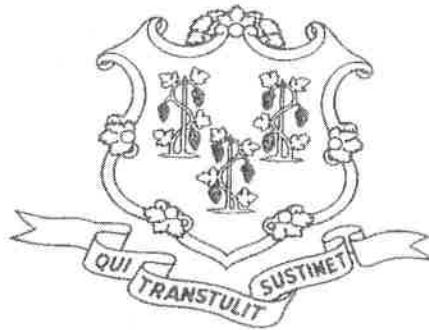


State of Connecticut



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)	Rest Home with Nursing <input type="checkbox"/> 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
------------------	--------------	------	-----------	------------------------------

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

Data Required for Real Wage Adjustment		Page 1A	of 37
Name of Facility Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility	Period Covered:	From 10/1/2020	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
1. Dietary wages paid	\$		
2. Laundry wages paid	\$		
3. Housekeeping wages paid	\$		
4. Nursing wages paid	\$		
5. All other wages paid	\$		
6. Total Wages Paid	\$		
7. Total salaries paid	\$		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$		

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

	Phone No. of Facility 860-349-1041	Report for Year Ended 9/30/2021	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 <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box) <input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:	Date Opened		Date Closed	
Has there been any change in ownership or operation during this report year?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully. N/A	
Administrator				
Name of Administrator Amy Bentley	Nursing Home Administrator's License No.: 002013			
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A	License No.: 			

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General Information and Questionnaire Partners/Members

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

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General Information and Questionnaire
Individual Proprietorship

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

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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			
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input checked="" type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> 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"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				

* Use additional sheets if necessary.

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

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General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Twin Maples Home, Inc., d/b/a Twin Maples He	License No. 2315	Report for Year Ended 9/30/2021	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

N/A

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

N/A

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

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

N/A

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Annual Report of Long-Term Care Facility

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

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

Name of Facility		License No.		Report for Year Ended 9/30/2021			Page of
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Fa		2315					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"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?		<input type="radio"/> Yes		<input type="radio"/> No		Total ***	8,452

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

Accrual Cash Modified Cash

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

N/A

Independent Accounting Firm

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

Services Provided by This Firm (describe fully)

1	Audited Financial Statements, Tax Returns, Cost Report Preparation and Advisory Reimbursement Consulting	\$ 34,364
2		\$
3		\$
4		\$
	Charge for Services Provided	
		\$ 34,364

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

Yes No | Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Murtha Cullina LLP	203-772-7700
2	
3	
4	
5	

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

1 265 Chruch St, New Haven, CT 06510
2
3
4
5

Services Provided by This Firm (*describe fully*)

1	Consult related to COVID Religious Exemption	\$ 714
2		\$
3		\$
4		\$
5		\$
		Charge for Services Provided
		\$ 714

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

Page 15 Line 1e

Schedule of Resident Statistics

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 8	of 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. Total Resident Days (3G + 4A + 4B)	12,709	12,709			9,388	9,388			3,321	3,321		

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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
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)		

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days			CCNH	RHNS	(Specify)
1st change					
2nd change					
3rd change					
4th change					

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid	Self-Pay			Other State Assisted		
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents		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		

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Annual Report of Long-Term Care Facility

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		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	RHNS	Hours	(Specify)
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)

Schedule of Other Fees (Page 13)

State of Connecticut

Annual Report of Long-Term Care Facility

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

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 11	of 37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Theodore E. Jackson	121,900			Non Discriminatory	Owner	2,086	A1			
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
Shelley Jackson	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.

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***

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)							
Section III - Administrators***										
Amy Bentley	107,669			Non Discriminatory	Administrator	2,268	A2			
Section IV - Assistant Administrators										

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

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility Twin Maples Home, Inc., d/b/a Twin Maples Health	License No. 2315	Report for Year Ended 9/30/2021		Page 13	of 37
Item	CCNH	Total Cost and Hours			
		Hours	RHNS	Hours	(Specify)
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian	6,780	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-13 Total Fees Paid in Lieu of Salaries	159,352	2,371			

* 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*

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

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C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2021		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
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 (Specify) See Attached Schedule	\$	6,521	6,521		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	3,079	3,079		
d. Accounting and Auditing	\$	34,364	34,364		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$	714	714		
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$	2,371	2,371		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	4,093	4,093		
2. Cellular Phones	\$				
i. Appraisal (Specify purpose and attach copy)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (Specify) See Attached Schedule	\$	762	762		
3. Resident Day User Fee	\$	251,694	251,694		
Subtotal	\$	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**

Attachment Page 15

Schedule of Other Employee Benefits

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2021		16	37
Item		Total	CCNH	RHNS	(Specify)
	<i>Subtotals Brought Forward:</i>	564,113	564,113		
1. Travel and Entertainment					
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					
m. Other Administrative and General Expenses					
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>)	\$	4,895	4,895		
See Attached Schedule					
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>)	\$	2,217	2,217		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	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		
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

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

Schedule of Dues

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

Schedule of Contributions

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

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)		
Total Other Administrative and General	\$ 2,217	\$ -	\$ -

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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	9/30/2021	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

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

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

Name of Facility Twin Maples Home, Inc., d/b/a Twin Maples Health C	License No. 2315	Report for Year Ended 9/30/2021		Page of 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 (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 1,083	1,083		
c. Other (Specify) _____	\$ _____			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 99,251	99,251		
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
	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 (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	18,288	18,288		
c. Other (Specify) Laundry Supplies	\$	42	42		
3D. Total Laundry Expenditures (3a + b + c)	\$	60,644	60,644		
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.

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2021		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$			
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
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. Total Housekeeping Expenditures (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 (<i>Specify</i>)**** See Attached Schedule		\$ 41,076	41,076		
5M. Total Resident Care Expenditures (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

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

* 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	
		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>	\$	107,583	107,583		
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$	192,771	192,771		
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		
*7e. Total Depreciation Costs (7a + b + c + d)	\$	34,870	34,870		
8. Amortization <i>(Complete att. Schedule Page 24*)</i>					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other <i>(Specify)</i>	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$				
10. Property Taxes					
a. Real estate taxes paid by owner	\$	42,955	42,955		
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$	2,781	2,781		
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	80,606	80,606		

* 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

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	
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements				1,021,196		1,021,196	838,714	S/L	Various	16,571		
1. Acquired prior to this report period				(9,417)			(9,417)					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)				37,467		37,467		S/L	Various	2,417		
B-4. Subtotal											18,988	
C. Non-Movable Equipment				337,130		337,130	283,371	S/L	Various	13,175		
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal											13,175	
	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		
	Yes	No	Month	Year								
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period		Var	Var	235,319		235,319	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	
E. Total Depreciation											34,870	

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
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
Total additions for Building Improvements		\$ 37,467		\$ 2,417
Deletions:				
9/30/2021	Carpeting	\$ (1,102)		
9/30/2021	CBN Security System	\$ (5,088)		
9/30/2021	Water Softener	\$ (2,507)		
9/30/2021	Hydrolc Lift	\$ (720)		
Total deletions for Building Improvements		\$ (9,417)		\$ -

*Ties to Page 23, Line B3

****Ties to Page 23, Line B2**

Schedule of Non-Movable Equipment Acquired during this report period

*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
Additions:				
10/22/2020	Computer Tablets	\$ 890	3	\$ 297
10/22/2020	Laptop/Desktop 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
Total additions for Movable Equipment		\$ 6,515		\$ 1,346 *
Deletions:				
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)		
Total deletions for Movable Equipment		\$ (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
Additions:				
Total additions for Leasehold Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

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Amortization Schedule*

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

* Straight-line method must be used.

** Specify which of the following bases were used:

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

**Twin Maples Health Care
Medicaid Cost Report Template
September 30, 2021**

Depreciation Schedule

Description	Acquisition Date	Historical Cost	Cost to be Depreciated	Useful Lives	Depreciation Method	# Accu	2019 Accum	2020 Depreciation	2020 Accum	2021 Depreciation	2021 Accum	NBV
<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	-
Hydrolc 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 Repaids	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)	-	-	-
Hydrolit Lift(Disposal)	9/30/2021	(720)	(720)	N/A	N/A	-	-	(720)	-	-	-
Total Building/Improv		1,049,247	1,041,187								

821,124	17,590	838,714	18,989	848,286	200,961
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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	475	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
Total Nonmovable Equip.		337,128	329,909			269,922	13,450	283,372	13,175	296,547	40,581
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		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
Laptop/Desktop Comp	10/22/2020	786	786	3	S/L					262	262

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		<u>1,844,341</u>				1,488,769	42,840	1,488,769	42,840	1,488,769	355,572
Rounding		-									
Variance		<u>(88,686)</u>				<u>169,468</u>	<u>11,395</u>	<u>138,023</u>	<u>7,969</u>	<u>128,780</u>	<u>89,909</u>
Rollforward Adjustment From Audit Binder		641				{b}					
Variance from Prior Year C/R		(88,045)									
Variance from Insurance Claim		<u>130,003</u>	{c}								
F/S vs C/R NBV - Page 31, Line B9		89,909	{a}								
F/S vs C/R Depreciation - Page 36, Line F1		7,969	{b}								

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

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

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-26 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended 9/30/2021			Page 26	of 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 9/30/2021			Page 27	of 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. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	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 (<i>Blanket Coverage</i>)		\$	799	799		
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$	527	527		
Insurance Exp. - LIFE Employer Paid						
14d. Total Insurance Expenditures (14a + b + c)		\$	30,273	30,273		
15. Total All Expenditures (A-13 thru C-14)		\$	3,389,596	3,389,596		

D. Adjustments to Statement of Expenditures

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 28 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS (Specify)
Page 10 - Salaries and Wages						
1.			Outpatient Service Costs	\$		
2.			Salaries not related to Resident Care	\$		
3.			Occupational Therapy	\$		
4.			Other - See attached Schedule	\$ 121,900	121,900	
Page 13 - Professional Fees						
5.			Resident Care Physicians **	\$		
6.	13	b10a	Occupational Therapy	\$ 32,031	32,031	
7.			Other - See attached Schedule	\$		
Pages 15 & 16 - Administrative and General						
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	
Page 18 - Dietary Expenditures						
24.			Meals to employees, guests and others who are not residents	\$		
Page 19 - Laundry Expenditures						
25.			Laundry services to employees, guests and others who are not residents	\$		
Page 20 - Housekeeping Expenditures						
26.			Housekeeping services to employees, guests and others who are not residents	\$		
Subtotal (Items 1 - 26)				\$ 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

Schedule of Fees Adjustments

Schedule of Other A&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		
Total Other A&G Adjustments			\$ 19,080	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended		Page of
Twin Maples Home, Inc., d/b/a Twin Maples Health Care Facility				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		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 28,816	28,816		
28.			Ambulance/Limousine	\$			
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		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
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	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49.	Total Amount of Decrease (Items 1 - 48)			\$ 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

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

Attachment Page 29

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2021		Page 30	of 37
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
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 **	\$				
II. Other Resident Revenue					
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	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$	3,108,349	3,108,349		
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<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		
V. Total Other Revenue (1 thru 8)	\$	273,068	273,068		
VI. Total All Revenue (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)
30 II 6a	Managed Medicare B Anthem	\$ 2,814		
30 II 6a	CTCare Managed Medicare	\$ 6,671		
Total Other Resident Revenue - Medicare		\$ 9,485	\$ -	\$ -

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

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

Interest Income**Account**

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

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
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		
Total Other Revenue		\$ 273,051	\$ -	\$ -

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page of
		9/30/2021	31 37
		Account	Amount
Assets			
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			
A-9. Total Current Assets (Lines A1 thru 8)			\$ 582,401
B. Fixed Assets			
1. Land			\$ 17,298
2. Land Improvements			\$
*Historical Cost _____			
Accum. Depreciation _____			Net
3. Buildings			\$ 200,961
*Historical Cost 1,049,246			\$
Accum. Depreciation 848,285			Net
4. Leasehold Improvements			\$
*Historical Cost _____			
Accum. Depreciation _____			Net
5. Non-Movable Equipment			\$ 40,584
*Historical Cost 337,130			\$
Accum. Depreciation 296,546			Net
6. Movable Equipment			\$ 6,822
*Historical Cost 221,978			\$
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-10. Total Fixed Assets (Lines B1 thru 9)			\$ 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

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

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

Schedule of Other Assets Page 32 Line D7

Schedule of Notes Payable (Steinle) Page 33 Line A2

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

Schedule of Other Long-Term Liabilities (Item 12) Page 34 Line B4

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Twin Maples Home, Inc., d/b/a Twin M	2315	9/30/2021	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	_____	Net	\$
	Accum. Depreciation			
3. Buildings	*Historical Cost	_____	Net	\$
	Accum. Depreciation			
4. Non-Movable Equipment	*Historical Cost	_____	Net	\$
	Accum. Depreciation			
5. Movable Equipment	*Historical Cost	_____	Net	\$
	Accum. Depreciation			
6. Motor Vehicles	*Historical Cost	_____	Net	\$
	Accum. Depreciation			
7. Minor Equipment-Not Depreciable				\$
C-8 Total Leasehold or Like Properties (C1 thru 7)				\$
D. Investment and Other Assets				
1. Deferred Deposits				\$
2. Escrow Deposits				\$
3. Organization Expense	*Historical Cost	_____	Net	\$
	Accum. Depreciation			
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. Total Investments and Other Assets (Lines D1 thru 7)				\$
D-9. Total All Assets (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
		9/30/2021	33	37
Account			Amount	
Liabilities				
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. Total Current Liabilities (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)

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
Twin Maples Home, Inc., d/b/a Twin Maples	2315	9/30/2021	34 37
Account	Total Brought Forward:		Amount
Liabilities (cont'd)			
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
<u>PPP Loan</u>	340,854		
<u>HHS Liability</u>	164,793		
See Schedule			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$ 1,168,719
C. Total All Liabilities (Lines A-13 + B-5)			\$ 1,779,009

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

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

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H. Changes in Total Net Worth

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

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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)	

Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer 	Title PRINCIPAL	Date Signed 2/5/22
Printed Name of Preparer Matthew S. Bavolack		
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



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

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

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: