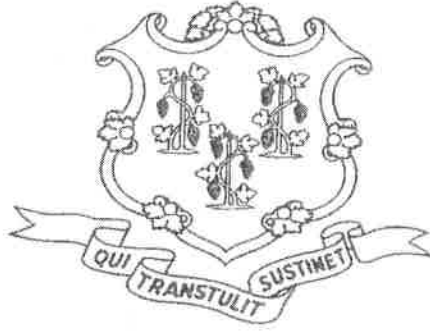


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility	
Address (No. & Street, City, State, Zip Code) 809-R New Haven Road, Durham, CT 06422	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

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

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

**General Information**

Name of Facility (as licensed) Twin Maples Home, Inc., d/b/a Twin Maples Health C	License No. 2315	Report for Year Ended 9/30/2021	Page 1	of 37
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**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

(a) Subject to Desk Audit Review

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

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility		Period Covered:	From 10/1/2020	To 9/30/2021
Address of Facility 809-R New Haven Road, Durham, CT 06422				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 1/22/2022	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 860-349-1041		Report for Year Ended 9/30/2021	Page 2	of 37
Name of Facility (as shown on license) Twin Maples Home, Inc., d/b/a Twin Maples Health Care Fac		Address (No. & Street, City, State, Zip) 809-R New Haven Road, Durham, CT 06422		
License Numbers:	CCNH 2315	RHNS (Specify)	Medicare Provider No. 07-5431	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.				
N/A				
<b>Administrator</b>				
Name of Administrator Amy Bentley		Nursing Home Administrator's License No.:	002013	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		



**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility Twin Maples Home, Inc., d/b/a Twin Maples	License No. 2315	Report for Year Ended 9/30/2021	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility	809-R New Haven Road, Durham, CT 06422	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Theodore E. Jackson	55 Blanks Blvd, Guilford, CT 06437	President	50	
Shelley L. Jackson	55 Blanks Blvd, Guilford, CT 06437	Sec / Treas	50	
Names of Stockholders Owning at Least 10% of Shares				
Theodore E. Jackson	55 Blanks Blvd, Guilford, CT 06437	President	50	
Shelley L. Jackson	55 Blanks Blvd, Guilford, CT 06437	Sec / Treas	50	

### General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health	2315	9/30/2021	3B	37

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

Owner(s) of Facility

N/A



**General Information and Questionnaire**  
**Related Parties\***

Name of Facility Twin Maples Home, Inc., d/b/a Twin Maples Health Ca	License No. 2315	Report for Year Ended 9/30/2021	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No    If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.

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

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility Twin Maples Home, Inc., d/b/a Twin Maples Hea	License No. 2315	Report for Year Ended 9/30/2021	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist <i>(See listing page 13)</i>			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
N/A				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
N/A				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<div style="text-align: right;"> <input checked="" type="radio"/> Yes      <input type="radio"/> No      If "No," explain fully why such allocation was not made.         </div>				
N/A				

### General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Fa			2315	9/30/2021			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease		Amount Claimed
	Yes	No						
CIT - 10201 Centurion Pkwy N, Suite 100, Jacksonville, FL 35526	<input type="radio"/>	<input checked="" type="radio"/>	Copier	07/03/08	60 Months - Ongoing	3,193		3,193
Sysco - 1390 Enclave Parkway, Houston, TX 77077-2099	<input type="radio"/>	<input checked="" type="radio"/>	Dishwasher	01/01/10	Monthly	1,093		1,093
Tamco/Frontier	<input type="radio"/>	<input checked="" type="radio"/>	Phone System	04/19/18	60 Months	1,646		1,646
Ascentium, 23970 Highway 59 N, Kingwood, TX 77339	<input type="radio"/>	<input checked="" type="radio"/>	TV System / Direct TV	12/28/16	60 Months	2,520		2,520
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
							<b>Total ***</b>	8,452

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes       No

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

\*\* Attach copies of newly acquired leases.

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

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Twin Maples Home, Inc., d/b/a Tw	License No. 2315	Report for Year Ended 9/30/2021	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No    If "No," explain.				
N/A				
<b>Independent Accounting Firm</b>				
Name of Accounting Firm 1 Marcum LLP 2 3 4		Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, New Haven, CT 06511		
Services Provided by This Firm ( <i>describe fully</i> )				
1	Audited Financial Statements, Tax Returns, Cost Report Preparation and Advisory Reimbursement Consulting			\$ 34,364
2				\$
3				\$
4				\$
				<b>Charge for Services Provided</b>
				\$ 34,364
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No    Page 15, Line 1d				
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney 1 Murtha Cullina LLP 2 3 4 5			Telephone Number 203-772-7700	
Address ( <i>No. &amp; Street, City, State, Zip Code</i> ) 1 265 Chruch St, New Haven, CT 06510 2 3 4 5				
Services Provided by This Firm ( <i>describe fully</i> )				
1	Consult related to COVID Religious Exemption			\$ 714
2				\$
3				\$
4				\$
5				\$
				<b>Charge for Services Provided</b>
				\$ 714
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input type="radio"/> Yes <input checked="" type="radio"/> No    Page 15 Line 1e				

**Schedule of Resident Statistics**

Name of Facility		License No.			Report for Year Ended				Page	of			
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility		2315			9/30/2021				8	37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	44	44			44	44							
B. On last day of THIS report period	44	44							44	44			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	35	35			35	35							
B. As of midnight of THIS report period	37	37							37	37			
3. Total Number of Days Care Provided During Period													
A. Medicare	746	746			727	727			19	19			
B. Medicaid (Conn.)	11,328	11,328			8,193	8,193			3,135	3,135			
C. Medicaid (other states)													
D. Private Pay	303	303			228	228			75	75			
E. State SSI for RCH													
F. Other (Specify) Commercial Insurance	325	325			233	233			92	92			
G. Total Care Days During Period (3A thru F)	12,702	12,702			9,381	9,381			3,321	3,321			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days	7	7			7	7							
5. <b>Total Resident Days (3G + 4A + 4B)</b>	12,709	12,709			9,388	9,388			3,321	3,321			

### Schedule of Resident Statistics (Cont'd)

Name of Facility Twin Maples Home, Inc., d/b/a Twin Maples			License No. 2315			Report for Year Ended 9/30/2021			Page 9	of 37				
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span> If "YES", provide the following information:														
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)					
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.														
Change in Resident Days								CCNH	RHNS	(Specify)				
1st change														
2nd change														
3rd change														
4th change														
6. Number of Residents and Rates on September 30 of Cost Year														
Item	Medicare	Medicaid		Self-Pay			Other State Assisted							
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR						
No. of Residents		34		3										
Per Diem Rate														
a. One bed rm.	Various	226.00		350.00										
b. Two bed rms.	Various	226.00		350.00										
c. Three or more bed rms.														
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)			
A. Medicare - Part B								741	741					
B. Medicaid (Exclusive of Part B)														
1. Maintenance Treatments														
2. Restorative Treatments														
C. Other								605	605					
D. Total Physical Therapy Treatments								1,346	1,346					
8. Total Number of Speech Therapy Treatments														
A. Medicare - Part B								20	20					
B. Medicaid (Exclusive of Part B)														
1. Maintenance Treatments														
2. Restorative Treatments														
C. Other								45	45					
D. Total Speech Therapy Treatments								65	65					
9. Total Number of Occupational Therapy Treatments														
A. Medicare - Part B								497	497					
B. Medicaid (Exclusive of Part B)														
1. Maintenance Treatments														
2. Restorative Treatments														
C. Other								751	751					
D. Total Occupational Therapy Treatments								1,248	1,248					

**Report of Expenditures - Salaries & Wages**

Name of Facility	License No.	Report for Year Ended	Page	of		
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Fac	2315	9/30/2021	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RIINS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	121,900	2,086				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	107,669	2,268				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	93,437	4,264				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	11,053	510				
c. Dietary Workers	212,516	12,140				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	60,152	3,721				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	55,057	2,155				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	7,938	530				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	110,825	2,323				
b. RN						
1. Direct Care	443,288	9,861				
2. Administrative**	71,136	1,814				
c. LPN						
1. Direct Care	105,507	3,631				
2. Administrative**						
d. Aides and Attendants	411,238	20,994				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	86,329	4,689				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	55,835	2,118				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	1,953,880	73,104				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	0					
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	0					
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-



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

Name of Facility			License No.	Report for Year Ended			Page	of		
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility			2315	9/30/2021			11	37		
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
Theodore E. Jackson	121,900			Non Discriminatory	Owner	2,086	A1			
<b>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).</b>										
Shelley Jackson	69,100			Non Discriminatory	Infection Control Nurse	1,711	A12b2			

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

\*\* Include **all** employment worked during the cost year.

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility				2315	9/30/2021			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Amy Bentley	107,669			Non Discriminatory	Administrator	2,268	A2			
<b>Section IV - Assistant Administrators</b>										

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

\*\* Include all other employment worked during the cost year.

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

**Annual Report of Long-Term Care Facility**

CSP-13 Rev. 9/2002

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Twin Maples Home, Inc., d/b/a Twin Maples Health	2315	9/30/2021	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	6,780	170				
2. Dentist	2,400	Contracted				
3. Pharmacist	2,772	53				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	34,547	352				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	9,600	60				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	2,373	17				
b. Other						
10. Occupational Therapist						
a. Resident Care	32,031	326				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	37,729	433				
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	31,120	960				
d. Other						
12. Other (Specify)						
See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>159,352</b>	<b>2,371</b>				

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

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health Ca		2315	9/30/2021		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Sherree Iafrate, 462 Briarwood Drive, Guilford, CT 06437	Dietician	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
LTC MANAGEMENT, 174 SCOTT ROAD, PROSPECT, CT	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Partners Pharmacy, 70 Jackson Drive, Cranford, NJ 07016	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Dr. Anuruddha Walaliyadda, 687 Campbell Ave, Ste 2, West Haven, CT 06516	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Massage Fusion, 291 Main Street, Niantic, CT 06357	Physical, Occupational and Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
SDX Swallowing, 21 Waterville Rd, Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
THE NURSE NETWORK, INC. 653 Main St, Plantsville, CT 06479	RNs, LPNs, CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

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

**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Hea	2315	9/30/2021	15	37
Item	Total	CCNH	RHNS	(Specify)
<b>I. Administrative and General</b>				
<b>a. Employee Health &amp; Welfare Benefits</b>				
1. Workmen's Compensation	\$ 22,874	22,874		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 18,209	18,209		
4. Social Security (F.I.C.A.)	\$ 129,865	129,865		
5. Health Insurance	\$ 89,567	89,567		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 6,521	6,521		
<b>b. Personal Retirement Plans, Pensions, and         Profit Sharing Plans for Owners and         Operators (Discriminatory)*</b>	\$			
<b>c. Bad Debts*</b>	\$ 3,079	3,079		
<b>d. Accounting and Auditing</b>	\$ 34,364	34,364		
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$ 714	714		
<b>f. Insurance on Lives of Owners and         Operators (<i>Specify</i>)*</b>	\$			
<b>g. Office Supplies</b>	\$ 2,371	2,371		
<b>h. Telephone and Cellular Phones</b>				
1. Telephone & Pagers	\$ 4,093	4,093		
2. Cellular Phones	\$			
<b>i. Appraisal (<i>Specify purpose and         attach copy</i>)*</b>	\$			
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$			
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$ 762	762		
3. Resident Day User Fee	\$ 251,694	251,694		
<b>Subtotal</b>	\$ 564,113	564,113		

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

(Carry Subtotals forward to next page)

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

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	(Specify)
	0		
401(K) Plan Fees	\$ 2,608		
Staff Appreciation	\$ 1,999		
Employee Background Checks	\$ 1,914		
<b>Total</b>	\$ 6,521	\$ -	\$ -

**Schedule of Other Taxes**

Description	CCNH	RHNS	(Specify)
	0		
Sales and Use Tax	\$ 762		
<b>Total</b>	\$ 762	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health C	2315	9/30/2021	16	37
Item		Total	CCNH	RHNS (Specify)
<b>Subtotals Brought Forward:</b>		564,113	564,113	
<b>l. Travel and Entertainment</b>				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$			
5. Education Expenses Related to Seminars and Conventions	\$	1,654	1,654	
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$			
<b>m. Other Administrative and General Expenses</b>				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$	15,469	15,469	
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$			
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$	888	888	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	4,895	4,895	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	335	335	
9. Subscriptions	\$	178	178	
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$	49,403	49,403	
12. Administrative Management Services**	\$			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	2,217	2,217	
<b>C-14 Total Administrative &amp; General Expenditures</b>		\$ 639,152	639,152	

\* Do not include Subscriptions, which should go in item 9.

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	0		
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
<b>Total Other Advertising</b>	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CBHA Dues	\$ 1,366		
ALTCFM	\$ 86		
AHCA	\$ 440		
CAHCF	\$ 3,003		
<b>Total Dues</b>	\$ 4,895	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	0		
<b>Total Contributions</b>	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
Late Charges (Disallowed)	\$ 1,493		
Licenses	\$ 1,210		
Bank Charges(Disallowed)	\$ 15		
Owner Expense(Disallowed)	\$ 35		
Purchase Disc - Expense Items	\$ (536)		
<b>Total Other Administrative and General</b>	\$ 2,217	\$ -	\$ -



**Schedule C-1 - Management Services\***

Name of Facility Twin Maples Home, Inc., d/b/a Twin Map	License No. 2315	Report for Year Ended 9/30/2021	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

\* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health C		2315	9/30/2021		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food	\$	87,151	87,151			
2. Non-Food Supplies	\$	11,017	11,017			
3. Other (Specify) _____	\$					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
		\$	1,083	1,083		
c. Other (Specify) _____						
		\$				
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		\$	<b>99,251</b>	<b>99,251</b>		
2E. Dietary Questionnaire						
		Total	CCNH	RHNS	(Specify)	
F. Resident Meals:	Total no. of meals served per day:*					
G. Is cost of employee meals included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No					
H. Did you receive revenue from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)					
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.	
K. Is any revenue collected from these people?	<input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)					
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.	
N. Is any revenue collected from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.	
O. Where is the revenue received reported in the Cost Report?	(Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health Care		2315	9/30/2021	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$	42,314	42,314		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	18,288	18,288		
c. Other (Specify) Laundry Supplies	\$	42	42		
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	\$	<b>60,644</b>	<b>60,644</b>		
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Twin Maples Home, Inc., d/b/a Twin Maples H		2315	9/30/2021		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$				
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C.	Other ( <i>Specify</i> ) Other Housekeeping Supplies	\$	9,148	9,148		
4D.	<b>Total Housekeeping Expenditures</b> (4a + b + c)	\$	9,148	9,148		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Prescription Drugs	\$	28,816	28,816		
b.	Medicine Cabinet Drugs	\$				
c.	Medical and Therapeutic Supplies	\$	52,947	52,947		
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	4,797	4,797		
f.	X-rays and Related Radiological Procedures***	\$				
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	4,249	4,249		
i.	Recreation	\$	1,239	1,239		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	41,076	41,076		
5M.	<b>Total Resident Care Expenditures</b> (5a - 5j)	\$	133,124	133,124		

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

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

\*\*\* Facility should self-disallow the expense on Page 29 of the Cost Report.

\*\*\*\* ICFMR's should provide a detailed schedule of all Day Program Costs.

**Schedule of Other Resident Care**

Description	CCNH	RHNS	(Specify)
	0		
Nursing Purchased Services	\$ 948		
Med A Purchased Services (Disallowed)	\$ 4,352		
Patient Personal Items (Disallowed)	\$ 1,980		
COVID Supplies	\$ 33,796		
<b>Total Other Resident Care</b>	<b>\$ 41,076</b>	<b>\$ -</b>	<b>\$ -</b>

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**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		License No. 2315		Report for Year Ended 9/30/2021			Page of 21   37			
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Rinaldi Linen	47 Common Ct, Waterbury, CT 06704	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Patient Laundry	18,288			19	3b
Rinaldi Linen	47 Common Ct, Waterbury, CT 06704	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Linens	42,314			19	3a4
Point Click Care	120 Corporate Woods, Rochester, NY 14623	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Electronic Medical Records	19,865			16	m11
FACILITIES COMP FIRE PROTECTION	201 Christian Ln, Berlin, CT 06037	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Sprinkler/Fire	14,770			22	6f
AQUA PUMP	169 W Stafford Rd, Stafford, CT 06076	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Water Monitor/Softener Repairs	11,023			22	6f
K'S LAWN SERVICE	Northford, CT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Plowing/Lawn	10,002			22	6f
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Twin Maples Home, Inc., d/b/a Twin Maples H	2315	9/30/2021			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 14,606	14,606				
b. Heat	\$ 25,081	25,081				
c. Light & Power	\$ 37,049	37,049				
d. Water	\$					
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 8,452	8,452				
f. Other ( <i>itemize</i> ) See Attached Schedule	\$ 107,583	107,583				
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 192,771</b>	<b>192,771</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 18,988	18,988				
c. Non-Movable Equipment	\$ 13,175	13,175				
d. Movable Equipment	\$ 2,707	2,707				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 34,870</b>	<b>34,870</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 42,955	42,955				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 2,781	2,781				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 80,606</b>	<b>80,606</b>				

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

## Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
	0		
Inspection Fees	\$ 285		
Purch Svcs-EMR & INFO TECH	\$ 2,011		
PURCHASED SVCS-MEDICAL WASTE	\$ 940		
Purchased Services - Maint.	\$ 63,616		
Rent-Equipment	\$ 15,232		
PPE-SUPPLIES	\$ 25,499		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 107,583</b>	<b>\$ -</b>	<b>\$ -</b>



### Depreciation Schedule

Name of Facility Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility			License No. 2315		Report for Year Ended 9/30/2021			Page 23	of 37			
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
<b>A. Land Improvements</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
<b>B. Building and Building Improvements</b>												
1. Acquired prior to this report period	1,021,196		1,021,196	838,714	S/L	Various	16,571					
2. Disposals (attach schedule)	(9,417)			(9,417)								
3. Acquired during this report period (attach schedule)	37,467		37,467		S/L	Various	2,417					
B-4. Subtotal								18,988				
<b>C. Non-Movable Equipment</b>												
1. Acquired prior to this report period	337,130		337,130	283,371	S/L	Various	13,175					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal								13,175				
<b>D. Movable Equipment</b>												
1. Motor Vehicles (Specify name, model and year of each vehicle)	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period			Var	Var	235,319		235,319	228,660	S/L	Various	1,361	
b. Disposals (attach schedule)					(19,856)			(16,211)				
c. Acquired during this report period (attach schedule)					6,515						1,346	
D-3. Subtotal												2,707
<b>E. Total Depreciation</b>												34,870

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Land Improvements</b>		\$ -		\$ -
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</b>		\$ -		\$ -

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/12/2020	Retaining Wall	\$ 3,217	15	\$ 214
1/13/2021	Well Pipe from Well to Building	\$ 4,801	20	\$ 240
6/24/2021	A/C Unit Office	\$ 6,323	15	\$ 422
1/12/2021	Office Repairs	\$ 5,000	15	\$ 333
4/20/2021	Office Repairs	\$ 18,126	15	\$ 1,208
<b>Total additions for Building Improvements</b>		\$ 37,467		\$ 2,417
<b>Deletions:</b>				
9/30/2021	Carpeting	\$ (1,102)		
9/30/2021	CBN Security System	\$ (5,088)		
9/30/2021	Water Softener	\$ (2,507)		
9/30/2021	Hydraulic Lift	\$ (720)		
<b>Total deletions for Building Improvements</b>		\$ (9,417)		\$ -

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ -
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ -

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/22/2020	Computer Tablets	\$ 890	3	\$ 297
10/22/2020	Laptop/Desk Comp	\$ 786	3	\$ 262
2/9/2021	Laptop	\$ 388	3	\$ 129
1/8/2021	Wheelchair Scale	\$ 584	5	\$ 117
5/23/2021	Housekeeping Cart	\$ 513	5	\$ 103
7/13/2021	Food Processor	\$ 470	5	\$ 94
7/21/2021	Linen Cart	\$ 557	5	\$ 111
1/15/2021	Nurse Call System Repairs	\$ 2,327	10	\$ 233
<b>Total additions for Movable Equipment</b>		\$ 6,515		\$ 1,346 *
<b>Deletions:</b>				
9/30/2021	Computers	\$ (1,634)		
9/30/2021	Computer	\$ (700)		
9/30/2021	Computer Equipment	\$ (1,885)		
9/30/2021	Computer	\$ (882)		
9/30/2021	Phone System	\$ (471)		
9/30/2021	Copier	\$ (7,104)		
9/30/2021	Oxygen Concentrator	\$ (3,535)		
9/30/2021	Computers	\$ (934)		
9/30/2021	Computers	\$ (1,368)		
9/30/2021	Computers	\$ (1,343)		
<b>Total deletions for Movable Equipment</b>		\$ (19,856)		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

### Amortization Schedule\*

Name of Facility			License No.		Report for Year Ended			Page	of
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Fac			2315		9/30/2021			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1. Appraisal	5	97	5 Years	6,000	6,000	S/L	20		
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1. Closing Costs	5	97	5 Years	54,390	54,390	S/L	20		
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* 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, 2021

Depreciation Schedule

<u>Description</u>	<u>Acquisition Date</u>	<u>Historical Cost</u>	<u>Cost to be Depreciated</u>	<u>Useful Lives</u>	<u>Depreciation Method</u>	<u># Accu</u>	<u>2019 Accum</u>	<u>2020 Depreciation</u>	<u>2020 Accum</u>	<u>2021 Depreciation</u>	<u>2021 Accum</u>	<u>NBV</u>
<u>Building Improvements</u>												
Various	Various	704,705	704,705	Var	Var		704,705	-	704,705	-	704,705	-
(Less) Closing Costs*	N/A	(54,390)	(54,390)	N/A	N/A		(54,390)	-	(54,390)	-	(54,390)	-
Closet Doors	9/30/2003	2,700	2,700	10	S/L		2,700	-	2,700	-	2,700	-
Phone System	9/30/2003	5,277	5,277	5	S/L		5,277	-	5,277	-	5,277	-
Hydraulic Lift	9/30/2003	720	720	1	S/L		720	-	720	-	720	-
Septic	9/30/2003	16,100	16,100	15	S/L		16,100	-	16,100	-	16,100	-
Oxygen Cabinet	9/30/2003	978	978	1	S/L		978	-	978	-	978	-
Well System Repair	9/30/2003	3,631	3,631	10	S/L		3,631	-	3,631	-	3,631	-
Floorcoverings	9/30/2003	1,062	1,062	1	S/L		1,062	-	1,062	-	1,062	-
Metal Doors	6/22/2005	1,696	1,696	1	S/L		1,696	-	1,696	-	1,696	-
Heating and Air Conditioning Unit	1/26/2005	7,689	7,689	10	S/L		7,689	-	7,689	-	7,689	-
Locking / Security System	5/11/2006	1,574	1,574	10	S/L		1,574	-	1,574	-	1,574	-
Compressor for A/C	8/1/2006	1,775	1,775	10	S/L		1,775	-	1,775	-	1,775	-
Water valve - sprinkler system	9/26/2006	3,205	3,205	10	S/L		3,205	-	3,205	-	3,205	-
Sprinkler Instal. Patio/BSMT Pump Rm	5/15/2007	5,051	5,051	5	S/L		5,051	-	5,051	-	5,051	-
To reconcile to T/B		264	264	N/A	N/A		-	-	-	-	-	264
Fire Door	3/17/2008	1,986	-	5	N/A		-	-	-	-	-	1,986
Septic Pump	11/17/2008	14,880	14,880	10	S/L		14,880	-	14,880	-	14,880	-
Well Pump	4/15/2009	2,398	-	N/A	N/A		-	-	-	-	-	2,398
Chlorine Feed System	6/30/2009	17,490	17,490	10	S/L		17,490	-	17,490	-	17,490	-
Air Conditioner Replacement	6/30/2009	12,204	12,204	10	S/L		12,204	-	12,204	-	12,204	-
Washing Machine and window air conditioner	6/30/2009	1,748	-	N/A	N/A		-	-	-	-	-	1,748
Siding Project	6/30/2009	11,960	11,960	15	S/L		8,769	797	9,566	797	10,363	1,597
Circulator Pump	8/31/2009	1,927	-	N/A	N/A		-	-	-	-	-	1,927
Septic Repairs	11/15/2010	2,718	2,718	10	S/L		2,447	271	2,718	-	2,718	-
Septic Vent	12/10/2010	1,325	1,325	10	S/L		1,173	133	1,306	19	1,325	1
Septic Repairs	3/29/2011	2,940	2,940	10	S/L		2,499	294	2,793	147	2,940	-
Well Pump (replacement)	10/11/2010	4,770	4,770	10	S/L		4,293	477	4,770	-	4,770	-
Septic Piping From Kitchen	9/29/2011	2,877	2,877	10	S/L		2,303	288	2,591	286	2,877	-
Septic Grinder Pump	3/9/2012	7,440	7,440	10	S/L		5,952	744	6,696	744	7,440	-
Lobby Carpeting	3/21/2012	1,200	1,200	5	S/L		1,200	-	1,200	-	1,200	-
Dutch Colonial Storage Unit	6/5/2012	4,972	4,972	10	S/L		3,976	497	4,473	497	4,970	1
Wall Removal	12/3/1918	6,913	6,913	10	S/L		5,529	691	6,220	691	6,911	2
Toilet/Sink	10/1/2011	975	975	10	S/L		783	98	881	94	975	-
Septic Filter Upgrade	3/2/2012	781	781	10	S/L		624	78	702	78	780	1
Boiler Service	4/6/2012	2,175	2,175	10	S/L		1,743	218	1,961	214	2,175	-
Portable On-Site Generator	10/17/2013	4,001	4,001	15	S/L		1,602	267	1,869	267	2,136	1,865
Treatment Room Upgrades (Cabinets)	11/10/2013	1,270	1,270	15	S/L		510	85	595	85	680	591
Breaker for Transfer Switch	11/19/2013	11,333	11,333	15	S/L		4,536	756	5,292	756	6,048	5,285
Transfer Switch - Emergency Generator	11/22/2013	5,371	5,371	15	S/L		2,148	358	2,506	358	2,864	2,507
1-Well Water Chlorination System	4/8/2014	9,753	9,753	15	S/L		3,900	650	4,550	650	5,200	4,553

Tile Flooring	8/5/2014	2,350	2,350	15	S/L	942	157	1,099	157	1,256	1,094
Electrical Transfer Switch	10/1/2014	720	720	15	S/L	240	48	288	48	336	384
Water Softener System	7/27/2015	16,431	16,431	15	S/L	5,475	1,095	6,570	1,095	7,665	8,766
Aqua Compliance Spec	10/27/2015	1,053	1,053	15	S/L	280	70	350	70	420	633
Generator Remote Enunciator	11/25/2015	4,679	4,679	15	S/L	1,248	312	1,560	312	1,872	2,807
Generator E-Stop Button	11/25/2015	1,815	1,815	15	S/L	484	121	605	121	726	1,089
AC Unit	12/10/2015	6,275	6,275	15	S/L	1,672	418	2,090	418	2,508	3,767
Shower Room Renovation/Replacement	12/22/2015	6,210	6,210	15	S/L	1,656	414	2,070	414	2,484	3,726
Shower Room Renovation/Replacement	1/11/2016	2,500	2,500	15	S/L	668	167	835	167	1,002	1,498
Installation of touch screen	9/21/2016	385	385	15	S/L	104	26	130	26	156	229
Installation of emergency generator	11/6/2015	3,500	3,500	15	S/L	932	233	1,165	233	1,398	2,102
AC Unit	7/18/2016	5,525	5,525	15	S/L	1,472	368	1,840	368	2,208	3,317
Patio	6/22/2017	3,400	3,400	15	S/L	681	227	908	227	1,135	2,265
Upgrade to 4-Log	3/9/2018	27,385	27,385	15	S/L	3,652	1,826	5,478	1,826	7,304	20,081
Fire Doors	3/22/2018	5,849	5,849	15	S/L	780	390	1,170	390	1,560	4,289
J Beecher Construction	5/15/2018	3,800	3,800	15	S/L	506	253	759	253	1,012	2,788
Replaced Roof	9/10/2020	81,773	81,773	20	S/L	-	4,089	4,089	4,089	8,178	73,595
Retaining Wall	9/30/2020	10,103	10,103	15	S/L	-	674	674	674	1,348	8,755
Retaining Wall	10/12/2020	3,217	3,217	15	S/L	-	-	-	214	214	3,003
Well Pipe from Well to Building	1/13/2021	4,801	4,801	20	S/L	-	-	-	240	240	4,561
A/C Unit Office	6/24/2021	6,323	6,323	15	S/L	-	-	-	422	422	5,901
Office Repairs	1/12/2021	5,000	5,000	15	S/L	-	-	-	333	333	4,667
Office Repairs	4/20/2021	18,126	18,126	15	S/L	-	-	-	1,208	1,208	16,918
Carpeting(Disposal)	9/30/2021	(1,102)	(1,102)	N/A	N/A	-	-	-	-	(1,102)	-
CBN Security System(Disposal)	9/30/2021	(5,088)	(5,088)	N/A	N/A	-	-	-	-	(5,088)	-
Water Softener(Disposal)	9/30/2021	(2,507)	(2,507)	N/A	N/A	-	-	-	-	(2,507)	-
Hydraulic Lift(Disposal)	9/30/2021	(720)	(720)	N/A	N/A	-	-	-	-	(720)	-
<b>Total Building/Improv</b>		<b>1,049,247</b>	<b>1,041,187</b>			<b>821,124</b>	<b>17,590</b>	<b>838,714</b>	<b>18,989</b>	<b>848,286</b>	<b>200,961</b>

#### Nonmovable Equipment

Various	Various	244,309	244,309	Var	S/L	218,510	5,303	223,813	5,303	229,116	15,193
Well Pump	10/30/2001	1,367	1,367	15	S/L	1,367	-	1,367	-	1,367	-
Replace Circulator Heating Sys.	10/29/2001	1,589	1,589	10	S/L	1,589	-	1,589	-	1,589	-
Pump	1/23/2002	1,358	1,358	15	S/L	1,358	-	1,358	-	1,358	-
Water Softener	1/23/2002	2,507	2,507	10	S/L	2,507	-	2,507	-	2,507	-
Steam Table	10/1/2005	1,705	1,705	10	S/L	1,705	-	1,705	-	1,705	-
Furnace	10/4/2006	23,675	23,675	25	S/L	12,311	947	13,258	947	14,205	9,470
2 Office Desks	5/30/2007	1,226	-	N/A	N/A	-	-	-	-	-	1,226
Hoyer Lift	8/28/2009	500	-	N/A	N/A	-	-	-	-	-	500
Freezer	11/9/2009	3,584	3,584	5	S/L	3,584	-	3,584	-	3,584	-
Generator Work	5/11/2010	2,136	-	5	N/A	-	-	-	-	-	2,136
Refridgerator	5/18/2010	3,135	3,135	5	S/L	3,135	-	3,135	-	3,135	-
Driveway Paving	6/8/2010	2,160	-	10	N/A	-	-	-	-	-	2,160
AC Unit	6/8/2010	1,197	-	5	N/A	-	-	-	-	-	1,197
NJF Electric - Generator	6/23/2010	2,745	2,745	10	S/L	2,473	272	2,745	-	2,745	-
Dining Room Sink and Cabinet	5/19/2015	630	630	7	S/L	450	90	540	90	630	-
Refridgerator	3/18/2015	666	666	7	S/L	665	95	570	95	665	1
Freezer	6/16/2015	807	807	7	S/L	575	115	690	115	805	2
Steam Table	7/7/2015	850	850	7	S/L	605	121	726	121	847	2

Wanderguard Unit	3/26/2015	4,819	4,819	7	S/L	3,440	688	4,128	688	4,816	2
Dining Room AC Unit	6/15/2015	7,860	7,860	7	S/L	5,615	1,123	6,738	1,122	7,860	-
Toilet	10/5/2015	219	219	15	S/L	60	15	75	15	90	129
Toilet	2/1/2016	219	219	15	S/L	60	15	75	15	90	129
Electric Drain Cleaner	3/6/2017	497	497	10	S/L	150	50	200	50	250	247
AC Unit	5/18/2017	488	488	5	S/L	294	98	392	96	488	-
Generator Tank	8/2/2017	11,306	11,306	5	S/L	6,783	2,261	9,044	2,261	11,305	1
Stainless Steel Kitchen Cabinets	7/10/2017	4,265	4,265	15	S/L	852	284	1,136	284	1,420	2,845
Kitchen Faucets	5/24/2017	175	175	7	S/L	75	25	100	25	125	50
Electronic Beds	6/13/2019	7,612	7,612	5	S/L	1,522	1,522	3,044	1,522	4,566	3,046
Refridgerator	9/24/2019	587	587	7	S/L	84	84	168	84	252	335
Refridgerator	7/8/2019	1,125	1,125	7	S/L	161	161	322	161	483	642
Patient Sit to Stand Lift	7/18/2019	1,811	1,811	10	S/L	181	181	362	181	543	1,268
<b>Total Nonmovable Equip.</b>		<b>337,128</b>	<b>329,909</b>			<b>269,922</b>	<b>13,450</b>	<b>283,372</b>	<b>13,175</b>	<b>296,547</b>	<b>40,581</b>

Movable Equipment

Patient Life/Mattress	5/30/2007	7,080	7,080	10	S/L	7,080	708	7,788	(708)	7,080	-
Various	Various	202,027	202,027	Var	S/L	202,027	-	202,027	-	202,027	-
(Less) Appraisal Cost*	N/A	(6,000)	(6,000)	N/A	N/A	(6,000)	-	(6,000)	-	(6,000)	-
Oxygen Concentrator	4/12/2004	3,535	-	5	S/L	3,535	-	3,535	-	3,535	-
Gas Range	10/20/2004	4,016	4,016	5	S/L	4,016	-	4,016	-	4,016	-
Computer	11/13/2005	934	-	N/A	N/A	-	-	-	-	-	934
Electric Bed	8/25/2006	200	-	N/A	N/A	-	-	-	-	-	200
Office Chairs	8/28/2006	104	-	N/A	N/A	-	-	-	-	-	104
Medline Equipment - Capital lease	6/15/2006	3,041	3,041	5	S/L	3,041	-	3,041	-	3,041	-
Computer	1/20/2007	882	-	N/A	N/A	-	-	-	-	-	882
Supression System Gas Range	5/7/2007	8,055	8,055	5	S/L	8,055	-	8,055	-	8,055	-
Computer	4/21/2007	1,368	-	N/A	N/A	-	-	-	-	-	1,368
Computer	6/5/2008	1,343	-	N/A	N/A	-	-	-	-	-	1,343
Maytag Dryer	9/11/2012	593	593	10	S/L	473	59	532	59	591	3
Computer	9/27/2013	1,170	1,170	5	S/L	1,170	-	1,170	-	1,170	-
Mattresses & Bedspreads	5/24/2013	9,007	9,007	7	S/L	9,007	-	9,007	-	9,007	-
Patio Furniture	6/26/2013	256	256	5	S/L	256	-	256	-	256	-
Chairs	4/10/2013	25	25	5	S/L	25	-	25	-	25	-
Freezer & Milk Cooler	9/5/2013	400	400	7	S/L	400	-	400	-	400	-
45 Armoire Units	4/16/2014	2,665	2,665	7	S/L	2,286	380	2,666	-	2,666	-
Furniture (Disposal)	10/1/1997	(9,648)	(9,648)	7	S/L	(9,648)	(1,378)	(11,026)	1,378	(9,648)	-
Dining Room Chairs	10/23/2014	426	426	7	S/L	305	61	366	60	426	-
Conveyor Toaster	12/3/2015	410	410	7	S/L	236	59	295	59	354	56
Electrolux JetMaxx Bag Canister Vac	12/18/2015	389	389	7	S/L	224	56	280	56	336	53
Wet/dry Vacuum and Floor Machine	3/29/2017	1,150	1,150	5	S/L	690	230	920	230	1,150	-
Office Computer and Printer	1/16/2017	275	275	5	S/L	165	55	220	55	275	-
Laptop Computer	5/25/2017	100	100	3	S/L	99	1	100	-	100	-
Laptop Computer	9/1/2017	295	295	3	S/L	294	1	295	-	295	-
Wireless Network	1/31/2017	689	689	5	S/L	414	138	552	137	689	-
Bed and Bed Frame	10/3/2016	532	532	15	S/L	105	35	140	35	175	357
Computer Tablets	10/22/2020	890	890	3	S/L	-	-	-	297	297	593
Laptop/Desk Comp	10/22/2020	786	786	3	S/L	-	-	-	262	262	524

Laptop	2/9/2021	388	388	3	S/L	129	129	259
Wheelchair Scale	1/8/2021	584	584	5	S/L	117	117	467
Housekeeping Cart	5/23/2021	513	513	5	S/L	103	103	410
Food Processor	7/13/2021	470	470	5	S/L	94	94	376
Linen Cart	7/21/2021	557	557	5	S/L	111	111	446
Nurse Call System Repairs	1/15/2021	2,327	2,327	10	S/L	233	233	2,094
Computers(Disposal)	9/30/2021	(1,634)	-	N/A	N/A	-	(1,634)	-
Computers(Disposal)	9/30/2021	(700)	-	N/A	N/A	-	(700)	-
Computer Equipment(Disposal)	9/30/2021	(1,885)	-	N/A	N/A	-	(1,885)	-
Computers(Disposal)	9/30/2021	(882)	-	N/A	N/A	-	(882)	-
Phone System(Disposal)	9/30/2021	(471)	-	N/A	N/A	-	(471)	-
Copier(Disposal)	9/30/2021	(7,104)	-	N/A	N/A	-	(7,104)	-
Oxygen Concentrator(Disposal)	9/30/2021	(3,535)	-	N/A	N/A	-	(3,535)	-
Computers(Disposal)	9/30/2021	(934)	-	N/A	N/A	-	-	(934)
Computers(Disposal)	9/30/2021	(1,368)	-	N/A	N/A	-	-	(1,368)
Computers(Disposal)	9/30/2021	(1,343)	-	N/A	N/A	-	-	(1,343)

**Total Movable Equipment**

**221,978    233,469**

**228,255    405    228,660    2,707    215,156    6,824**

C/R Assets & Depreciation Total (Land Included)

1,625,652

1,319,301    31,445    1,350,746    34,871    1,359,989    265,663

F/S Assets & Depreciation per TB

1,844,341

1,488,769    42,840    1,488,769    42,840    1,488,769    355,572

Rounding

-

Variance

(88,686)

169,468    11,395    138,023    7,969    128,780    89,909

{b}

{b}

{a}

Rollforward Adjustment From Audit Binder

641

Variance from Prior Year C/R

(88,045)

Variance from Insurance Claim

130,003 {c}

**F/S vs C/R NBV - Page 31, Line B9**

**89,909 {a}**

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

**F/S vs C/R Depreciation - Page 36, Line F1**

**7,969 {b}**



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

Name of Facility Twin Maples Home, Inc., d/b/a Twin N	License No. 2315	Report for Year Ended 9/30/2021	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		06/01/72		
2. Date Structure Completed		06/01/72		
3. If <b>NOT</b> Original Owner, Date of Purchase		N/A		
4. Date of Initial Licensure		N/A		
5. Total Licensed Bed Capacity		44		
6. Square Footage		13,290		
7. Acquisition Cost				
a. Land		17,298		
b. Building		432,199		
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		HUD Financing		
b. Date Mortgage Obtained		05/29/97		
c. Interest Rate for the Cost Year		3.90%		
d. Term of Mortgage (number of years)		35		
e. Amount of Principal Borrowed		1,275,000		
f. Principal balance outstanding as of 9/30/21		663,072		
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Twin Maples Home, Inc., d/b/a Twin		2315	9/30/2021		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 29119	29,119		
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$ 29,119	29,119		

(Carry Subtotals forward to next page)

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

Name of Facility		License No.	Report for Year Ended		Page	of
Twin Maples Home, Inc., d/b/a Twi		2315	9/30/2021		27	37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:			29,119	29,119		
12. C. Movable Equipment						
1. Automotive Equipment			\$			
A. Item		Rate	Amount			
Lender						
Address of Lender						
2. Other (Specify)			\$			
A. Item		Rate	Amount			
Lender						
Address of Lender						
B. Item		Rate	Amount			
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)			\$			
12. D. Other Interest Expense (Specify)			\$	2,276	2,276	
Other Interest Expense						
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>			\$	31,395	31,395	
14. Insurance						
a. Insurance on Property (buildings only)			\$	28,710	28,710	
b. Insurance on Automobiles			\$	237	237	
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)			\$	799	799	
2. Fire and Extended Coverage			\$			
3. Other (Specify)			\$	527	527	
Insurance Exp. - LIFE Employer Paid						
14d. <b>Total Insurance Expenditures (14a + b + c)</b>			\$	30,273	30,273	
15. <b>Total All Expenditures (A-13 thru C-14)</b>			\$	3,389,596	3,389,596	

**D. Adjustments to Statement of Expenditures**

Name of Facility			License No.	Report for Year Ended	Page	of	
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility			2315	9/30/2021	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 121,900	121,900		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	b10a	Occupational Therapy	\$ 32,031	32,031		
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 3,079	3,079		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 19,080	19,080		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 176,090	176,090		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

## Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A1	Owner's Salary	\$ 121,900		
<b>Total Other Salaries Adjustment</b>			\$ 121,900	\$ -	\$ -

## Schedule of Fees Adjustments

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

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Late Charges (Disallowed)	\$ 1,493		
16	m13	Bank Charges(Disallowed)	\$ 15		
16	m13	Bank Charges(Disallowed)	\$ 30		
16	m13	Owner Expense(Disallowed)	\$ 35		
16	m8a	Chamber Dues	\$ 335		
15	1k2	Sales Tax(Disallow All but \$250)	\$ 512		
15	Var	Owner Related Benefits	\$ 16,660		
<b>Total Other A&amp;G Adjustments</b>			\$ 19,080	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Fa			2315	9/30/2021	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 176,090	176,090		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 28,816	28,816		
28.			Ambulance/Linousine	\$			
29.			X-rays, etc	\$			
30.	20	5h	Laboratory	\$ 4,249	4,249		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 4,797	4,797		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 6,332	6,332		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 11,926	11,926		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 232,210	232,210		

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

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	51	Med A Purchased Services (Disallowed)	\$ 4,352		
20	51	Patient Personal Items (Disallowed)	\$ 1,980		
<b>Total Other Ancillary Costs</b>			\$ 6,332	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ -

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Property Adjustments</b>			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 4	Television Revenue	\$ -		
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 8	University of New Mexico Grant	\$ 6,000		
30	IV 8	Other Income	\$ 5,926		
<b>Total Other Adjustments</b>			\$ 11,926	\$ -	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

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



**F. Statement of Revenue**

Name of Facility Twin Maples Home, Inc., d/b/a Twin Map		License No. 2315		Report for Year Ended 9/30/2021		Page 30	of 37
Item	Total	CCNH	RHNS	(Specify)			
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>							
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 2,392,913	2,392,913					
b. Medicaid Room and Board Contractual Allowance **	\$						
2. a. Medicaid ( <i>All other states</i> )	\$						
b. Other States Room and Board Contractual Allowance **	\$						
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 418,897	418,897					
b. Medicare Room and Board Contractual Allowance **	\$						
4. a. Private-Pay Residents and Other	\$ 208,254	208,254					
b. Private-Pay Room and Board Contractual Allowance **	\$						
<b>II. Other Resident Revenue</b>							
1. a. Prescription Drugs - Medicare	\$ 3,154	3,154					
b. Prescription Drugs - Medicare Contractual Allowance **	\$						
c. Prescription Drugs - Non-Medicare	\$						
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$						
2. a. Medical Supplies - Medicare	\$						
b. Medical Supplies - Medicare Contractual Allowance **	\$						
c. Medical Supplies - Non-Medicare	\$ (501)	(501)					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$						
3. a. Physical Therapy - Medicare	\$ 19,041	19,041					
b. Physical Therapy - Medicare Contractual Allowance **	\$						
c. Physical Therapy - Non-Medicare	\$ 36,794	36,794					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$						
4. a. Speech Therapy - Medicare	\$ 17,654	17,654					
b. Speech Therapy - Medicare Contractual Allowance **	\$						
c. Speech Therapy - Non-Medicare	\$						
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$						
5. a. Occupational Therapy - Medicare	\$ 919	919					
b. Occupational Therapy - Medicare Contractual Allowance **	\$						
c. Occupational Therapy - Non-Medicare	\$ 1,739	1,739					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$						
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 9,485	9,485					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$						
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 3,108,349	3,108,349					
<b>IV. Other Revenue*</b>							
1. Meals sold to guests, employees & others	\$						
2. Rental of rooms to non-residents	\$						
3. Telephone	\$						
4. Rental of Television and Cable Services	\$						
5. Interest Income ( <i>Specify</i> )	\$ 17	17					
6. Private Duty Nurses' Fees	\$						
7. Barber, Coffee, Beauty and Gift shops	\$						
8. Other ( <i>Specify</i> )	\$ 273,051	273,051					
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 273,068	273,068					
<b>VI. Total All Revenue</b> (III+V)	\$ 3,381,417	3,381,417					

\* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.  
 \*\* Facility should report all contractual allowances and/or payer discounts.

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 II 6a	Managed Medicare B Anthem	\$ 2,814		
30 II 6a	CTCare Managed Medicare	\$ 6,671		
<b>Total Other Resident Revenue - Medicare</b>		\$ 9,485	\$ -	\$ -

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
<b>Total Other Resident Revenue</b>		\$ -	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			0		
30 IV 5	Mortgage Interest	N/A	\$ 17		
<b>Total Interest Income</b>			\$ 17	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 IV 8	CRF Grant	\$ 41,533		
30 IV 8	University of New Mexico Grant	\$ 6,000		
30 IV 8	Other Income - DHHS	\$ 217,627		
30 IV 8	CRF/CMP Funds	\$ 1,965		
30 IV 8	Other Income (Disallowed)	\$ 5,926		
<b>Total Other Revenue</b>		\$ 273,051	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin M	2315	9/30/2021	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	140,893
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	353,395
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	87,703
4. Inventories			\$	700
5. Prepaid Expenses			\$	34,039
a. Prepaid Expenses	34,039			
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	(34,329)
CTCare Managed Medicare	6,671			
Medicaid Advances	(41,000)			
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			\$	582,401
B. Fixed Assets				
1. Land			\$	17,298
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost	1,049,246	\$	200,961
	Accum. Depreciation	848,285	Net	
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost	337,130	\$	40,584
	Accum. Depreciation	296,546	Net	
6. Movable Equipment	*Historical Cost	221,978	\$	6,822
	Accum. Depreciation	215,156	Net	
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	82,378
F/S vs C/R NBV	82,380			
See Schedule	(2)			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			\$	348,043

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

Page Ref	Line Ref	Description	
Total Other Long-Term Liabilities (Itemize)			\$ -

**G. Balance Sheet (cont'd)**

Name of Facility		License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin M		2315	9/30/2021	32	37
Account				Amount	
Total Brought Forward:				\$	930,444
C. Leasehold or like property recorded for Equity Purposes.					
1. Land					
				\$	
2. Land Improvements					
*Historical Cost _____					
Accum. Depreciation _____				Net	\$
3. Buildings					
*Historical Cost _____					
Accum. Depreciation _____				Net	\$
4. Non-Movable Equipment					
*Historical Cost _____					
Accum. Depreciation _____				Net	\$
5. Movable Equipment					
*Historical Cost _____					
Accum. Depreciation _____				Net	\$
6. Motor Vehicles					
*Historical Cost _____					
Accum. Depreciation _____				Net	\$
7. Minor Equipment-Not Depreciable					
				\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)					
				\$	
D. Investment and Other Assets					
1. Deferred Deposits					
				\$	
2. Escrow Deposits					
				\$	
3. Organization Expense					
*Historical Cost _____					
Accum. Depreciation _____				Net	\$
4. Goodwill (Purchased Only)					
				\$	
5. Investments Related to Resident Care ( <i>itemize</i> )					
				\$	
6. Loans to Owners or Related Parties ( <i>itemize</i> )					
Name and Address		Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )					
				\$	
See Schedule					
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)					
				\$	
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)					
				\$	930,444

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

**G. Balance Sheet (cont'd)**

Name of Facility		License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Maples H		2315	9/30/2021	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	273,014
2. Notes Payable ( <i>itemize</i> )				\$	
See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	146,908
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	4,431
7. Medicare.Final Settlement Payable				\$	40,921
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	54,839
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	90,177
Accrued Expenses		20,069			
Other Taxes Payable		69,408			
Deferred Revenue		700			
See Schedule					
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	610,290

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

(Carry Total forward to next page)

**G. Balance Sheet (cont'd)**

Name of Facility Twin Maples Home, Inc., d/b/a Twin Maples		License No. 2315	Report for Year Ended 9/30/2021	Page 34	of 37
Account				Amount	
Total Brought Forward:				610,290	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 663,072	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 505,647	
PPP Loan		340,854			
HHS Liability		164,793			
See Schedule					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 1,168,719	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 1,779,009	

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


Name of Facility	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin M	2315	9/30/2021	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	3,000
3. Paid-in Surplus			\$	(15,227)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(734,393)
6. Gain or Loss for Period			\$	(6,427)
	10/1/2020	thru 9/30/2021		
7. Total Net Worth			\$	(753,047)
<b>C. Total Reserves and Net Worth</b>			\$	(753,047)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	1,025,962



### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin Ma	2315	9/30/2021	36	37
<b>Account</b>			<b>Amount</b>	
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	(840,442)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	3,381,417
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	3,387,844
D. Net Income or Deficit			\$	(6,427)
E. Balance			\$	(846,869)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Total Expenses pg. 27 \$3,381,032				
CR vs FS Depreciation 6,810				
Total Expenses \$3,387,842				
Rounding 2				
2. Other <i>(itemize)</i>				
Prior Period Adjustment			93,822	
F-3. Total Additions			\$	93,822
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	(753,047)
				09/30/21

**I. Preparer's/Reviewer's Certification**

Name of Facility Twin Maples Home, Inc., d/b/a Twin	License No. 2315	Report for Year Ended 9/30/2021	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title PRINCIPAL	Date Signed 2/5/22		
Printed Name of Preparer Matthew S. Bovolack				
Address Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600		
Contacted Person Regarding Additional Information Needed Regarding This Report Michele D'Amato		Phone Number 860-349-1041		
Contact Email Address twinmaples.hlthcr@snet.net				

## ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Twin Maples Home, Inc. for the year ended September 30, 2021, 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  
February 5, 2022



Workpaper Index:  
 Prepared By:  
 Reviewed By:  
 Workpaper Date: 2/5/2022  
 Run Date: 2/5/2022

Provider Name: Twin Maples  
 Provider Number: 23151  
 Period Ended: 9/30/21

Name of Workpaper: VHCL CKLST

**VEHICLE COMPLIANCE CHECKLIST**

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

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? <i>Request insurance cards and current vehicle registration.</i>	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 allowable monthly 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:**