

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Apple Rehab Middletown	
Address (No. & Street, City, State, Zip Code) 600 Highland Ave Middletown CT 06457	
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 2017-C	RHNS	(Specify)	Medicare Provider 07-5089
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Medicaid Provider Numbers:	CCNH 220172	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 Middletown	License No. 2017-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 Middletown [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) Frank Fiore			Printed Name (Owner) Brian J. Foley		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Apple Rehab Middletown		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 600 Highland Ave Middletown CT 06457				
Report Prepared By Apple Health Care, Inc.		Phone Number (860) 678-9755	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-347-3315		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Apple Rehab Middletown			Address (No. & Street, City, State, Zip) 600 Highland Ave Middletown CT 06457		
License Numbers:		CCNH 2017-C	RHNS	(Specify)	Medicare Provider No. 07-5089
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Frank Fiore			Nursing Home Administrator's License No.:	935	
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 Middletown	License No. 2017-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	Business Address	State(s) in Which Incorporated		
Apple Rehab Middletown	600 Highland Ave Middletown CT 06457	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 Middletown	License No. 2017-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	564,000	564,000
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	360,169	360,169
Healthport Services	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg 10/13 schedule	169,289	169,289
Allstar	21 Waterville Road Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>	15%	Therapy Services	Pg. 13 B5/B9/B10	521,100	474,201
Corporate Employee	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	9,918	9,918
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	100,960	100,960
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	14,776	14,776
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	459,089	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	34,048	

* Use additional sheets if necessary.

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

Annual Report of Long-Term Care Facility

**General Information and Questionnaire
Related Parties***

Name of Facility Apple Rehab Middletown		License No. 2017-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 x 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?					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	9,576	
Marsh	PO Box 19636 Newark, NJ	X			Property, Liability, & Umbrella Insurance	Pg. 27 14a	62,726	
Medstat	41 Northwest Dr. Plainville, CT	X		9%	Pharmacy	Pg. 13B3/Pg. 20 5a2	272,638	261,732
AIG	PO Box 10472 Newark, NJ	X			Worker's Compensation	Pg. 15 1a1	98,398	
Brendan 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

Facility: HIGHVIEW

Sep-15

45022 P\S ESP -RN Employee Amount Hrs

Oct-14	Libunao	458.00	8.25
	Poole	662.25	16.00
	Tabin	8,098.25	209.75
	Matthews	1,038.50	25.00
	Rossman	623.75	17.00
	Indirect	3,658.92	
Nov-14	Tabin	3,478.00	94.00
	Matthews	691.50	13.50
	Massarelli	336.00	8.00
	Pajot	329.25	8.25
Dec-14	Indirect	2,869.40	
	Poole	947.25	23.75
	Henry	781.75	19.00
	Matthews	375.00	9.00
	Solosky	1,499.00	35.00
	Massarelli	355.50	8.50
	DeCarlo	347.50	10.25
	Brine	2,851.50	64.50
Jan-15	Libunao	798.00	16.75
	Henry	261.00	7.50
	Massarelli	691.50	16.50
	Brine	3,279.00	74.00
	Indirect	2,165.00	
Feb-15	Poole	352.50	8.50
	Massarelli	338.50	8.50
	Indirect	257.00	
Apr-15	Indirect	279.00	
Sep-15	Indirect	840.00	

45023 P\S ESP -LPN Employee Amount Hrs

Oct-14	Bagley	728.50	23.50
	Parker	569.25	17.25
	Smith	532.50	17.75
	Pierre	480.50	15.50
	thomas	1,813.50	58.50
	Sadoski	672.00	24.00
	sewell	261.00	9.00
	LaCoss	272.00	8.50
	Alicea	503.75	16.25
	harris	279.00	9.00

	Suprynowicz	1,221.75	42.75
	Indirect	2,466.15	
Nov-14	Chapman	165.00	5.00
	Stack	560.00	17.50
	Pierre	240.25	7.75
	thomas	857.50	31.00
	Sadoski	523.00	18.00
	Suprynowicz	1,423.25	50.75
	Alicea	255.75	8.25
	Pinamang	255.00	8.50
	Indirect	2,540.01	
Dec-14	Stack	856.00	26.75
	Bagley	496.00	16.00
	Green	480.50	15.50
	Pierre	1,007.00	33.00
	thomas	1,348.50	43.50
	Sadoski	781.50	27.25
	Sewell	580.00	20.00
	LaCoss	277.50	9.25
	Suprynowicz	2,146.50	79.50
	Alicea	1,123.00	35.00
Jan-15	Stack	560.00	17.50
	Patsas	272.25	8.25
	Varrone	594.00	18.00
	Sadoski	700.00	25.00
	LaCoss	255.00	8.50
	Suprynowicz	1,621.50	65.00
	Parker	408.38	8.25
	Indirect	1,658.00	
Feb-15	Chapman	985.25	31.25
	Stack	584.00	18.25
	Patsas	1,113.75	33.75
	Varrone	280.50	8.50
	Parker	272.25	8.25
	Arshad	263.50	8.50
	Pierre	255.75	8.25
	thomas	271.25	8.75
	Sadoski	1,252.50	41.75
	sewell	239.25	8.25
	LaCoss	1,063.50	33.75
	Alicea	511.50	16.50
Mar-15	Patsas	272.25	8.25
	Varrone	528.00	16.50
	Bagley	569.25	17.25
	Parker	297.00	9.00
	Arshad	511.50	16.50
	Pierre	503.75	16.25

		thomas		775.00	25.00
		Sadoski		140.00	5.00
		sewell		239.25	8.25
		Alicea		248.00	8.00
		Indirect		1,850.00	
Apr-15		Indirect		2,002.00	
Sep-15		Indirect		6,038.00	

41001	Administrator	Employee	Facility	Amount	Hrs
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		Fiore	Apple	46,778.64	960.00
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41003	Accounting	Employee	Facility	Amount	Hrs
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Oct-14		Richert	Rocky Hill	(78.75)	(3.00)
Nov-14		Richert	Rocky Hill	(210.00)	(8.00)
Dec-14		Richert	Ledgecrest	(420.00)	(16.00)
		Richert	Rocky Hill	(210.00)	(8.00)
Jan-15		Richert	Ledgecrest	(315.00)	(12.00)
Feb-15		Richert	Rocky Hill	(190.31)	(8.75)

41006	Maint	Employee	Facility	Amount	Hrs
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Oct-14		Kane	Ledgecrest	(168.73)	(8.50)
Jan-15		Kane	Ledgecrest	(99.25)	(5.00)

45001	LPN	Employee	Facility	Amount	Hrs
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Nov-14		Lanzuela	Cromwell	240.00	8.00
		Lanzuela	Cromwell	(369.00)	(9.00)
Dec-14		Lanzuela	Cromwell	(251.63)	(8.25)
Jan-15		Lanzuela	Cromwell	(261.00)	(9.00)
Feb-15		Jefferson	Cromwell	520.75	17.50
Mar-15		Jefferson	Cromwell	523.00	18.00
	4/30/2015 CR entry	Libunao	Healthport	120.00	0.00
	7/31/2015 CR entry	Gaitsgor	Healthport	9.50	0.50
	7/31/2015 CR entry	Matthews	Healthport	9.75	0.50
	9/30/2015 CR entry	Libunao	Healthport	350.00	8.75

45002	LPN	Employee	Facility	Amount	Hrs
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Oct-14	SHR ALLOC	Healey	Avon	1,281.57	46.25
Nov-14		Brown	Chesterfields	(191.25)	(8.25)
Dec-14		Healey	Avon	930.32	33.75
Jan-15		Suprynowicz	Cromwell	(212.75)	(9.25)
Feb-15		Jefferson	Cromwell	210.00	7.50
Oct-14		Dziato	Saybrook	1,382.83	50.25
Nov-14		Dziato	Saybrook	2,036.02	70.25

Dec-14		Dziato	Saybrook	2,474.71	86.00		
Jan-15		Dziato	Saybrook	2,192.27	78.00		
Feb-15		Dziato	Saybrook	1,884.01	68.75		
Sep-15	CR entry	Dziato	Saybrook	224.57	8.50		
		Stack	Healthport	256.00	8.00		
		45017	MDS	Employee	Facility	Amount	Hrs
Mar-15				Miglioroti	Healthport	1,140.00	30.00
		50001	Dietician	Employee	Facility	Amount	Hrs
Oct-14	SHR ALLOC			Carlson	Shelton	(2,250.00)	(75.00)
				Carlson	Chesterfields	(1,200.00)	(40.00)
Nov-14				Carlson	Shelton	(1,620.00)	(54.00)
				Carlson	Chesterfields	(960.00)	(32.00)
				Carlson	Ledgecrest	(120.00)	(4.00)
Dec-14				Carlson	Shelton	(1,920.00)	(64.00)
				Carlson	Chesterfields	(1,200.00)	(40.00)
Jan-15				Carlson	Chesterfields	(480.00)	(16.00)
				Carlson	Shelton	(720.00)	(24.00)
Feb-15				Carlson	Chesterfields	(960.00)	(32.00)
				Carlson	Shelton	(1,920.00)	(64.00)
Mar-15				Carlson	Shelton	(480.00)	(16.00)
				Carlson	Chesterfields	(240.00)	(8.00)
		50002	Cook	Employee	Facility	Amount	Hrs
Oct-14				Cassarino	Ledgecrest	(125.00)	(10.00)
		50003	Dietary Aides	Employee	Facility	Amount	Hrs
Dec-14				Vitale	Ledgecrest	(52.50)	(5.00)
Jan-15				Bell	Ledgecrest	(60.38)	(5.75)
		60002	House Sup	Employee	Facility	Amount	Hrs
Jan-15				Addo	Gardner	(100.20)	(4.00)
		70062	Therapy Techs	Employee	Facility	Amount	Hrs
Oct-14	SHR ALLOC			Waldner	Coccomo	(510.16)	(35.50)
Nov-14				Waldner	Coccomo	(574.82)	(40.00)
Dec-14				Waldner	Coccomo	(61.07)	(4.25)
				Waldner	Coccomo	(653.86)	(45.50)
Jan-15				Waldner	Coccomo	(725.70)	(50.50)
Feb-15				Waldner	Coccomo	(441.88)	(30.75)
	Miscoded to 70072			Waldner	Coccomo	(143.70)	(10.00)

Total

Healthport

Healthport

Apple

Total

Corporate employees
Payroll
Billing unit - 41003

45002 Healthport

Alicia	7.75	0.25
Arshad	16.00	8.00
Arshad	232.00	8.00
Patsas	255.75	8.25
Patsas	280.50	8.50
Sadoski	238.00	8.50
Chapman	23.25	0.75
Gal	255.00	8.50
Sadoski	238.00	8.50
Pierre	15.50	0.50

1,561.75 59.75

38,662.82

701.50

13

11 a 1

52,852.29

1,200.75

13 11 b 1

46,778.64

960.00

10

2

(1,424.06)

(55.75)

(267.98)

(13.50)

402.12

17.25

489.25

9.75

10

12 b 1

12,212.30	431.75
256.00	8.00

1,140.00	30.00
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(14,070.00)	(469.00)
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(125.00)	(10.00)
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(112.88)	(10.75)
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(100.20)	(4.00)
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(3,111.19)	(216.50)	10	12 e
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133,582.11 2,579.50

91,515.11	1,902.25
745.25	17.75

41,321.75 659.50

133,582.11 2,579.50

2,178.00	70.00
7,740.00	356.00
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9,918.00	426.00

10 11 b

- 1-Apr
- 1-Apr
- 1-Apr
- 1-May
- 1-Jun
- 1-Jun
- 1-Jul
- 1-Jul
- 1-Jul
- 1-Sep



Apple Shared En

Reporting Period 3/8/2015 to 9/19/2015

Emp Num LastName FirstName HomeFcltyCode Home Facility WorkedFc Worked Fa

Fiore Frank

17970727	Dziato	Denise	17	Middletown	27	Saybrook
17970727	Dziato	Denise	17	Middletown	27	Saybrook
17970727	Dziato	Denise	17	Middletown	27	Saybrook
17970727	Dziato	Denise	17	Middletown	27	Saybrook
17970727	Dziato	Denise	17	Middletown	27	Saybrook
17970727	Dziato	Denise	17	Middletown	27	Saybrook
17970727	Dziato	Denise	17	Middletown	27	Saybrook
17970727	Dziato	Denise	17	Middletown	27	Saybrook
17970727	Dziato	Denise	17	Middletown	27	Saybrook
17970727	Dziato	Denise	17	Middletown	27	Saybrook
17970344	SUPRYNC	KAYLA	17	Middletown	22	Cromwell

29970969	LaCoss	GREGOR'	21	Ledgecrest	17	Middletown
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29970160	Martinez	Lynn	29	Healthport Srves	17	Middletown
29970160	Martinez	Michele	29	Healthport Srves	17	Middletown
29970969	LaCoss	Stanislav	29	Healthport Srves	17	Middletown
29970969	LaCoss	Stanislav	29	Healthport Srves	17	Middletown
29970969	LaCoss	Stanislav	29	Healthport Srves	17	Middletown
29970336	Lawal	Trudean	29	Healthport Srves	17	Middletown
29970336	Lawal	Trudean	29	Healthport Srves	17	Middletown
29970336	Lawal	Trudean	29	Healthport Srves	17	Middletown
29970336	Lawal	Trudean	29	Healthport Srves	17	Middletown
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29970336	Lawal	Trudean	29	Healthport Srves	17	Middletown
29970336	Lawal	Trudean	29	Healthport Srves	17	Middletown
29970336	Lawal	Trudean	29	Healthport Srves	17	Middletown
29970336	Lawal	Trudean	29	Healthport Srves	17	Middletown
29970797	Lucisano	Danilo	29	Healthport Srves	17	Middletown
29970797	Lucisano	Danilo	29	Healthport Srves	17	Middletown
29970797	Lucisano	Danilo	29	Healthport Srves	17	Middletown

Report Date #####

GL Code	GL Description	PayDate	Hours	Dollars	Total Hr
			1120	55,264.16	1120
927-45002	Salaries LPN - JobTitle = LPN SN #####		23	309.89	
927-45002	Salaries LPN - JobTitle = LPN SN #####		18.5	244.39	
927-45002	Salaries LPN - JobTitle = LPN SN 8/6/2015		16.5	222.1	
927-45002	Salaries LPN - JobTitle = LPN SN #####		17	224.57	
927-45002	Salaries LPN - JobTitle = LPN SN #####		18	242.28	
927-45002	Salaries LPN - JobTitle = LPN SN #####		17	224.57	
927-45002	Salaries LPN - JobTitle = LPN SN 9/3/2015		23.5	316.62	
927-45002	Salaries LPN - JobTitle = LPN SN #####		18.5	244.39	
927-45002	Salaries LPN - JobTitle = LPN SN #####		21	282.9	
927-45002	Salaries LPN - JobTitle = LPN SN #####		16	211.36	
922-45002	Salaries LPN - JobTitle = LPN SN #####		25.25	649	(214.25)
917-41006	Salaries - Maintenance - JobTitle = #####		10	120	10.00
917-45001	Salaries - R.N. (CCNH) - JobTitle #####		23.5	342.75	
917-45001	Salaries - R.N. (CCNH) - JobTitle #####		79.75	1021	
917-45001	Salaries - R.N. (CCNH) - JobTitle 7/2/2015		25	347	
917-45001	Salaries - R.N. (CCNH) - JobTitle #####		48.5	665.5	
917-45001	Salaries - R.N. (CCNH) - JobTitle #####		24.5	337.5	
917-45001	Salaries - R.N. (CCNH) - JobTitle 4/2/2015		15.5	269.25	
917-45001	Salaries - R.N. (CCNH) - JobTitle #####		17.25	301.5	
917-45001	Salaries - R.N. (CCNH) - JobTitle 6/4/2015		16.5	285.75	
917-45001	Salaries - R.N. (CCNH) - JobTitle #####		17.25	301.5	
917-45001	Salaries - R.N. (CCNH) - JobTitle 7/9/2015		40.25	780.75	
917-45001	Salaries - R.N. (CCNH) - JobTitle #####		26.5	394	
917-45001	Salaries - R.N. (CCNH) - JobTitle #####		15	247.5	
917-45001	Salaries - R.N. (CCNH) - JobTitle #####		23.75	279.25	
917-45001	Salaries - R.N. (CCNH) - JobTitle 8/6/2015		115.25	1463.8	
917-45001	Salaries - R.N. (CCNH) - JobTitle #####		89	1119.5	
917-45001	Salaries - R.N. (CCNH) - JobTitle #####		41.5	568	
917-45001	Salaries - R.N. (CCNH) - JobTitle #####		50.5	600	
917-45001	Salaries - R.N. (CCNH) - JobTitle 9/3/2015		17	300.75	
917-45001	Salaries - R.N. (CCNH) - JobTitle #####		16	270.75	
917-45001	Salaries - R.N. (CCNH) - JobTitle #####		16.5	292.5	
917-45001	Salaries - R.N. (CCNH) - JobTitle #####		25	296	
917-45001	Salaries - R.N. (CCNH) - JobTitle 4/2/2015		25	420	
917-45001	Salaries - R.N. (CCNH) - JobTitle #####		24.5	436.5	
917-45001	Salaries - R.N. (CCNH) - JobTitle #####		34	464	

917-45001 Salaries - R.N. (CCNH) - JobTitle #####	24.5	592.5	
917-45001 Salaries - R.N. (CCNH) - JobTitle #####	16.25	494.25	
917-45001 Salaries - R.N. (CCNH) - JobTitle #####	16	256	
917-45001 Salaries - R.N. (CCNH) - JobTitle 9/3/2015	16.5	264	
917-45001 Salaries - R.N. (CCNH) - JobTitle #####	16	256	
917-45001 Salaries - R.N. (CCNH) - JobTitle #####	32.5	520	
917-45001 Salaries - R.N. (CCNH) - JobTitle #####	33	528	
917-45001 Salaries - R.N. (CCNH) - JobTitle #####	25	355.5	
917-45001 Salaries - R.N. (CCNH) - JobTitle #####	25	355.5	
917-45001 Salaries - R.N. (CCNH) - JobTitle #####	25	355.5	
917-45001 Salaries - R.N. (CCNH) - JobTitle #####	26	375	
917-45001 Salaries - R.N. (CCNH) - JobTitle #####	51	730.5	
917-45001 Salaries - R.N. (CCNH) - JobTitle 5/7/2015	16.25	329.25	
917-45001 Salaries - R.N. (CCNH) - JobTitle #####	16.75	347.75	
917-45001 Salaries - R.N. (CCNH) - JobTitle 7/2/2015	16	320	
917-45001 Salaries - R.N. (CCNH) - JobTitle #####	49.5	701.25	
917-45001 Salaries - R.N. (CCNH) - JobTitle #####	24	336	
917-45001 Salaries - R.N. (CCNH) - JobTitle #####	24.75	354.75	#####

917-45002 Salaries LPN - JobTitle = LPN SN #####	43.75	477.67	
917-45002 Salaries LPN - JobTitle = LPN SN #####	46.25	514.56	
917-45002 Salaries LPN - JobTitle = LPN SN 4/2/2015	44.25	478.29	
917-45002 Salaries LPN - JobTitle = LPN SN 4/9/2015	17.5	233.37	
917-45002 Salaries LPN - JobTitle = LPN SN #####	43.25	471	
917-45002 Salaries LPN - JobTitle = LPN SN #####	49.75	555.4	
917-45002 Salaries LPN - JobTitle = LPN SN #####	44	477.98	
917-45002 Salaries LPN - JobTitle = LPN SN 5/7/2015	44	487.44	
917-45002 Salaries LPN - JobTitle = LPN SN #####	44	477.98	
917-45002 Salaries LPN - JobTitle = LPN SN #####	24.5	423.39	
917-45002 Salaries LPN - JobTitle = LPN SN #####	34.25	447.67	
917-45002 Salaries LPN - JobTitle = LPN SN 6/4/2015	44	477.98	
917-45002 Salaries LPN - JobTitle = LPN SN #####	42.75	464.33	
917-45002 Salaries LPN - JobTitle = LPN SN #####	47.25	528.1	
917-45002 Salaries LPN - JobTitle = LPN SN #####	76	910.75	645.50

917-45002 Salaries LPN - JobTitle = LPN SN #####	16.25	503.75	
917-45002 Salaries LPN - JobTitle = LPN SN 4/2/2015	42.5	1298.13	
917-45002 Salaries LPN - JobTitle = LPN SN 4/9/2015	33.25	1030.75	
917-45002 Salaries LPN - JobTitle = LPN SN #####	24.25	751.75	
917-45002 Salaries LPN - JobTitle = LPN SN #####	37.75	1116	
917-45002 Salaries LPN - JobTitle = LPN SN #####	41	1263.25	
917-45002 Salaries LPN - JobTitle = LPN SN #####	16.5	255.75	
917-45002 Salaries LPN - JobTitle = LPN SN 4/2/2015	15.5	240.25	
917-45002 Salaries LPN - JobTitle = LPN SN #####	18.5	286.75	
917-45002 Salaries LPN - JobTitle = LPN SN #####	19.5	302.25	

917-45002 Salaries LPN - JobTitle = LPN SN 4/2/2015	16	264
917-45002 Salaries LPN - JobTitle = LPN SN #####	8.25	255.75
917-45002 Salaries LPN - JobTitle = LPN SN #####	8	248
917-45002 Salaries LPN - JobTitle = LPN SN 9/3/2015	8.5	263.5
917-45002 Salaries LPN - JobTitle = LPN SN #####	8.25	255.75
917-45002 Salaries LPN - JobTitle = LPN SN #####	18	297
917-45002 Salaries LPN - JobTitle = LPN SN 5/7/2015	9.75	302.25
917-45002 Salaries LPN - JobTitle = LPN SN #####	16.5	272.25
917-45002 Salaries LPN - JobTitle = LPN SN #####	23	627.99
917-45002 Salaries LPN - JobTitle = LPN SN 7/2/2015	8.75	271.25
917-45002 Salaries LPN - JobTitle = LPN SN 7/9/2015	34.75	830.75
917-45002 Salaries LPN - JobTitle = LPN SN #####	33.5	552.75
917-45002 Salaries LPN - JobTitle = LPN SN #####	17	280.5
917-45002 Salaries LPN - JobTitle = LPN SN #####	7.75	240.25
917-45002 Salaries LPN - JobTitle = LPN SN #####	1.75	52.5
917-45002 Salaries LPN - JobTitle = LPN SN #####	17	272
917-45002 Salaries LPN - JobTitle = LPN SN 8/6/2015	16.5	264
917-45002 Salaries LPN - JobTitle = LPN SN #####	17	255
917-45002 Salaries LPN - JobTitle = LPN SN #####	16.5	272.25
917-45002 Salaries LPN - JobTitle = LPN SN #####	16.5	272.25
917-45002 Salaries LPN - JobTitle = LPN SN #####	24	504.75
917-45002 Salaries LPN - JobTitle = LPN SN #####	15.75	236.25
917-45002 Salaries LPN - JobTitle = LPN SN #####	17	255
917-45002 Salaries LPN - JobTitle = LPN SN #####	17	255
917-45002 Salaries LPN - JobTitle = LPN SN 9/3/2015	17.5	262.5
917-45002 Salaries LPN - JobTitle = LPN SN #####	17	272
917-45002 Salaries LPN - JobTitle = LPN SN #####	18	288
917-45002 Salaries LPN - JobTitle = LPN SN 8/6/2015	33.5	536
917-45002 Salaries LPN - JobTitle = LPN SN #####	17.5	280
917-45002 Salaries LPN - JobTitle = LPN SN #####	18.5	296
917-45002 Salaries LPN - JobTitle = LPN SN #####	16.5	264
917-45002 Salaries LPN - JobTitle = LPN SN #####	1.75	54.25
917-45002 Salaries LPN - JobTitle = LPN SN #####	8.5	263.5
917-45002 Salaries LPN - JobTitle = LPN SN #####	18.5	573.5
917-45002 Salaries LPN - JobTitle = LPN SN #####	17.5	542.5
917-45002 Salaries LPN - JobTitle = LPN SN 8/6/2015	9.5	290.63
917-45002 Salaries LPN - JobTitle = LPN SN #####	8.5	263.5
917-45002 Salaries LPN - JobTitle = LPN SN #####	8.5	263.5
917-45002 Salaries LPN - JobTitle = LPN SN #####	16.5	264
917-45002 Salaries LPN - JobTitle = LPN SN #####	8.75	245
917-45002 Salaries LPN - JobTitle = LPN SN 6/4/2015	8.5	238
917-45002 Salaries LPN - JobTitle = LPN SN #####	8.25	247.5
917-45002 Salaries LPN - JobTitle = LPN SN #####	9	270
917-45002 Salaries LPN - JobTitle = LPN SN 7/2/2015	-8.5	-238
917-45002 Salaries LPN - JobTitle = LPN SN 9/3/2015	8.5	255

917-45002 Salaries LPN - JobTitle = LPN SN #####	8	240
917-45002 Salaries LPN - JobTitle = LPN SN #####	8.25	231
917-45002 Salaries LPN - JobTitle = LPN SN #####	8	224
917-45002 Salaries LPN - JobTitle = LPN SN 8/6/2015	8.25	231
917-45002 Salaries LPN - JobTitle = LPN SN #####	16.25	455
917-45002 Salaries LPN - JobTitle = LPN SN #####	1.75	47.25
917-45002 Salaries LPN - JobTitle = LPN SN #####	18	261
917-45002 Salaries LPN - JobTitle = LPN SN 7/2/2015	8.5	229.5
917-45002 Salaries LPN - JobTitle = LPN SN 7/9/2015	8.5	357
917-45002 Salaries LPN - JobTitle = LPN SN 8/6/2015	16.5	247.5
917-45002 Salaries LPN - JobTitle = LPN SN #####	24	464
917-45002 Salaries LPN - JobTitle = LPN SN #####	8	224
917-45002 Salaries LPN - JobTitle = LPN SN 5/7/2015	0	46.5
917-45002 Salaries LPN - JobTitle = LPN SN #####	18	279
917-45002 Salaries LPN - JobTitle = LPN SN 8/6/2015	17.5	271.25
917-45002 Salaries LPN - JobTitle = LPN SN 4/9/2015	15.5	255.75
917-45002 Salaries LPN - JobTitle = LPN SN #####	16.5	272.25
917-45002 Salaries LPN - JobTitle = LPN SN #####	70	1155
917-45002 Salaries LPN - JobTitle = LPN SN 7/2/2015	50.5	833.25
917-45002 Salaries LPN - JobTitle = LPN SN 9/3/2015	17.5	288.75
917-45002 Salaries LPN - JobTitle = LPN SN #####	17	280.5
917-45002 Salaries LPN - JobTitle = LPN SN #####	16.5	272.25
917-45002 Salaries LPN - JobTitle = LPN SN #####	16	264
917-45002 Salaries LPN - JobTitle = LPN SN #####	16	264
917-45002 Salaries LPN - JobTitle = LPN SN #####	16	264
917-45002 Salaries LPN - JobTitle = LPN SN 4/2/2015	17	280.5
917-45002 Salaries LPN - JobTitle = LPN SN #####	16.5	272.25
917-45002 Salaries LPN - JobTitle = LPN SN #####	25.5	544
917-45002 Salaries LPN - JobTitle = LPN SN 9/3/2015	17.5	288.75
917-45002 Salaries LPN - JobTitle = LPN SN #####	16.5	272.25
917-45002 Salaries LPN - JobTitle = LPN SN #####	31.5	488.25
917-45002 Salaries LPN - JobTitle = LPN SN #####	16	248
917-45002 Salaries LPN - JobTitle = LPN SN #####	15.5	240.25
917-45002 Salaries LPN - JobTitle = LPN SN #####	22.75	450.5
917-45002 Salaries LPN - JobTitle = LPN SN #####	17	263.5
917-45002 Salaries LPN - JobTitle = LPN SN #####	17.5	262.5
917-45002 Salaries LPN - JobTitle = LPN SN 4/2/2015	9.5	266
917-45002 Salaries LPN - JobTitle = LPN SN 4/9/2015	8	224
917-45002 Salaries LPN - JobTitle = LPN SN #####	41.25	726
917-45002 Salaries LPN - JobTitle = LPN SN #####	24	464
917-45002 Salaries LPN - JobTitle = LPN SN #####	47.5	830.95
917-45002 Salaries LPN - JobTitle = LPN SN #####	29.25	548.16
917-45002 Salaries LPN - JobTitle = LPN SN 6/4/2015	4	112
917-45002 Salaries LPN - JobTitle = LPN SN #####	8.75	245
917-45002 Salaries LPN - JobTitle = LPN SN #####	13.25	371

917-45002 Salaries LPN - JobTitle = LPN SN #####	16.5	462
917-45002 Salaries LPN - JobTitle = LPN SN 7/2/2015	25.75	721
917-45002 Salaries LPN - JobTitle = LPN SN 7/9/2015	20.75	529
917-45002 Salaries LPN - JobTitle = LPN SN #####	34	724.5
917-45002 Salaries LPN - JobTitle = LPN SN #####	17.75	497
917-45002 Salaries LPN - JobTitle = LPN SN 8/6/2015	17.25	483
917-45002 Salaries LPN - JobTitle = LPN SN #####	16	240
917-45002 Salaries LPN - JobTitle = LPN SN 9/3/2015	41.75	740
917-45002 Salaries LPN - JobTitle = LPN SN #####	32.5	487.5
917-45002 Salaries LPN - JobTitle = LPN SN #####	16.5	247.5
917-45002 Salaries LPN - JobTitle = LPN SN 4/9/2015	16.5	239.25
917-45002 Salaries LPN - JobTitle = LPN SN 7/9/2015	16.5	239.25
917-45002 Salaries LPN - JobTitle = LPN SN #####	16.5	239.25
917-45002 Salaries LPN - JobTitle = LPN SN #####	17.5	280
917-45002 Salaries LPN - JobTitle = LPN SN #####	24.5	504
917-45002 Salaries LPN - JobTitle = LPN SN #####	8	240
917-45002 Salaries LPN - JobTitle = LPN SN 4/9/2015	18.5	434.75
917-45002 Salaries LPN - JobTitle = LPN SN #####	17	272
917-45002 Salaries LPN - JobTitle = LPN SN #####	18	288
917-45002 Salaries LPN - JobTitle = LPN SN #####	38.5	616
917-45002 Salaries LPN - JobTitle = LPN SN #####	17.5	280
917-45002 Salaries LPN - JobTitle = LPN SN #####	20	320
917-45002 Salaries LPN - JobTitle = LPN SN 7/2/2015	16	256
917-45002 Salaries LPN - JobTitle = LPN SN #####	18.75	338.5
917-45002 Salaries LPN - JobTitle = LPN SN #####	18.5	296
917-45002 Salaries LPN - JobTitle = LPN SN 8/6/2015	18.5	296
917-45002 Salaries LPN - JobTitle = LPN SN #####	38	608
917-45002 Salaries LPN - JobTitle = LPN SN #####	56.25	931.5
917-45002 Salaries LPN - JobTitle = LPN SN #####	19	304
917-45002 Salaries LPN - JobTitle = LPN SN 9/3/2015	19	304
917-45002 Salaries LPN - JobTitle = LPN SN #####	17.5	280
917-45002 Salaries LPN - JobTitle = LPN SN #####	18	288
917-45002 Salaries LPN - JobTitle = LPN SN 6/4/2015	16.75	452.25
917-45002 Salaries LPN - JobTitle = LPN SN 8/6/2015	16.75	452.25
917-45002 Salaries LPN - JobTitle = LPN SN #####	16.5	255.75
917-45002 Salaries LPN - JobTitle = LPN SN 4/2/2015	17	263.5
917-45002 Salaries LPN - JobTitle = LPN SN 4/9/2015	15.5	240.25
917-45002 Salaries LPN - JobTitle = LPN SN #####	8.5	246.5
917-45002 Salaries LPN - JobTitle = LPN SN #####	16.5	255.75
917-45002 Salaries LPN - JobTitle = LPN SN #####	21	433.5
917-45002 Salaries LPN - JobTitle = LPN SN 6/4/2015	8.25	239.25
917-45002 Salaries LPN - JobTitle = LPN SN #####	10.5	277.16
917-45002 Salaries LPN - JobTitle = LPN SN #####	14	217
917-45002 Salaries LPN - JobTitle = LPN SN #####	34.5	643.52
917-45002 Salaries LPN - JobTitle = LPN SN #####	24.5	487.75

917-45002 Salaries LPN - JobTitle = LPN SN #####	41.5	751.25	
917-45002 Salaries LPN - JobTitle = LPN SN #####	16.5	255.75	
917-45002 Salaries LPN - JobTitle = LPN SN #####	16.5	272.25	
917-45002 Salaries LPN - JobTitle = LPN SN #####	16.5	272.25	
917-45002 Salaries LPN - JobTitle = LPN SN 4/2/2015	18	297	
917-45002 Salaries LPN - JobTitle = LPN SN 4/9/2015	16	264	
917-45002 Salaries LPN - JobTitle = LPN SN 5/7/2015	17	280.5	
917-45002 Salaries LPN - JobTitle = LPN SN #####	20	330	
917-45002 Salaries LPN - JobTitle = LPN SN #####	17	280.5	#####

#####

Apple #####

Healthport #####

#####

Total \$

55,264.16

(3,172.07)

120.00

19,276.80

7,425.91

56,190.54

135,105.34

59,638.00

75,467.34

135,105.34

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Apple Rehab Middletown	License No. 2017-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 Middletown			License No. 2017-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"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" type="radio"/> Yes <input type="radio"/> No	Total ***	

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire Accounting Basis

Name of Facility Apple Rehab Middletown	License No. 2017-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)	\$ 3,389
2 Preparation of tax returns	\$ 2,025
3	\$
4	\$
Charge for Services Provided	
\$ 5,414	

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 Small claims court 2 State marshal 3 Law office Jason DeGenaro LLC 4 Treasurer State of CT 5	Telephone Number
--	------------------

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

1 Middletown Probate Court	
2 Middletown Probate Court	
3 29 Water St Guilford CT	
4 Middletown Probate Court	
5	

Services Provided by This Firm (*describe fully*)

1 Filing fee	\$ 90
2 T-19 application	\$ 100
3 Collection litigation	\$ 2,925
4 Application of conservatorship	\$ 600
5	\$
Charge for Services Provided	
\$ 3,715	

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 Middletown			License No. 2017-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	70	70			70	70			70	70		
B. On last day of THIS report period	70	70			70	70			70	70		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	59	59			59	59			60	60		
B. As of midnight of THIS report period	60	60			60	60			60	60		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,281	4,281			3,296	3,296			985	985		
B. Medicaid (Conn.)	13,289	13,289			9,969	9,969			3,320	3,320		
C. Medicaid (other states)												
D. Private Pay	5,143	5,143			3,968	3,968			1,175	1,175		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	22,713	22,713			17,233	17,233			5,480	5,480		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	22,713	22,713			17,233	17,233			5,480	5,480		

Schedule of Resident Statistics (Cont'd)

Name of Facility Apple Rehab Middletown			License No. 2017-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	17		32		11								
Per Diem Rate													
a. One bed rm.					421.00								
b. Two bed rms.	RUGS III		202.53		395.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								2,006	2,006				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								13,643	13,643				
D. Total Physical Therapy Treatments								15,649	15,649				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								160	160				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								309	309				
D. Total Speech Therapy Treatments								469	469				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,393	1,393				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								12,615	12,615				
D. Total Occupational Therapy Treatments								14,008	14,008				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Middletown	2017-C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	89,710	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	34,559	1,935				
5. Dietary Service						
a. Head Dietitian	45,471	1,500				
b. Food Service Supervisor	50,294	2,361				
c. Dietary Workers	192,167	17,675				
6. Housekeeping Service						
a. Head Housekeeper	35,817	2,143				
b. Other Housekeeping Workers	84,647	7,569				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	78,776	4,236				
8. Laundry Service						
a. Supervisor	2,430	145				
b. Other Laundry Workers	47,995	3,995				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	111,470	4,622				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	168,210	3,834				
b. RN						
1. Direct Care	390,731	20,861				
2. Administrative**	58,588	2,010				
c. LPN						
1. Direct Care	537,819	28,970				
2. Administrative**						
d. Aides and Attendants	742,647	79,623				
e. Physical Therapists	18,356	1,213				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	54,195	3,310				
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	85,573	3,855				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	2,829,454	191,937				

* 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 Middletown				2017-C	9/30/2015				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Apple Rehab Middletown				2017-C	9/30/2015			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Frank Fiore	89,710				Adminstrator 10/1/14 - 9/30/15	2,080	A 2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Middletown	2017-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	950	10				
3. Pharmacist	6,222	249				
4. Podiatrist	5	1				
5. Physical Therapy						
a. Resident Care	267,035	62,596				
b. Other						
6. Social Worker	1,500	33				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	32,940	405				
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) 1,925	15,421	205				
9. Speech Therapist						
a. Resident Care	20,338	1,876				
b. Other						
10. Occupational Therapist						
a. Resident Care	233,727	56,032				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	38,663	702				
2. Administrative***						
b. LPN						
1. Direct Care	52,852	1,201				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	669,653	123,310				

* 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 Middletown		License No. 2017-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		
Allstar Therapy 21 Waterville Rd. Avon, CT	Therapy Services	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Healthport Services 21 Waterville Rd. Avon, CT	Employee Staffing	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Medstat 41 Northwest Dr. Plainville, CT	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Dr Matthew Raider 91 Fairway Dr Portland CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Rosemary Spinelli-Reyes Wallingford CT	Social Worker	<input type="radio"/>	<input checked="" type="radio"/>		
Medliance 1839 S Alma School Rd Mesa AZ	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Joseph Lantos DDS 260 Main St Portland, CT	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Podiatry Group	Podiatrist	<input type="radio"/>	<input checked="" type="radio"/>		
Harmony Healthcare	Consulting	<input type="radio"/>	<input checked="" type="radio"/>		
Pointright	Data integrity Auditor	<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"/>		
		<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"/>		

* 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 Middletown	2017-C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 98,398	98,398			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 67,555	67,555			
4. Social Security (F.I.C.A.)	\$ 194,144	194,144			
5. Health Insurance	\$ 355,421	355,421			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 9,576	9,576			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 14,776	14,776			
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*	\$ 132,366	132,366			
d. Accounting and Auditing	\$ 5,414	5,414			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 3,715	3,715			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 14,471	14,471			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 29,940	29,940			
2. Cellular Phones	\$ 721	721			
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	\$ 387,525	387,525			
Subtotal	\$ 1,314,021	1,314,021			

* 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 Middletown	2017-C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		1,314,021	1,314,021		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 9,515	9,515			
2. Holiday Parties for Staff	\$ 975	975			
3. Gifts to Staff and Residents	\$ 11,721	11,721			
4. Employee Travel	\$ 3,665	3,665			
5. Education Expenses Related to Seminars and Conventions	\$ 769	769			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 28	28			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 475	475			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 32,121	32,121			
4. Fund-Raising***	\$				
5. Medical Records	\$ 1,078	1,078			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 372	372			
7. Postage	\$ 1,859	1,859			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 5,127	5,127			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 757	757			
9. Subscriptions	\$ 1,592	1,592			
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**	\$ 360,169	360,169			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 56,658	56,658			
C-14 Total Administrative & General Expenditures	\$ 1,800,903	1,800,903			

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising - Public Relations	\$ 32,121		
Total Other Advertising	\$ 32,121	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 4,777		
Russell Phillips and Assoc LLC	\$ 350		
Total Dues	\$ 5,127	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Corporate Fees - Non Reimbursable	\$ 28,081		
Licenses & Fees	\$ 6,497		
Pre Employment Screening	\$ 5,961		
Point Click Care Fees	\$ 9,550		
Bank Charges	\$ 114		
Resident Expenses	\$ 90		
Account Write Off	\$ 1,020		
Citations - Center for medicare & Medicaid	\$ 2,600		
User fee audit 7/11 - 6/ 13	\$ 2,745		
Total Other Administrative and General	\$ 56,658	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Apple Rehab Middletown	License No. 2017-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.	360,169	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 Middletown	License No. 2017-C	Report for Year Ended 9/30/2015	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 174,691	174,691		
2. Non-Food Supplies	\$ 28,820	28,820		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 476	476		
c. Management Services**	\$			
d. Other (Specify) _____	\$			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 203,987	203,987		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	186	186		
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 Middletown		License No. 2017-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. \$	5,221	5,221	
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. \$	7,674	7,674	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify)		\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	12,895	12,895	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Apple Rehab Middletown	2017-C	9/30/2015	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced	16,395	16,395		
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	25,032	25,032		
b. Purchased Services (<i>by contract other than through Management Services</i>)	Sq. Ft. Serviced				
(<i>Complete Schedule C-2 att. Page 21</i>)	by Personnel				
	Amt. \$				
c. Management Services*	\$				
d. Other (<i>Specify</i>)	\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	25,032	25,032		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Medstat	\$	272,817	272,817		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	140,324	140,324		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	22,647	22,647		
f. X-rays and Related Radiological Procedures***	\$	11,173	11,173		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	8,551	8,551		
i. Recreation	\$	23,093	23,093		
j. Other (Specify)**** See Attached Schedule	\$	7,666	7,666		
5K. Total Resident Care Expenditures (5a - 5j)	\$	486,272	486,272		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Nursing Station Supplies	\$ 4,188		
Rehab Service Supplies	\$ 3,478		
IV Therapt Supplies	\$ -		
Social Service Supplies			
Total Other Resident Care	\$ 7,666	\$ -	\$ -

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

Name of Facility Apple Rehab Middletown			License No. 2017-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 Place Plainville CT	<input type="radio"/>	<input checked="" type="radio"/>		Refuse removal	14,707			22	6 f
OAK RIDGE LAWN SERVICES	116 Dora Dr Middletown CT	<input type="radio"/>	<input checked="" type="radio"/>		Lawn care	14,175			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"/>							
		<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	License No.	Report for Year Ended			Page	of
Apple Rehab Middletown	2017-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 82,499	82,499				
b. Heat	\$ 60,806	60,806				
c. Light & Power	\$ 67,348	67,348				
d. Water	\$ 16,305	16,305				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 17,118	17,118				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 244,076	244,076				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 1,526	1,526				
d. Movable Equipment	\$ 19,147	19,147				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 20,672	20,672				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 79,165	79,165				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 79,165	79,165				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 564,000	564,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 67,507	67,507				
c. Personal property taxes	\$ 5,999	5,999				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 737,344	737,344				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Refuse Removal	\$ 17,118		
Total Other Repairs and Maintenance	\$ 17,118	\$ -	\$ -

Apple Rehab Middletown
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
1/1/1988	1/0/1900	\$ (6,834)	10	
7/1/1990	1/0/1900	\$ (40)	10	
7/1/1990	1/0/1900	\$ (40)	10	
7/1/1990	1/0/1900	\$ (57)	10	
Total deletions for Non-Movable Equipment		\$ (6,971)		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/8/2014	BRODA CHAIR (BOSTON ORTHOTICS)	\$ 1,750	10	\$ 219
12/10/2014	BRODA CHAIR (BOSTON ORTHO)	\$ 1,800	15	\$ 150
1/1/2015	Broda Chair-Sales Tax Portion	\$ 114	15	\$ 3
2/20/2015	INFRASTRUCTURE CONTROLLERS (JKS)	\$ 265	5	\$ 19
2/20/2015	INFRASTRUCTURE CONTROLLERS (JKS)	\$ 177	5	\$ 13
3/19/2015	Payroll System Upgrade-Time Clocks	\$ 1,233	10	\$ 42
3/19/2015	Payroll System Upgrade-Time Clocks	\$ 1,196	10	\$ 41
3/22/2015	Replace Battery Chargers-2 Patient Lifts	\$ 1,866	5	\$ 110
Total additions for Movable Equipment		\$ 8,401		\$ 596
Deletions:				
1/0/1900		0 \$ -	5	
1/0/1900		0 \$ -	8	
1/0/1900		0 \$ -	5	
1/0/1900		0 \$ -	5	
1/0/1900		0 \$ -	10	
1/0/1900		0 \$ -	10	
1/0/1900		0 \$ -	3	
1/0/1900		0 \$ -	10	
1/0/1900		0 \$ -	10	
1/0/1900		0 \$ -	5	
1/0/1900		0 \$ -	10	
1/0/1900		0 \$ -	10	
1/0/1900		0 \$ -	5	
1/0/1900		0 \$ -	10	
1/0/1900		0 \$ -	5	
Total deletions for Movable Equipment		\$ -		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
7/23/2015	Replaced 400 Fire Sprinkler System Heads	\$ 10,050	10	\$ 218
Total additions for Leasehold Improvement		\$ 10,050		\$ 218
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility Apple Rehab Middletown			License No. 2017-C		Report for Year Ended 9/30/2015			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				1,587,078	961,676	A		78,947	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				10,050				218	
C-4. Subtotal									79,165
D. Total Amortization									79,165

* 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 Middletown	License No. 2017-C	Report for Year Ended 9/30/2015	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	70				
6. Square Footage	16,395				
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed		See Attached			
f. Principal balance outstanding as of _____					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

CT Medicaid Cost Report Attachment Page 25

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

6 Month extension

extension to 10/13/15

2.08%

6 month

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

Name of Facility		License No.	Report for Year Ended		Page	of
Apple Rehab Middletown		2017-C	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Middletown	2017-C	9/30/2015	27	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)	\$	4,781	4,781	
Value settlement \$2,433 Late pmt taxes \$2,348				
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	4,781	4,781	
14. Insurance				
a. Insurance on Property (buildings only)	\$	62,726	62,726	
b. Insurance on Automobiles	\$			
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$			
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$			
14d. Total Insurance Expenditures (14a + b + c)	\$	62,726	62,726	
15. Total All Expenditures (A-13 thru C-14)	\$	7,077,123	7,077,123	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Middletown				2017-C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 233,727	233,727		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 132,366	132,366		
10.	15	1d/e	Accounting & Legal	\$ 7,104	7,104		
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 *	\$ 32,121	32,121		
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	\$ 41,783	41,783		
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 315	315		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 447,416	447,416		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12m	Social Service/Marketing			
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Corporate Fee - Non Reimburable	\$ 28,081		
16	1.3	Employee Recognition/Gifts/Parties	\$ 11,721		
16	8a	Chamber of Commerce	\$ 757		
16	m13	Bank Charges	\$ 114		
16	m13	Resident Expenses	\$ 90		
16	m13	Account Write Off	\$ 1,020		
Total Other A&G Adjustments			\$ 41,783	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Apple Rehab Middletown			2017-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 447,416	447,416		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 272,817	272,817		
28.	16	L1	Ambulance/Limousine	\$ 9,515	9,515		
29.	20	h	X-rays, etc	\$ 11,173	11,173		
30.	20	f	Laboratory	\$ 8,551	8,551		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 19,954	19,954		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 3,478	3,478		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			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	\$ 295	295		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 4,832	4,832		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 778,032	778,032		

*** 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 Middletown
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ -		
20	5j	Rehab Service Supplies	\$ 3,478		
Total Other Ancillary Costs			\$ 3,478	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
var	var	Outpatient disallowance	\$ 51		
27	12 d	Value settlement \$2,433 Late pmt taxes \$2,348	\$ 4,781		
Total Other Adjustments			\$ 4,832	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Apple Rehab Middletown	2017-C	9/30/2015			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 2,757,129	2,757,129				
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>)	\$ 1,746,130	1,746,130				
b. Medicare Room and Board Contractual Allowance **	\$ 268,314	268,314				
4. a. Private-Pay Residents and Other	\$ 2,009,257	2,009,257				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 155,885	155,885				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (155,885)	(155,885)				
c. Prescription Drugs - Non-Medicare	\$ 92,091	92,091				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (92,091)	(92,091)				
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	\$ 420,524	420,524				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (358,815)	(358,815)				
c. Physical Therapy - Non-Medicare	\$ 127,190	127,190				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (127,190)	(127,190)				
4. a. Speech Therapy - Medicare	\$ 18,721	18,721				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (12,392)	(12,392)				
c. Speech Therapy - Non-Medicare	\$ 2,385	2,385				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (2,385)	(2,385)				
5. a. Occupational Therapy - Medicare	\$ 485,688	485,688				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (430,590)	(430,590)				
c. Occupational Therapy - Non-Medicare	\$ 144,675	144,675				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (144,675)	(144,675)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,903,967	6,903,967				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 315	315				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 295	295				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 294	294				
V. Total Other Revenue (1 thru 8)	\$ 904	904				
VI. Total All Revenue (III +V)	\$ 6,904,872	6,904,872				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV 5	Interest Income	760,591	\$ 295		
Total Interest Income			\$ 295	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Rebates	\$ 60		
30 IV 8	Medical Records	\$ 234		
Total Other Revenue		\$ 294	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Middletown	2017-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	9,497
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	760,591
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	19,376
5. Prepaid Expenses			\$	23,907
a. Prepaid Insurance	5,114			
b. Prepaid Property Tax	18,792			
c. Prepaid Other				
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	
Due Affiliate (Debit Balance)				
A-9. Total Current Assets (Lines A1 thru 8)			\$	813,371
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,597,128</u>		\$	556,287
	Accum. Depreciation <u>1,040,841</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>48,838</u>		\$	(707)
	Accum. Depreciation <u>49,545</u>	Net		
6. Movable Equipment	*Historical Cost <u>237,895</u>		\$	70,049
	Accum. Depreciation <u>167,847</u>	Net		
7. Motor Vehicles	*Historical Cost <u>2,299</u>		\$	
	Accum. Depreciation <u>2,299</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	165,161
CIP \$7,857 - Fixed asset clearing \$3,225	11,083			
Step up equipment	154,078			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	790,790

* 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 Middletown	2017-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	1,604,161
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	1,875
	Capitalized Refinance Expense	1,875		

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,875
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	1,606,036

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

G. Balance Sheet (cont'd)

Name of Facility Apple Rehab Middletown		License No. 2017-C	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	277,793
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>)				\$	84,705
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	25,122
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>)				\$	1,295,035
Accrued PTO		117,108	Accrued Worker's Comp	113,814	
Accrued Pension		4,019	Accrued Professional Fee	3,755	
Accrued Expense Other		137,030	Due Affiliate	901,452	
Payroll W/H		17,857			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,682,655

* 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 Middletown	License No. 2017-C	Report for Year Ended 9/30/2015		Page 34	of 37
Account				Amount	
Total Brought Forward:				1,682,655	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 330,376	
Name and Address of Lender	Amount	Loan Date			
Brian J. Foley	330,376	Demand			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
Security Deposit					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 330,376	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,013,032	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Middletown	2017-C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	1,920,836
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,156,581)
6. Gain or Loss for Period			\$	(172,251)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	(406,996)
C. Total Reserves and Net Worth			\$	(406,996)
D. Total Liabilities, Reserves, and Net Worth			\$	1,606,036

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Middletown	2017-C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	6,904,872
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	7,077,123
D. Net Income or Deficit			\$	(172,251)
E. Balance			\$	(172,251)
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>)			\$	3,654
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
Brian Foley		President	3,654	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	3,654
H. Balance at End of Period			\$	(175,905)
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility Apple Rehab Middletown	License No. 2017-C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Robert Gwizdak				
Address Address			Phone Number	
21 Waterville Road Avon, CT 06001			(860) 470-7535	