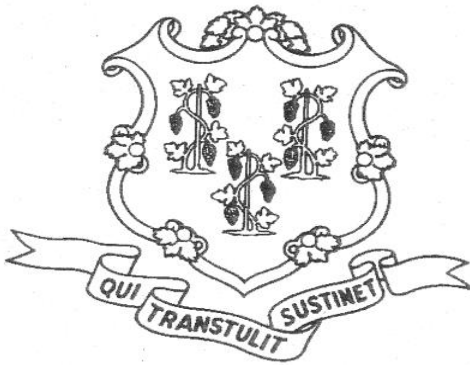


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Apple Rehab Cromwell	
Address (No. & Street, City, State, Zip Code) 156 Berlin Rd Cromwell CT 06416	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2122-C	RHNS	(Specify)	Medicare Provider 07-5380
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Medicaid Provider Numbers:	CCNH 9333	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 Cromwell	License No. 2122-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 Cromwell [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) Jane DeVries			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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Apple Rehab Cromwell		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 156 Berlin Rd Cromwell CT 06416				
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

## General Information and Questionnaire

### Type of Facility - Organization Structure

	Phone No. of Facility 860-635-1010	Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Apple Rehab Cromwell		Address (No. & Street, City, State, Zip) 156 Berlin Rd Cromwell CT 06416		
License Numbers:	CCNH 2122-C	RHNS	(Specify)	Medicare Provider No. 07-5380
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.				
<b>Administrator</b>				
Name of Administrator Jane DeVries		Nursing Home Administrator's License No.:	1094	
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 Cromwell	License No. 2122-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 Cromwell	Business Address 156 Berlin Rd Cromwell CT 06416	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 Cromwell	License No. 2122-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	385,895	385,895
Healthport Services	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10/13 Schedule	86,492	86,492
Allstar	21 Waterville Road Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>	15%	Therapy Services	Pg. 13 B5/B9/B10	518,241	475,227
Corporate Employee	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	10,699	10,699
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	117,648	117,648
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	11,107	11,107
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	416,184	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	25,141	

\* 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 Cromwell		License No. 2122-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	8,481	
Marsh	PO Box 19636 Newark, NJ	X			Property, Liability, & Umbrella Insurance	Pg. 27 14a	82,874	
Medstat	41 Northwest Dr. Plainville, CT	X		9%	Pharmacy	Pg. 13B3/Pg. 20 5a2	253,891	243,735
AIG	PO Box 10472 Newark, NJ	X			Worker's Compensation	Pg. 15 1a1	137,391	
Swallowing Diagnostics	21 Waterville Rd. Avon, CT	X		83%	Diagnostic Services	Pg. 20 5f	2,125	1,615
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

**Ridgeview**      Sep-15

45022	P/S ESP -RN Employee	Amount	Hrs			
Oct-14	SHR ALLOC	Henry	544.00	17.00		
		Matthews	355.50	8.50		
		pajot	348.50	8.75		
		Indirect	419.67			
Nov-14		Matthews	711.00	17.00		
		Massarelli	329.25	8.25		
		Indirect	617.38			
Dec-14		Matthews	1,191.00	25.00		
		Plantamuro	393.00	10.25		
		Massarelli	677.25	16.75		
		DeCarlo	317.50	9.25		
		Schilder	375.00	9.00		
Jan-15		Matthews	3,706.50	89.50		
		Massarelli	874.13	16.75		
		Schilder	1,144.50	27.50		
Feb-15		Indirect	1,840.00			
		Matthews	3,594.00	86.00		
		Massarelli	365.25	8.75		
Apr-15		Indirect	1,614.00			
		Indirect	1,747.00			
Sep-15		Indirect	5,270.00		<b>26,434.43</b>	<b>358.25</b>

45023	P/S ESP -LP Employee	Amount	Hrs			
Oct-14	SHR ALLOC	Varrone	585.75	17.75		
		Bagley	1,130.25	35.75		
		harris	271.25	8.75		
		Pinamang	192.00	8.00		
		Suprynowicz	2,134.50	77.00		
Nov-14		Indirect	1,450.60			
		Stack	280.00	8.75		
		Bagley	520.00	16.50		
		Suprynowicz	445.50	16.50		
		Ward	216.00	8.00		
Dec-14		Indirect	867.39			
		Bagley	404.25	12.25		
		Suprynowicz	326.25	11.25		
		Alicea	833.25	25.75		
Jan-15		Dulford	247.50	8.25		
		Bagley	594.50	15.00		
		Pierre	511.50	16.50		
		Thomas	255.75	8.25		
		Sadowski	231.00	8.25		
Feb-15		Suprynowicz	806.00	28.50		
		Alicea	255.75	8.25		
		Indirect	1,036.00			
		Thomas	263.50	8.50		
		Sadowski	262.50	8.75		
Apr-15		Lacoss	272.00	8.50		
		Alicea	240.25	7.75		
		Indirect	381.00			
Sep-15		Indirect	412.00		<b>16,670.24</b>	<b>372.75</b>
Sep-15		Indirect	1,244.00			

41001 Administrator Employee Facility Amount Hrs							
	Ridgeview-Devries, J.	Apple		53,514.48	960.00	<b>53,514.48</b>	<b>960.00</b>
41002 Clerical Employee Facility Amount Hrs						Dollars	Hours
Oct-14	Frost	Chesterfields		134.40	8.00		
						<b>134.40</b>	<b>8.00</b>
41003 Bookkeep Employee Facility Amount Hrs							
Sep-15 Corp	Payroll			2,406.00	77.00		
	Billing Unit			8,293.00	382.00		
						<b>10,699.00</b>	<b>459.00</b>
41004 Soc Service Employee Facility Amount Hrs							
Oct-14	Mendelsohn	Avon		(169.00)	(6.50)		
Feb-15	Warkoski	Farm Valley		900.00	36.00		
						<b>731.00</b>	<b>29.50</b>
41006 Maint Employee Facility Amount Hrs							
Oct-14	Scheyd	Hewitt		(170.50)	(15.50)		
	Scheyd	Orchard		(244.75)	(22.25)		
	Scheyd	Gardner		(1,003.75)	(91.25)		
	Scheyd	Guilford		(41.25)	(3.75)		
Nov-14	Scheyd	Gardner		(1,259.50)	(114.50)		
	Scheyd	Gardner		(497.75)	(45.25)		
Dec-14	Scheyd	Farm Valley		(297.00)	(27.00)		
	Scheyd	Gardner		(704.00)	(64.00)		
	Scheyd	Westfield		(88.00)	(8.00)		
	Scheyd	Farm Valley		(176.00)	(16.00)		
Jan-15	Scheyd	Gardner		(720.50)	(65.50)		
	Scheyd	Westfield		(176.00)	(16.00)		
	Scheyd	Farm Valley		(453.75)	(41.25)		
	Scheyd	Chesterfields		(13.75)	(1.25)		
Feb-15	Scheyd	Gardner		(371.25)	(33.75)		
	Scheyd	Farm Valley		(528.00)	(48.00)		
	Scheyd	Saybrook		(437.25)	(39.75)		
Mar-15	Scheyd	Gardner		(200.75)	(18.25)		
	Scheyd	Rocky Hill		(35.75)	(3.25)		
	Scheyd	Westfield		(79.75)	(7.25)		
	Scheyd	Farm Valley		(77.00)	(7.00)	<b>(7,576.25)</b>	<b>(688.75)</b>
45001 RN Employee Facility Amount Hrs							
Nov-14	SHR ALLOC	Lanzuela	Middletown	(240.00)	(8.00)		
		Lanzuela	Middletown	369.00	9.00		
Dec-14		Lanzuela	Middletown	251.63	8.25		
Jan-15		Lanzuela	Middletown	261.00	9.00		
Feb-15		Jefferson	Middletown	(520.75)	(17.50)		
Mar-15		Jefferson	Middletown	(523.00)	(18.00)		
						<b>(402.12)</b>	<b>(17.25)</b>
45002 LPN Employee Facility Amount Hrs							

Oct-14	SHR ALLOC	Callahan	Rocky Hill	(3,324.26)	(140.75)
		Abdu	Coccoma	170.00	8.50
Nov-14		Callahan	Rocky Hill	(1,769.88)	(71.75)
Dec-14		Callahan	Rocky Hill	(985.51)	(36.75)
		Brown	Chesterfields	608.76	25.25
		Healey	Avon	231.63	8.50
		Behm	Farm Valley	210.00	8.00
Jan-15		Brown	Chesterfields	3,203.74	148.75
		Suprynowicz	Middletown	212.75	9.25
		DiMauro	Farm Valley	189.75	8.25
Feb-15		Jefferson	Middletown	(210.00)	(7.50)
		Brown	Chesterfields	1,088.77	50.75
		Legnani	Ledgecrest	(31.00)	(1.00)

**(405.25) 9.50**

<b>45003</b>	<b>CNA</b>	<b>Employee</b>	<b>Facility</b>	<b>Amount</b>	<b>Hrs</b>
--------------	------------	-----------------	-----------------	---------------	------------

Oct-14		Alves	Coccoma	(113.12)	(8.00)
		Cruz	Coccoma	(794.94)	(63.75)
		Irizarry	Coccoma	(411.11)	(28.50)
		Rickets	Ledgecrest	(716.40)	(54.50)
		Forrester	Avon	1,445.75	106.25
		Rivera	Farm Valley	297.06	24.25
Nov-14		Cruz	Coccoma	(217.26)	(16.25)
		Jones	Coccoma	(396.00)	(32.00)
		Forrester	Avon	1,077.68	79.25
		Lasley	Avon	290.69	25.25
Dec-14		Forrester	Avon	103.13	7.50
		Lasley	Avon	94.00	8.00
		Jones	Coccoma	188.44	15.25
		Rivera	Farm Valley	107.25	8.25
Feb-15		Rickets	Ledgecrest	(103.13)	(8.25)
		Jones	Coccoma	51.00	4.00

**903.04 66.75**

<b>45017</b>	<b>MDS Coord</b>	<b>Employee</b>	<b>Facility</b>	<b>Amount</b>	<b>Hrs</b>
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Nov-14		Herrick	Healthport	1,258.00	37.00
		Migliorati	Healthport	2,270.50	59.75
Dec-14		Herrick	Healthport	977.50	28.75
		Migliorati	Healthport	2,327.50	61.25
Jan-15		Herrick	Healthport	1,232.50	36.25
		Migliorati	Healthport	722.00	19.00
Feb-15		Herrick	Healthport	374.00	11.00
		Migliorati	Healthport	1,425.00	37.50

**10,587.00 290.50**

<b>50002</b>	<b>Chef</b>	<b>Employee</b>	<b>Facility</b>	<b>Amount</b>	<b>Hrs</b>
--------------	-------------	-----------------	-----------------	---------------	------------

Dec-14		Gentile	Rocky Hill	(48.75)	(5.00)
			Ledgecrest	(131.63)	(12.50)

**(180.38) (17.50)**

<b>70062</b>	<b>Therapy Tecl</b>	<b>Employee</b>	<b>Facility</b>	<b>Amount</b>	<b>Hrs</b>
--------------	---------------------	-----------------	-----------------	---------------	------------

Oct-14	Stabach	Farm Valley	706.86	59.50
Nov-14	Stabach	Farm Valley	561.33	47.25
Dec-14	Stabach	Farm Valley	463.32	39.00
Jan-15	Stabach	Farm Valley	647.46	54.50
Feb-15	Stabach	Farm Valley	576.18	48.50
Mar-15	Stabach	Farm Valley	71.28	6.00

**3,026.43      254.75**

**Total                      71,031.35      1,354.50**

**Shared HP                10,587.00**

**Shared Corp             10,699.00**

**Shared Apple  
Employees                49,745.35**

**Total                      71,031.35**

**Shared HP                10,587.00**

**GL #45022                26,434.43**

**GL #45023                16,670.24**

**Total HP per**

**Optimum**

**Shared Report            53,691.67**

Apple Shared Employee Repo

Reporting Period: From

3/8/2015 to 9/19/2015

Report Date 11/17/2015

Emp Num	LastName	FirstName	HomeFctyCod	Home Facility	WorkedFctyCod	Worked Facility	GL Code	GL Description	PayDate	Hours	Dollars
	DEVRIES	JANE	22	Cromwell	22	Cromwell	41001	Salaries - Administrator		1,120.00	62,841.24
										<b>1,120.00</b>	<b>62,841.24</b>
20970632	PINNEY	JAMIE	20	Farmington	22	Cromwell	41003	Salaries - Accounting - JobTitle = A/P Coordinator	7/23/2015	9.50	161.35
20970632	PINNEY	JAMIE	20	Farmington	22	Cromwell	41003	Salaries - Accounting - JobTitle = A/P Coordinator	7/30/2015	43.50	767.27
							<b>41003</b>			<b>53.00</b>	<b>928.62</b>
19002555	WISNIOWSKI	LAURETT	19	Coccoma	22	Cromwell	41004	Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - 8/20/2015		2.50	63.83
19002555	WISNIOWSKI	LAURETT	19	Coccoma	22	Cromwell	41004	Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - 8/27/2015		2.25	57.44
19002555	WISNIOWSKI	LAURETT	19	Coccoma	22	Cromwell	41004	Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - 9/3/2015		3.00	76.59
19002555	WISNIOWSKI	LAURETT	19	Coccoma	22	Cromwell	41004	Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - 9/10/2015		3.25	82.97
19002555	WISNIOWSKI	LAURETT	19	Coccoma	22	Cromwell	41004	Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - 9/17/2015		2.75	70.21
19002555	WISNIOWSKI	LAURETT	19	Coccoma	22	Cromwell	41004	Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - 9/24/2015		2.50	63.83
							<b>41004</b>			<b>16.25</b>	<b>414.87</b>
14971073	NELSON	MARJOR	14	Rocky Hill	22	Cromwell	45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/4/2015	44.50	550.50
14971073	NELSON	MARJOR	14	Rocky Hill	22	Cromwell	45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/11/2015	58.75	911.00
18970806	BARRY	CARMEL	18	Westfield	22	Cromwell	45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/16/2015	26.00	314.00
29970160	Martinez	Era	29	Healthport Srvc	22	Cromwell	45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/16/2015	25.00	516.00
29970328	Massarelli	Roxanne	29	Healthport Srvc	22	Cromwell	45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/11/2015	50.00	711.00
29970328	Massarelli	Roxanne	29	Healthport Srvc	22	Cromwell	45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/10/2015	25.50	365.25
29970210	Matthews	Alexis	29	Healthport Srvc	22	Cromwell	45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	3/19/2015	25.50	365.25
29970210	Matthews	Alexis	29	Healthport Srvc	22	Cromwell	45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/4/2015	25.50	522.50
29970210	Matthews	Alexis	29	Healthport Srvc	22	Cromwell	45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/18/2015	25.50	365.25
29970210	Matthews	Alexis	29	Healthport Srvc	22	Cromwell	45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/9/2015	16.50	486.50
29970210	Matthews	Alexis	29	Healthport Srvc	22	Cromwell	45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/27/2015	25.50	365.25
29970210	Matthews	Alexis	29	Healthport Srvc	22	Cromwell	45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/3/2015	50.50	720.75
29970210	Matthews	Alexis	29	Healthport Srvc	22	Cromwell	45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/17/2015	26.50	384.75
29970342	Pajot	Lisa	29	Healthport Srvc	22	Cromwell	45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/23/2015	16.50	338.50
29970342	Pajot	Lisa	29	Healthport Srvc	22	Cromwell	45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/30/2015	16.75	347.75
29970342	Pajot	Lisa	29	Healthport Srvc	22	Cromwell	45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/6/2015	17.00	357.00
29970380	Schilder	Maureen	29	Healthport Srvc	22	Cromwell	45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/23/2015	50.50	720.75
29970380	Schilder	Maureen	29	Healthport Srvc	22	Cromwell	45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/30/2015	28.00	414.00
							<b>45001</b>			<b>558.75</b>	<b>8,917.50</b>
5077052	POINTER	THOMAS	5	Mystic	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	58.50	1,057.42
17970344	SUPRYNOWICZ	KAYLA	17	Middletown	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	9/17/2015	25.25	649.00
29970271	Arshad	Mohamed	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	9/3/2015	29.00	449.50
29970204	Bagley	Barbara	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	4/9/2015	17.50	288.75
29970204	Bagley	Barbara	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	4/23/2015	14.50	239.25
29970204	Bagley	Barbara	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	4/30/2015	8.25	255.75
29970204	Bagley	Barbara	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	5/28/2015	8.25	255.75
29970204	Bagley	Barbara	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	6/4/2015	7.50	232.50
29970204	Bagley	Barbara	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	6/18/2015	9.75	222.50
29970204	Bagley	Barbara	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	7/2/2015	11.25	247.25
29970204	Bagley	Barbara	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	7/16/2015	25.75	544.50
29970204	Bagley	Barbara	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	7/23/2015	13.50	266.25
29970204	Bagley	Barbara	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015	20.50	338.25
29970204	Bagley	Barbara	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	8/6/2015	8.50	263.50
29970204	Bagley	Barbara	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	8/27/2015	8.75	271.25

29970204	Bagley	Barbara	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	9/10/2015	9.25	228.75
29970204	Bagley	Barbara	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	9/17/2015	8.50	263.50
29000058	Chapman	Maura	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	8/6/2015	16.00	264.00
29000058	Chapman	Maura	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	8/13/2015	13.50	331.50
29000058	Chapman	Maura	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	8/20/2015	13.00	330.50
29000058	Chapman	Maura	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	31.25	765.42
29970331	Iworisha	Ezinne	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	8/20/2015	18.00	270.00
29970702	Jones	Paula	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	7/9/2015	36.00	576.00
29970702	Jones	Paula	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	7/23/2015	18.00	288.00
29970702	Jones	Paula	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015	20.00	320.00
29970702	Jones	Paula	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	8/20/2015	36.50	584.00
29970702	Jones	Paula	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	8/27/2015	19.00	304.00
29970702	Jones	Paula	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	9/10/2015	19.50	312.00
29970702	Jones	Paula	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	9/17/2015	33.50	536.00
29970702	Jones	Paula	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	17.50	280.00
29970787	Kearns	Maureen	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	6/18/2015	8.50	263.50
29970787	Kearns	Maureen	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	8/27/2015	26.75	829.25
29970787	Kearns	Maureen	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	9/3/2015	17.00	527.00
29970787	Kearns	Maureen	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	9/10/2015	16.75	519.25
29970787	Kearns	Maureen	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	9/17/2015	8.25	255.75
29970787	Kearns	Maureen	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	8.25	255.75
29970969	LaCoss	Gail	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	9/3/2015	8.25	247.50
29970969	LaCoss	Gail	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	9.50	285.00
29615288	Lugo	Brenda	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	7/16/2015	16.50	247.50
29615288	Lugo	Brenda	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015	33.50	502.50
29615288	Lugo	Brenda	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	8/6/2015	16.50	247.50
29615288	Lugo	Brenda	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	16.50	247.50
29970710	OBENGA	TERENIA	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	6/4/2015	8.50	331.50
29970770	Osinuga	Akinola	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	6/18/2015	17.00	263.50
29970770	Osinuga	Akinola	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	35.00	542.50
29970770	Osinuga	Akinola	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	7/2/2015	17.00	263.50
29970088	Patsas	Jane	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	5/7/2015	8.50	263.50
29970088	Patsas	Jane	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	5/21/2015	25.50	536.75
29970088	Patsas	Jane	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	7/9/2015	16.25	268.13
29970088	Patsas	Jane	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	8/13/2015	19.00	313.50
29970088	Patsas	Jane	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	8/20/2015	35.25	581.27
29970088	Patsas	Jane	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	17.00	280.50
29970286	Pierre	Andy	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	7/16/2015	16.50	255.75
29970286	Pierre	Andy	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	9/10/2015	16.00	248.00
29970307	Sadoski	Aurora	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	7/16/2015	17.00	255.00
29970307	Sadoski	Aurora	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	8/13/2015	26.50	501.50
29970026	Stack	Stacy	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015	37.00	592.00
29970288	Thomas	Elizabeth	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	7/16/2015	6.75	195.75
29970174	Varrone	Christine	29	Healthport Srvc	22	Cromwell	45002	Salaries LPN - JobTitle = LPN SNF	9/10/2015	17.00	280.50

**45002**

**1,098.25 21,636.24**

22970508	RICKETTS	YOLAND.	22	Cromwell	21	Ledgecrest	45003	Salaries - Aides - JobTitle = CNA SNF	4/30/2015	40.00	(116.00)
22970508	RICKETTS	YOLAND.	22	Cromwell	21	Ledgecrest	45003	Salaries - Aides - JobTitle = CNA SNF	9/3/2015	88.25	(412.14)
22970508	RICKETTS	YOLAND.	22	Cromwell	21	Ledgecrest	45003	Salaries - Aides - JobTitle = CNA SNF	9/24/2015	38.25	(194.51)
22970372	THOMPSON-BROV SUZETTE		22	Cromwell	21	Ledgecrest	45003	Salaries - Aides - JobTitle = CNA SNF	8/13/2015	24.75	(111.39)
22970372	THOMPSON-BROV SUZETTE		22	Cromwell	21	Ledgecrest	45003	Salaries - Aides - JobTitle = CNA SNF	8/20/2015	16.00	(104.00)
22970372	THOMPSON-BROV SUZETTE		22	Cromwell	21	Ledgecrest	45003	Salaries - Aides - JobTitle = CNA SNF	8/27/2015	39.00	(205.50)
22970372	THOMPSON-BROV SUZETTE		22	Cromwell	21	Ledgecrest	45003	Salaries - Aides - JobTitle = CNA SNF	9/3/2015	40.50	(215.26)
13970744	CASTILLO	DEVONN.	13	Watrous	22	Cromwell	45003	Salaries - Aides - JobTitle = CNA SNF	9/3/2015	-	41.25
13970744	CASTILLO	DEVONN.	13	Watrous	22	Cromwell	45003	Salaries - Aides - JobTitle = CNA SNF	9/10/2015	8.50	112.63
13970744	CASTILLO	DEVONN.	13	Watrous	22	Cromwell	45003	Salaries - Aides - JobTitle = CNA SNF	9/17/2015	8.00	159.00
13970744	CASTILLO	DEVONN.	13	Watrous	22	Cromwell	45003	Salaries - Aides - JobTitle = CNA SNF	9/24/2015	33.00	231.01
21970314	RIVERA	HEATHEF	21	Ledgecrest	22	Cromwell	45003	Salaries - Aides - JobTitle = CNA SNF	3/19/2015	16.50	109.32



21970314 RIVERA	HEATHEF	21 Ledgecrest	22 Cromwell	45003 Salaries - Aides - JobTitle = CNA SNF	4/16/2015	32.50	245.39
21970314 RIVERA	HEATHEF	21 Ledgecrest	22 Cromwell	45003 Salaries - Aides - JobTitle = CNA SNF	4/23/2015	16.00	106.00
21970314 RIVERA	HEATHEF	21 Ledgecrest	22 Cromwell	45003 Salaries - Aides - JobTitle = CNA SNF	4/30/2015	16.50	109.32
21970314 RIVERA	HEATHEF	21 Ledgecrest	22 Cromwell	45003 Salaries - Aides - JobTitle = CNA SNF	5/7/2015	16.50	109.32
21970314 RIVERA	HEATHEF	21 Ledgecrest	22 Cromwell	45003 Salaries - Aides - JobTitle = CNA SNF	6/4/2015	39.00	371.19
						<b>473.25</b>	<b>235.63</b>
29000067 Herrick	Holly	29 Healthport Srvc	22 Cromwell	45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	4/2/2015	18.25	484.50
29000067 Herrick	Holly	29 Healthport Srvc	22 Cromwell	45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	4/9/2015	11.75	399.50
29000067 Herrick	Holly	29 Healthport Srvc	22 Cromwell	45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	4/30/2015	13.50	459.00
29000067 Herrick	Holly	29 Healthport Srvc	22 Cromwell	45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	6/11/2015	18.75	437.50
29000067 Herrick	Holly	29 Healthport Srvc	22 Cromwell	45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	7/23/2015	9.75	259.50
29000067 Herrick	Holly	29 Healthport Srvc	22 Cromwell	45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	7/30/2015	9.25	218.50
29000067 Herrick	Holly	29 Healthport Srvc	22 Cromwell	45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	8/6/2015	13.00	442.00
29000067 Herrick	Holly	29 Healthport Srvc	22 Cromwell	45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	8/13/2015	13.00	442.00
29000067 Herrick	Holly	29 Healthport Srvc	22 Cromwell	45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	8/27/2015	12.75	433.50
29000067 Herrick	Holly	29 Healthport Srvc	22 Cromwell	45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	9/3/2015	5.75	195.50
29970177 Migliorati	Sandra	29 Healthport Srvc	22 Cromwell	45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	4/16/2015	8.25	313.50
29970177 Migliorati	Sandra	29 Healthport Srvc	22 Cromwell	45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	4/23/2015	8.75	332.50
29970177 Migliorati	Sandra	29 Healthport Srvc	22 Cromwell	45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	9/10/2015	18.25	693.50
29970177 Migliorati	Sandra	29 Healthport Srvc	22 Cromwell	45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	9/24/2015	16.25	617.50
						<b>177.25</b>	<b>5,728.50</b>
<b>Total</b>						<b>3,496.75</b>	<b>100,702.60</b>
						<b>Shared HP</b>	<b>32,800.32</b>
						<b>Shared Corp</b>	<b>-</b>
						<b>Shared Apple Employees</b>	<b>67,902.28</b>
						<b>Total</b>	<b><u>100,702.60</u></b>

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Apple Rehab Cromwell	License No. 2122-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 Cromwell			License No. 2122-C			Report for Year Ended 9/30/2015		Page 6	of 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	<b>Total ***</b>	

\* 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 Cromwell	License No. 2122-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 1 Saslow, Lufkin, & Buggy, LLP 2 Huban & Brazee 3 4	Address (No. & Street, City, State, Zip Code) 10 Tower Lane Avon, CT 06001 35 Wendell Avenue Pittsfield, MA 10202
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Services Provided by This Firm (*describe fully*)

1 Preparation of audited financials (dissallow Pg. 28)	\$ 4,116
2 Preparation of tax returns	\$ 2,025
3	\$
4	\$
	Charge for Services Provided
	\$ 6,141

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 1 State Marshall 2 Clerk of the Superior Court 3 Chris Shelton 4 Law Offices of Jason G. DeGenaro, LLC 5	Telephone Number
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Address (*No. & Street, City, State, Zip Code*)

1 Cromwell, CT
2 Cromwell, CT
3 28 Hunting Ridge Farms Branford, CT 06405
4 29 Water Street Guilford, CT 06437
5

Services Provided by This Firm (*describe fully*)

1 Conservatorship	\$ 100
2 Conservatorship/Collection litigation	\$ 570
3 Filing fee	\$ 150
4 Filing fee	\$ 870
5	\$
	Charge for Services Provided
	\$ 1,690

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 Cromwell			License No. 2122-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	85	85			85	85			85	85			
B. On last day of THIS report period	85	85			85	85			85	85			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	68	68			68	68			67	67			
B. As of midnight of THIS report period	67	67			67	67			67	67			
3. Total Number of Days Care Provided During Period													
A. Medicare	3,804	3,804			2,919	2,919			885	885			
B. Medicaid (Conn.)	16,619	16,619			12,350	12,350			4,269	4,269			
C. Medicaid (other states)													
D. Private Pay	4,739	4,739			3,713	3,713			1,026	1,026			
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	25,162	25,162			18,982	18,982			6,180	6,180			
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. <b>Total Resident Days (3G + 4A + 4B)</b>	25,162	25,162			18,982	18,982			6,180	6,180			

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

Name of Facility Apple Rehab Cromwell			License No. 2122-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	10		45		12								
Per Diem Rate													
a. One bed rm.					456.00								
b. Two bed rms.	RUGS III		203.00		410.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								3,007	3,007				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								13,304	13,304				
D. <b>Total Physical Therapy Treatments</b>								16,311	16,311				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								142	142				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								614	614				
D. <b>Total Speech Therapy Treatments</b>								756	756				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,195	1,195				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								13,197	13,197				
D. <b>Total Occupational Therapy Treatments</b>								14,392	14,392				

### Report of Expenditures - Salaries & Wages

Name of Facility Apple Rehab Cromwell	License No. 2122-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
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	125,654	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	24,474	1,610				
5. Dietary Service						
a. Head Dietitian	16,577	570				
b. Food Service Supervisor	48,606	2,119				
c. Dietary Workers	176,195	15,000				
6. Housekeeping Service						
a. Head Housekeeper	30,532	1,753				
b. Other Housekeeping Workers	88,458	7,706				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	90,452	5,077				
8. Laundry Service						
a. Supervisor	5,469	318				
b. Other Laundry Workers	57,210	4,616				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	99,515	4,586				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	168,342	4,064				
b. RN						
1. Direct Care	548,868	17,693				
2. Administrative**	114,280	3,920				
c. LPN						
1. Direct Care	356,993	15,513				
2. Administrative**						
d. Aides and Attendants	825,557	62,039				
e. Physical Therapists	3,026	255				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	68,073	3,865				
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	92,084	3,520				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	2,940,365	156,301				

\* 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 Cromwell				2122-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)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

\* 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 Cromwell				2122-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)							
<b>Section III - Administrators***</b>										
Jane DeVries	125,654				Administrator 10/1/14 - 9/30/15	2,080	A 2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Cromwell	2122-C	9/30/2015	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	9,078	259				
3. Pharmacist	5,743	164				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	267,118	4,078				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	32,700	265				
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) EKB Consulting	14,000	122				
9. Speech Therapist						
a. Resident Care	26,006	189				
b. Other						
10. Occupational Therapist						
a. Resident Care	225,117	3,598				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	26,434	358				
2. Administrative***						
b. LPN						
1. Direct Care	16,670	373				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	1,925	39				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>624,791</b>	<b>9,445</b>				

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

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

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

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

Name of Facility Apple Rehab Cromwell		License No. 2122-C	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Healthdrive Dental 888 Worcester St Wellesley MA	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Medstat 41 Northwest Dr. Plainville, CT	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Allstar Therapy 21 Waterville Rd. Avon, CT	Therapy Services	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Grove Hill Medical New Britian CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Matthew Raider 91 Fairway Portland CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
EKB Consulting 328 Commonwealth Ave New Britian CT	Medical Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Healthport Services 21 Waterville Rd. Avon, CT	Employee Staffing	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Pointright, Inc. 150 Cambridge Park Drive Cambridge, MA 02140	Data Integrity Audit	<input type="radio"/>	<input checked="" 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"/>		
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		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Cromwell	2122-C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 137,391	137,391			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 77,768	77,768			
4. Social Security (F.I.C.A.)	\$ 201,848	201,848			
5. Health Insurance	\$ 320,242	320,242			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 8,481	8,481			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 11,107	11,107			
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*	\$ 241,254	241,254			
d. Accounting and Auditing	\$ 6,141	6,141			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 1,690	1,690			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 16,605	16,605			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 19,752	19,752			
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	\$ 444,319	444,319			
<b>Subtotal</b>	\$ 1,486,597	1,486,597			

\* 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 Cromwell	2122-C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>		1,486,597	1,486,597		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 1,359	1,359			
2. Holiday Parties for Staff	\$ 4,060	4,060			
3. Gifts to Staff and Residents	\$ 8,217	8,217			
4. Employee Travel	\$ 4,199	4,199			
5. Education Expenses Related to Seminars and Conventions	\$ 1,010	1,010			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 570	570			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$				
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 14,674	14,674			
4. Fund-Raising***	\$				
5. Medical Records	\$ 132	132			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 2,868	2,868			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 5,800	5,800			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 314	314			
9. Subscriptions	\$ 458	458			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$ 385,895	385,895			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 59,158	59,158			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 1,975,310	1,975,310			

\* 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)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Advertising - Public Relations	\$ 14,674		
<b>Total Other Advertising</b>	\$ 14,674	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 5,800		
<b>Total Dues</b>	\$ 5,800	\$ -	\$ -

**Schedule of Contributions**

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

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Corporate Fees - Non Reimbursable	\$ 30,088		
Licenses & Fees	\$ 6,956		
Pre Employment Screening	\$ 13,129		
Point Click Care Fees	\$ 8,545		
Bank Charges	\$ -		
Resident Expenses	\$ 86		
Account Write Off	\$ 355		
<b>Total Other Administrative and General</b>	\$ 59,158	\$ -	\$ -



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

Name of Facility Apple Rehab Cromwell	License No. 2122-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.	385,895	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 Cromwell	License No. 2122-C	Report for Year Ended 9/30/2015	Page 18	of 37
<b>Item</b>	<b>Total</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 174,741	174,741		
2. Non-Food Supplies	\$ 26,353	26,353		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 3,182	3,182		
c. Management Services**	\$ _____			
d. Other (Specify) _____	\$ _____			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 204,276</b>	<b>204,276</b>		
<b>2F. Dietary Questionnaire</b>	<b>Total</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
G. Resident Meals: Total no. of meals served per day:*	207	207		
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 Cromwell		License No. 2122-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. \$	6,534	6,534	
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. \$	10,988	10,988	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify)		\$			
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	17,522	17,522	
<b>3F. Laundry Questionnaire</b>					
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 Cromwell	2122-C	9/30/2015	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced	25,451	25,451		
a. In-House Care	by Personnel				
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	25,592	25,592		
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> )	\$				
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>	\$	25,592	25,592		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Medstat	\$	248,148	248,148		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	183,637	183,637		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	6,504	6,504		
f. X-rays and Related Radiological Procedures***	\$	9,588	9,588		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	11,537	11,537		
i. Recreation	\$	32,120	32,120		
j. Other (Specify)**** See Attached Schedule	\$	53,604	53,604		
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>	\$	545,137	545,137		

\* 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 Cromwell			License No. 2122-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	25 Norton Pl Plainville CT	<input type="radio"/>	<input checked="" type="radio"/>		Refuse removal	17,689			22	6 f
Perfectemp Heating and A/C	125 Robert Jackson Way Plainville CT	<input type="radio"/>	<input checked="" type="radio"/>		Heating \ A/C	14,903			22	6 a
Roy's Landscaping	P.O. Box 224 Portland CT 06480	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	22,050			22	6 a
		<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"/>							

\* 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 Cromwell	License No. 2122-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	\$	128,201	128,201		
b. Heat	\$	29,262	29,262		
c. Light & Power	\$	49,706	49,706		
d. Water	\$	30,091	30,091		
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$				
f. Other ( <i>itemize</i> )	\$	20,981	20,981		
See Attached Schedule					
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$	258,242	258,242		
7. Depreciation ( <i>complete schedule page 23*</i> )					
a. Land Improvements	\$				
b. Building & Building Improvements	\$				
c. Non-Movable Equipment	\$	1,056	1,056		
d. Movable Equipment	\$	23,904	23,904		
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$	24,960	24,960		
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$	87,834	87,834		
d. Other ( <i>Specify</i> )	\$				
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$	87,834	87,834		
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	\$	73,722	73,722		
c. Personal property taxes	\$	9,282	9,282		
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$	735,798	735,798		

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







Apple Rehab Cromwell  
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
2/20/2015	INFRASTRUCTURE CONFIGURATION (JKS)	\$ 44	ME-5	\$ 3
3/4/2015	INFRASTRUCTURE CONTROLLERS (JKS)	\$ 1,183	ME-5	\$ 82
3/11/2015	INFRASTRUCTURE CONFIGURATIONS (JKS)	\$ 177	ME-5	\$ 12
3/19/2015	Payroll System Upgrade-Time Clocks	\$ 1,233	ME-10	\$ 42
3/19/2015	Payroll System Upgrade-Time Clocks	\$ 1,196	ME-10	\$ 41
8/18/2015	17 Kiosks-Point of Care Implementation	\$ 24,317	ME-5	\$ 793
8/26/2015	8 Monitors for Nursing Stations	\$ 1,243	ME-5	\$ 35
9/6/2015	Install Wireless Network Controllers	\$ 978	ME-5	\$ 21
<b>Total additions for Movable Equipment</b>		\$ 30,372		\$ 1,030 *
<b>Deletions:</b>				
4/1/1995	COPIER, (NORTHEAST)	\$ (8,268)	ME-5	\$ -
3/1/2001	copier & attachments(Advanced Copy)	\$ (9,368)	ME-5	\$ -
2/1/2007	copy machine	\$ (5,512)	ME-5	\$ -
11/1/2008	photocopier (Advanced Copy)	\$ (8,904)	ME-5	\$ -
<b>Total deletions for Movable Equipment</b>		\$ (32,052)		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
5/2/2014	MIXING VALVE DHW HEATER (PERFECTEMP)	\$ 1,006	LHI-10	\$ 94
7/22/2014	ALUM. CLAD DOOR (MARJAM SUPPLY)	\$ 2,182	LHI-20	\$ 113
12/1/2014	EXTERIOR METAL DOOR (KAMCO)	\$ 2,718	LHI-20	\$ 170
3/26/2015	Powered Handicap Door Closure	\$ 2,021	LHI-10	\$ 68
<b>Total additions for Leasehold Improvement</b>		\$ 7,927		\$ 445 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility Apple Rehab Cromwell			License No. 2122-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							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period				1,573,199	660,208	A		87,389	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				7,927				445	
C-4. Subtotal									87,834
<b>D. Total Amortization</b>									87,834

\* 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 Cromwell	License No. 2122-C	Report for Year Ended 9/30/2015	Page 25	of 37
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11. Property Questionnaire

**Part A**

Is the property either owned by the Facility or leased from a Related Party?\*

Yes  No

If "Yes," complete Part B.  
If "No," complete Part C.

\*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	85			
6. Square Footage	25,451			
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 _____				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

**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 Cromwell		2122-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. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$			

*(Carry Subtotals forward to next page)*

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

Name of Facility Apple Rehab Cromwell		License No. 2122-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) Town Taxes & Value Settlement Interest				\$ 7,593	7,593		
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$ 7,593	7,593		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 82,874	82,874		
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. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 82,874	82,874		
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 7,417,500	7,417,500		



### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Cromwell				2122-C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 225,117	225,117		
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 241,254	241,254		
10.	15	1d/e	Accounting & Legal	\$ 5,805	5,805		
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 *	\$ 14,674	14,674		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 40,151	40,151		
<b>Page 18 - Dietary Expenditures</b>							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 527,000	527,000		

\* 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)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**Schedule of Fees Adjustments**

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

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Corporate Fee - Non Reimburable	\$ 30,088		
16	1.3	Employee Recognition/Gifts/Parties	\$ 8,217		
16	m8a	Chamber of Commerce	\$ 314		
16	m13	Bank Charges	\$ -		
16	m13	Resident Expenses	\$ 86		
16	m13	Account Write Off	\$ 1,446		
<b>Total Other A&amp;G Adjustments</b>			\$ 40,151	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Apple Rehab Cromwell			2122-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 527,000	527,000		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 248,148	248,148		
28.	16	L1	Ambulance/Limousine	\$ 1,359	1,359		
29.	20	h	X-rays, etc	\$ 9,588	9,588		
30.	20	f	Laboratory	\$ 11,537	11,537		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 4,687	4,687		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 43,774	43,774		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
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	\$ 18	18		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 8,195	8,195		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 854,305	854,305		

\*\*\* 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 Cromwell  
9/30/2015

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ 43,774		
20	5j	Rehab Service Supplies	\$ -		
<b>Total Other Ancillary Costs</b>			\$ 43,774	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
		Outpatient Therapy Treatments	\$ 602		
27	12D	Town of Cromwell Taxes Interest	\$ 4,401		
27	12D	Value Settlement Interest	\$ 3,192		
<b>Total Other Adjustments</b>			\$ 8,195	\$ -	\$ -

Schedule of Unallowable Building Interest

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

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Apple Rehab Cromwell	2122-C	9/30/2015			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 3,333,125	3,333,125				
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> )	\$ 1,595,693	1,595,693				
b. Medicare Room and Board Contractual Allowance **	\$ 295,365	295,365				
4. a. Private-Pay Residents and Other	\$ 2,006,683	2,006,683				
b. Private-Pay Room and Board Contractual Allowance **	\$					
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 155,857	155,857				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (155,857)	(155,857)				
c. Prescription Drugs - Non-Medicare	\$ 102,345	102,345				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (102,345)	(102,345)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 432,905	432,905				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (347,841)	(347,841)				
c. Physical Therapy - Non-Medicare	\$ 137,970	137,970				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (137,970)	(137,970)				
4. a. Speech Therapy - Medicare	\$ 27,091	27,091				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (21,925)	(21,925)				
c. Speech Therapy - Non-Medicare	\$ 6,930	6,930				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (6,930)	(6,930)				
5. a. Occupational Therapy - Medicare	\$ 474,932	474,932				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (431,463)	(431,463)				
c. Occupational Therapy - Non-Medicare	\$ 172,710	172,710				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (172,710)	(172,710)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$					
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 7,364,565	7,364,565				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 18	18				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 14,270	14,270				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 14,287	14,287				
<b>VI. Total All Revenue</b> (III +V)	\$ 7,378,852	7,378,852				

\* 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)
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

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

Related Exp

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

**Interest Income**

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV 5	Interest Income	1,300,152	\$ 18		
<b>Total Interest Income</b>			\$ 18	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Gain (Loss) on Sale of Assets	\$ 12,223		
30 IV 8	Medical Records	\$ 956		
30 IV 8	Account Write Off	\$ 1,091		
<b>Total Other Revenue</b>		\$ 14,270	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Cromwell	2122-C	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	3,246
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,300,152
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	15,343
5. Prepaid Expenses			\$	151,524
a. Prepaid Insurance				
b. Prepaid Property Tax		151,524		
c. Prepaid Other				
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
Due Affiliate (Debit Balance)				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	1,470,265
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	1,581,126	\$	833,083
	Accum. Depreciation	748,042		
	Net			
5. Non-Movable Equipment	*Historical Cost	25,887	\$	252
	Accum. Depreciation	25,635		
	Net			
6. Movable Equipment	*Historical Cost	391,598	\$	102,889
	Accum. Depreciation	288,709		
	Net			
7. Motor Vehicles	*Historical Cost	14,174	\$	
	Accum. Depreciation	14,174		
	Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	2,167
Construction in Progress		2,167		
Fixed Asset Clearing Account				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	938,391

\* 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 Cromwell	2122-C	9/30/2015	32	37
<b>Account</b>			<b>Amount</b>	
Total Brought Forward:			\$	2,408,656
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
<b>D. Investment and Other Assets</b>				
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> )			\$	1,875
	Capitalized Refinance Expense	1,875		
_____				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	1,875
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	2,410,531

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Apple Rehab Cromwell		2122-C	9/30/2015	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	297,923
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
_____					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender	Purpose	Amount	Date Due		
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	89,891
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	25,732
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	1,713,829
Accrued PTO	95,050	Accrued Worker's Comp	129,006		
Accrued Pension	2,699	Accrued Professional Fee	4,293		
Accrued Expense Other	135,875	Due Affiliate -Corporate	1,341,478		
Payroll W/H	3,549	Prepaid Insurance	1,879		
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				<b>\$</b>	<b>2,127,375</b>

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

(Carry Total forward to next page)

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

Name of Facility Apple Rehab Cromwell	License No. 2122-C	Report for Year Ended 9/30/2015		Page 34	of 37
Account				Amount	
Total Brought Forward:				2,127,375	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ 186,452	
Name and Address of Lender	Amount	Loan Date			
Brian J. Foley	186,452	Demand			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	
Security Deposit					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 186,452	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 2,313,827	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Cromwell	2122-C	9/30/2015	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	2,473,932
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,339,581)
6. Gain or Loss for Period			\$	(38,648)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	96,704
<b>C. Total Reserves and Net Worth</b>			\$	96,704
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	2,410,531

### H. Changes in Total Net Worth

Name of Facility Apple Rehab Cromwell	License No. 2122-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			\$	139,267
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	7,378,852
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	7,417,500
D. Net Income or Deficit			\$	(38,648)
E. Balance			\$	100,619
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> )			\$	3,915
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
Brian Foley		President	3,915	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	3,915
H. <b>Balance at End of Period</b>			\$	96,704
				09/30/15

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

Name of Facility Apple Rehab Cromwell	License No. 2122-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)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Robert Gwizdak				
Address Address		Phone Number		
21 Waterville Road Avon, CT 06001		(860) 470-7535		