302 Subtotal [A4] Subgroup : [A6]	Other Assets Assets Liabilities & Equity Accounts Payable Accounts Payable RESIDENT FUND ACCOUNT VISA CREDIT CARD Resident Fund Account Accounts Payable Accrued Payroll Wages Payable 401 K Deductions Payable 401K PAYABLE EMP MATCH Accrued Payroll Accrued Payroll Accrued Payroll	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 36,291.00 (854,337.00) (99,322.00) 214.00 1,786.00 (97,322.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 35,291.00 (864,337.00) (99,322.00) 214.00 1,785.00 (97,322.00)	942,427.00 (700,860.00) (41,153.00) 18.00 40,090.00 (701,905.00) (96,550.00) 209.00 1,778.00 (94,563.00)
Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20000 20001 24250 24300 Subtotal [A1] Subgroup: [A4] 23200 23300 23302 Subtotal [A4] Subgroup: [A6] 23210	Other Assets Liabilities & Equity Accounts Payable Accounts Payable ACCOUNT VISA CREDIT CARD Resident Fund ACCOUNT VISA CREDIT CARD Resident Fund Account Accounts Payable Accrued Payroll Wages Payable 401 K Deductions Payable 401 K PAYABLE EMP MATCH Accrued Payroll Accrued Payroll Accrued Payroll Taxes ACCRUED PAYROLL TAXES Accrued Payaroll Taxes	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 35,291.00 (864,337.00) (99,322.00) 214.00 1,786.00 (97,322.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 35,291.00 (864,337.00) (99,322.00) 214.00 1,785.00 (97,322.00)	942,427.00 (700,860.00) (41,153.00) 18.00 40,090.00 (701,905.00) (96,550.00) 209.00 1,778.00 (94,563.00)
Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20000 20001 24250 24300 Subtotal [A1] Subgroup: [A4] 23200 23300 23302 Subtotal [A4] Subgroup: [A6] 23210 Subtotal [A6]	Other Assets Assets Liabilities & Equity Accounts Payable Accounts Payable RESIDENT FUND ACCOUNT VISA CREDIT CARD Resident Fund Account Accounts Payable Accrued Payroll Wages Payable 401 K Deductions Payable 401K PAYABLE EMP MATCH Accrued Payroll Accrued Payroll Accrued Payroll Taxes ACCRUED PAYROLL TAXES	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 36,291.00 (864,337.00) (99,322.00) 214.00 1,786.00 (97,322.00) (12,200.00) (12,200.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 35,291.00 (864,337.00) (99,322.00) 214.00 1,785.00 (97,322.00) (12,200.00) (12,200.00)	(700,860.00) (41,153.00) 18.00 40,090.00 (701,905.00) (96,550.00) 209.00 1,778.00 (94,563.00) (8,361.00)
Subtotal [D7] Total [31] Group : [33] Subgroup : [A1] 20000 20001 24250 24300 Subtotal [A1] Subgroup : [A4] 23200 23300 23302 Subtotal [A4] Subgroup : [A6] 23210 Subtotal [A6] Subgroup : [A7]	Other Assets Liabilities & Equity Accounts Payable Accounts Payable ACCOUNT VISA CREDIT CARD Resident Fund ACCOUNT VISA CREDIT CARD Resident Fund Account Accounts Payable Accrued Payroll Wages Payable 401 K Deductions Payable 401 K PAYABLE EMP MATCH Accrued Payroll Accrued Payroll Accrued Payroll Taxes ACCRUED PAYROLL TAXES Accrued Payaroll Taxes	35,761.00 875,595.00 (963,125.00) (37,521.00) 18.00 36,291.00 (864,337.00) (99,322.00) 214.00 1,786.00 (97,322.00) (12,200.00) (12,200.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 35,291.00 (864,337.00) (99,322.00) 214.00 1,785.00 (97,322.00) (12,200.00) (12,200.00) (41,012.00)	942,427.00 (700,860.00) (41,153.00) 18.00 40,090.00 (701,905.00) (95,550.00) 209.00 1,778.00 (94,563.00) (8,361.00) (8,361.00)
Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20000 20001 24250 24300 Subtotal [A1] Subgroup: [A4] 23200 23300 23302 Subtotal [A4] Subgroup: [A6] 23210 Subtotal [A6] Subgroup: [A7] 26000	Other Assets Assets Liabilities & Equity Accounts Payable Accounts Payable ACCOUNT VISA CREDIT CARD Resident Fund Account Accounts Payable Accrued Payroll Wages Payable 401 K Deductions Payable 401 K PAYABLE EMP MATCH Accrued Payroll Accrued Payroll Taxes ACCRUED PAYROLL TAXES ACCRUED PAYROLL TAXES ACCRUED PAYROLL TAXES ACCRUED FAYROLL TAXES	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 36,291.00 (864,337.00) (99,322.00) 214.00 1,786.00 (97,322.00) (12,200.00) (12,200.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 35,291.00 (864,337.00) (99,322.00) 214.00 1,785.00 (97,322.00) (12,200.00) (12,200.00)	(700,860.00) (41,153.00) 18.00 40,090.00 (701,905.00) (96,550.00) 209.00 1,778.00 (94,563.00) (8,361.00)
Subtotal [D7] Total [31] Group : [33] Subgroup : [A1] 20000 20001 24250 24300 Subtotal [A1] Subgroup : [A4] 23200 23300 23302 Subtotal [A4] Subgroup : [A6] 23210 Subtotal [A6] Subgroup : [A7]	Other Assets Assets Liabilities & Equity Accounts Payable Accounts Payable RESIDENT FUND ACCOUNT VISA CREDIT CARD Resident Fund Account Accounts Payable Accrued Payroll Wages Payable 401 K Deductions Payable 401K PAYABLE EMP MATCH Accrued Payroll Accrued Payroll Taxes ACCRUED PAYROLL TAXES Accrued Payaroll Taxes Medicare Final Settlement	35,761.00 875,595.00 (963,125.00) (37,521.00) 18.00 36,291.00 (864,337.00) (99,322.00) 214.00 1,786.00 (97,322.00) (12,200.00) (12,200.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 35,291.00 (864,337.00) (99,322.00) 214.00 1,785.00 (97,322.00) (12,200.00) (12,200.00) (41,012.00)	942,427.00 (700,860.00) (41,153.00) 18.00 40,090.00 (701,905.00) (95,550.00) 209.00 1,778.00 (94,563.00) (8,361.00) (8,361.00)
Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20000 20001 24250 24300 Subtotal [A1] Subgroup: [A4] 23200 23300 23302 Subtotal [A4] Subgroup: [A6] 23210 Subtotal [A6] Subgroup: [A7] 26000 Subtotal [A7]	Other Assets Assets Liabilities & Equity Accounts Payable Accounts Payable RESIDENT FUND ACCOUNT VISA CREDIT CARD Resident Fund Account Accounts Payable Accrued Payroll Wages Payable 401 K Deductions Payable 401K PAYABLE EMP MATCH Accrued Payroll Accrued Payroll Taxes ACCRUED PAYROLL TAXES Accrued Payaroll Taxes Medicare Final Settlement MEDICAID RECOUPMENTS Medicare Final Settlement	35,761.00 875,595.00 (963,125.00) (37,521.00) 18.00 36,291.00 (864,337.00) (99,322.00) 214.00 1,786.00 (97,322.00) (12,200.00) (12,200.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 35,291.00 (864,337.00) (99,322.00) 214.00 1,785.00 (97,322.00) (12,200.00) (12,200.00) (41,012.00)	942,427.00 (700,860.00) (41,153.00) 18.00 40,090.00 (701,905.00) (96,550.00) 209.00 1,778.00 (94,563.00) (8,361.00) (43,835.00)
Subtotal [D7] Total [31] Group : [33] Subgroup : [A1] 20000 20001 24250 24300 Subtotal [A1] Subgroup : [A4] 23200 23300 23302 Subtotal [A4] Subgroup : [A6] 23210 Subtotal [A6] Subgroup : [A7] 26000 Subtotal [A7] Subgroup : [A7]	Other Assets Assets Liabilities & Equity Accounts Payable Accounts Payable RESIDENT FUND ACCOUNT VISA CREDIT CARD Resident Fund Account Accounts Payable Accrued Payroll Wages Payable 401K Deductions Payable 401K PAYABLE EMP MATCH Accrued Payroll Accrued Payroll Taxes ACCRUED PAYROLL TAXES Accrued Payaroll Taxes Medicare Final Settlement MEDICAID RECOUPMENTS Medicare Final Settlement Mortgage Payable	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 36,291.00 (864,337.00) (99,322.00) 214.00 1,786.00 (97,322.00) (12,200.00) (12,200.00) (41,012.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 35,291.00 (864,337.00) (99,322.00) 214.00 1,785.00 (97,322.00) (12,200.00) (12,200.00) (41,012.00) (41,012.00)	942,427.00 (700,860.00) (41,153.00) 18.00 40,090.00 (701,905.00) (96,550.00) 209.00 1,778.00 (94,563.00) (8,361.00) (8,361.00) (43,835.00) (43,835.00)
Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20000 24250 24300 Subtotal [A1] Subgroup: [A4] 23200 23300 23302 Subtotal [A4] Subgroup: [A6] 23210 Subtotal [A6] Subgroup: [A7] 26000 Subtotal [A7] Subgroup: [A7]	Other Assets Assets Liabilities & Equity Accounts Payable Accounts Payable ACCOUNT VISA CREDIT CARD Resident Fund Account Accounts Payable Accrued Payroll Wages Payable 401 K Deductions Payable 401 K PAYABLE EMP MATCH Accrued Payroll Accrued Payroll Taxes Medicare Final Settlement MEDICAID RECOUPMENTS Medicare Final Settlement Mortgage Payable Current Portion Long-Term Debt	35,761.00 875,595.00 (963,125.00) (37,521.00) 18.00 36,291.00 (864,337.00) (99,322.00) 214.00 1,786.00 (97,322.00) (12,200.00) (12,200.00) (41,012.00) (41,012.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 35,291.00 (864,337.00) (99,322.00) 214.00 1,785.00 (97,322.00) (12,200.00) (12,200.00) (41,012.00)	942,427.00 (700,860.00) (41,153.00) 18.00 40,090.00 (701,905.00) (96,550.00) 209.00 1,778.00 (94,563.00) (8,361.00) (43,835.00)
Subtotal [D7] Total [31] Group : [33] Subgroup : [A1] 20000 20001 24250 24300 Subtotal [A1] Subgroup : [A4] 23200 23300 23302 Subtotal [A4] Subgroup : [A6] 23210 Subtotal [A6] Subgroup : [A7] 26000 Subtotal [A7] Subgroup : [A7]	Other Assets Assets Liabilities & Equity Accounts Payable Accounts Payable RESIDENT FUND ACCOUNT VISA CREDIT CARD Resident Fund Account Accounts Payable Accrued Payroll Wages Payable 401K Deductions Payable 401K PAYABLE EMP MATCH Accrued Payroll Accrued Payroll Taxes ACCRUED PAYROLL TAXES Accrued Payaroll Taxes Medicare Final Settlement MEDICAID RECOUPMENTS Medicare Final Settlement Mortgage Payable	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 36,291.00 (864,337.00) (99,322.00) 214.00 1,786.00 (97,322.00) (12,200.00) (12,200.00) (41,012.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 35,291.00 (864,337.00) (99,322.00) 214.00 1,785.00 (97,322.00) (12,200.00) (12,200.00) (41,012.00) (41,012.00)	942,427.00 (700,860.00) (41,153.00) 18.00 40,090.00 (701,905.00) (96,550.00) 209.00 1,778.00 (94,563.00) (8,361.00) (8,361.00) (43,835.00) (43,835.00)
Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20000 20001 24250 24300 Subtotal [A1] Subgroup: [A4] 23200 23302 Subtotal [A4] Subgroup: [A6] 23210 Subtotal [A6] Subgroup: [A7] 26000 Subtotal [A7] Subgroup: [A7] 26000 Subtotal [A7]	Other Assets Assets Liabilities & Equity Accounts Payable Accounts Payable RESIDENT FUND ACCOUNT VISA CREDIT CARD Resident Fund Account Accounts Payable Accrued Payroll Wages Payable 401 K Deductions Payable 401K PAYABLE EMP MATCH Accrued Payroll Accrued Payroll Accrued Payaroll Taxes ACCRUED PAYROLL TAXES Accrued Payaroll Taxes Medicare Final Settlement MEDICAID RECOUPMENTS Medicare Final Settlement Mortgage Payable Current Portion Long-Term Debt Mortgage Payable	35,761.00 875,595.00 (963,125.00) (37,521.00) 18.00 36,291.00 (864,337.00) (99,322.00) 214.00 1,786.00 (97,322.00) (12,200.00) (12,200.00) (41,012.00) (41,012.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 35,291.00 (864,337.00) (99,322.00) 214.00 1,785.00 (97,322.00) (12,200.00) (12,200.00) (41,012.00) (41,012.00)	942,427.00 (700,860.00) (41,153.00) 18.00 40,090.00 (701,905.00) (96,550.00) 209.00 1,778.00 (94,563.00) (8,361.00) (8,361.00) (43,835.00) (43,835.00)
Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20000 24250 24300 Subtotal [A1] Subgroup: [A4] 23200 23300 23302 Subtotal [A4] Subgroup: [A6] 23210 Subtotal [A6] Subgroup: [A7] 26000 Subtotal [A7] Subgroup: [A7]	Other Assets Assets Liabilities & Equity Accounts Payable Accounts Payable RESIDENT FUND ACCOUNT VISA CREDIT CARD Resident Fund Account Accounts Payable Accrued Payroll Wages Payable 401 K Deductions Payable 401K PAYABLE EMP MATCH Accrued Payroll Accrued Payroll Accrued Payaroll Taxes ACCRUED PAYROLL TAXES Accrued Payaroll Taxes Medicare Final Settlement MEDICAID RECOUPMENTS Medicare Final Settlement Mortgage Payable Current Portion Long-Term Debt Mortgage Payable	35,761.00 875,595.00 (963,125.00) (37,521.00) 18.00 36,291.00 (864,337.00) (99,322.00) 214.00 1,786.00 (97,322.00) (12,200.00) (12,200.00) (41,012.00) (41,012.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	35,761.00 875,595.00 (863,125.00) (37,521.00) 18.00 35,291.00 (864,337.00) (99,322.00) 214.00 1,785.00 (97,322.00) (12,200.00) (12,200.00) (41,012.00) (41,012.00)	942,427.00 (700,860.00) (41,153.00) 18.00 40,090.00 (701,905.00) (96,550.00) 209.00 1,778.00 (94,563.00) (8,361.00) (8,361.00) (43,835.00) (43,835.00)

23000 24000 27100 Subtotal [A12]	Accrued Expenses Other Taxes Payable Deferred Revenue Other Current Liabilities	(20,254,00) (3,646.00) (700.00) (24,600.00)	0.00 0.00 0.00 0.00	(20,254.00) (3,646.00) (700.00) (24,600.00)	(20,069.00) (3,646.00) (700.00) (24,415.00)
Subgroup : [B2] 27000 Subtotal [B2]	Mortgage Payable Notes Payable-Noncurrent Mortgage Payable	(546,776.00) (546,776.00)	0.00	(546,776.00) (546,776.00)	(606,056,00) (606,056,00)
Subgroup : [C] 39003 39004 39005 Subtotal [C]	Equity Common Stock Paid-in Capital Retained Earnings Equity	(3,000.00) 15,227.00 581,498.00 593,725.00	0.00 0.00 0.00 0.00	(3,000.00) 15,227.00 581,498.00 593,725.00 (1,051,802.00)	(3,000.00) 15,227.00 750,540.00 762,767.00 (773,384.00)
Total [33]	Liabilities & Equity NET (INCOME) LOSS Sum of Account Groups	175,207.00	0.00	176,207.00	(169,043.00) 0.00

Client:

Twin Maples Home, Inc. Medicaid - Twin Maples 2023 Cost Report 9/30/2023 A.01 - TB-CCNH H.01 - Reclassifying Journal Entries Report

Engagement: Period Ending: Trial Balance:

Workpaper:

Account	Description	W/P Ref	Debit	Credit
Reclassifying Jo	urnal Entries JE # 1	D.01	0 2 2	
To reclass chamb	er of commerce dues and subscriptions to correct line	D.01		
of cost report	and deboorphone to confect line			
65501	Dues to Chamber of Commerce		220.00	
Marcum 106	Subscriptions		336.00 179.00	
65500	Dues and Subscriptions Expense		179.00	170.5
65500	Dues and Subscriptions Expense			179.0
Total			515.00	336.0
			515.00	515.0
Reclassifying Jou	ırnal Entries JE # 2	F.01		
To reclass Med B	therapy revenue based on treatements	7.01		
40401	MEDICARE PT B REVENUE		58,552.00	
Marcum 102	ST Revenue Medicare Part B		00,002.00	
Marcum 103	OT Revenue Medicare Part B			ED 550 0
Total .			58,552.00	58,552.0 58,552.0
				30,332.0
Reclassifying Jou	rnal Entries JE # 3	E.01		
To Reclass ST & C	T therapy Charges out of PT			
63120	Consultants - OT PART A		86,933.00	
63112	Consultants - PT Part A		,	86,933.0
63118	Consultants - ST PART A			00,000.0
otal			86,933.00	86,933.0
Reclassifving Jou	rnal Entries JE # 4	K.03		
o reclass fixed ass	et additions in order to tie to 2023 Audit	K.03		
15600	Building Improvements		13,281.00	
15000	Furniture and Fixtures		13,201.00	2,985.00
15100	Equipment			
15400	Leasehold Improvements			4,728.00 5,568.00
otal			13,281.00	13,281.00
eclassifying Jou	mal Entries JE # 5	N.01		
reclass prior year	expenses to other revenue			
78199	PURCHASED SVCS-MED A CNSL BILL		5,065,00	
78212	PURCH SVCS-TRANSPORTATION MEDA		355.00	
Marcum 108	Reversal of PY Expenses		250,50	5,420.00
otal			5,420.00	5,420.00
				3,720.00



Provider Name: Provider Number: Twin Maples 23151

Period Ended:

9/30/23

win Maples

Workpaper Index: Prepared By:

Reviewed By:

Workpaper Date:

1/17/2024 1/17/2024

Run Date:

Name of Workpaper:

VHCL CKLST

VEHICLE COMPLIANCE CHECKLIST

PURPOSE:

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

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

Conclusion: