

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2017

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 10/1/2016	Report for Year Ending 9/30/2017

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

# Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

### General Information

Name of Facility (as licensed) Apple Rehab Cromwell	License No. 2122-C	Report for Year Ended 9/30/2017	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, 2016 and ending September 30, 2017, 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) Janet Shahan			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 10/1/2016	To 9/30/2017
Address of Facility 156 Berlin Rd Cromwell CT 06416				
Report Prepared By Apple Health Care		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 9/30/2017		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 Janet Shahen			Nursing Home Administrator's License No.:	1551	
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 9/30/2017	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 9/30/2017	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 06001	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Rental	Pg. 22 Line 9	450,000	450,000
Apple Health Care	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	303,248	303,248
Healthport Services	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 /16 m13	52,769	52,769
Corporate Employees	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	8,534	8,534
Employees @ Various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	(60,967)	(60,967)
Apple Health Care	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	14,488	14,488
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	500,134	
Delta Dental	PO Box 23700 Newark NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	25,701	
Aetna Ancillary	PO Box 88860 Chicago IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Life & Disability	Pg. 15 1a6	18,279	

\* 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 9/30/2017		Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No						If "Yes," provide the Name/Address and complete the information on Page 11 of the report.		
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No						If "Yes," provide the following information:		
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Marsh	PO Box 19636 Newark, NJ	✖			Property, Liability & Umbrella Insurance	Pg. 27 14a	89,539	
AIG	PO Box 10472 Newark, NJ	✖			Worker's Compensation	Pg. 15 1a1	7,331	
Swallowing Diagnostics	21 Waterville Road Avon, CT	✖		83%	Diagnostic Services	Pg 20 5f	1,189	1,119
Ryan Vess	21 Waterville Road Avon, CT		✖			##		
Brendan Foley	21 Waterville Road Avon, CT		✖			##		

\* 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 (Brendan Foley through 3/9/17)

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Apple Rehab Cromwell	License No. 2122-C	Report for Year Ended 9/30/2017	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 9/30/2017		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"/>							
							<b>Total ***</b>		

Is a Mileage Log Book Maintained for All Leased Vehicles ?  Yes  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 Cromwell	License No. 2122-C	Report for Year Ended 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Blum Shapiro & Co. PC	29 South Main St. West Hartford, CT 06127
2 Brazee & Huban	35 Wendell Ave. Pittsfield, MA 10202
3	
4	

Services Provided by This Firm (*describe fully*)

1 Preparation of audited financials (disallow Pg. 28)	\$ 5,338
2 Preparation of tax returns	\$ 2,131
3	\$
4	\$
	Charge for Services Provided
	\$ 7,469

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Pg. 15 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 State Marshal	
2 Treasurer State of CT	
3 Summa & Ryan	
4	
5	

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

1  
2  
3  
4  
5

Services Provided by This Firm (*describe fully*)

1 Conservatorship	\$ 50
2 Conservatorship	\$ 225
3 Civil Lawsuit - Callahan employee	\$ 2,439
4	\$
5	\$
	Charge for Services Provided
	\$ 2,714

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 9/30/2017				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	69	69			69	69			69	69		
B. As of midnight of THIS report period	69	69			69	69			69	69		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,707	4,707			3,758	3,758			949	949		
B. Medicaid (Conn.)	18,103	18,103			13,268	13,268			4,835	4,835		
C. Medicaid (other states)												
D. Private Pay	3,432	3,432			2,771	2,771			661	661		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	26,242	26,242			19,797	19,797			6,445	6,445		
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>	26,242	26,242			19,797	19,797			6,445	6,445		

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

Name of Facility Apple Rehab Cromwell			License No. 2122-C			Report for Year Ended 9/30/2017			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	9		47		13								
Per Diem Rate													
a. One bed rm.					456.00								
b. Two bed rms.	RUGS III		207.26		410.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								5,180	5,180				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								11,828	11,828				
D. <b>Total Physical Therapy Treatments</b>								17,008	17,008				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								441	441				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								764	764				
D. <b>Total Speech Therapy Treatments</b>								1,205	1,205				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								3,126	3,126				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								11,337	11,337				
D. <b>Total Occupational Therapy Treatments</b>								14,463	14,463				

### Report of Expenditures - Salaries & Wages

Name of Facility Apple Rehab Cromwell	License No. 2122-C	Report for Year Ended 9/30/2017	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)						
	120,600	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)						
	73,954	3,719				
5. Dietary Service						
a. Head Dietitian						
	27,254	894				
b. Food Service Supervisor						
	48,181	2,018				
c. Dietary Workers						
	201,090	15,975				
6. Housekeeping Service						
a. Head Housekeeper						
	37,885	2,070				
b. Other Housekeeping Workers						
	82,877	6,747				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers						
	84,009	4,263				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
	73,354	5,615				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
	55,512	2,182				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						
	123,321	2,747				
b. RN						
1. Direct Care						
	625,075	16,983				
2. Administrative**						
	101,890	3,411				
c. LPN						
1. Direct Care						
	469,356	17,272				
2. Administrative**						
d. Aides and Attendants						
	889,796	58,558				
e. Physical Therapists						
	296,927	8,219				
f. Speech Therapists						
	47,053	1,133				
g. Occupational Therapists						
	197,127	5,967				
h. Recreation Workers						
	60,634	3,600				
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						
	115,369	4,150				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>						
	3,731,265	167,603				

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

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

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



**Schedule of Other Salaries and Wages (Page 10)**

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

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**Schedule of Other Fees (Page 13)**

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Purchase consult	\$ 2,053	41				
Creative Solutions - employee relations consultant	\$ 15,000	75				
Data Integrity Auditor	\$ 3,300	66				
MDS Consultant	\$ 1,837	37				
<b>Total</b>	\$ 22,190	219	\$ -	-	\$ -	-

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**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	9/30/2017				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	9/30/2017			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>										
Janet Shahan	21,997				Admin 7/16/17 - 9/30/17	400	A2	Apple Rehab Avon	1,680	82,125
Jane DeVries	98,603				Admin 10/1/16 - 7/15/17	1,680	A2	Apple Rehab Avon	400	23,864
<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	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	8,383	240				
3. Pharmacist	14,256	407				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	262	4				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	50,800					
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	22,190	219				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>95,892</b>	<b>870</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 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
West River 41 Northwest Dr. Plainville, CT	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Starling Physicians 2110 Silas Deane Rocky Hill 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"/>		
Pointright, Inc. 150 Cambridge Park Drive Cambridge, MA 02140	Data Integrity Audit	<input type="radio"/>	<input checked="" type="radio"/>		
CONNECTICUT PURCHASING CONSULTANTS, LLC	Purchase Consult	<input type="radio"/>	<input checked="" type="radio"/>		
PATIENTPING INC	MDS Consult	<input type="radio"/>	<input checked="" type="radio"/>		
Creative Solutions	Employee relations consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Dental 888 Worcester St Wellesley MA	Dental	<input type="radio"/>	<input checked="" type="radio"/>		
RN STAFF INC DBA REHABILITY CARE	PT	<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 Cromwell	2122-C	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 7,331	7,331		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 60,108	60,108		
4. Social Security (F.I.C.A.)	\$ 272,418	272,418		
5. Health Insurance	\$ 384,845	384,845		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 18,279	18,279		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 14,488	14,488		
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*	\$ 345,795	345,795		
d. Accounting and Auditing	\$ 7,469	7,469		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 2,714	2,714		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 12,703	12,703		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 12,255	12,255		
2. Cellular Phones	\$			
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 250	250		
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	\$ 448,061	448,061		
<b>Subtotal</b>	\$ 1,586,716	1,586,716		

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

(Carry Subtotals forward to next page)

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

Apple Rehab Cromwell  
9/30/2017

Attachment Page 15

**Schedule of Other Employee Benefits**

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

-----  
**Schedule of Other Taxes**

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

-----

**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	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>		1,586,716	1,586,716		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 982	982			
2. Holiday Parties for Staff	\$ 3,114	3,114			
3. Gifts to Staff and Residents	\$ 3,434	3,434			
4. Employee Travel	\$ 5,556	5,556			
5. Education Expenses Related to Seminars and Conventions	\$ 1,488	1,488			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 299	299			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 14,972	14,972			
4. Fund-Raising***	\$				
5. Medical Records	\$ 148	148			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 2,333	2,333			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 6,620	6,620			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 330	330			
9. Subscriptions	\$				
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**	\$ 303,248	303,248			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 86,581	86,581			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 2,015,823	2,015,823			

\* 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	\$ 14,972		
<b>Total Other Advertising</b>	\$ 14,972	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
ACHCA	\$ 385		
ALTCFM	\$ 85		
CAHCA	\$ 6,150		
<b>Total Dues</b>	\$ 6,620	\$ -	\$ -

**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 Reimburable	\$ 47,785		
Licenses & Fees	\$ 5,573		
Pre Employment Screenings	\$ 5,977		
Point Click Care Fees	\$ 13,110		
Bank Charges, Penalties, Fees	\$ 109		
Healthport Indirect	\$ 10,657		
Legal Fees - Probate & Collection	\$ 655		
Resident Expenses	\$ -		
Account W/O & Prior Period Adjustments	\$ 1,185		
State Penalty	\$ 1,530		
<b>Total Other Administrative and General</b>	\$ 86,581	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
Apple Rehab Cromwell	2122-C	9/30/2017	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.	303,248	Accounting & Management 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 9/30/2017	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	\$ 155,779	155,779		
2. Non-Food Supplies	\$ 29,086	29,086		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 2,093	2,093		
c. Management Services**	\$ _____			
d. Other (Specify) _____	\$ _____			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 186,958</b>	<b>186,958</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:*	215	215		
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 9/30/2017	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. \$	8,232	8,232	
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. \$	7,076	7,076	
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>		\$	15,308	15,308	
<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	9/30/2017	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	19,628	19,628		
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
	Amt. \$				
c. Management Services*		\$			
d. Other ( <i>Specify</i> )		\$			
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>		\$ 19,628	19,628		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from West River Pharmacy	\$	299,125	299,125		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	154,356	154,356		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	9,164	9,164		
f. X-rays and Related Radiological Procedures***	\$	4,396	4,396		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	18,669	18,669		
i. Recreation	\$	26,176	26,176		
j. Other (Specify)**** See Attached Schedule	\$	33,126	33,126		
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>		\$ 545,011	545,011		

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Nursing Station Supplies	\$ 502		
Rehab Service Supplies	\$ 10,668		
IV Therapy Supplies	\$ 21,955		
<b>Total Other Resident Care</b>	<b>\$ 33,126</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Apple Rehab Cromwell			License No. 2122-C		Report for Year Ended 9/30/2017				Page of 21   37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
CWPM LLC	25 Norton Pl Plainville CT	<input type="radio"/>	<input type="radio"/>		Refuse removal	17,065			22	6 f
Roy's Landscaping	P.O. Box 224 Portland CT 06480	<input type="radio"/>	<input type="radio"/>		Landscaping	14,971			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"/>							
		<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 Cromwell	2122-C	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 102,646	102,646				
b. Heat	\$ 14,009	14,009				
c. Light & Power	\$ 85,544	85,544				
d. Water	\$ 18,973	18,973				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$ 22,824	22,824				
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 243,995	243,995				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 22,842	22,842				
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 22,842	22,842				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 78,254	78,254				
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$ 78,254	78,254				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 450,000	450,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 74,432	74,432				
c. Personal property taxes	\$ 9,742	9,742				
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 635,271	635,271				

\* 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	\$ 22,824		
<b>Total Other Repairs and Maintenance</b>	\$ 22,824	\$ -	\$ -

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Apple Rehab Cromwell  
9/30/2017

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>				
10/5/2016	UniMac Washing Machine	\$ 7,019	ME-10	\$ 877
<b>Total additions for Movable Equipment</b>		\$ 7,019		\$ 877 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Apple Rehab Cromwell			2122-C		9/30/2017			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
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				1,581,126	830,284	A		78,254	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									78,254
<b>D. Total Amortization</b>									78,254

\* 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 9/30/2017	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input 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 <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					
<b>Part B - Owner and Related Parties</b>		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					
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)		Variable			
h. Date of Refinancing		12/07/16			
i. New Interest Rate		4.48%			
j. Term of Mortgage (number of years)		5			
k. Amount of Principal Borrowed		4,186,444			
l. Principal Outstanding on Note Paid-Off		4,143,689			
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Apple Rehab Cromwell		2122-C	9/30/2017		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 9/30/2017		Page 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) Interest charge on late payments				\$	3,205	3,205	
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$	3,205	3,205	
14. Insurance							
a. Insurance on Property (buildings only)				\$	89,539	89,539	
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>				\$	89,539	89,539	
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$	7,581,895	7,581,895	



### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Cromwell				2122-C	9/30/2017	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.	10	A12g	Occupational Therapy	\$ 197,127	197,127		
4.			Other - See attached Schedule	\$ 11,537	11,537		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 50,800	50,800		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 345,795	345,795		
10.	15/16	1d/m	Accounting & Legal	\$ 5,993	5,993		
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 *	\$ 14,972	14,972		
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	\$ 54,469	54,469		
<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)				\$ 680,693	680,693		

\* 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	A 12 m	Social Service - Marketing	\$ 11,537		
<b>Total Other Salaries Adjustment</b>			\$ 11,537	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B 8a	Medical Director	\$ 50,800		
<b>Total Other Fees Adjustments</b>			\$ 50,800	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m 13	Corporate Fee - Non-reimbursable Costs	\$ 47,785		
16	1.3	Employee gifts/ recognition	\$ 3,434		
16	8:00 AM	Chamber of Commerce	\$ 330		
16	m13	Bank Charges	\$ 109		
16	m13	Prior Period Adj/Account W/O	\$ 1,185		
16	m 13	State Penalty	\$ 1,530		
30	IV 8	Account w\o	\$ 95		
<b>Total Other A&amp;G Adjustments</b>			\$ 54,469	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Apple Rehab Cromwell			2122-C	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 680,693	680,693		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 294,804	294,804		
28.	16	L1	Ambulance/Limousine	\$ 982	982		
29.	20	h	X-rays, etc	\$ 4,396	4,396		
30.	20	f	Laboratory	\$ 18,669	18,669		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 9,092	9,092		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 32,795	32,795		
<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.	30	IV4	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	\$ 152	152		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 3,205	3,205		
<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>			\$ 1,044,788	1,044,788		

\*\*\* 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  
9/30/2017

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ 21,955		
20	5j	Rehab Service Supplies	\$ 10,668		
Var	Var	Outpatient Therapy	\$ 172		
<b>Total Other Ancillary Costs</b>			<b>\$ 32,795</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12 d	Late pmt interest	\$ 3,205		
<b>Total Other Adjustments</b>			\$ 3,205	\$ -	\$ -

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	9/30/2017			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> )	\$ 3,737,399	3,737,399				
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> )	\$ 1,745,699	1,745,699				
b. Medicare Room and Board Contractual Allowance **	\$ 334,126	334,126				
4. a. Private-Pay Residents and Other	\$ 1,466,589	1,466,589				
b. Private-Pay Room and Board Contractual Allowance **	\$					
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 144,305	144,305				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (144,305)	(144,305)				
c. Prescription Drugs - Non-Medicare	\$ 118,116	118,116				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (118,116)	(118,116)				
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	\$ 436,902	436,902				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (292,241)	(292,241)				
c. Physical Therapy - Non-Medicare	\$ 158,380	158,380				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (158,200)	(158,200)				
4. a. Speech Therapy - Medicare	\$ 43,606	43,606				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (27,770)	(27,770)				
c. Speech Therapy - Non-Medicare	\$ 10,620	10,620				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (10,620)	(10,620)				
5. a. Occupational Therapy - Medicare	\$ 448,877	448,877				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (336,631)	(336,631)				
c. Occupational Therapy - Non-Medicare	\$ 201,960	201,960				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (201,960)	(201,960)				
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.)	\$ 7,556,736	7,556,736				
<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> )	\$ 152	152				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 1,384	1,384				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 1,536	1,536				
<b>VI. Total All Revenue</b> (III +V)	\$ 7,558,272	7,558,272				

\* 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	1,745,699	\$ 152		
<b>Total Interest Income</b>			\$ 152	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Account W/O	\$ 95		
30 IV 8	Rebates	\$ 1,077		
30 IV 8	Medical Records	\$ 154		
30 IV 8	Tax withholding	\$ 58		
<b>Total Other Revenue</b>		\$ 1,384	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Cromwell	2122-C	9/30/2017	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	300
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	938,295
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	15,262
5. Prepaid Expenses			\$	105,998
a. Prepaid Property Tax	105,998			
b. Prepaid Insurance				
c. Prepaid Other				
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	4,634
Due Affiliate (Debit Balance)				
Employee withholding	4,634			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>1,064,489</b>
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>1,581,126</u>		\$	672,588
	Accum. Depreciation <u>908,538</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>25,887</u>		\$	
	Accum. Depreciation <u>25,887</u>	Net		
6. Movable Equipment	*Historical Cost <u>399,722</u>		\$	60,603
	Accum. Depreciation <u>339,119</u>	Net		
7. Motor Vehicles	*Historical Cost <u>14,174</u>		\$	
	Accum. Depreciation <u>14,174</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
Fixed Asset Clearing Account				
Construction in Progress				
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>733,191</b>

\* 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 Apple Rehab Cromwell	License No. 2122-C	Report for Year Ended 9/30/2017	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 1,797,679	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
3. Buildings			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
4. Non-Movable Equipment			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
5. Movable Equipment			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
6. Motor Vehicles			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	
Loans Rec. - Officers/Owner				
Capitalized Refinance				
Leasehold Deposits				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$ 1,797,679	

\* 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	9/30/2017	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	204,339
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> )				\$	29,168
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	12,883
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> )				\$	763,053
Accrued PTO	67,230	Accrued Prof Fees	5,612		
Accrued Pension	528	Payroll W/H	2,020		
Accrued Worker's Comp	27,055	Due Affiliate (Credit Bal:	444,467		
Accrued Expense Other	213,033	Exchange	3,108		
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				<b>\$</b>	<b>1,009,443</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 9/30/2017		Page 34	of 37
Account				Amount	
Total Brought Forward:				1,009,443	
<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> )				\$ 436,947	
Name and Address of Lender	Amount	Loan Date			
Brian J. Foley	436,947	Demand			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	
Security Deposits					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 436,947	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 1,446,390	

**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	9/30/2017	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			\$	(2,100,020)
6. Gain or Loss for Period			\$	(23,623)
	10/1/2016	thru	9/30/2017	
7. Total Net Worth			\$	351,289
<b>C. Total Reserves and Net Worth</b>			\$	351,289
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	1,797,679

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Cromwell	2122-C	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	379,173
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	7,558,272
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	7,581,895
D. Net Income or Deficit			\$	(23,623)
E. Balance			\$	355,550
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> )			\$	4,261
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
Brian Foley		President	4,261	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	4,261
H. <b>Balance at End of Period</b>			\$	351,289
				09/30/17

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

Name of Facility Apple Rehab Cromwell	License No. 2122-C	Report for Year Ended 9/30/2017	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			Phone Number	
21 Waterville Road Avon, CT 06001			(860) 678-9755	

Error Check

Level	Item	Reported as	
-	Page 35 - Total Liabilities, Reserves and Net Worth	1,797,679	Total Assets 1,797,679

Apple Rehab Cromwell  
For Cost Year Ended September 30, 2017

		2016	2017	Adjustments		Total	Cost Report References	
		10/1 - 12/31	1/1 - 9/30	DR	CR		Report Page/Line #	Self Disallow Page/Line #
10111	Cash Corporate	\$0.00	\$0.00			0.00	31A1	
10116	Cash - Laurel Woods	0.00	0.00			0.00	31A1	
10117	Cash - Saybrook	0.00	0.00			0.00	31A1	
10201	Petty Cash	300.00	0.00			300.00	31A1	
10301	Cash - Patient Personal Need	0.00	0.00			0.00	31A1	
10401	Exchange	123.53	(1,565.75)			(1,442.22)	33 A 12	
10402	Exchange - Arlene Sheehan	0.00	0.00			0.00	31A1	
10403	Exchange - Donations	(1,665.50)	0.00			(1,665.50)	33 A 12	
10404	Exchange - Wellness	0.00	0.00			0.00	31A1	
10405	Exchange - A/R	0.00	0.00			0.00	31A1	
11001	A/R Private Patients	746,934.51	(4,171.21)			742,763.30	31A2	
11002	A/R Medicare Patients	237,902.43	(65,365.15)			172,537.28	31A2	
11003	A/R Medicaid Patients	248,583.36	52,439.39			301,022.75	31A2	
11004	A/R Veterans Admin	0.00	0.00			0.00	31A2	
11005	A/R Other	0.00	0.00			0.00	31A2	
11010	A/R State Retro	0.00	0.00			0.00	31A2	
11011	A/R Medicaid Pending	(35,326.00)	0.00			(35,326.00)	31A2	
11015	A/R Medicare Retro	0.00	0.00			0.00	31A2	
11020	A/R Clearing	0.00	0.00			0.00	31A2	
11050	Reserve for Doubtful Accounts	(242,702.51)	0.00			(242,702.51)	31A2	
11101	Loans Rec. - Officers/Owner	0.00	0.00			0.00	32D7	
12005	Dietary Supply Inventory	7,682.00	(913.28)			6,768.72	31A4	
12010	Housekeeping Supply Inventory	495.00	979.00			1,474.00	31A4	
12015	Medical & Nursing Supply Inventory	8,746.00	(6,253.68)			2,492.32	31A4	
12020	Maintenance Supply Inventory	848.00	(65.00)			783.00	31A4	
12025	Laundry Supply Inventory	355.00	(100.00)			255.00	31A4	
12030	Recreation Supply Inventory	0.00	0.00			0.00	31A4	
12035	Office/Misc. Supply Inventory	742.00	2,746.99			3,488.99	31A4	
13002	Prepaid Insurance	4,439.31	(4,439.31)			0.00	31A5b	
13006	Prepaid Property Tax	49,774.02	56,223.67			105,997.69	31A5b	
13010	Other Prepaid Expenses	0.00	0.00			0.00	31A5c	
15501	Non Moveable Equipment	28,910.21	0.00			25,887.09	31B5	
15502	Moveable Equipment	391,729.15	0.00	7,993.12	(3,023.12)	399,722.27	31B6	
16001	Auto & Trucks	10,795.32	0.00	3,379.00		14,174.32	31B7	
16501	Leasehold Improvements	1,581,125.70	0.00			1,581,125.70	31B4	
16598	Fixed Asset Proceeds Clearing Account	0.00	0.00			0.00	31B9	
16599	Fixed Asset Clearing A/C	0.00	0.00			0.00	31B9	
16601	Capitalized Refinance Expense	0.00	0.00			0.00	31B9	
16750	Construction in Progress	0.00	0.00			0.00	31B9	
17001	Acc. Depreciation Non Moveable Equipmen	(28,910.21)	0.00	3,023.12		(25,887.09)	31B5	
17002	Acc. Depreciation Moveable Equipment	(279,275.23)	(17,016.21)		(42,827.89)	(339,119.33)	31B6	
17003	Acc. Depreciation Auto & Truck	(10,795.32)	0.00		(3,379.00)	(14,174.32)	31B7	
17005	Acc. Amortization Leasehold Imp.	(833,965.73)	(58,632.06)		(15,940.23)	(908,538.02)	31B4	
19101	Leasehold Deposits	0.00	0.00			0.00	32D7	
19501	Goodwill	0.00	0.00			0.00	32D7	
20101	A/P Trade	(168,943.77)	(43,548.32)			(212,492.09)	33A1	
20104	A/P Patient Need Account	0.00	0.00			0.00	33A1	
20110	A/P Patient Exchange	8,153.56	0.00			8,153.56	33A12	
20115	A/P Other	(212,721.04)	(224,226.00)			(436,947.04)	34B3	
20200	Due Affiliate -Corporate	(815,592.10)	410,150.02		(39,025.05)	(444,467.13)	33A12	
20250	Loan Payable Officer	0.00	0.00			0.00	34B4	
20256	Dostie Note S/T	0.00	0.00			0.00	34B4	
20501	Accrued Payroll	(92,093.92)	19,386.15	43,539.66		(29,168.11)	33A4	
20601	Accrued Vacation	(94,077.17)	0.00	94,077.17	(67,230.34)	(67,230.34)	33A12	
21001	Federal Withholding	(7,848.96)	7,848.96			0.00	33A6	
21002	State Withholding	(2,692.73)	2,692.73			0.00	33A6	
21005	FICA - Employee	(5,721.34)	5,721.34			0.00	33A6	
21006	FICA - Employer	(12,214.15)	6,724.47			(5,489.68)	33A6	
21010	Federal Unemployment Comp.	(516.43)	404.31			(112.12)	33A6	
21011	State Unemployment Comp.	(7,526.62)	245.14			(7,281.48)	33A6	
21035	Other Employee Withhold	195.00	0.00			195.00	31 A8	
21037	Employee Withholding (HCRA/DCRA)	4,692.92	(253.92)			4,439.00	31 A8	
21040	Union Dues	0.00	0.00			0.00	33A12	
21045	Initiation Fees	0.00	0.00			0.00	33A12	
21050	Payroll Deductions - AFLAC	0.00	(260.00)			(260.00)	33A12	
21051	Payroll Deducted Life Insurance	886.80	(932.78)			(45.98)	33A12	
21060	401 (K) Salary Reduction	(2,100.45)	386.30			(1,714.15)	33A12	
22001	Accrued Professional Fees	(5,345.67)	(266.26)			(5,611.93)	33A12	



Apple Rehab Cromwell  
For Cost Year Ended September 30, 2017

		2016	2017	Adjustments		Cost Report References		
		10/1 - 12/31	1/1 - 9/30	DR	CR	Total	Report Page/Line #	Self Disallow Page/Line #
22010	Accrued Pension	(2,481.22)	1,953.25			(527.97)	33A12	
22015	Accrued Workers compensation	(27,962.81)	908.09			(27,054.72)	33A12	
22040	Accrued Group Insurance	0.01	0.00			0.01	33A12	
22050	Accrued Other Expenses	(217,186.76)	34,526.05			(213,033.39)	33A12	
22060	Accrued User Fee	0.00	0.00			0.00	33A12	
23002	State Income Tax	0.00	0.00			0.00	33A12	
25256	Dostie Note L/T	0.00	0.00			0.00	34B4	
25505	Security Deposits	0.00	0.00			0.00	34B4	
27500	Capital Stock	(1,000.00)	0.00			(1,000.00)	35B2	
27800	Dividends Paid	0.00	0.00			0.00	35B2	
27900	Capital Contributions	(2,473,932.43)	0.00			(2,473,932.43)	35B1	
28000	Retained Earnings	2,329,623.15	0.00	56,583.00		2,386,206.15	35B5	
31001	Room and Board - Private	(503,622.78)	(962,966.36)			(1,466,589.14)	30 I 1a4	
31002	Room and Board - Medicare	(402,488.22)	(1,375,870.64)			(1,778,358.86)	30 I 1a3	
31003	Room and Board - Medicaid	(880,812.24)	(2,855,368.40)			(3,736,180.64)	30 I 1a1	
31004	Room and Board - Managed Care	0.00	0.00			0.00	30 I 1a4	
31010	Room and Board - Rest Home	0.00	0.00			0.00	30 I 1a4	
31015	Medicare Cont. Allowance - Room & Board	(103,475.92)	(230,649.89)			(334,125.81)	30 I 1a3	
31032	Medicare Recoupment	9,843.61	22,816.31			32,659.92	30 I 1a3	
31033	Medicaid Recoupment	(1,543.36)	324.63			(1,218.73)	30 I 1a1	
35001	Physical Therapy	(154,001.19)	(441,280.81)			(595,282.00)	30 II 1b3	
35002	Medical Supply	0.00	0.00			0.00	30 IIa6	
35005	Vending Machines	0.00	0.00			0.00	30 IIa6	
35006	Pharmacy Supplies	(59,810.03)	(202,610.58)			(262,420.61)	30 II 1b1	
35007	Clinical Services	(4,905.70)	(16,640.32)			(21,546.02)	30 II 1b6	
35008	Laboratory Services	0.00	0.00			0.00	30 II 1b6	
35009	Diagnostic Services (EKG/Xray)	0.00	0.00			0.00	30 II 1b6	
35010	Speech Therapy	(13,320.53)	(40,905.56)			(54,226.09)	30 II 1b4	
35011	Occupational Therapy	(175,410.74)	(475,426.49)			(650,837.23)	30 II 1b5	
35015	Oxygen - Private	0.00	0.00			0.00	30 II 1b7	
35016	Oxygen - Medicare	0.00	0.00			0.00	30 II 1b7	
35030	Medicare Contractual Allowance - Therapy	200,312.96	456,329.73			656,642.69	30 II 1b, 4b, 5b	
35031	Medicare Contractual Allowance - Other	41,704.73	113,999.01			155,703.74	30 II 1d, 4d, 5d	
35032	Medicare Contractual Allowance - Supplies	0.00	0.00			0.00	30 II 6	
35033	Medicaid Contractual Allowance - Supplies	0.00	8,378.41			8,378.41	30 II 6	
35035	Contractual Allowance - HMO/Insurance/Mi	89,901.00	400,763.48			490,664.48	30 II 6	
35054	Hairdresser & Barber	0.00	0.00			0.00	30 2.1	
35098	Misc. Income - Other	(160.27)	(1,224.02)			(1,384.29)	See Attached	
36001	Interest Income	(33.28)	(118.57)			(151.85)	30 IV 5	
36500	Gain (Loss) on Sale of Assets	0.00	0.00			0.00	30 IV 8	
41001	Salaries - Administrator	0.00	87,016.46	33,583.44		120,599.90	10 A2.3	
41002	Salaries - Clerical	13,714.56	74,440.61			73,953.84	10 A4	
41003	Salaries - Accounting	13,061.51	45,835.29			(3,385.01)	10 A11b	
41004	Salaries - Social Services/Admissions	30,748.63	84,745.99	5,577.78		(5,703.29)	10 A12m	
41005	Salaries - Management	0.00	0.00			0.00	10A2	
41006	Salaries - Maintenance	20,781.25	61,218.17	878.70		(1,432.61)	10 A7b	
41007	Salaries - Projects	0.00	2,563.93			2,563.93	10 A7b	
41008	Salaries - Staff Development	4,636.81	8,902.54			13,539.35	10 A12b2	
41009	Salaries - Beautician	0.00	0.00			0.00	10A9	
41010	Employee Physicals	639.75	1,495.25			2,135.00	16 m13	
41011	Pre-employment Screen	5,365.40	2,941.39			(4,464.49)	16 m13	
41015	FICA - Employer	65,082.70	207,334.87			272,417.57	15 1a4	
41016	Unemployment - Federal	698.68	5,052.84			5,751.52	15 1a3	
41017	Unemployment - State	6,431.42	47,925.09			54,356.51	15 1a3	
41020	Insurance - Workmen's Comp	(60,896.49)	68,227.74			7,331.25	15 1a1	
41021	Insurance - Group Medical	99,939.03	284,906.42			384,845.45	15 1a5	
41023	Insurance - Group Life & Disability	4,171.22	14,108.02			18,279.24	15 1a6	
41022	Insurance - FMLA	0.00	0.00			0.00	15 1a5	
41024	Pension Expense	3,259.89	11,227.88			14,487.77	15 1a7	
41025	Other Employee Benefits	4,373.88	2,098.55	76.00		6,548.43	See Attached	
41026	Corporate Fee - Non-reimbursable Costs	15,641.00	32,144.02			47,785.02	16 m13	28 #23 1
41027	Corporate Management Fee	107,579.99	195,196.79	471.61		303,248.39	16 m12	
41028	Healthport Indirect	0.00	0.00	10,657.00		10,657.00	16 m13	
41029	Auto Repair & Maintenance.	0.00	0.00			0.00	16l.6	
41030	Travel - Motor Vehicle	1,287.71	4,268.34			5,556.05	16 1.4	
41031	Conventions & Meetings	0.00	0.00			0.00	16 1.5	
41032	Education & Seminars	0.00	1,488.00			1,488.00	16 1.5	
41033	Auditing Fees	1,765.08	5,704.02			7,469.10	15 1d	See Attached

Apple Rehab Cromwell  
For Cost Year Ended September 30, 2017

		2016	2017	Adjustments		Total	Cost Report References	
		10/1 - 12/31	1/1 - 9/30	DR	CR		Report Page/Line #	Self Disallow Page/Line #
41034	Point Click Care Fees	3,153.24	9,956.35			13,109.59	16 m13	
41035	Legal Services	250.00	2,463.75			2,713.75	15 1e	See Attached
41036	Legal Fees Collections - Probate Fees	105.00	550.00			655.00	13b6	
41037	Consulting Fees - Other	1,660.00	20,530.00			22,190.00	See Attached	
41038	Licenses & Fees	(357.58)	5,930.77			5,573.19	16 m13	
41039	Dues & Memberships	1,450.11	5,170.33	330.00		6,950.44	See Attached	See Attached
41040	Subscriptions	0.00	0.00			0.00	16 m9	
41041	Advertising - Public Relations	4,789.16	10,182.65			14,971.81	16 m3	28 #18
41042	Advertising - Help Wanted	299.00	0.00			299.00	16 m1	
41043	Supplies - Social Service	0.00	0.00			0.00	20 5j	
41044	Supplies - Beauty Shop	0.00	0.00			0.00	13m6	
41045	Supplies - Medical Records	120.58	0.00	27.00		147.58	16 m5	
41046	In Service Fees	0.00	0.00			0.00	16 1.5	
41047	Transportation - Patients	818.00	164.35			982.35	16 1.1	29 #28
41048	CNA Registration & Validation	0.00	0.00			0.00	16 1.1	
41050	Office Supplies & Printing	4,008.34	8,694.61			12,702.95	15 1g	
41051	Postage	852.17	1,481.02			2,333.19	16 m7	
41052	Telephone	2,976.82	9,277.76			12,254.58	15 1h	
41053	Rent	135,000.00	315,000.00			450,000.00	22 9	
41054	Insurance - Package	21,346.32	68,192.31			89,538.63	27 14a	
41057	Equipment Lease	1,907.46	5,778.31			7,685.77	22 6a	
41060	Purchased Services & Repair	15,292.68	45,228.40	86.00	(2,976.30)	57,630.78	22 6a	
41061	Maintenance & Repair Supplies	7,474.95	30,102.12	82.00	(330.00)	37,329.07	22 6a	
41062	Fuel - Plant Operation	0.00	0.00			0.00	22 6b	
41063	Gas - Plant Operation	3,201.75	10,807.36			14,009.11	22 6b	
41064	Electric - Plant Operation	15,675.89	65,443.08	4,424.66		85,543.63	22 6c	
41065	Water & Sewerage	3,897.72	15,074.96			18,972.68	22 6d	
41066	Refuse Removal / Recyclables	4,594.50	13,689.21	8,965.29	(4,424.66)	22,824.34	22 6f	
41067	Corp Office Building Maintenance	0.00	0.00			0.00	Corp Only	
41070	Taxes - Real Estate	15,180.99	59,251.49			74,432.48	22 10b	
41071	Taxes - Personal Property	2,630.88	7,110.87			9,741.75	22 10c	
41075	Bad Debt	345,795.00	0.00			345,795.00	15 1c	28 #9
41080	Donations	0.00	0.00			0.00	16m10	
41086	Sales Tax	0.00	636.00		(636.00)	0.00	16m13	
41087	Bank Charges/Penalties/Fees	0.00	109.00			109.00	16 m13	28 #23 4
41090	Miscellaneous Expense	586.66	1,991.38	137.29		2,715.33	See Attached	See Attached
41091	Resident Reimbursements	0.00	0.00			0.00	16m13	
41095	C.O.N. Expense	0.00	0.00			0.00	16m13	
45001	Salaries - R.N. (CCNH)	151,825.46	483,112.87	7,227.25	(17,090.27)	625,075.31	10 A12b1	
45002	Salaries - L.P.N. (CCNH)	125,451.14	356,572.05	3,810.99	(16,478.47)	469,355.71	10 A12c	
45003	Salaries - Aides (CCNH)	235,956.73	677,363.27	14,197.99	(37,721.56)	889,796.43	10 A12d	
45004	Salaries - Assistant D.O.N.	16,471.27	49,143.98		(8,999.99)	56,615.26	10 A12a	
45005	Salaries - D.O.N.	12,539.63	53,969.15	697.31	(500.00)	66,706.09	10A12a	
45006	Inactive Salaries (see A/C 70046)	0.00	0.00			0.00	N/A	
45007	Salaries - R.N. (RHNS/HFA)	0.00	0.00			0.00	10 A12b1	
45008	Salaries - L.P.N. (RHNS/HFA)	0.00	0.00			0.00	10 A12c	
45009	Salaries - Aides (RHNS/HFA)	0.00	0.00			0.00	10 A12d	
45010	Salaries - Infection Control	1,582.50	9,796.02			11,378.52	10 A12b2	
45011	Salaries - Nursing Administration	0.00	0.00			0.00	10 A2.3	
45014	Salaries - R.N. / L.P.N. - Light Duty	0.00	0.00			0.00	10 A12b2	
45015	Salaries - C.N.A. - Light Duty	0.00	0.00			0.00	10 A12d	
45016	Salaries - Other Nursing - Light Duty	0.00	0.00			0.00	10 A12d	
45017	Salaries - MDS Coordinator	25,581.00	37,894.80	22,719.91	(9,223.31)	76,972.40	10 A12b2	
45022	Purchased Services - HPS (RN-CCNH)	5,468.00	5,189.00		(10,657.00)	0.00	13 B11a	
45023	Purchased Services - HPS (LPN-CCNH)	0.00	0.00			0.00	13 B11b	
45024	Purchased Services - HPS (CNA-CCNH)	0.00	0.00			0.00	13 B11c	
45025	Equipment Lease Nursing	10,713.07	17,333.73			28,046.80	20 5c	
45032	Purchased Services - HPS (RN-RHNS)	0.00	0.00			0.00	13 B11a	
45033	Purchased Services - HPS (LPN-RHNS)	0.00	0.00			0.00	13 B11b	
45034	Purchased Services - HPS (CNA-RHNS)	0.00	0.00			0.00	13 B11c	
45035 ...	Purchased Services - R.N. (CCNH)	0.00	0.00			0.00	13 B11a	
45036 ...	Purchased Services - L.P.N. (CCNH)	0.00	0.00			0.00	13 B11b	
45037 ...	Purchased Services - Aides (CCNH)	0.00	0.00			0.00	13 B11c	
45041	Purchased Services - Other	0.00	0.00			0.00	13 B12	
45045	Nursing Station Supplies	(39.50)	538.47	3.00		501.97	20 5j	
45046	Prescription Drugs - Medicare	53,827.91	93,520.44	10,935.77		158,284.12	20 5a	30 #27
45047	Prescription Drugs - Medicaid	0.00	3,992.93	328.09		4,321.02	20 5a	
45048	Prescription Drugs - Private	11,741.80	8,993.36	4,418.28		25,153.44	20 5a	30 #27

Apple Rehab Cromwell  
For Cost Year Ended September 30, 2017

		2016	2017	Adjustments		Cost Report References		
		10/1 - 12/31	1/1 - 9/30	DR	CR	Total	Report Page/Line #	Self Disallow Page/Line #
45049	Prescription Drugs Managed Care	23,592.65	76,243.50	11,530.36		111,366.51	20 5a	30 #27
45050	Medical Supplies	36,749.00	69,378.52			106,127.52	20 5c	
45051	Medicare Part B Billable	0.00	0.00			0.00	205c	
45052	Medical Equipment Purchases	4,392.32	11,449.78	3.00		15,845.10	20 5c	
45055	O.T.C. Medical Supply	2,417.70	1,842.64	75.92		4,336.26	20 5c	
45058	Rehab Service Supplies	0.00	969.05		(969.05)	0.00	205j	
45060	Oxygen - Private	66.00	4,961.36			5,027.36	20 5e2	29 #32
45061	Oxygen - Medicare	117.00	3,533.76			3,650.76	20 5e2	29 #32
45062	Oxygen - Medicaid	72.50	0.00			72.50	20 5e2	
45063	Oxygen - Managed Care	413.50	0.00			413.50	20 5e2	29 #32
45065	I.V. Therapy Services	3,184.11	18,069.70	701.61		21,955.42	20 5j	29 #34
45070	Laboratory Services	2,487.16	16,181.52			18,668.68	20 5h	29 # 30
45075	Diagnostic Services	2,171.49	2,224.38			4,395.87	20 5f	29 # 29
50001	Salaries - Dietitians	6,805.55	20,198.29	623.36	(373.43)	27,253.77	10 A5a	
50002	Salaries - Chefs, Cooks	28,806.53	68,200.81		(8,207.83)	88,799.51	10 A5c	
50003	Salaries - Helpers, Dishwashers	30,651.01	82,557.25	6,094.01	(7,011.34)	112,290.93	10 A5c	
50004	Salaries - Food Service Supervisor	9,577.19	36,893.09	4,090.57	(2,379.73)	48,181.12	10 A5b	
50005	Salaries - Dietary - Light Duty	0.00	0.00			0.00	10 A5c	
50030	Consultant Fee - Dietary	0.00	0.00			0.00	13B1	
50035	Purchased Services - Dietary	801.80	1,255.37	36.00		2,093.17	18 2b	
50036	Equipment Lease - Dietary	0.00	0.00			0.00	18 2a1	
50040	Supplies - Dietary	8,527.98	20,558.09			29,086.07	18 2a2	
50041	Other Expenses - Dietary	0.00	0.00			0.00	18 2a2	
50050	Food Supplies - HPC/Thurston	37,939.71	104,735.56			142,675.27	18 2a1	
50051	Food Supplies - Dairy	2,801.03	8,424.86			11,225.89	18 2a1	
50052	Food Supplements	760.27	1,102.40			1,862.67	18 2a1	
50053	Enteral Feeding Supplies	0.00	14.89			14.89	18 2a1	
50054	Food Supplies - Other	0.00	0.00			0.00	18 2a1	
50055	Foods Supplies - Rebates	0.00	0.00			0.00	18 2a1	
55001	Salaries - Laundry	19,273.81	54,166.14	4,579.59	(4,665.61)	73,353.93	10 A8b	
55002	Salaries - Laundry Supervisor	0.00	0.00			0.00	10 A8a	
55004	Salaries - Laundry - Light Duty	0.00	0.00			0.00	10 A8b	
55030	Purchased Service - Laundry	0.00	0.00			0.00	19 4b	
55031	Personal Laundry	0.00	0.00			0.00	19 3b	
55035	Linen & Bedding Supplies	3,151.17	3,709.73	215.00		7,075.90	19 3a4	
55036	Equipment Lease Laundry	0.00	0.00			0.00	19 3d	
55040	Laundry Supplies	3,327.84	4,904.56			8,232.40	19 3a1	
60001	Salaries - Housekeeping	19,797.19	64,512.01	3,059.88	(4,492.54)	82,876.54	10 A6b	
60002	Salaries - Housekeeping Supervisor	11,578.33	27,768.04	1,172.70	(2,634.24)	37,884.83	10A6a	
60003	Salaries - Housekeeping - Light Duty	0.00	0.00			0.00	10 A6b	
60030	Purchased Services - Housekeeping	0.00	0.00			0.00	20 4b	
60035	Supplies - Housekeeping	5,225.12	14,394.14	9.00		19,628.26	20 4a	
65001	Salaries - Recreation	17,488.00	45,016.09	2,067.51	(3,937.59)	60,634.01	10 A12h	
65030	Supplies - Recreation	3,705.14	15,242.55			18,947.69	20 5i	
65035	Other Expenses - Recreation	2,170.00	5,058.50			7,228.50	20 5i	
70010	Medical Director	16,000.00	34,896.16		(96.16)	50,800.00	13 B8a	
70011	Medical Staff/URC Meeting	0.00	0.00			0.00	13 B8b	
70012	Other Physician Fees	41.13	0.00		(41.13)	0.00	13 B8e	
70015	Pharmacist Fees	5,172.61	8,126.49	957.15		14,256.25	13 B3	
70025	Prescription Drugs Only	0.00	0.00			0.00	N/A	
70030	Personal Laundry	0.00	0.00			0.00	N/A	
70035	Dental Service	2,331.35	6,052.00			8,383.35	13 B2	
70036	Podiatrist Fees	0.00	0.00			0.00	13 B4	
70040	Hairdresser/Barber	0.00	0.00			0.00	16m6	
70047	Purchased Services - Physical Therapist	0.00	262.15			262.15	13 5a	
70048	Purchased Services - Speech Therapist	0.00	0.00			0.00	13 B9a	
70049	Purchased Services - Occupational Therapist	0.00	0.00			0.00	13 B10a	28 #6
70050	Inactive	0.00	0.00			0.00	N/A	
70052	Rehab. Services Supplies	828.23	8,870.91	969.05		10,668.19	20 5j	29 # 34
70060	Salaries - Rehab Director	0.00	55,766.53			55,766.53	10 A12e	
70062	Salaries - Therapy Technicians	1,205.83	5,599.02		(990.40)	5,814.45	10 A12e	
70065	Salaries - Physical Therapy Assistant	38,947.33	88,957.33	6,644.13	(7,467.70)	127,081.09	10 A12e	
70066	Salaries - Per Diem PT Assistant	3,007.50	716.00	2,145.00		5,868.50	10 A12e	
70067	Salaries - Physical Therapist	21,091.82	53,088.30	4,772.01	(2,310.35)	76,641.78	10 A12e	
70068	Salaries - Per Diem Physical Therapist	6,839.18	21,060.05		(2,145.00)	25,754.23	10 A12e	
70070	Salaries - Certified Occupational Therapist	25,189.88	63,547.39	3,748.18	(3,152.17)	89,333.28	10 A12g	28 #3
70071	Salaries - Per Diem Certified OT	3,070.55	8,569.44			11,639.99	10 A12g	28 #3
70072	Salaries - Occupational Therapist	25,069.41	69,139.95	503.60		94,712.96	10 A12g	28 #3

Apple Rehab Cromwell  
For Cost Year Ended September 30, 2017

		2016	2017	Adjustments		Total	Cost Report References	
		10/1 - 12/31	1/1 - 9/30	DR	CR		Report Page/Line #	Self Disallow Page/Line #
70073	Salaries - Per Diem Occupational Therapist	202.50	1,238.75			1,441.25	10 A12g	28 #3
70075	Salaries - Speech Therapist	8,169.51	30,865.76		(493.19)	38,542.08	10 A12f	
70076	Salaries - Per Diem Speech Therapist	1,783.75	6,727.50			8,511.25	10 A12f	
71050	User Fee	109,008.32	339,053.00			448,061.32	15 1k3	
76000	Interest	0.00	3,205.20			3,205.20	27 12D	29 #49
78010	Salaries - Owner	4,261.00	0.00			4,261.00	36 G1	
79010	Depreciation of Non Moveable Equipment	0.00	0.00			0.00	22 7c	
79011	Depreciation of Moveable Equipment	5,826.21	17,854.21		(838.00)	22,842.42	22 7d	
79015	Depreciation of Auto & Truck	0.00	0.00			0.00	31B7	
79025	Amortization of Leasehold Improvements.	19,622.08	58,632.06			78,254.14	22 8a	
82010	CT State Income Tax	0.00	250.00			250.00	15 j1	
82050	Provider Specific Tax	0.00	0.00			0.00	15j1	
					\$392,228.06	(392,228.06)		
	<b>Variance (must be \$0.00)</b>					0.00		
	<b>Total Assets</b>	1,789,937.44						
	<b>Total Liabilities</b>	(1,438,648.56)						
	<b>Total Revenue</b>	(7,558,272.03)						
	<b>Total Expenses</b>	7,586,156.34						

Analysis Accounts

Cost Report References

		Report Page/Line #	Self Disallow Page/Line #
<b>35098 Misc. Income - Other</b>	<b>1,384.29</b>		
Meal Revenue		30 IV 1	28 #24
Account W/O	94.78	30 IV 8	29 #43
Rebates	1,077.02	30 IV 8	
Medical Records	154.00	30 IV 8	
Tax withholding	58.49	30 IV 8	
<b>Total Misc. Income - Other</b>	<b>1,384.29</b>		
<b>41001 Salaries - Administrator</b>	<b>120,599.90</b>		
Administrator	120,599.90	10 A2	
Asst Administrator/AIT	0.00	10 A3	
<b>Total Administrator</b>	<b>120,599.90</b>		
<b>41025 Employee Benefits</b>	<b>6,548.43</b>		
Holiday Parties	3,114.04	16 12	
Employee gifts/ recognition	3,434.39	16 13	28 #23 2
<b>Total Employee Benefits</b>	<b>6,548.43</b>		
<b>41037 Consulting Fees - Other</b>	<b>22,190.00</b>		
Social Worker	0.00	13 B3	
Purchase consult	2,053.00	13 B12	
Creative Solutions	15,000.00	13 B12	
Data Integrity Auditor	3,300.00	13 B12	
MDS Consultant	1,837.00	13 B12	
<b>Total Consulting Fees - Other</b>	<b>22,190.00</b>		
<b>45041 Purchase Service - Other</b>	<b>0.00</b>		
Pharmacy Consult		16 m13	28 #23 5
Wound Consultant		16 m13	28 #23 6
<b>Total Consulting Fees - Other</b>	<b>0.00</b>		
<b>41090 Misc. Expense</b>	<b>2,715.33</b>		
Resident Expenses	0.00		28 #23 5
Prior Period Adj/Account W/O	1,185.33	16 m13	28 #23 6
Settlement	0.00	16 m13	
State Penalty	1,530.00	16 m13	
User Fee Audit Expense	0.00		
SUTA Tax	0.00		
<b>Total Misc. Expense</b>	<b>2,715.33</b>		

Apple Rehab Cromwell  
For Cost Year Ended September 30, 2017

	2016	2017	Adjustments		Total	Cost Report References	
	10/1 - 12/31	1/1 - 9/30	DR	CR		Report Page/Line #	Self Disallow Page/Line #
<b>70012 Physician Fees</b>	<b>0.00</b>						
Psychiatrist	0.00	13 B8de					
Eye Doctor	0.00	13 B8de					
<b>Total Physician Fees</b>	<b>0.00</b>						
<b>41041 Advertising - Public Relations</b>	<b>14,971.81</b>						
Public Relations	14,971.81	16 m3	28 #18				
Directory Advertising	0.00						
<b>Total Advertising - Public Relations</b>	<b>14,971.81</b>						
<b>41052 Telephone</b>	<b>12,254.58</b>						
Telephone & Beepers	12,254.58	15 1h1					
Cell Phones	0.00	15 1h2					
<b>Total Telephone</b>	<b>12,254.58</b>						
<i>(check G/L account 41052 for possible cell or beeper reclass J/E)</i>							
<b>41039 Dues &amp; Membership</b>	<b>6,950.44</b>						
Dues & Membership	6,620.44	16 m8					
Chamber of Commerce	330.00	16 m8a	28 #23 3				
<b>Total Dues &amp; Membership</b>	<b>6,950.44</b>						
<i>(most homes should have, may need to check other accounts)</i>							

**Apple Rehab Cromwell  
Cost Year 2017**

J/E #	DB	AMOUNT	ACCOUNT TITLE	CR	AMOUNT	Reverse CY 2017
1	41025	76.00	Other Employee Benefits			
	41041		Advertising - Public Relations			
	41045	27.00	Supplies - Medical Records			
	41060	86.00	Purchased Services & Repair			
	41061	82.00	Maintenance & Repair Supplies			
	41066	81.00	Refuse Removal / Recyclables			
	45045	3.00	Nursing Station Supplies			
	45046	18.00	Prescription Drugs - Medicare			
	45052	3.00	Medical Equipment Purchases			
	50035	36.00	Purchased Services - Dietary			
	55035	215.00	Supplies - Recreation			
	60035	9.00	Supplies - Housekeeping			
			Sales Tax	41086	636.00	
			<b>Allocate Sales Tax</b>			
2	20601	94,077.17	Accrued PTO			
			Salaries - Clerical	41002		
			Salaries - Accounting	41003	1,267.77	
			Salaries - Social Service	41004	4,630.41	
			Salaries - Maintenance	41006	141.78	
			Salaries - RN	45001	8,402.23	
			Salaries - LPN	45002	10,213.14	
			Salaries - CNA	45003	23,298.97	
			Salaries - ADNS	45004		
			Salaries - DNS	45005		
			Salaries - MDS	45017	8,556.37	
			Salaries - Dietitians	50001	134.61	
			Salaries - Chef, Cooks	50002	5,913.70	
			Salaries - Dietary Aid, Dishwasher	50003	4,414.41	
			Salaries - Food Service Suprv	50004	1,758.13	
			Salaries - Laundry	55001	3,020.47	
			Salaries - Housekeeping	60001	3,251.51	
			Salaries - Housekeeping Supervisor	60002	1,985.64	
			Salaries - Recreation	65001	3,167.41	
			Salaries - PT Tech	70062	990.40	
				70065	7,467.70	
				70067	2,310.35	
				70070	3,152.17	
			<b>Reverse 12/16 PTO Accrual</b>			
3	41002		Salaries - Clerical		470.05	
	41003		Salaries - Accounting		1,486.83	
	41004	5,577.78	Salaries - Social Service			
	41006	878.70	Salaries - Maintenance			
	45001	7,227.25	Salaries - RN			
	45002	3,810.99	Salaries - LPN			
	45003	14,197.99	Salaries - CNA			
	45004		Salaries -DNS		8,999.99	
	45005	697.31	Salaries - ADNS			
	45017	9,592.91	Salaries - MDS			
	50001	623.36	Salaries - Dietician			
	50002		Salaries - Chef, Cooks		658.07	
	50003	6,094.01	Salaries - Dietary Aid, Dishwasher			
	50004	4,090.57	Salaries - Food Service Suprv			
	55001	4,579.59	Salaries - Laundry			
	60001	3,059.88	Salaries - Housekeeping			
	60002	1,172.70	Salaries - Housekeeping Supervisor			

**Apple Rehab Cromwell  
Cost Year 2017**

J/E #	DB	AMOUNT	ACCOUNT TITLE	CR	AMOUNT	Reverse CY 2017
	65001	2,067.51	Salaries - Recreation			
	70062					
	70065	6,644.13	Salaries - Physical Therapy Assistant			
	70067	4,772.01	Salaries - Physical Therapist			
	70070	3,748.18	Salaries - Certified Occupational Therapist			
	70072	503.60	Salaries - Occupational Therapist			
	70075		Salaries - Speech Therapist		493.19	
			Accrued PTO	20601	67,230.34	
			<b>Accrue 9/30/17 PTO</b>			
4			Salaries - Clerical	41002	604.28	
			Salaries - Accounting	41003	630.41	
			Salaries - Social Service	41004	1,072.88	
			Salaries - Maintenance	41006	1,290.83	
			Salaries - RN	45001	8,688.04	
			Salaries - LPN	45002	6,265.33	
			Salaries - CNA	45003	14,422.59	
			Salaries - ADNS	45005	500.00	
			Salaries - MDS	45017	666.94	
			Salaries - Dietician	50001	238.82	
			Salaries - Chef, Cooks	50002	1,636.06	
			Salaries - Dietary Aid, Dishwasher	50003	2,596.93	
			Salaries - Food Service Suprv	50004	621.60	
			Salaries - Laundry	55001	1,645.14	
			Salaries - Housekeeping	60001	1,241.03	
			Salaries - Housekeeping Supervisor	60002	648.60	
			Salaries - Recreation	65001	770.18	
	20501	43,539.66	Accrued PTO	20501		
			<b>Reverse wage enhancement</b>			
6	41027	471.61	Corporate Management Fee			
			Due Affiliate - Corporate	20200	471.61	
			<b>Allocate Interest Income</b>			
7	41001	33,583.44	Salaries Administrator			
			Due Affiliate - Corporate	20200	33,583.44	
			<b>Administrator Salary</b>			
	45017	13,127.00	Salaries - MDS Coordinator			
			Salaries - Clerical	41002	13,127.00	
	70066	2,145.00	Salaries - Per Diem PT Assistant			
			Salaries - Per Diem Physical Therapist	70068	2,145.00	
			<b>Reclass payroll codes misapplied</b>			
	41028	10,657.00	Corporate Accounting Fee			
			Purchased Services - HPS (RN-CCNH)	45022	10,657.00	
			<b>Reclass Healthport indirect</b>			
10	15502	3,023.12	Movable equip			
			Non Movable equip	15501	3,023.12	
	17001	3,023.12	Acc. Depreciation-Non Moveable Equipment			
			Acc. Depreciation Moveable Equipment	17002	3,023.12	
			<b>Reclass Dryer</b>			
	16001	3,379.00	Auto	17003	3,379.00	
			<b>Record Auto Adjustment</b>			

**Apple Rehab Cromwell  
Cost Year 2017**

J/E #	DB	AMOUNT	ACCOUNT TITLE	CR	AMOUNT	Reverse CY 2017
	15502	4,970.00	Movable equip			
			Due affiliate	20200	4,970.00	
			<b>Record Payroll equip</b>			
	28000	838.00	Retained Earnings			
			Depreciation of Moveable Equipment	79011	838.00	
			Reverse expense taken 9/30/17 entry			
8	28000	55,745.00	Retained Earnings			
			Accum Deprec - ME	17002	39,804.77	
			Accum Deprec - LHI	17005	15,940.23	
			<b>Adjust Deprec to Actual prior period</b>			
	41090	41.13	<b>Misc expense</b>			
			<b>Other Physicians</b>	70012	41.13	
			reclass prior period invoice			
	41039	330.00				
				41061	330.00	
			reclass Chamber of Commerce invoice			
	41090	96.16	<b>Misc expense</b>			
			<b>Medical Director</b>	70010	96.16	
	70052	969.05				
				45058	969.05	
			<b>Reclass miscode</b>			
	45046	10,917.77				y
	45047	328.09				
	45048	4,418.28				
	45049	11,530.36				
	45055	75.92				
	45065	701.61				
	70015	957.15				
				22050	28,929.18	
			<b>Accrue Pharmacy bill pd 12/17 for Sept 17</b>			
	41066	1,443.50				y
				22050	1,443.50	
			<b>Accrue CWPM bill Sept 17</b>			
	41066	2,976.30				
	41066	4,464.49				
	41064	4,424.66				
				41060	2,976.30	
				41011	4,464.49	
				41066	4,424.66	
			<b>reclass CWPM bills miscoded.</b>			
		392,228.06	<b>TOTALS</b>		392,228.06	

(392,228.06)

0.00

(392,228.06)

0.00

0.00



Facility: Apple Rehab Cromwell  
 Cost Year 9/30/2017  
 Reconciliation of Revenue, Expenses, Balance Sheet

	<u>Expenses</u>	<u>Revenue</u>	<u>Assets</u>	<u>Liabilities</u>
Per Trial Balance	7,586,156	7,558,272	1,789,937	1,438,649
Per Cost Report	7,581,895	7,558,272	1,797,679	1,446,390
<b>Difference</b>	<b>4,261</b>	<b>0</b>	<b>7,742</b>	<b>7,742</b>
21035-21060 - Payroll W/H			4,634	4,634
10401-10403 Exchange			3,108	3,108
35098- Meal Revenue				
20110- A/P-Patient Exchange				
20218 - Due Affiliate				
78010 - Owners Salary	4,261			
13002 - Prepaid Ins				
<b>Difference</b>	<b>4,261</b>	<b>0</b>	<b>7,742</b>	<b>7,742</b>
	0	0	0	0

AR Cromwell  
Fixed Asset Schedule  
9/30/2017

Asset Class	Asset ID	Asset Description	Place in Service	Cost Basis	LTD Depreciation Am	Net Book Val	YTD Depreciation Amount	
							10/1/16 - 12/31/16	1/1/17 - 9/30/17
<b>Non Moveable Equipment</b>								
NME-20	2209005	United (Work Table)	7/1/1994	193.98	193.98	-		-
NME-20	2209006	United (Work Table)	8/1/1994	2,063.67	2,063.67	-		-
NME-20	2209007	United (Work Table)	8/1/1994	1,102.40	1,102.40	-		-
NME-20	2209008	United (Work Table)	8/1/1994	405.63	405.63	-		-
NME-15	2209002	waterpump valve (Alert)	4/1/1997	1,001.97	1,001.97	-		-
NME-15	2209005	electrical work for cooler (Precision El	12/1/2000	2,766.60	2,766.60	-		-
NME-15	2209004	walk in cooler (United East)	12/1/2000	18,352.84	18,352.84	-		-
NME-10	2209001	dryer (Yankee Equip)	6/1/1996	3,023.12	3,023.12	-		-
<b>Non Moveable Equipment as of 09/30/17</b>				<b>28,910.21</b>	<b>28,910.21</b>	-		-
<b>Cost Report Adjustments:</b>								
2209001 dryer (Yankee Equip)				<u>(\$3,023.12)</u>			<u>\$0.00</u>	
<b>Adjusted Balance @ 9/30/16</b>				<b>\$28,910.21</b>			<b>\$0.00</b>	
Prior Additions				\$25,887.09			\$0.00	
Retired (See Attached)				\$0.00			\$0.00	
Current Additions				\$0.00			\$0.00	
<b>Moveable Equipment</b>								
ME-10	2209024	Foster(Furniture)	7/1/1994	646.19	646.19	-		-
ME-5	2215025	Install Wireless Network Controllers	9/6/2015	978.42	440.31	538.11	48.89	146.79
ME-5	2216030	Dishwasher Repair-Drain Sump Assembl	3/7/2016	1,105.61	276.43	829.18	33.85	165.87
ME-10	2216031	UniMac Washing Machine	10/5/2016	7,019.10	877.37	6,141.73	350.96	526.41
<b>Moveable Equipment as of 09/30/17</b>				<b>391,729.15</b>	<b>296,291.44</b>	<b>95,437.71</b>	<b>5,826.21</b>	<b>17,016.21</b>
<b>Cost Report Adjustments:</b>								
2209001 dryer (Yankee Equip)				\$3,023.12			\$0.00	
Payroll Equipment				\$4,970.00			\$0.00	
<b>Adjusted Balance @ 9/30/16</b>				<b>\$399,722.27</b>			<b>22,842.42</b>	
Prior Additions				\$392,703.17			\$21,965.05	
Retired (See Attached)				\$0.00			\$0.00	
Current Additions				\$7,019.10			\$877.37	
<b>Leasehold Improvements</b>								
LHI-15	2209138	Muir(Lighting)	2/1/1994	4,000.00	4,000.00	-		-
LHI-10	2215025	Powered Handicap Door Closure	3/26/2015	2,020.65	454.66	1,565.99	50.51	151.56
<b>Leasehold Improvements as of 09/30/17</b>				<b>1,581,125.70</b>	<b>892,597.79</b>	<b>688,527.91</b>	<b>19,622.08</b>	<b>58,632.06</b>
<b>Cost Report Adjustments:</b>								
<b>Adjusted Balance @ 9/30/16</b>				<b>\$1,581,125.70</b>			<b>78,254.14</b>	
Prior Additions				\$1,581,125.70			\$78,254.14	
Current Additions				\$0.00			\$0.00	
<b>Auto</b>								
AUTO-4	2209185	Van (Acquisition)	8/1/1993	10,795.32	10,795.32	-		-
<b>Auto as of 09/30/17</b>				<b>10,795.32</b>	<b>10,795.32</b>	-		-