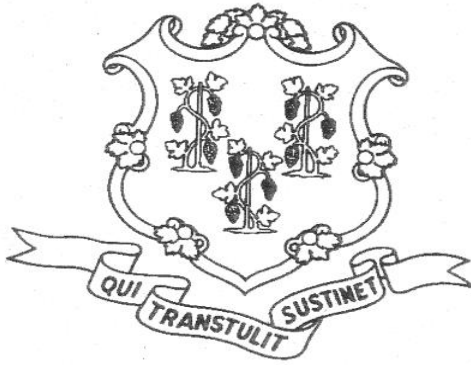


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Apple Rehab Avon	
Address (No. & Street, City, State, Zip Code) 220 Scoville Road Avon, CT 06001	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 1035 - C	RHNS	(Specify)	Medicare Provider 07 - 5388
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Medicaid Provider Numbers:	CCNH 10356	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

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General Information

Name of Facility (as licensed) Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2015	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 Apple Rehab Avon [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, 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.

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator)			Printed Name (Owner) Brian J. Foley	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Apple Rehab Avon		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 220 Scoville Road Avon, CT 06001				
Report Prepared By Apple Health Care, Inc.		Phone Number (860) 678-9755	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-673-3265		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Apple Rehab Avon			Address (No. & Street, City, State, Zip) 220 Scoville Road Avon, CT 06001		
License Numbers:	CCNH 1035 - C	RHNS	(Specify)	Medicare Provider No. 07 - 5388	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Barry O'Doherty			Nursing Home Administrator's License No.:	1344	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation Apple Rehab Avon	Business Address 220 Scoville Road Avon, CT 06001	State(s) in Which Incorporated Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	
Ryan Vess	21 Waterville Road Avon, CT 06001	Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	

**General Information and Questionnaire
 Related Parties***

Name of Facility Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2015	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	%**				
Brian J. Foley	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Rental	Pg. 22 Line 9	540,000	540,000
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	308,716	308,716
Healthport Services	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10/13 Schedule	123,617	123,617
Allstar	21 Waterville Road Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>	7%	Therapy Services	Pg. 13 B5/B9/B10	387,616	387,616
Corporate Employee	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	8,428	8,428
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	81,124	81,124
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	10,690	10,690
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	229,653	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	24,387	

* Use additional sheets if necessary.

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

**General Information and Questionnaire
 Related Parties***

Name of Facility Apple Rehab Avon		License No. 1035 - C		Report for Year Ended 9/30/2015		Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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?						x 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	%**				
Unum Life Insurance	PO Box 406946 Atlanta, GA	X			Group Life & Disability	Pg. 15 1a6	7,216	
Marsh	PO Box 19636 Newark, NJ	X			Property, Liability, & Umbrella Insurance	Pg. 27 14a	48,986	
Medstat	41 Northwest Dr. Plainville, CT	X		77%	Pharmacy	Pg. 13B3/Pg. 20 5a2	192,436	148,176
AIG	PO Box 10472 Newark, NJ	X			Worker's Compensation	Pg. 15 1a1	92,823	
CRS Landscape & Excavation	68 Hartford Rd. Simbury, Ct	X			Landscaping	PG. 22 6a	36,143	
Swallowing Diagnostics	21 Waterville Rd. Avon, CT	X		85%	Diagnostic Services	Pg. 20 5f	1,800	1,530
Bendan Foley	21 Waterville Rd. Avon, CT	X				##		
Ryan Vess	21 Waterville Rd. Avon, CT		X			##		

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.
 ## Related expense has been disallowed on Pg. 28 Line 23

Apple Rehab Avon-Brightview
 Shared Employees
 Cost Year 2 0 1 5

October 2014 - September 2015

41001- Salaries Administrator

Source	Facility	Employee
AHC Allocation	AHC	Chris Johnson Nelson William Barry O'Doherty

41003 BOOKKEEPING

Source	Facility	Employee
Oct 2014 Shared	Healthport	Jones
Oct 2014 Shared	Plainville	Gonzalez
Nov 2014 Shared	Healthport	Jones
Dec 2014 Shared	Healthport	Jones

41004 SOCIAL SERVICES

Source	Facility	Employee
Oct 2014 Shared	Elm Hill	Stifel
Oct 2014 Shared	Plainville	Warkoski
Oct 2014 Shared	Ridgeview	Mendolsohn
Nov 2014 Shared	Elm Hill	Stifel
Nov 2014 Shared	Plainville	Warkoski
Dec 2014 Shared	Elm Hill	Stifel
Dec 2014 Shared	Plainville	Warkoski
Jan 2015 Shared	Elm Hill	Stifel
Feb 2015 Shared	Elm Hill	Stifel

41006- Maintenance

Source	Facility	Employee
Nov 2014 Shared	Corporate	Wilczynski
Jan 2015 Shared	Healthport	Wilczynski
Feb 2015 Shared	Healthport	Wilczynski
Mar 2015 Shared	Healthport	Wilczynski

45001 - Salaries RN

Source	Facility	Employee
Dec 2014 Shared	Plainville	Marquis
Feb 2015 Shared	Plainville	Dailey
May 2015 Shared	Healthport	Henry
May 2015 Shared	Healthport	Schilder

July 2015 Shared	Healthport	Trudean
July 2015 Shared	Healthport	Herrick
July 2015 Shared	Healthport	Matthews
July 2015 Shared	Healthport	Scanzilli
July 2015 Shared	Healthport	Torres
Aug 2015 Shared	Healthport	Matthews
Sept 2015 Shared	Healthport	Matthews

45002 - Salaries LPN

Source	Facility	Employee
Oct 2014 Shared	High View	Healy
Oct 2014 Shared	Wolcott Hall	Heller
Oct 2014 Shared	Westfield	Healy
Nov 2014 Shared	Coccomo	Healy
Nov 2014 Shared	Westfield	Healy
Nov 2014 Shared	Wolcott Hall	Heller
Dec 2014 Shared	High View	Healy
Dec 2014 Shared	Kent	Pace
Dec 2014 Shared	Wolcott Hall	Heller
Dec 2014 Shared	Ridgeview	Healy
Dec 2014 Shared	Coccomo	Healy
Jan 2015 Shared	Coccomo	Healy
Jan 2015 Shared	Wolcott Hall	Heller
Jan 2015 Shared	Westfield	Healy
Feb 2015 Shared	Wolcott Hall	Heller
Feb 2015 Shared	Westfield	Healy
Feb 2015 Shared	Coccomo	Healy
Mar 2015 Shared	Westfield	Healy
Mar 2015 Shared	Wolcott Hall	Heller
Mar 2015 Shared	Coccomo	Healy
May 2015 Shared	Healthport	Pinamang
May 2015 Shared	Healthport	Thomas
June2015 Shared	Healthport	Sewell
July 2015 Shared	Healthport	Edwards
July 2015 Shared	Healthport	Edwards
July 2015 Shared	Healthport	Pinamang
Aug 2015 Shared	Healthport	Pinamang

45003 - Salaries AIDES

Source	Facility	Employee
Oct 2014 Shared	Ledgecrest	Forrester
Oct 2014 Shared	Coccomo	Sibbles
Oct 2014 Shared	Ridgeview	Forrester
Nov 2014 Shared	Rose Haven	Downey

Nov 2014 Shared	Plainville	Jalbert
Nov 2014 Shared	Coccoma	Sibbles
Nov 2014 Shared	Ridgeview	Forrester
Nov 2014 Shared	Ridgeview	Lasley
Dec 2014 Shared	Plainville	Jalbert
Dec 2014 Shared	Ridgeview	Forrester
Dec 2014 Shared	Ridgeview	Lasley
Jan 2015 Shared	Brightview	Rivera
Jan 2015 Shared	Brightview	Pelletier
Mar 2015 Shared	Plainville	Pelletier

45005 - DON

Source	Facility	Employee
July 2015 Shared	Healthport	Bartlett
Aug 2015 Shared	Healthport	Bartlett
Aug 2015 Shared	Healthport	Adorno
Sept 2015 Shared	Healthport	Bartlett

45010 - Salaries INFECTION CONTROL

Source	Facility	Employee
Feb 2015 Shared	Plainville	Rolla
Feb 2015 Shared	Plainville	Dailey
Mar 2015 Shared	Plainville	Dailey

45017 - Salaries MDS COORDINATOR

Source	Facility	Employee
Oct 2014 Shared	Wolcott Hall	Jedd
Oct 2014 Shared	Correct Shared	Heller
Nov 2014 Shared	Kent	Heller
Nov 2014 Shared	Healthport	Herrick
Nov 2014 Shared	Healthport	Migliorati
Feb 2015 Shared	Wolcott Hall	Heller

50002 - Salaries - Chefs

Source	Facility	Employee
Oct 2014 Shared	Rose Haven	Downy
Dec 2014 Shared	Rose Haven	Downy
Feb 2015 Shared	Healthprot	Mullen

50003 - Salaries - Dietary Aids

Source	Facility	Employee
Oct 2014 Shared	Rose Haven	Downey
Nov 2014 Shared	Rose Haven	Downey
Dec 2014 Shared	Rose Haven	Downey
Jan 2015 Shared	Rose Haven	Downey
Feb 2015 Shared	Rose Haven	Downey
Mar 2015 Shared	Rose Haven	Downey
		Heathport Shared

Total Shared Employee

Healthport Services

45022- Purch Service RN - HEALTHPORT

Source	Facility	Employee
Oct 2014 Shared	Healthport	Henry
Oct 2014 Shared	Healthport	Libunao
Oct 2014 Shared	Healthport	Matthews
Oct 2014 Shared	Healthport Indirect	
Nov 2014 Shared	Healthport	Cuddy
Nov 2014 Shared	Healthport	Henry
Nov 2014 Shared	Healthport Indirect	
Dec 2014 Shared	Healthport	Henry
Dec 2014 Shared	Healthport	Matthews
Dec 2014 Shared	Healthport	Wortman
Dec 2014 Shared	Healthport	Schilder
Jan 2015 Shared	Healthport	Henry
Jan 2015 Shared	Healthport	Matthews
Jan 2015 Shared	Healthport Indirect	
Feb 2015 Shared	Healthport	Matthews
Feb 2015 Shared	Healthport	Plantamuro
Feb 2015 Shared	Healthport Indirect	
Apr 2015 Shared	Healthport Indirect	
Sept 2015 Shared	Healthport Indirect	

Healthport Services

45023- Purch Service LPN - HEALTHPORT

Source	Facility	Employee
Oct 2014 Shared	Healthport	Urgo
Oct 2014 Shared	Healthport	Parker
Oct 2014 Shared	Healthport	Sadoski
Oct 2014 Shared	Healthport	Alicea
Oct 2014 Shared	Healthport	Harris
Oct 2014 Shared	Healthport	Green
Oct 2014 Shared	Healthport Indirect	
Nov 2014 Shared	Healthport	Parker
Nov 2014 Shared	Healthport	Varrone
Nov 2014 Shared	Healthport Indirect	
Dec 2014 Shared	Healthport	Parker
Dec 2014 Shared	Healthport	LaCoss
Jan 2015 Shared	Healthport	Parker
Jan 2015 Shared	Healthport	Sadoski
Jan 2015 Shared	Healthport Indirect	
Feb 2015 Shared	Healthport	Sadoski
Feb 2015 Shared	Healthport	LaCoss
Feb 2015 Shared	Healthport	Alicea
Feb 2015 Shared	Healthport Indirect	
Apr 2015 Shared	Healthport Indirect	
Sept 2015 Shared	Healthport Indirect	

Total HEALTHPORT		
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Corporate Allocation		
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41003- Salaries		
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Source	Facility	Employee
	AHC	BILLING UNIT
	AHC	PAYROLL
		Total

Total Corporate		
------------------------	--	--

	<u>Apple</u>	<u>Corporate</u>
Total Shared	105,438.76	8,428.00
		<u>148,624.01</u>

Amount	Hours
70,213.83	1,618.16
7,312.50	117.00
28,461.60	640.00
<u>105,987.93</u>	<u>2,375.16</u>

Amount	Hours
(341.25)	(16.25)
(33.00)	(3.00)
(252.00)	(12.00)
(94.50)	(4.50)
<u>(720.75)</u>	<u>(35.75)</u>

Amount	Hours
2,630.00	131.50
381.25	15.25
169.00	6.50
2,110.00	105.50
362.50	14.50
2,565.00	128.25
662.50	26.50
1,265.00	63.25
755.00	37.75
<u>10,900.25</u>	<u>529.00</u>

Amount	Hours
(86.11)	(4.25)
(1,063.65)	(52.50)
(3,322.65)	(172.50)
(1,630.93)	(40.00)
<u>(6,103.34)</u>	<u>(269.25)</u>

Amount	Hours
173.25	5.25
705.00	23.5
285.00	9.5
39.00	1

216.00	13.5
229.50	6.75
323.75	8.75
341.25	17.5
280.50	8.25
41.50	2.75
9.75	0.25
<u>2,644.50</u>	<u>97.00</u>

<u>Amount</u>	<u>Hours</u>
(1,281.57)	(46.25)
(585.33)	(24.75)
(254.38)	(9.25)
(240.63)	(8.75)
(483.13)	(17.25)
(181.25)	(8.25)
(930.32)	(33.75)
178.50	8.50
(563.09)	(24.25)
(231.63)	(8.50)
(510.50)	(17.75)
(247.50)	(9.00)
(463.45)	(16.50)
(989.01)	(35.50)
(195.76)	(8.00)
(772.14)	(37.25)
(261.25)	(9.50)
(242.25)	(8.50)
(208.98)	(9.00)
(261.25)	(9.50)
150.00	5.00
41.10	0.00
6.75	0.25
18.00	9.00
270.00	9.00
202.50	6.75
254.00	11.50
<u>(7,782.57)</u>	<u>(291.50)</u>

<u>Amount</u>	<u>Hours</u>
(195.75)	(14.50)
(277.50)	(14.00)
(1,445.75)	(106.25)
(38.25)	(3.00)

(234.06)	(26.75)
(213.13)	(15.50)
(1,077.68)	(79.25)
(290.69)	(25.25)
(753.82)	(85.25)
(103.13)	(7.50)
(94.00)	(8.00)
150.00	8.00
164.24	8.00
(134.00)	(8.00)
<u>(4,543.52)</u>	<u>(377.25)</u>

<u>Amount</u>	<u>Hours</u>
9,200.00	184.00
6,008.08	120.00
123.31	4.75
2,000.00	40.00
<u>17,331.39</u>	<u>348.75</u>

<u>Amount</u>	<u>Hours</u>
240.00	7.50
1,397.52	56.00
727.00	24.25
<u>2,364.52</u>	<u>87.75</u>

<u>Amount</u>	<u>Hours</u>
173.19	5.75
(479.25)	
(175.50)	(6.50)
221.00	6.50
617.50	16.25
(438.75)	(16.25)
<u>(81.81)</u>	<u>5.75</u>

<u>Amount</u>	<u>Hours</u>
(140.25)	(11.00)
(242.25)	(19.00)
330.00	13.75

(52.50)	(16.25)
---------	---------

Amount	Hours
(640.69)	(50.25)
(765.01)	(60.00)
(557.82)	42.25
(803.25)	(72.50)
(694.88)	(54.50)
(143.44)	(11.25)
(3,605.09)	(206.25)

14,417.40

91,021.36

105,438.76	1,718.16
------------	----------

Amount	Hours
1,416.00	43.25
448.00	8.00
383.00	9.00
775.61	
330.00	8.25
1,458.75	42.00
1,061.61	
1,581.75	45.75
336.00	8.00
404.25	9.75
759.75	18.25
400.00	12.50
706.50	17.50
476.00	
691.50	16.50
357.00	9.25
390.00	
403.00	
1,275.00	
13,653.72	248.00

<u>Amount</u>	<u>Hours</u>
561.00	17.00
2,495.50	80.50
280.00	10.00
573.50	18.50
275.50	9.50
279.00	9.00
1,501.30	
2,590.00	82.50
272.25	8.25
1,698.73	
1,803.00	57.00
272.00	8.50
2,730.75	85.75
532.50	8.25
1,405.00	
514.50	17.75
240.00	7.50
527.00	17.00
477.00	
517.00	
1,558.00	
<u>21,103.53</u>	<u>437.00</u>

<u>34,757.25</u>	<u>685.00</u>
------------------	---------------

<u>Amount</u>	<u>Hours</u>
6,706.00	296.00
1,722.00	55.00
<u>8,428.00</u>	<u>351.00</u>
<u>8,428.00</u>	<u>351.00</u>

Healthport
34,757.25



Apple Shared Empl
 Reporting Period: F
 Brightview

3/8/2015 to

#####

Emp Num	LastName	FirstName	HomeFclt Home Facility	Worked
29970220	Hogan	Janice	29 Healthport Srvc	1
29970220	Hogan	Janice	29 Healthport Srvc	1
29970220	Hogan	Janice	29 Healthport Srvc	1
29970220	Hogan	Janice	29 Healthport Srvc	1
29970220	Hogan	Janice	29 Healthport Srvc	1
1970251	WILCZYNSKI	STANISLAW	1 Avon	2
1970251	WILCZYNSKI	STANISLAW	1 Avon	2
1970251	WILCZYNSKI	STANISLAW	1 Avon	7
1970251	WILCZYNSKI	STANISLAW	1 Avon	15
1971279	Bonetti	David	1 Avon	91
1970251	WILCZYNSKI	STANISLAW	1 Avon	91
1970251	WILCZYNSKI	STANISLAW	1 Avon	91
1970251	WILCZYNSKI	STANISLAW	1 Avon	91
1970251	WILCZYNSKI	STANISLAW	1 Avon	91
1970251	WILCZYNSKI	STANISLAW	1 Avon	91
1970251	WILCZYNSKI	STANISLAW	1 Avon	91
1971279	Bonetti	David	1 Avon	91
1971279	Bonetti	David	1 Avon	91
1971279	Bonetti	David	1 Avon	91
1971279	Bonetti	David	1 Avon	91
1971279	Bonetti	David	1 Avon	91
29970176	Henry	Trudean	29 Healthport Srvc	1
29970176	Henry	Trudean	29 Healthport Srvc	1
29970210	Matthews	Alexis	29 Healthport Srvc	1
29970149	Scanzillo	June	29 Healthport Srvc	1
29970380	Schilder	Maureen	29 Healthport Srvc	1
29970176	Henry	Trudean	29 Healthport Srvc	1
19970349	HOLCOMBE	CHANTAL	19 Cocomo	1

29970176	Henry	Trudean	29 Healthport Srvc	1
29970149	Scanzillo	June	29 Healthport Srvc	1
29970316	McCall	Jacqueline	29 Healthport Srvc	1
29970149	Scanzillo	June	29 Healthport Srvc	1
29970017	Cuddy	Janet	29 Healthport Srvc	1
29970149	Scanzillo	June	29 Healthport Srvc	1
29970176	Henry	Trudean	29 Healthport Srvc	1
29970833	Kuofie	Juliana	29 Healthport Srvc	1
29970210	Matthews	Alexis	29 Healthport Srvc	1
29970149	Scanzillo	June	29 Healthport Srvc	1
29970840	Solis	Kathryn	29 Healthport Srvc	1
29970823	Torres	Louise	29 Healthport Srvc	1
29970176	Henry	Trudean	29 Healthport Srvc	1
29970210	Matthews	Alexis	29 Healthport Srvc	1
29970149	Scanzillo	June	29 Healthport Srvc	1
23970760	CALDWELL	NANCY	23 Kent	1
29970176	Henry	Trudean	29 Healthport Srvc	1
29970149	Scanzillo	June	29 Healthport Srvc	1
29970823	Torres	Louise	29 Healthport Srvc	1
23970760	CALDWELL	NANCY	23 Kent	1
29970210	Matthews	Alexis	29 Healthport Srvc	1
29970069	Poole	Lynn	29 Healthport Srvc	1
29970210	Matthews	Alexis	29 Healthport Srvc	1
29970149	Scanzillo	June	29 Healthport Srvc	1
2970171	APPLETREE	SARAH	2 Rose Haven	1
29970210	Matthews	Alexis	29 Healthport Srvc	1
2970171	APPLETREE	SARAH	2 Rose Haven	1
20971378	Daigle	Kerry	20 Farmington	1
29970210	Matthews	Alexis	29 Healthport Srvc	1
29970069	Poole	Lynn	29 Healthport Srvc	1
29970149	Scanzillo	June	29 Healthport Srvc	1
2970171	APPLETREE	SARAH	2 Rose Haven	1
29970210	Matthews	Alexis	29 Healthport Srvc	1
29970149	Scanzillo	June	29 Healthport Srvc	1
2970171	APPLETREE	SARAH	2 Rose Haven	1
29970210	Matthews	Alexis	29 Healthport Srvc	1
29970210	Matthews	Alexis	29 Healthport Srvc	1
29970358	Alicea	Rosemary	29 Healthport Srvc	1
29970307	Sadoski	Aurora	29 Healthport Srvc	1
29970307	Sadoski	Aurora	29 Healthport Srvc	1
29970364	PINAMANG	FRANCISCA	29 Healthport Srvc	1
29970364	PINAMANG	FRANCISCA	29 Healthport Srvc	1
29970364	PINAMANG	FRANCISCA	29 Healthport Srvc	1

29970358	Alicea	Rosemary	29 Healthport Srvc	1
29970702	Jones	Paula	29 Healthport Srvc	1
29970364	PINAMANG	FRANCISCA	29 Healthport Srvc	1
29970358	Alicea	Rosemary	29 Healthport Srvc	1
29970364	PINAMANG	FRANCISCA	29 Healthport Srvc	1
29970969	LaCoss	Gail	29 Healthport Srvc	1
29970364	PINAMANG	FRANCISCA	29 Healthport Srvc	1
29970754	Suazo	Marcia	29 Healthport Srvc	1
29970969	LaCoss	Gail	29 Healthport Srvc	1
29970364	PINAMANG	FRANCISCA	29 Healthport Srvc	1
29970307	Sadoski	Aurora	29 Healthport Srvc	1
29970364	PINAMANG	FRANCISCA	29 Healthport Srvc	1
29970702	Jones	Paula	29 Healthport Srvc	1
29970969	LaCoss	Gail	29 Healthport Srvc	1
29970364	PINAMANG	FRANCISCA	29 Healthport Srvc	1
29970307	Sadoski	Aurora	29 Healthport Srvc	1
29970308	Sewell	KerryAnn	29 Healthport Srvc	1
29970759	Spencer	Beverly	29 Healthport Srvc	1
29970174	Varrone	Christine	29 Healthport Srvc	1
29970702	Jones	Paula	29 Healthport Srvc	1
29970364	PINAMANG	FRANCISCA	29 Healthport Srvc	1
29970307	Sadoski	Aurora	29 Healthport Srvc	1
29970308	Sewell	KerryAnn	29 Healthport Srvc	1
29970702	Jones	Paula	29 Healthport Srvc	1
29970969	LaCoss	Gail	29 Healthport Srvc	1
29970364	PINAMANG	FRANCISCA	29 Healthport Srvc	1
29970307	Sadoski	Aurora	29 Healthport Srvc	1
29970759	Spencer	Beverly	29 Healthport Srvc	1
29970754	Suazo	Marcia	29 Healthport Srvc	1
29970174	Varrone	Christine	29 Healthport Srvc	1
29970792	Edwards	Marcia	29 Healthport Srvc	1
29970364	PINAMANG	FRANCISCA	29 Healthport Srvc	1
29970754	Suazo	Marcia	29 Healthport Srvc	1
29970792	Edwards	Marcia	29 Healthport Srvc	1
29970797	Lucisano	Tracy	29 Healthport Srvc	1
29970364	PINAMANG	FRANCISCA	29 Healthport Srvc	1
29970754	Suazo	Marcia	29 Healthport Srvc	1
29970792	Edwards	Marcia	29 Healthport Srvc	1
29970969	LaCoss	Gail	29 Healthport Srvc	1
29970797	Lucisano	Tracy	29 Healthport Srvc	1
29970364	PINAMANG	FRANCISCA	29 Healthport Srvc	1
29970754	Suazo	Marcia	29 Healthport Srvc	1
29970702	Jones	Paula	29 Healthport Srvc	1
29970969	LaCoss	Gail	29 Healthport Srvc	1
29970770	Osinuga	Akinola	29 Healthport Srvc	1

29970364	PINAMANG	FRANCISCA	29 Healthport Srvc	1
29970307	Sadoski	Aurora	29 Healthport Srvc	1
29970026	Stack	Stacy	29 Healthport Srvc	1
29970792	Edwards	Marcia	29 Healthport Srvc	1
29970702	Jones	Paula	29 Healthport Srvc	1
29970797	Lucisano	Tracy	29 Healthport Srvc	1
29970364	PINAMANG	FRANCISCA	29 Healthport Srvc	1
29970730	Tweneboa-Kodua	Gloria	29 Healthport Srvc	1
29970792	Edwards	Marcia	29 Healthport Srvc	1
29970702	Jones	Paula	29 Healthport Srvc	1
29970797	Lucisano	Tracy	29 Healthport Srvc	1
29970770	Osinuga	Akinola	29 Healthport Srvc	1
29970364	PINAMANG	FRANCISCA	29 Healthport Srvc	1
29970307	Sadoski	Aurora	29 Healthport Srvc	1
29970792	Edwards	Marcia	29 Healthport Srvc	1
29970702	Jones	Paula	29 Healthport Srvc	1
29970797	Lucisano	Tracy	29 Healthport Srvc	1
29615288	Lugo	Brenda	29 Healthport Srvc	1
29970770	Osinuga	Akinola	29 Healthport Srvc	1
29970364	PINAMANG	FRANCISCA	29 Healthport Srvc	1
29970026	Stack	Stacy	29 Healthport Srvc	1
29970792	Edwards	Marcia	29 Healthport Srvc	1
29970702	Jones	Paula	29 Healthport Srvc	1
29970797	Lucisano	Tracy	29 Healthport Srvc	1
29615288	Lugo	Brenda	29 Healthport Srvc	1
29970364	PINAMANG	FRANCISCA	29 Healthport Srvc	1
29970307	Sadoski	Aurora	29 Healthport Srvc	1
29970026	Stack	Stacy	29 Healthport Srvc	1
29970702	Jones	Paula	29 Healthport Srvc	1
29970969	LaCoss	Gail	29 Healthport Srvc	1
29970797	Lucisano	Tracy	29 Healthport Srvc	1
29970770	Osinuga	Akinola	29 Healthport Srvc	1
29970364	PINAMANG	FRANCISCA	29 Healthport Srvc	1
29970307	Sadoski	Aurora	29 Healthport Srvc	1
29970969	LaCoss	Gail	29 Healthport Srvc	1
29970797	Lucisano	Tracy	29 Healthport Srvc	1
29615288	Lugo	Brenda	29 Healthport Srvc	1
29970364	PINAMANG	FRANCISCA	29 Healthport Srvc	1
29970797	Lucisano	Tracy	29 Healthport Srvc	1
29970770	Osinuga	Akinola	29 Healthport Srvc	1
29970364	PINAMANG	FRANCISCA	29 Healthport Srvc	1
29970307	Sadoski	Aurora	29 Healthport Srvc	1
29970797	Lucisano	Tracy	29 Healthport Srvc	1
29615288	Lugo	Brenda	29 Healthport Srvc	1
29970364	PINAMANG	FRANCISCA	29 Healthport Srvc	1

29970787	Kearns	Maureen	29 Healthport Srvc	1
29970969	LaCoss	Gail	29 Healthport Srvc	1
29970797	Lucisano	Tracy	29 Healthport Srvc	1
29970364	PINAMANG	FRANCISCA	29 Healthport Srvc	1
1970317	HELLER	JENNIFER	1 Avon	11
1970317	HELLER	JENNIFER	1 Avon	11
1970317	HELLER	JENNIFER	1 Avon	11
1970317	HELLER	JENNIFER	1 Avon	11
1970317	HELLER	JENNIFER	1 Avon	11
1970317	HELLER	JENNIFER	1 Avon	11
1970317	HELLER	JENNIFER	1 Avon	11
1970317	HELLER	JENNIFER	1 Avon	11
1970317	HELLER	JENNIFER	1 Avon	11
1970317	HELLER	JENNIFER	1 Avon	11
1970317	HELLER	JENNIFER	1 Avon	11
1970317	HELLER	JENNIFER	1 Avon	11
1970317	HELLER	JENNIFER	1 Avon	11
1970409	Healey	Kathryn	1 Avon	18
1970409	Healey	Kathryn	1 Avon	18
1970409	Healey	Kathryn	1 Avon	18
1970409	Healey	Kathryn	1 Avon	18
1970409	Healey	Kathryn	1 Avon	18
1970409	Healey	Kathryn	1 Avon	18
1970409	Healey	Kathryn	1 Avon	18
1970409	Healey	Kathryn	1 Avon	18
1970409	Healey	Kathryn	1 Avon	18
1970409	Healey	Kathryn	1 Avon	18
1970409	Healey	Kathryn	1 Avon	18
1970409	Healey	Kathryn	1 Avon	18
1970409	Healey	Kathryn	1 Avon	18
1970409	Healey	Kathryn	1 Avon	18
1970409	Healey	Kathryn	1 Avon	19
1970409	Healey	Kathryn	1 Avon	19

20970584	Carroll	Kadian	20 Farmington	1
20970936	Miles	Michele	20 Farmington	1
20970936	Miles	Michele	20 Farmington	1
20970584	Carroll	Kadian	20 Farmington	1
1971987	Hall	Quazinnia	1 Avon	19
1971987	Hall	Quazinnia	1 Avon	19
1971987	Hall	Quazinnia	1 Avon	19
1971987	Hall	Quazinnia	1 Avon	19
1970554	Pelletier	Vicky	1 Avon	20

Worked Facility	GL Code	GL Description	PayDate	Hours
Avon	901-4100	Salaries - Accounting - JobTitle = A/P Coordinator	7/23/2015	8.00
Avon	901-4100	Salaries - Accounting - JobTitle = A/P Coordinator	8/13/2015	24.50
Avon	901-4100	Salaries - Accounting - JobTitle = A/P Coordinator	8/20/2015	24.50
Avon	901-4100	Salaries - Accounting - JobTitle = A/P Coordinator	8/27/2015	16.50
Avon	901-4100	Salaries - Accounting - JobTitle = A/P Coordinator	9/3/2015	8.50
			Total	82.00
Rose Haven	902-4100	Salaries - Maintenance - JobTitle = MAINTENANC	3/19/2015	(33.00)
Rose Haven	902-4100	Salaries - Maintenance - JobTitle = MAINTENANC	3/26/2015	(9.00)
Watertown	907-4100	Salaries - Maintenance - JobTitle = MAINTENANC	3/26/2015	(29.50)
Gardner Heights	915-4100	Salaries - Maintenance - JobTitle = MAINTENANC	4/2/2015	(16.50)
			Total	(88.00)
Apple Health Care	901-4100	Salaries - Projects	6/4/2015	(2.00)
Apple Health Care	901-4100	Salaries - Projects	3/19/2015	(34.00)
Apple Health Care	901-4100	Salaries - Projects	3/26/2015	(8.75)
Apple Health Care	901-4100	Salaries - Projects	4/2/2015	(17.00)
Apple Health Care	901-4100	Salaries - Projects	4/9/2015	(8.25)
Apple Health Care	901-4100	Salaries - Projects	4/30/2015	(8.00)
Apple Health Care	901-4100	Salaries - Projects	5/7/2015	(8.58)
Apple Health Care	901-4100	Salaries - Projects	6/11/2015	(6.00)
Apple Health Care	901-4100	Salaries - Projects	6/25/2015	(3.25)
Apple Health Care	901-4100	Salaries - Projects	7/9/2015	(9.50)
Apple Health Care	901-4100	Salaries - Projects	7/16/2015	(13.25)
Apple Health Care	901-4100	Salaries - Projects	8/27/2015	(7.00)
			Total	(125.58)
Avon	901-4500	Salaries - R.N. (CCNH) - JobTitle = RN SNF	3/26/2015	15.00
Avon	901-4500	Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/2/2015	48.50
Avon	901-4500	Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/7/2015	24.50
Avon	901-4500	Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/21/2015	26.50
Avon	901-4500	Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/21/2015	17.25
Avon	901-4500	Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/11/2015	65.25
Avon	901-4500	Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/18/2015	32.00

Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/18/2015	26.50
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/18/2015	25.50
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/2/2015	15.00
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/2/2015	51.00
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/9/2015	23.75
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/9/2015	51.00
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/16/2015	25.00
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/16/2015	2.75
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/16/2015	66.25
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/16/2015	50.50
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/16/2015	2.75
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/16/2015	34.75
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/23/2015	13.50
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/23/2015	64.50
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/23/2015	26.00
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/23/2015	8.25
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/30/2015	24.25
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/30/2015	25.50
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/30/2015	12.25
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/30/2015	8.75
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/6/2015	49.50
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/13/2015	24.00
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/20/2015	56.25
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/20/2015	51.00
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/20/2015	52.00
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/27/2015	18.25
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/27/2015	48.50
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/3/2015	30.25
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/3/2015	40.50
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/3/2015	21.50
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/3/2015	78.00
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/3/2015	37.00
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/10/2015	16.00
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/10/2015	24.50
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/10/2015	145.25
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/17/2015	12.00
Avon	901-4500: Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/24/2015	16.25

Total	1,507.50
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Avon	901-4500: Salaries LPN - JobTitle = LPN SNF	3/26/2015	12.25
Avon	901-4500: Salaries LPN - JobTitle = LPN SNF	3/26/2015	19.00
Avon	901-4500: Salaries LPN - JobTitle = LPN SNF	4/2/2015	17.50
Avon	901-4500: Salaries LPN - JobTitle = LPN SNF	4/16/2015	21.25
Avon	901-4500: Salaries LPN - JobTitle = LPN SNF	4/23/2015	30.25
Avon	901-4500: Salaries LPN - JobTitle = LPN SNF	4/30/2015	29.00

Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	5/7/2015	9.00
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	5/7/2015	18.00
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	5/7/2015	22.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	5/14/2015	26.00
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	5/14/2015	24.25
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	5/21/2015	8.75
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	5/21/2015	34.25
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	5/21/2015	18.00
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	5/28/2015	9.00
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	5/28/2015	32.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	5/28/2015	17.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	6/4/2015	21.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	6/11/2015	39.00
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	6/11/2015	8.25
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	6/11/2015	46.75
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	6/11/2015	17.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	6/11/2015	17.75
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	6/11/2015	16.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	6/11/2015	36.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	6/18/2015	40.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	6/18/2015	45.00
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	6/18/2015	29.25
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	6/18/2015	8.00
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	6/25/2015	34.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	6/25/2015	9.75
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	6/25/2015	46.00
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	6/25/2015	17.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	6/25/2015	8.75
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	6/25/2015	8.75
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	6/25/2015	17.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	7/2/2015	17.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	7/2/2015	41.25
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	7/2/2015	28.25
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	7/9/2015	17.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	7/9/2015	11.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	7/9/2015	37.75
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	7/9/2015	9.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	7/16/2015	16.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	7/16/2015	22.75
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	7/16/2015	8.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	7/16/2015	51.25
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	7/16/2015	18.00
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	7/23/2015	38.25
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	7/23/2015	8.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	7/23/2015	8.25

Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	7/23/2015	47.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	7/23/2015	30.00
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	7/23/2015	35.00
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	7/30/2015	12.00
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	7/30/2015	20.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	7/30/2015	8.25
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	7/30/2015	48.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	7/30/2015	16.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/6/2015	8.00
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/6/2015	16.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/6/2015	24.00
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/6/2015	30.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/6/2015	39.00
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/6/2015	8.25
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/13/2015	82.25
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/13/2015	54.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/13/2015	23.75
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/13/2015	17.75
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/13/2015	17.00
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/13/2015	38.25
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/13/2015	18.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/20/2015	36.75
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/20/2015	19.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/20/2015	33.25
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/20/2015	29.25
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/20/2015	28.00
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/20/2015	36.00
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/20/2015	18.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/27/2015	18.00
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/27/2015	26.25
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/27/2015	16.75
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/27/2015	17.00
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/27/2015	60.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	8/27/2015	17.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	9/3/2015	14.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	9/3/2015	17.00
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	9/3/2015	33.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	9/3/2015	56.75
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	9/10/2015	17.25
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	9/10/2015	11.75
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	9/10/2015	58.00
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	9/10/2015	25.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	9/17/2015	8.50
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	9/17/2015	16.00
Avon	901-4500:Salaries LPN - JobTitle = LPN SNF	9/17/2015	50.25

Avon	901-4500: Salaries LPN - JobTitle = LPN SNF	9/24/2015	9.75
Avon	901-4500: Salaries LPN - JobTitle = LPN SNF	9/24/2015	9.50
Avon	901-4500: Salaries LPN - JobTitle = LPN SNF	9/24/2015	8.75
Avon	901-4500: Salaries LPN - JobTitle = LPN SNF	9/24/2015	39.00
Wolcott Hall	911-4500: Salaries LPN - JobTitle = LPN SNF	3/19/2015	(17.00)
Wolcott Hall	911-4500: Salaries LPN - JobTitle = LPN SNF	4/9/2015	(16.50)
Wolcott Hall	911-4500: Salaries LPN - JobTitle = LPN SNF	4/16/2015	(24.50)
Wolcott Hall	911-4500: Salaries LPN - JobTitle = LPN SNF	4/23/2015	(16.00)
Wolcott Hall	911-4500: Salaries LPN - JobTitle = LPN SNF	4/30/2015	(16.00)
Wolcott Hall	911-4500: Salaries LPN - JobTitle = LPN SNF	5/7/2015	(21.50)
Wolcott Hall	911-4500: Salaries LPN - JobTitle = LPN SNF	5/14/2015	(62.75)
Wolcott Hall	911-4500: Salaries LPN - JobTitle = LPN SNF	5/21/2015	(24.00)
Wolcott Hall	911-4500: Salaries LPN - JobTitle = LPN SNF	5/28/2015	(44.25)
Wolcott Hall	911-4500: Salaries LPN - JobTitle = LPN SNF	6/4/2015	(24.75)
Wolcott Hall	911-4500: Salaries LPN - JobTitle = LPN SNF	6/25/2015	(16.50)
Wolcott Hall	911-4500: Salaries LPN - JobTitle = LPN SNF	7/9/2015	(25.00)
Wolcott Hall	911-4500: Salaries LPN - JobTitle = LPN SNF	8/13/2015	(24.75)
Westfield	918-4500: Salaries LPN - JobTitle = LPN SNF	3/26/2015	(17.75)
Westfield	918-4500: Salaries LPN - JobTitle = LPN SNF	4/9/2015	(9.25)
Westfield	918-4500: Salaries LPN - JobTitle = LPN SNF	4/16/2015	(9.00)
Westfield	918-4500: Salaries LPN - JobTitle = LPN SNF	4/23/2015	(9.00)
Westfield	918-4500: Salaries LPN - JobTitle = LPN SNF	5/7/2015	(9.25)
Westfield	918-4500: Salaries LPN - JobTitle = LPN SNF	6/11/2015	(9.75)
Westfield	918-4500: Salaries LPN - JobTitle = LPN SNF	6/18/2015	(9.75)
Westfield	918-4500: Salaries LPN - JobTitle = LPN SNF	7/2/2015	(8.50)
Westfield	918-4500: Salaries LPN - JobTitle = LPN SNF	7/9/2015	(19.50)
Westfield	918-4500: Salaries LPN - JobTitle = LPN SNF	7/16/2015	(17.75)
Westfield	918-4500: Salaries LPN - JobTitle = LPN SNF	7/30/2015	(10.00)
Westfield	918-4500: Salaries LPN - JobTitle = LPN SNF	8/6/2015	(8.50)
Westfield	918-4500: Salaries LPN - JobTitle = LPN SNF	9/10/2015	(8.50)
Coccoma	919-4500: Salaries LPN - JobTitle = LPN SNF	3/19/2015	(25.00)
Coccoma	919-4500: Salaries LPN - JobTitle = LPN SNF	4/23/2015	(28.50)

Total	1,949.75
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Avon	901-4500: Salaries - Aides - JobTitle = CNA SNF	5/14/2015	32.75
Avon	901-4500: Salaries - Aides - JobTitle = CNA SNF	5/14/2015	56.25
Avon	901-4500: Salaries - Aides - JobTitle = CNA SNF	8/27/2015	24.00
Avon	901-4500: Salaries - Aides - JobTitle = CNA SNF	9/10/2015	7.00
Coccoma	919-4500: Salaries - Aides - JobTitle = CNA SNF	8/27/2015	(63.50)
Coccoma	919-4500: Salaries - Aides - JobTitle = CNA SNF	9/3/2015	(24.50)
Coccoma	919-4500: Salaries - Aides - JobTitle = CNA SNF	9/17/2015	(24.00)
Coccoma	919-4500: Salaries - Aides - JobTitle = CNA SNF	9/24/2015	(79.25)
Farmington	920-4500: Salaries - Aides - JobTitle = CNA SNF	3/19/2015	(16.75)

Farmington	920-4500: Salaries - Aides - JobTitle = CNA SNF	4/30/2015	(20.25)
Farmington	920-4500: Salaries - Aides - JobTitle = CNA SNF	5/7/2015	(16.50)
Total			(124.75)

Avon	901-4501: Salaries - MDS Coordinator - JobTitle = MDS COC	8/6/2015	12.00
Total			12.00

Rose Haven	902-5000: Salaries - Helpers Dishwashers - JobTitle = DIETA	3/19/2015	(11.00)
Rose Haven	902-5000: Salaries - Helpers Dishwashers - JobTitle = DIETA	3/26/2015	(11.00)
Rose Haven	902-5000: Salaries - Helpers Dishwashers - JobTitle = DIETA	4/2/2015	(11.50)
Rose Haven	902-5000: Salaries - Helpers Dishwashers - JobTitle = DIETA	4/9/2015	(8.00)
Rose Haven	902-5000: Salaries - Helpers Dishwashers - JobTitle = DIETA	4/23/2015	(11.25)
Rose Haven	902-5000: Salaries - Helpers Dishwashers - JobTitle = DIETA	4/30/2015	(8.25)
Rose Haven	902-5000: Salaries - Helpers Dishwashers - JobTitle = DIETA	5/14/2015	(11.75)
Rose Haven	902-5000: Salaries - Helpers Dishwashers - JobTitle = DIETA	5/21/2015	(2.75)
Rose Haven	902-5000: Salaries - Helpers Dishwashers - JobTitle = DIETA	5/28/2015	(18.50)
Rose Haven	902-5000: Salaries - Helpers Dishwashers - JobTitle = DIETA	6/4/2015	(19.00)
Rose Haven	902-5000: Salaries - Helpers Dishwashers - JobTitle = DIETA	6/11/2015	(17.25)
Rose Haven	902-5000: Salaries - Helpers Dishwashers - JobTitle = DIETA	6/18/2015	(13.75)
Total			(144.00)

Grand Total	3,068.92
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Dollars

197.44

604.66

604.66

407.22

209.78

2,023.76

(519.82)

(182.34)

(577.51)

(334.29)

(1,613.96)

(42.00)

(648.50)

(177.28)

(334.34)

(167.15)

(162.08)

(171.32)

(102.38)

(68.25)

(199.50)

(212.63)

(110.25)

(2,395.68)

352.00

680.00

345.75

384.75

366.25

883.50

372.00

320.00
365.25
317.00
730.50
414.25
744.38
296.00
101.75
1,176.25
720.75
77.00
685.50
54.00
1,024.77
375.00
297.00
287.25
365.25
352.50
315.00
701.25
352.50
894.75
730.50
663.00
261.00
700.50
587.50
665.75
303.75
1,125.00
853.50
320.00
345.75
1,777.07
168.00
329.25

23,182.72

337.13
285.00
262.50
637.50
676.50
604.00

279.00
288.00
493.00
566.75
531.50
245.00
726.50
450.00
252.00
730.00
262.50
477.00
624.00
231.00
1,038.50
262.50
479.25
264.00
602.25
648.00
972.00
801.50
216.00
552.00
292.50
1,058.00
490.00
262.50
236.25
288.75
280.00
922.50
762.75
400.00
310.50
873.50
256.50
264.00
605.50
229.50
1,089.50
486.00
612.00
255.00
239.25

1,047.00
788.00
560.00
304.00
328.00
222.75
1,014.00
272.25
240.00
264.00
648.00
472.75
855.00
231.00
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641.25
497.00
263.50
818.50
296.00
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693.00
767.50
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344.00
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723.50
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465.75
286.75
1,277.39
486.50
229.50
448.00
1,361.11

302.25
285.00
236.25
925.00
(195.25)
(189.50)
(455.89)
(203.76)
(203.76)
(253.81)
(741.88)
(283.76)
(548.55)
(272.00)
(189.50)
(464.38)
(272.00)
(461.50)
(240.50)
(234.00)
(234.00)
(240.50)
(253.50)
(253.50)
(221.00)
(507.00)
(461.50)
(260.00)
(221.00)
(212.50)
(253.75)
(275.50)

45,789.32

208.32
274.06
124.00
85.75
(449.32)
(161.69)
(124.00)
(475.06)
(140.08)

(168.71)

(138.19)

(964.92)

408.00

408.00

(140.25)

(140.25)

(146.63)

(102.00)

(143.44)

(106.31)

(149.81)

(35.06)

(235.88)

(290.07)

(219.94)

(175.31)

(1,884.95)

64,544.29

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2015	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.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.
 The costs incurred by Apple Health Care, inc. (a related party), to provide Accounting and Managerial services to each facility owned by Brian J. Foley, are allocated on a per bed basis.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)
 Yes No If "No," explain fully why such allocation was not made.

N/A

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Apple Rehab Avon			License No. 1035 - C			Report for Year Ended 9/30/2015		Page of 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								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
Is a Mileage Log Book Maintained for All Leased Vehicles ?								<input checked="" type="radio"/> Yes	<input type="radio"/> No	Total ***

* 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 Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2015	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.

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Saslow, Lufkin, & Buggy, LLP	10 Tower Lane Avon, CT 06001
2 Huban & Brazee	35 Wendell Avenue Pittsfield, MA 10202
3	
4	

Services Provided by This Firm (*describe fully*)

1 Preparation of audited financials (dissallow Pg. 28)	\$ 2,905
2 Preparation of tax returns	\$ 2,025
3	\$
4	\$
	Charge for Services Provided
	\$ 4,930

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

- Yes No Pg. 15 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 LAW OFFICES JASON G DEGENARO, LLC	203-453-4101
2 SUMMA & RYAN	203-755-0390
3	
4	
5	

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

1 23 WATER ST, GUILFORD, CT 06437
2 21 HOLMES AV, WTBRY, CT
3
4
5

Services Provided by This Firm (*describe fully*)

1 Collections	\$ 2,736
2 Litigation Proceedings	\$ 6,904
3 Burlington Town Clerk	\$ 53
4 Clerk of the Superior Court	\$ 630
5 State Marshall	\$ 50
	Charge for Services Provided
	\$ 10,373

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

- Yes No Pg. 15 1e

Schedule of Resident Statistics

Name of Facility Apple Rehab Avon		License No. 1035 - C			Report for Year Ended 9/30/2015				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	60	60			60	60			60	60		
B. On last day of THIS report period	60	60			60	60			60	60		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	54	54			54	54			54	54		
B. As of midnight of THIS report period	36	36			36	36			36	36		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,395	2,395			1,705	1,705			690	690		
B. Medicaid (Conn.)	9,387	9,387			7,076	7,076			2,311	2,311		
C. Medicaid (other states)												
D. Private Pay	5,021	5,021			4,024	4,024			997	997		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	16,803	16,803			12,805	12,805			3,998	3,998		
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												
5. Total Resident Days (3G + 4A + 4B)	16,803	16,803			12,805	12,805			3,998	3,998		

Schedule of Resident Statistics (Cont'd)

Name of Facility Apple Rehab Avon			License No. 1035 - C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	5		21		10								
Per Diem Rate													
a. One bed rm.					424.00								
b. Two bed rms.	RUGS III		207.60		410.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								2,141	2,141				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								10,049	10,049				
D. Total Physical Therapy Treatments								12,190	12,190				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								174	174				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								597	597				
D. Total Speech Therapy Treatments								771	771				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,083	1,083				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								8,407	8,407				
D. Total Occupational Therapy Treatments								9,490	9,490				

Report of Expenditures - Salaries & Wages

Name of Facility Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2015	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	101,720	2,375				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	31,365	1,829				
5. Dietary Service						
a. Head Dietitian	18,309	773				
b. Food Service Supervisor	43,659	2,776				
c. Dietary Workers	170,546	11,867				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	85,507	6,967				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	61,964	2,838				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	6,722	451				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	92,543	3,923				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	76,541	1,748				
b. RN						
1. Direct Care	387,993	13,291				
2. Administrative**	48,597	1,766				
c. LPN						
1. Direct Care	304,618	12,840				
2. Administrative**						
d. Aides and Attendants	626,386	44,414				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	53,685	2,960				
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	40,479	1,697				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	2,150,632	112,517				

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

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

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

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

Name of Facility				License No.	Report for Year Ended				Page	of
Apple Rehab Avon				1035 - C	9/30/2015				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
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).										

* 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	
Apple Rehab Avon				1035 - C	9/30/2015			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***										
Christopher Johnson	65,946				Administrator 10/01/2014 - 5/8/2015	1,618	A.2			
William Nelson	7,313				Administrator 5/9/2015 - 5/31/2015	117	A.2	Apple Rehab West Haven	244	15,250
Barry O'Doherty	28,462				Administrator 6/1/2015 - 9/30/2015	640	A.2			
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.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Avon	1035 - C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	6,408	112				
3. Pharmacist	4,594	72				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	201,881	3,048				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	33,396	186				
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	34,257	193				
b. Other						
10. Occupational Therapist						
a. Resident Care	151,478	2,373				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	13,654	248				
2. Administrative***						
b. LPN						
1. Direct Care	21,104	437				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	1,925	19				
B-13 Total Fees Paid in Lieu of Salaries	468,696	6,687				

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

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

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2015	Page 15	of 37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 92,823	92,823		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 83,154	83,154		
4. Social Security (F.I.C.A.)	\$ 144,144	144,144		
5. Health Insurance	\$ 254,040	254,040		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 7,216	7,216		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 10,690	10,690		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 213,846	213,846		
d. Accounting and Auditing	\$ 4,930	4,930		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 10,373	10,373		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 15,324	15,324		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 10,196	10,196		
2. Cellular Phones	\$			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 302,689	302,689		
Subtotal	\$ 1,149,426	1,149,426		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Avon	1035 - C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		1,149,426	1,149,426		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 4,832	4,832			
2. Holiday Parties for Staff	\$ 1,255	1,255			
3. Gifts to Staff and Residents	\$ 6,295	6,295			
4. Employee Travel	\$ 2,220	2,220			
5. Education Expenses Related to Seminars and Conventions	\$ 1,965	1,965			
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>)	\$ 139	139			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 16,337	16,337			
4. Fund-Raising***	\$				
5. Medical Records	\$ 3,489	3,489			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 2,912	2,912			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 4,094	4,094			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 290	290			
9. Subscriptions	\$ 3,993	3,993			
10. Contributions*** See Attached Schedule	\$ 100	100			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$ 308,716	308,716			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 53,053	53,053			
C-14 Total Administrative & General Expenditures	\$ 1,559,115	1,559,115			

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising - Public Relations	\$ 16,337		
Total Other Advertising	\$ 16,337	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 4,094		
Total Dues	\$ 4,094	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
First Church of Christ - Unionville - Lawson	\$ 100		
Total Contributions	\$ 100	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Corporate Fees - Non Reimbursable	\$ 24,070		
Licenses & Fees	\$ 2,055		
Pre Employment Screening	\$ 8,856		
Point Click Care Fees	\$ 8,756		
Bank Charges	\$ -		
Resident Expenses	\$ 390		
Account Write Off	\$ 210		
Pharmacist Fees	\$ 7,450		
User Fee Audit	\$ 1,267		
Total Other Administrative and General	\$ 53,053	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2015	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 #
Apple Health Care, Inc.	308,716	Accounting & Managerial Services	Pg. 16 m12

*** 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 Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2015	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 121,336	121,336		
2. Non-Food Supplies	\$ 18,572	18,572		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 5,467	5,467		
c. Management Services**	\$			
d. Other (Specify) _____	\$			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 145,374	145,374		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	138	138		
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
P. 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.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility Apple Rehab Avon		License No. 1035 - C	Report for Year Ended 9/30/2015	Page 19	of 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. \$	2,309	2,309	
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. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	78,659	78,659	
c. Management Services**		\$			
d. Other (Specify)		\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	80,968	80,968	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
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 laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue 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)			

* 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 3E.

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

*** 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	
Apple Rehab Avon	1035 - C	9/30/2015	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced	15,352	15,352		
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	19,946	19,946		
b. Purchased Services (<i>by contract other than through Management Services</i>)	Sq. Ft. Serviced				
(<i>Complete Schedule C-2 att. Page 21</i>)	by Personnel				
	Amt. \$				
c. Management Services*		\$			
d. Other (<i>Specify</i>)		\$			
4E. Total Housekeeping Expenditures (4a + b + c + d)		\$ 19,946	19,946		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy		\$			
2. Purchased from Medstat		\$	187,842	187,842	
b. Medicine Cabinet Drugs		\$			
c. Medical and Therapeutic Supplies		\$	103,660	103,660	
d. Ambulance/Limousine***		\$			
e. Oxygen					
1. For Emergency Use		\$			
2. Other***		\$	17,550	17,550	
f. X-rays and Related Radiological Procedures***		\$	11,829	11,829	
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h. Laboratory***		\$	19,153	19,153	
i. Recreation		\$	28,954	28,954	
j. Other (Specify)**** See Attached Schedule		\$	4,295	4,295	
5K. Total Resident Care Expenditures (5a - 5j)		\$ 373,283	373,283		

* 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.

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

Name of Facility Apple Rehab Avon			License No. 1035 - C		Report for Year Ended 9/30/2015				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
CWPM, LLC	25 NORTON PL PLAINVILLE, CT	<input type="radio"/>	<input checked="" type="radio"/>		REFUSE REMOVAL	16,098			22	6F.
MED APPARL	PKY SOUTH MT. VERNON, NY	<input type="radio"/>	<input checked="" type="radio"/>		LAUNDRY SERVICE	25,114			19	3B
UNITEX	MACQUESTIEN PKY. MT VERON, CT	<input type="radio"/>	<input checked="" type="radio"/>		LAUNDRY SERVICE	48,321			19	3B
CRS LANDSCAPING	68 HARTFORD RD. SIMSBURY, CT	<input checked="" type="radio"/>	<input type="radio"/>		#REF!	36,143			22	6A
		<input type="radio"/>	<input type="radio"/>		LANDSCAPING/SNO W REMOVAL					
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input 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 Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2015			Page 22	of 37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 88,768	88,768				
b. Heat	\$ 26,206	26,206				
c. Light & Power	\$ 44,395	44,395				
d. Water	\$ 14,629	14,629				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 16,098	16,098				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 190,096	190,096				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 26,369	26,369				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 26,369	26,369				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 37,039	37,039				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 37,039	37,039				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 540,000	540,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 46,966	46,966				
c. Personal property taxes	\$ 4,675	4,675				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 655,049	655,049				

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

Apple Rehab Avon
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

*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:				
Total additions for Building Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*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
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
	See Attached	\$ (10,302)		
Total deletions for Non-Movable Equipment		\$ (10,302)		\$ - **

*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:				
2/18/2015	New Probe bladder Scan (Medline)	\$ 2,850	7	\$ 145
3/19/2015	Payroll System Upgrade - Time Clocks	\$ 1,233	10	\$ 42
3/19/2015	Payroll System Upgrade - Time Clocks	1196.44	10	40.76
6/17/2015	Electric Bed (First Choice Medical)	1029.47	12	22.99
7/31/2015	Electric Bed (Invacare)	2644.51	12	44.51
Total additions for Movable Equipment		\$ 8,954		\$ 295 *
Deletions:				
	See Attached	\$ (130,360)		
Total deletions for Movable Equipment		\$ (130,360)		\$ - **

*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:				
	See Attached	\$ (44,676)		
Total deletions for Leasehold Improvement		\$ (44,676)		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Brightview

Asset Class	Asset ID	Asset Description	Place in Service Date	Cost Basis
NME-10	0109002	NURSES STAT.(NORMAN,JP	5/1/1983	\$241.63
NME-10	0109003	FURNITURE(KENTCO)	10/1/1983	\$1,773.81
NME-10	0109004	BEAUTY PARLOR VANITY I	2/1/1984	\$975.00
NME-10	0109005	CABINET(GROSSMAN)	3/1/1984	\$322.39
NME-10	0109006	LIGHTS FLUORESCENT(KEI	3/1/1984	\$174.00
NME-10	0109007	KENTCO(FIXTURES)	5/1/1987	\$2,552.00
NME-15	0109014	ARTHUR HORTON(LIGHTS)	7/1/1987	\$638.33
NME-10	0109008	DRICO (STEAM TABLE)	12/1/1988	\$946.61
NME-15	0109015	CONTROL MODULE)	11/1/1989	\$626.40
NME-10	0109009	UNITED REST. (MIXER)	5/1/1991	\$2,052.00
Total				\$10,302.17

ME-10	0109040	BEDS & NIGHTSTANDS NBI	7/1/1982	\$5,725.00
ME-10	0109041	LAWN FURNITURE	7/1/1982	\$513.83
ME-10	0109042	RCA TV	7/1/1982	\$118.12
ME-10	0109045	4 EXTINGUISHERS(AA FIRE	8/1/1982	\$189.20
ME-10	0109043	FIRE SUPR(AA FIRE EQUIP)	9/1/1982	\$777.00
ME-10	0109044	FREEZER(BERNIE'S)	9/1/1982	\$550.00
ME-10	0109046	ICE MAKER(CHRIS REFR.)	10/1/1982	\$899.77
ME-10	0109047	TOASTER(B. GOLDEN)	10/1/1982	\$618.13
ME-10	0109048	FURNITURE(KENT CO. COR	1/1/1983	\$9,652.00
ME-10	0109049	CARRIER(HUDSON MEDICA	4/1/1983	\$693.23
ME-10	0109050	MED CARTS(LIONVILLE)	4/1/1983	\$2,543.97
ME-10	0109051	CARTER GLASS	5/1/1983	\$65.58
ME-10	0109052	FURN. & DRAP.(KENTCO)	5/1/1983	\$1,519.00
ME-10	0109053	SHOWER CHAIRS(SPURGAS	5/1/1983	\$513.85
ME-10	0109054	SIDE RAILS(SPURGAS)	5/1/1983	\$101.59
ME-10	0109055	WALKER(SPURGAS)	5/1/1983	\$69.34
ME-10	0109056	FILE CAB.(CHARTER OAK)	6/1/1983	\$478.16
ME-10	0109057	AIR COND.(MASTER CHARC	6/1/1983	\$403.01
ME-10	0109058	HAIR DRYERS(CLIFFORD)	7/1/1983	\$419.29
ME-10	0109059	COUNT TOP KIT(FIVE STAR	7/1/1983	\$295.63
ME-10	0109060	TIME CLOCK(SIMPLEX)	7/1/1983	\$460.35
ME-10	0109061	CARTS(SPURGAS)	7/1/1983	\$164.48
ME-10	0109062	REFRIGERATOR(AVON APP	8/1/1983	\$396.95
ME-10	0109063	FURNITURE(KENT CO)	8/1/1983	\$1,113.00
ME-10	0109064	FREEZER	8/1/1983	\$100.00
ME-10	0109065	FURNITURE(KENTCO)	10/1/1983	\$8,359.50
ME-10	0109066	SYLVANIA TV(MASTER CH	10/1/1983	\$537.45
ME-10	0109067	CHAIRS REC. ROOM	10/1/1983	\$307.88
ME-10	0109068	FIRE EXTINGUISHERS & CA	11/1/1983	\$209.62
ME-10	0109069	GUTHOSCOPIES STAND UP	11/1/1983	\$353.74

ME-10	0109070 AA FIRE EQUIP	12/1/1983	\$43.00
ME-10	0109071 TYPEWRITER & FOOD PRO	12/1/1983	\$225.00
ME-10	0109072 ADDING MACHINE(HARRIS	12/1/1983	\$116.85
ME-10	0109073 BEDS & NIGHTSTANDS	12/1/1983	\$9,236.40
ME-10	0109074 CHAIR SCALE(SPURGAS)	1/1/1984	\$456.88
ME-10	0109075 HEATED DIPS.(FINESSER)	3/1/1984	\$800.25
ME-10	0109076 FURNITURE(KENTCO)	3/1/1984	\$8,351.00
ME-10	0109077 AIR CONDITIONER(BERNIE	6/1/1984	\$644.95
ME-10	0109078 AIR COND.(MASTER CHG)	6/1/1984	\$1,031.85
ME-10	0109079 FANS	6/1/1984	\$149.75
ME-10	0109080 RAILINGS(SPURGAS)	6/1/1984	\$1,090.05
ME-10	0109081 CART(SPURGAS)	6/1/1984	\$83.30
ME-10	0109082 AIR COND.(BERNIES)	7/1/1984	\$300.95
ME-10	0109083 DRESSER(SPURGAS)	7/1/1984	\$182.21
ME-10	0109084 SIDE RAISL(SPURGAS)	7/1/1984	\$272.51
ME-10	0109085 HOSPITAL BED(SPURGAS)	7/1/1984	\$376.25
ME-10	0109086 RANGE(B. GOLDEN)	8/1/1984	\$1,472.75
ME-10	0109087 FURNITURE(KENTCO)	8/1/1984	\$678.00
ME-10	0109088 DI-HUMIDIFIER(M/C)	8/1/1984	\$193.45
ME-10	0109089 OFFICE FURNITURE(COUNT	9/1/1984	\$1,628.41
ME-10	0109090 CHAIR(COUNTY)	12/1/1984	\$90.45
ME-10	0109091 RUG SHAMPOO & VACCUU	12/1/1984	\$822.32
ME-10	0109092 CHAIRS 2(COUNTY)	2/1/1985	\$180.82
ME-10	0109093 TRANS CASES, FILE CAB.	3/1/1985	\$290.25
ME-10	0109094 TYPEWRITER(HALLET CO.)	4/1/1985	\$966.43
ME-10	0109095 LIGHT(MASTER CHG)	4/1/1985	\$102.13
ME-10	0109096 WTR CLR(W.W.GRAINER)	5/1/1985	\$489.50
ME-10	0109097 OVERBED TBLE 8 (HUDSON	5/1/1985	\$247.25
ME-10	0109098 AIR COND(SID MILLER APP	5/1/1985	\$698.75
ME-10	0109099 WHEEL CHAIRS(B-MAR)	6/1/1985	\$1,205.00
ME-10	0109100 PAINTINGS	10/1/1985	\$520.00
ME-10	01091016 GERIATRIC CHAIRS	10/1/1985	\$558.00
ME-10	0109102 CARDEX SYSTEM(CARSTEI	6/1/1986	\$2,085.68
ME-10	0109103 BERNIES(TV,REF,VCR)	11/1/1986	\$1,237.33
ME-15	0109172 SPRUGAS(RECLINER)	7/1/1987	\$532.13
ME-10	0109104 UHF(DISHWASHER)	9/1/1987	\$4,225.83
ME-10	0109105 HOOK UP)	10/1/1987	\$611.07
ME-8	0109035 ROVIC(FLOOR BUFFER)	11/1/1987	\$1,161.00
ME-15	0109173 TABLES)(36)	12/1/1987	\$2,841.84
ME-10	0109106 DRICO (REPAIR STEAM TAI	2/1/1988	\$889.26
ME-10	0109107 RYKOFF SEXTON	2/1/1988	\$2,415.15
ME-10	0109108 TRAVNOL (4 WHEELCHAIR	4/1/1988	\$1,635.00
ME-8	0109036 ROVIC (FLOOR MACHINE)	7/1/1988	\$830.98
ME-20	0109193 RYKOFF SEXTON (SHLVG&	7/1/1988	\$701.47
ME-10	0109109 RYKOFF SEXTON (ICE MAC	7/1/1988	\$956.34

ME-8	0109037	AVON PLUMBING	8/1/1988	\$182.87
ME-10	0109110	HUDSN MED. (PLATFRM ST	9/1/1990	\$976.35
ME-10	0109111	JEORNS(4 BEDS)	2/1/1991	\$1,882.22
ME-15	0109174	NEW CHAIRS)	5/1/1991	\$389.76
ME-15	0109175	AMERICO GROUP(PLASTIC	7/1/1991	\$330.42
ME-15	0109176	P KAUFMANN (MATERIAL I	8/1/1991	\$353.18
ME-10	0109112	LADD CONT.(UPS CHGS)	8/1/1991	\$6.01
ME-10	0109113	LADD CONT.(BEDSIDE TAB	8/1/1991	\$3,007.12
ME-15	0109177	MGM TRANSPORT(FRGHT T	9/1/1991	\$526.20
ME-15	0109178	LADD CONT (BEDSIDE TAB	9/1/1991	\$1,382.40
ME-10	0109114	MGM TRANSPORT(FRGHT C	9/1/1991	\$278.36
ME-10	0109115	LADD CONT (CHAIRS)	9/1/1991	\$3,499.20
ME-10	0109116	LADD CONT (CHAIRS)	9/1/1991	\$3,110.40
ME-8	0109038	HARTFORD (VACCUM)	12/1/1991	\$593.55
ME-10	0109010	UNITED REST (REFRIGERA	12/1/1991	\$2,338.52
ME-10	0109011	UNITED REST (FREEZER)	1/1/1992	\$2,455.91
ME-10	0109118	United(Toaster)	10/1/1992	\$810.90
ME-5	0109016	Reel (Snowblower)	3/1/1993	\$2,019.30
ME-10	0109119	MGM Trans(Furniture)	5/1/1993	\$63.38
ME-5	0109017	Holloway's(Airconditioner)	7/1/1993	\$583.00
ME-5	0109018	Northeast(Copier)	12/1/1993	\$4,801.80
ME-12	0109158	Ladd(Furniture)	2/1/1994	\$125.74
ME-12	0109160	Foley(Furniture)	7/1/1994	\$700.00
ME-12	0109162	Ladd(Furniture)	7/1/1994	\$337.08
ME-12	0109163	MGM Transp(Furniture)	7/1/1994	\$44.24
ME-12	0109164	Classic(Furniture)	9/1/1994	\$530.00
ME-10	0109131	FREEZER COMPRESSOR (H	9/1/1998	\$795.00
ME-5	0109026	copier (NorthEast Copy)	4/1/2000	\$6,460.70
			Total	\$130,360.07

LHI-20	0109388	MINER LUMBER	2/1/1983	\$587.86
LHI-20	0109389	MAC'S DRYWALL	3/1/1983	\$430.00
LHI-20	0109390	ARCHETICTURAL GRAPH	3/1/1983	\$264.50
LHI-20	0109394	JIM WATER SIDING	4/1/1983	\$274.45
LHI-20	0109395	MAC'S DRYWALL	5/1/1983	\$650.00
LHI-20	0109396	MINER LUMBER	5/1/1983	\$946.24
LHI-10	0109257	FIRE ALARM(HORTON)	5/1/1983	\$295.00
LHI-20	0109397	MAC'S DRYWALL	6/1/1983	\$320.00
LHI-20	0109398	JIM WATERS SIDING	6/1/1983	\$209.85
LHI-20	0109399	MINERS	7/1/1983	\$603.91
LHI-10	0109259	ALARM(HORTON)	7/1/1983	\$32.50
LHI-20	0109401	FARMINGTON CONCRETE	9/1/1983	\$80.00
LHI-10	0109260	FIRE ALARM IN ADDITION	12/1/1983	\$500.00
LHI-20	0109415	BUILDERS HARDWARE	1/1/1984	\$102.34
LHI-20	0109417	MINER LUMBER	1/1/1984	\$519.34

LHI-20	0109419 BUILDERS HARDWARE	2/1/1984	\$64.72
LHI-20	0109420 MAC'S DRYWALL	2/1/1984	\$380.24
LHI-20	0109422 WEST HARTFORD STAIRS	2/1/1984	\$100.00
LHI-20	0109423 MINER LUMBER	3/1/1984	\$179.92
LHI-20	0109424 SUBURAN SANITATION SEI	3/1/1984	\$677.25
LHI-20	0109425 MINER LUMBER	4/1/1984	\$610.10
LHI-20	0109426 SIMPLEX TIME RECORDER	4/1/1984	\$92.08
LHI-20	0109431 SNET	5/1/1984	\$515.00
LHI-20	0109432 ROGER WHITNEY	5/1/1984	\$211.00
LHI-20	0109433 WALLPAPER	6/1/1984	\$732.00
LHI-20	0109434 SNET	7/1/1984	\$468.18
LHI-20	0109435 WALLPAPER	7/1/1984	\$48.00
LHI-10	0109263 FIRST CONSERVE(BULBS)	1/1/1987	\$775.03
LHI-20	0109442 HEATING SYSTEM)	10/1/1990	\$340.96
LHI-20	0109443 C&G (SERVICE AIR COND.)	10/1/1990	\$1,600.00
LHI-20	0109444 NOELCO (ICE BOX COMPRI	2/1/1991	\$1,562.91
LHI-15	0109334 NOELCO (FREEZER COMPR	2/1/1991	\$1,269.18
LHI-5	0109195 KENTCO (DEPOSIT FOR CAI	3/1/1991	\$4,900.00
LHI-5	0109196 KENTCO(CARPETING)	7/1/1991	\$9,388.40
LHI-5	0109197 KENTCO(CARPETING)	7/1/1991	\$706.21
LHI-5	0109198 VICTOR ROME (DRAPES)	9/1/1991	\$613.19
LHI-5	0109199 WILSON, SCOTT (PAINTING	12/1/1991	\$1,896.66
LHI-5	0109200 WILSON, SCOTT (PAINTING	12/1/1991	\$2,396.66
LHI-5	0109201 WILSON, SCOTT (PAINTING	1/1/1992	\$1,896.66
LHI-5	0109202 WILSON, SCOTT (PAINTING	1/1/1992	\$450.00
LHI-12	0109326 RILEY (SIGN OUT FRONT)	2/1/1992	\$860.00
LHI-12	0109328 RILEY, RAN (OUTSIDE SIGN	7/1/1992	\$1,043.40
LHI-10	0109268 VICTOR ROME(Curtains)	8/1/1992	\$808.78
LHI-5	0109207 DRG(Curtains)	2/1/1993	\$177.61
LHI-5	0109209 Brewster(Wallpaper)	2/1/1993	\$324.10
LHI-10	0109273 Deltae(Greese Trap-Kitchen)	8/1/1993	\$220.74
LHI-10	0109285 Real Seal(Sub Acute)	7/1/1994	\$2,367.33
LHI-5	0109220 Red Seal(Driveway Sealing)	11/1/1994	\$1,183.67
	Total		\$44,675.97

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility Apple Rehab Avon			License No. 1035 - C		Report for Year Ended 9/30/2015			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.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				1,215,431	908,435		A	37,039	
2. Disposals (attach schedule)				(44,676)	(44,676)				
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									37,039
D. Total Amortization									37,039

* 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.

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

Name of Facility Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2015	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" 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					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	60				
6. Square Footage	15,352				
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed		See Attached			
f. Principal balance outstanding as of _____					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

CT Medicaid Cost Report Attachment Page 25

	Original Mortgage	6 Month extension
A. Type of Financing (e.g. fixed, variable)	Fixed	
B. Date of Mortgage Obtained	4/11/2008	extension to 10/13/15
C. Interest Rate For the Cost Year	6.44%	2.08%
D. Term of Mortgage (number of years)	7 Yrs.	6 month
E. Amount of Principal Borrowed	119,500,000	
F. Principal Balance Outstanding as of 9/30/	100,562,320	

Note: The following facilities are collateralized by this mortgage.

Connecticut Facilities

Brightview Nursing & Retirement Center, Ltd.

Rose Haven, Ltd.

Mary Elizabeth Nursing Center, Inc.

Fowler Nursing Center, Inc.

Waterbury Extended Care Facility, Inc.

Harbor View Nursing Center, Inc.

Liberty Hall Nursing Center

Orchard Grove Specialty Care

Wolcott Hall Nursing Center, Inc.

Hewitt Health and Rehabilitation Center, Inc.

Watrous Nursing Center

Elm Hill Nursing Center, Inc.

Gardner Heights Health Care Center, Inc.

Shelton lakes Health Care Center, Inc.

Highview Health Care Center, Inc.

Westfield Manor Health Care Center, Inc.

TA Coccomo Memorial

Plainville Health Care Center, Inc.

Ledgecrest Health Care Center, Inc.

Ridgeview Health Care Center, Inc.

The Kent, Ltd.

Chesterfields, Ltd.

Out of State Facilities

Watch Hill Manor, Ltd.

The Clipper Home, Inc.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Apple Rehab Avon		1035 - C	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
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)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility Apple Rehab Avon		License No. 1035 - C		Report for Year Ended 9/30/2015		Page 27	of 37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
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) \$				3,965	3,965		
Interest on Term Note/Town of Avon Tax Interest							
13. Total All Interest Expense (12B7 + 12C3 + 12D) \$				3,965	3,965		
14. Insurance							
a. Insurance on Property (buildings only) \$				48,986	48,986		
b. Insurance on Automobiles \$							
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage) \$							
2. Fire and Extended Coverage \$							
3. Other (Specify) \$							
14d. Total Insurance Expenditures (14a + b + c) \$				48,986	48,986		
15. Total All Expenditures (A-13 thru C-14) \$				5,696,111	5,696,111		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Avon				1035 - C	9/30/2015	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	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 151,478	151,478		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 213,846	213,846		
10.	15	1d/e	Accounting & Legal	\$ 6,374	6,374		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 16,337	16,337		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 100	100		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 31,256	31,256		
Page 18 - Dietary Expenditures							
24.	30	IV1	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)				\$ 419,390	419,390		

* 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	12m	Social Service/Marketing			
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B8	Medical Director (if no hours to support expense)			
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Corporate Fee - Non Reimburable	\$ 24,070		
16	1.3	Employee Recognition/Gifts/Parties	\$ 6,295		
16	8a	Chamber of Commerce	\$ 290		
16	m13	Resident Expenses	\$ 390		
16	m13	Account Write Off	\$ 210		
Total Other A&G Adjustments			\$ 31,256	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Apple Rehab Avon			1035 - C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 419,390	419,390		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 180,850	180,850		
28.	16	L1	Ambulance/Limousine	\$ 4,832	4,832		
29.	20	h	X-rays, etc	\$ 11,829	11,829		
30.	20	f	Laboratory	\$ 19,153	19,153		
31.			Medical Supplies	\$			
32.	20	500	Oxygen (non emergency)	\$ 13,773	13,773		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 2,697	2,697		
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.			Research or Experimental Activities	\$			
43.	30	IV4	Radio and Television Revenue	\$ 1,343	1,343		
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.	30	IV5	Interest Income on Accounts Rec	\$ 34	34		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 4,616	4,616		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 658,517	658,517		

*** 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.

Apple Rehab Avon
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ -		
20	5j	Rehab Service Supplies	\$ 2,697		
Total Other Ancillary Costs			\$ 2,697	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12 D	Interest on Value Note	\$ 2,466		
Var	Var	Outpatient Therapy	\$ 651		
27	12D	Interest on Property Taxes	\$ 1,499		
Total Other Adjustments			\$ 4,616	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Avon	1035 - C	9/30/2015		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 1,867,137	1,867,137			
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>)	\$ 955,427	955,427			
b. Medicare Room and Board Contractual Allowance **	\$ 210,811	210,811			
4. a. Private-Pay Residents and Other	\$ 2,278,542	2,278,542			
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 90,452	90,452			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (90,452)	(90,452)			
c. Prescription Drugs - Non-Medicare	\$ 61,569	61,569			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (61,569)	(61,569)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 2,200	2,200			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (2,200)	(2,200)			
3. a. Physical Therapy - Medicare	\$ 274,997	274,997			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (214,564)	(214,564)			
c. Physical Therapy - Non-Medicare	\$ 151,655	151,655			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (124,880)	(124,880)			
4. a. Speech Therapy - Medicare	\$ 23,761	23,761			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (17,446)	(17,446)			
c. Speech Therapy - Non-Medicare	\$ 10,935	10,935			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (7,020)	(7,020)			
5. a. Occupational Therapy - Medicare	\$ 276,751	276,751			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (237,448)	(237,448)			
c. Occupational Therapy - Non-Medicare	\$ 150,300	150,300			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (138,060)	(138,060)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 5,460,900	5,460,900			
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	\$ 1,343	1,343			
5. Interest Income (<i>Specify</i>)	\$ 34	34			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 2,402	2,402			
V. Total Other Revenue (1 thru 8)	\$ 3,778	3,778			
VI. Total All Revenue (III +V)	\$ 5,464,677	5,464,677			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV5	Interest Income	1,602,766	\$ 34		
Total Interest Income			\$ 34	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV8	Rebates/Refunds	\$ 1,114		
30 IV8	Medical Records	\$ 117		
30 IV8	UHC /Optumcare Dividends	\$ 1,170		
Total Other Revenue		\$ 2,402	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Avon	1035 - C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	532
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,602,766
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	19,251
5. Prepaid Expenses			\$	19,070
a. Prepaid Insurance	3,878			
b. Prepaid Property Tax	15,191			
c. Prepaid Other				
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	1,637,958
Due Affiliate (Debit Balance)	1,637,958			
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,279,576
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,170,755</u>		\$	269,957
	Accum. Depreciation <u>900,798</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>9,247</u>		\$	
	Accum. Depreciation <u>9,247</u>	Net		
6. Movable Equipment	*Historical Cost <u>429,689</u>		\$	88,839
	Accum. Depreciation <u>340,850</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
Construction in Progress				
Fixed Asset Clearing Account				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	358,796

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Avon	1035 - C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	3,638,372
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<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>)			\$	1,400
Capitalized Refinance Expense		1,400		

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,400
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	3,639,772

* 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 Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2015		Page 34	of 37
Account				Amount	
Total Brought Forward:				630,676	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 3,449,872	
Name and Address of Lender	Amount	Loan Date			
Brian J. Foley	3,449,872	Demand			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
Security Deposit					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 3,449,872	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 4,080,548	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Avon	1035 - C	9/30/2015	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			\$	1,116,192
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,326,535)
6. Gain or Loss for Period			\$	(231,433)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	(440,776)
C. Total Reserves and Net Worth			\$	(440,776)
D. Total Liabilities, Reserves, and Net Worth			\$	3,639,772

H. Changes in Total Net Worth

Name of Facility Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2015	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(209,343)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	5,464,677
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	5,696,111
D. Net Income or Deficit			\$	(231,433)
E. Balance			\$	(440,776)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	3,132
Name and Address (<i>No., City, State, Zip</i>)	Title	Amount		
Brian Foley	President	3,132		
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(440,776)

I. Preparer's/Reviewer's Certification

Name of Facility Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Robert Gwizdak				
Address Address		Phone Number		
21 Waterville Road Avon, CT 06001		(860) 470-7535		