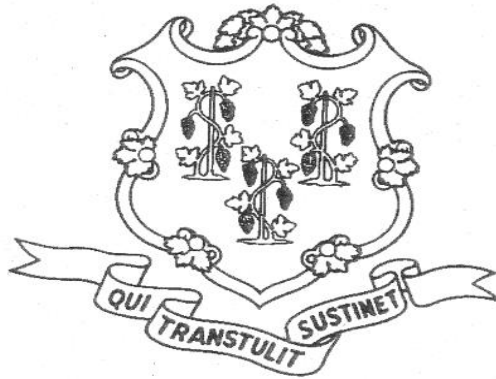


# State of Connecticut



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

Name of Facility (as licensed) Apple Rehab Saybrook	
Address (No. & Street, City, State, Zip Code) 1775 Boston Post Rd. Old Saybrook, CT 06475	
Type of Facility Chronic and Convalescent                      Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH)    (RHNS)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 0725-C	RHNS	(Specify)	Medicare Provider 07-5070
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Medicaid Provider Numbers:	CCNH 7252	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 Saybrook	License No. 0725-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 Saybrook [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) Patricia Hamill			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 Saybrook		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 1775 Boston Post Rd. Old Saybrook, CT 06475				
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) 399-6216	Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Apple Rehab Saybrook			Address (No. & Street, City, State, Zip) 1775 Boston Post Rd. Old Saybrook, CT 06475		
License Numbers:	CCNH 0725-C	RHNS	(Specify)	Medicare Provider No. 07-5070	
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 Patricia Hamill			Nursing Home Administrator's License No.:	01195	
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 Saybrook	License No. 0725-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	Business Address	State(s) in Which Incorporated		
Apple Rehab Saybrook	1775 Boston Post Rd. Old Saybrook, CT 06475	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 Saybrook		License No. 0725-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	%**				
Brian J. Foley	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Rental	Pg. 22 Line 9	523,500	523,500
Apple Health Care	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	404,385	404,385
Healthport Services	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10/13 Schedule	22,034	22,034
Corporate Employees	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	10,653	10,653
Employees @ Various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	(116,899)	(116,899)
Apple Health Care	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	17,315	17,315
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	449,744	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	30,950	
Aetna Ancillary	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Life & Disability	Pg. 15 1a6	21,699	

\* 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 Saybrook	License No. 0725-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	% **				
Marsh	PO Box 19636 Newark, NJ	✘			Property, Liability & Umbrella Insurance	Pg. 27 14a	113,355	
AIG	PO Box 10472 Newark, NJ	✘			Worker's Compensation	Pg. 15 1a1	69,097	
Swallowing Diagnostics	21 Waterville Road Avon, CT	✘		83%	Diagnostic Services	Pg. 20 5f	5,760	5,432
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 Saybrook	License No. 0725-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 Saybrook			License No. 0725-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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Total ***</b>

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

### General Information and Questionnaire Accounting Basis

Name of Facility Apple Rehab Saybrook	License No. 0725-C	Report for Year Ended 9/30/2017	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No            If "No," explain.				
<b>Independent Accounting Firm</b>				
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 ( <i>describe fully</i> )				
1 Preparation of audited financials (disallow Pg. 28)			\$	8,533
2 Preparation of tax returns			\$	2,131
3			\$	
4			\$	
			Charge for Services Provided	
			\$	10,664
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. <input checked="" type="radio"/> Yes <input type="radio"/> No            Pg. 15 1d				
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney			Telephone Number	
1				
2				
3				
4				
5				
Address ( <i>No. &amp; Street, City, State, Zip Code</i> )				
1				
2				
3				
4				
5				
Services Provided by This Firm ( <i>describe fully</i> )				
1			\$	
2			\$	
3			\$	
4			\$	
5			\$	
			Charge for Services Provided	
			\$	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. <input checked="" type="radio"/> Yes <input type="radio"/> No            Pg. 15 1e				

### Schedule of Resident Statistics

Name of Facility Apple Rehab Saybrook			License No. 0725-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	120	120			120	120			120	120			
B. On last day of THIS report period	120	120			120	120			120	120			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	78	78			78	78			78	78			
B. As of midnight of THIS report period	99	99			99	99			99	99			
3. Total Number of Days Care Provided During Period													
A. Medicare	4,553	4,553			3,416	3,416			1,137	1,137			
B. Medicaid (Conn.)	23,464	23,464			17,200	17,200			6,264	6,264			
C. Medicaid (other states)													
D. Private Pay	5,124	5,124			3,747	3,747			1,377	1,377			
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	33,141	33,141			24,363	24,363			8,778	8,778			
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>	33,141	33,141			24,363	24,363			8,778	8,778			

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

Name of Facility Apple Rehab Saybrook	License No. 0725-C	Report for Year Ended 9/30/2017	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?       Yes       No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	13	64		22				
Per Diem Rate								
a. One bed rm.				395.00				
b. Two bed rms.	RUGS III	204.28		379.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	3,959	3,959		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	12,313	12,313		
<b>D. Total Physical Therapy Treatments</b>	16,272	16,272		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	1,139	1,139		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	1,411	1,411		
<b>D. Total Speech Therapy Treatments</b>	2,550	2,550		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	4,015	4,015		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	12,023	12,023		
<b>D. Total Occupational Therapy Treatments</b>	16,038	16,038		

**Annual Report of Long-Term Care Facility**

CSP-10 Rev. 9/2002

**Report of Expenditures - Salaries & Wages**

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Saybrook	0725-C	9/30/2017	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<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)	100,891	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	76,186	4,520				
5. Dietary Service						
a. Head Dietitian	8,103	267				
b. Food Service Supervisor	39,041	1,520				
c. Dietary Workers	291,874	19,535				
6. Housekeeping Service						
a. Head Housekeeper	31,060	1,284				
b. Other Housekeeping Workers	133,684	11,751				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	90,965	4,430				
8. Laundry Service						
a. Supervisor	20,317	899				
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	120,961	4,410				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	163,194	3,733				
b. RN						
1. Direct Care	610,808	15,826				
2. Administrative**	172,462	4,828				
c. LPN						
1. Direct Care	709,268	24,497				
2. Administrative**						
d. Aides and Attendants	1,241,450	75,333				
e. Physical Therapists	239,333	6,669				
f. Speech Therapists	65,932	1,867				
g. Occupational Therapists	218,400	5,969				
h. Recreation Workers	88,595	5,063				
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	121,185	4,616				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	4,543,709	199,097				

\* 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>	\$ -	-	\$ -	-	\$ -	-

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

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Data Integrity Auditor	\$ 3,300	67				
Purchasing Consultant	\$ 2,053	42				
Admission & Discharge Consultant	\$ 1,837	37				
<b>Total</b>	\$ 7,190	146	\$ -	-	\$ -	-

**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 Saybrook				0725-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 Saybrook				0725-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>										
Patricia Hamill	100,891				Administrator 10/1/2016 - 09/30/17	2,080	A2			
<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 Saybrook	0725-C	9/30/2017	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	12,816	160				
3. Pharmacist	12,814	107				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	40,341	593				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	36,000	237				
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) Cardiologist	29,830	149				
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	7,190	146				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>138,991</b>	<b>1,391</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 Saybrook		License No. 0725-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		
Healthdrive Dental 888 Worcester St. Wellsley, MA	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
West River 41 Northwest Dr. Plainville, CT	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
RN Staff Inc. DBA Rehabilitation Care PO Box 823461 Philadelphia, PA 19182-3461	Physical Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Matthew Raider 645 Saybrook Rd. Middletown, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Starling Physicians, P.C. 2110 Silas Deane Highway Rocky Hill, CT 06067-0587	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Middlesex Cardiology 420 Saybrook Rd. Middletown, CT	Cardiologist	<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 88 Ryders Lane Stratford, CT 06614-1397	Purchasing Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
PatientPing, Inc. 10 Post Office Square Boston, MA 02109	Admission & Discharge Consultant	<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"/>		
		<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 Saybrook	0725-C	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 69,097	69,097		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 56,994	56,994		
4. Social Security (F.I.C.A.)	\$ 338,435	338,435		
5. Health Insurance	\$ 350,016	350,016		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 21,699	21,699		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 17,315	17,315		
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*	\$ 342,003	342,003		
d. Accounting and Auditing	\$ 10,664	10,664		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 20,722	20,722		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 11,270	11,270		
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	\$ 598,690	598,690		
<b>Subtotal</b>	\$ 1,837,155	1,837,155		

\* 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 Saybrook  
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 Saybrook	0725-C	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	1,837,155	1,837,155			
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$ 3,733	3,733			
2. Holiday Parties for Staff	\$ 3,844	3,844			
3. Gifts to Staff and Residents	\$ 8,863	8,863			
4. Employee Travel	\$ 10,407	10,407			
5. Education Expenses Related to Seminars and Conventions	\$ 5,715	5,715			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 183	183			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 46,271	46,271			
4. Fund-Raising***	\$				
5. Medical Records	\$ 188	188			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 7,199	7,199			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 8,189	8,189			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 750	750			
9. Subscriptions	\$ 6,201	6,201			
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**	\$ 404,385	404,385			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 111,840	111,840			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 2,454,924	2,454,924			

\* 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	\$ 46,271		
<b>Total Other Advertising</b>	\$ 46,271	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 8,189		
<b>Total Dues</b>	\$ 8,189	\$ -	\$ -

**Schedule of Contributions**

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

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Corporate Fees Non Reimbursable	\$ 63,720		
Licenses & Fees	\$ 5,967		
Pre Employment Screenings	\$ 19,374		
Point Click Care Fees	\$ 12,721		
Bank Charges, Penalties, Fees	\$ 308		
Healthport Indirect	\$ 7,656		
Legal Fees - Probate & Collection	\$ 390		
Resident Expenses	\$ 132		
Account W/O & Prior Period Adjustments	\$ 1,572		
<b>Total Other Administrative and General</b>	\$ 111,840	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
Apple Rehab Saybrook	0725-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.	404,385	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 Saybrook	License No. 0725-C	Report for Year Ended 9/30/2017	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 229,832	229,832		
2. Non-Food Supplies	\$ 25,569	25,569		
3. Other ( <i>Specify</i> ) _____	\$			
b. Purchased Services ( <i>by contract other than through Management Services (Complete Schedule C-2 att. Page 21)</i> )	\$ 2,604	2,604		
c. Management Services**	\$			
d. Other ( <i>Specify</i> ) _____	\$			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 258,005</b>	<b>258,005</b>		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	272	272		
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		License No.	Report for Year Ended	Page	of
Apple Rehab Saybrook		0725-C	9/30/2017	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$	17,432	17,432	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	94,317	94,317	
c. Management Services**		\$			
d. Other (Specify)		\$			
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	111,749	111,749	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

All allocations should add to total recorded in 3E.

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Apple Rehab Saybrook		0725-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. \$	34,216	34,216		
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> )	\$				
4E.	<b>Total Housekeeping Expenditures</b> (4a + b + c + d)	\$	34,216	34,216		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from West River Pharmacy	\$	215,349	215,349		
b.	Medicine Cabinet Drugs	\$				
c.	Medical and Therapeutic Supplies	\$	194,510	194,510		
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	3,872	3,872		
f.	X-rays and Related Radiological Procedures***	\$	19,472	19,472		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	14,012	14,012		
i.	Recreation	\$	33,184	33,184		
j.	Other ( <i>Specify</i> )**** See Attached Schedule	\$	35,387	35,387		
5K.	<b>Total Resident Care Expenditures</b> (5a - 5j)	\$	515,785	515,785		

\* 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	\$ 5,381		
Rehab Service Supplies	\$ 18,895		
IV Therapy Supplies	\$ 10,732		
Social Service Supplies	\$ 378		
<b>Total Other Resident Care</b>	\$ 35,387	\$ -	\$ -

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

Name of Facility Apple Rehab Saybrook			License No. 0725-C	Report for Year Ended 9/30/2017	Page 21	of 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
Perfectemp Heating & Air Conditioning	635 Old Turnpike Rd. Plantsville, CT	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	11,357			22	6a
All Waste, Inc.	PO Box 2472 Hartford, CT	<input type="radio"/>	<input checked="" type="radio"/>		Refuse Removal	29,948			22	6f
United Laundry	525 Wolf Swamp Rd. Long Meadow, MA	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Service	94,317			19	3b
Coastal Landscaping LLC	228 Kensington Rd. Hampton Falls, NH	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	31,748			22	6a
Stericycle, Inc.	28161 N. Keith Dr Lake Forest, IL	<input type="radio"/>	<input checked="" type="radio"/>		Refuse Removal	20,122			22	6f
#REF!	#REF!	<input checked="" type="radio"/>	<input type="radio"/>	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	####
#REF!	#REF!	<input checked="" type="radio"/>	<input type="radio"/>	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	####
#REF!	#REF!	<input checked="" type="radio"/>	<input type="radio"/>	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	####
		<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 checked="" 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).

**Annual Report of Long-Term Care Facility**

CSP-22 Rev. 6/95

**C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property**

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Saybrook	0725-C	9/30/2017		22	37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 163,059	163,059			
b. Heat	\$ 23,782	23,782			
c. Light & Power	\$ 121,534	121,534			
d. Water	\$ 52,858	52,858			
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$				
f. Other ( <i>itemize</i> )	\$ 51,935	51,935			
See Attached Schedule					
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 413,168	413,168			
7. Depreciation ( <i>complete schedule page 23*</i> )					
a. Land Improvements	\$				
b. Building & Building Improvements	\$				
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$ 119,093	119,093			
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 119,093	119,093			
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$ 39,662	39,662			
d. Other ( <i>Specify</i> )	\$				
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$ 39,662	39,662			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 523,500	523,500			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 88,795	88,795			
c. Personal property taxes	\$ 6,668	6,668			
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 777,718	777,718			

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Refuse Removal	\$ 51,935		
<b>Total Other Repairs and Maintenance</b>	\$ 51,935	\$ -	\$ -

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### Depreciation Schedule

Name of Facility Apple Rehab Saybrook			License No. 0725-C			Report for Year Ended 9/30/2017			Page 23	of 37		
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
<b>A. Land Improvements</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
<b>B. Building and Building Improvements</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal												
<b>C. Non-Movable Equipment</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
<b>D. Movable Equipment</b>												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a. Ford F150	X				3,500		3,500	3,500	S/L	4		
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					1,231,301		1,231,301	769,043	S/L	var	118,229	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					20,273		20,273		S/L	var	864	
D-3. Subtotal												119,093
<b>E. Total Depreciation</b>												119,093

Apple Rehab Saybrook  
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>				
1/16/2017	5 TVs and 7 Overbed Tables	\$ 1,833	ME-5	\$ 135
1/18/2017	5 Bedside Cabinets & 5 4-Drawer Chests	\$ 2,288	ME-15	\$ 56
2/9/2017	6 Electric Beds(Direct Supply)	\$ 4,990	ME-12	\$ 150
6/23/2017	Hot Water Booster for Dishwasher Machine	\$ 4,797	ME-5	\$ 250
7/12/2017	5 Cloud Wireless AP Units	\$ 2,377	ME-5	\$ 111
7/31/2017	Floor Scrubber Machine(K&S Distributors)	\$ 3,988	ME-5	\$ 161
<b>Total additions for Movable Equipment</b>		\$ 20,273		\$ 864 *
<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>				
9/1/2016	Installation of Water Lines in Attic	\$ 1,079	LHI-25	\$ 49
2/10/2017	Kitchen MUA Unit Repair-Hot Water Coil	\$ 2,805	LHI-10	\$ 101
2/10/2017	Kitchen MUA Unit Repair-Hot Water Coil	\$ 3,430	LHI-10	\$ 123
3/2/2017	3 Heating & Cooling Chassis-Resident Rms	\$ 3,874	LHI-15	\$ 90
3/2/2017	3 Heating & Cooling Chassis-Resident Rms	\$ 3,874	LHI-15	\$ 90
4/4/2017	Resurfacing Inside the NW Sewer Line	\$ 2,800	LHI-10	\$ 93
6/16/2017	Plumbing Install-Dining Room Kitchenette	\$ 1,489	LHI-20	\$ 20
6/16/2017	Plumbing Install-Dining Room Kitchenette	\$ 1,489	LHI-20	\$ 20
6/16/2017	Plumbing Install-Dining Room Kitchenette	\$ 1,975	LHI-20	\$ 27
6/16/2017	Plumbing Install-Dining Room Kitchenette	\$ 265	LHI-20	\$ 4
6/16/2017	Plumbing Install-Dining Room Kitchenette	\$ 15	LHI-20	\$ 0
6/27/2017	Heat Pump-Social Service Office & Salon	\$ 2,338	LHI-10	\$ 60
6/27/2017	Heat Pump-Social Service Office & Salon	\$ 2,493	LHI-10	\$ 64
9/12/2017	Heat Pump Installation-Reception Area	\$ 2,735	LHI-10	\$ 24
9/12/2017	Heat Pump Installation-Reception Area	\$ 2,735	LHI-10	\$ 24
9/29/2017	Quarry Tile Flooring-Kitchen Storage Rm	\$ 2,477	LHI-20	\$ 1
9/29/2017	Quarry Tile Flooring-Kitchen Storage Rm	\$ 2,477	LHI-20	\$ 1
<b>Total additions for Leasehold Improvement</b>		\$ 38,349		\$ 790 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility Apple Rehab Saybrook			License No. 0725-C		Report for Year Ended 9/30/2017			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period				1,486,338	438,620	A		38,872	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				38,349		A		790	
C-4. Subtotal									39,662
<b>D. Total Amortization</b>									39,662

\* 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 Saybrook	License No. 0725-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		120		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd 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		5,316,119		
l. Principal Outstanding on Note Paid-Off		4,556,980		
<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 Apple Rehab Saybrook		License No. 0725-C	Report for Year Ended 9/30/2017		Page 26	of 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		License No.		Report for Year Ended		Page	of
Apple Rehab Saybrook		0725-C		9/30/2017		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)				\$	2,139	2,139	
Interest on City Taxes							
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$	2,139	2,139	
14. Insurance							
a. Insurance on Property (buildings only)				\$	113,355	113,355	
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</b> (14a + b + c)				\$	113,355	113,355	
15. <b>Total All Expenditures</b> (A-13 thru C-14)				\$	9,363,758	9,363,758	



### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Saybrook				0725-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	\$ 218,400	218,400		
4.			Other - See attached Schedule	\$ 12,119	12,119		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 342,003	342,003		
10.	15/16	1d/m	Accounting & Legal	\$ 8,923	8,923		
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 *	\$ 46,271	46,271		
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	\$ 75,233	75,233		
<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)				\$ 702,949	702,949		

\* 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	A12m	Social Service Salary - Marketing Activity	\$ 12,119		
<b>Total Other Salaries Adjustment</b>			\$ 12,119	\$ -	\$ -

**Schedule of Fees Adjustments**

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

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Account Write Off	\$ (1)		
16	L3	Employee gifts/ recognition	\$ 8,863		
16	m13	Resident Expenses	\$ 21		
16	m13	Prior Period Adj/Account W/O	\$ 1,572		
16	m8a	Chamber of Commerce	\$ 750		
16	m13	Corporate Fee - Non-reimbursable Costs	\$ 63,720		
16	m13	Bank Charges/Penalties/Fees	\$ 308		
<b>Total Other A&amp;G Adjustments</b>			\$ 75,233	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Saybrook				0725-C	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 702,949	702,949		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 201,408	201,408		
28.	16	L1	Ambulance/Limousine	\$ 3,733	3,733		
29.	20	h	X-rays, etc	\$ 19,472	19,472		
30.	20	f	Laboratory	\$ 14,012	14,012		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 3,604	3,604		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 29,627	29,627		
<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	\$ 6	6		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 2,139	2,139		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>51. Total Amount of Decrease (Items 1 - 50)</b>				\$ 976,951	976,951		

\*\*\* 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 Saybrook  
9/30/2017

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ 10,732		
20	5j	Rehab Service Supplies	\$ 18,895		
<b>Total Other Ancillary Costs</b>			\$ 29,627	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12D	City Taxes Interest	\$ 2,139		
<b>Total Other Adjustments</b>			\$ 2,139	\$ -	\$ -

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 Saybrook	0725-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 (CT only)	\$ 4,697,771	4,697,771				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 1,584,300	1,584,300				
b. Medicare Room and Board Contractual Allowance **	\$ 572,352	572,352				
4. a. Private-Pay Residents and Other	\$ 2,189,397	2,189,397				
b. Private-Pay Room and Board Contractual Allowance **	\$					
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 154,896	154,896				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (156,440)	(156,440)				
c. Prescription Drugs - Non-Medicare	\$ 59,935	59,935				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (59,935)	(59,935)				
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	\$ 440,447	440,447				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (312,247)	(312,247)				
c. Physical Therapy - Non-Medicare	\$ 129,080	129,080				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (116,060)	(116,060)				
4. a. Speech Therapy - Medicare	\$ 98,286	98,286				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (50,862)	(50,862)				
c. Speech Therapy - Non-Medicare	\$ 16,470	16,470				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (13,590)	(13,590)				
5. a. Occupational Therapy - Medicare	\$ 561,156	561,156				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (393,998)	(393,998)				
c. Occupational Therapy - Non-Medicare	\$ 160,560	160,560				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (144,135)	(144,135)				
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$					
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 9,417,383	9,417,383				
<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 (Specify)	\$ 6	6				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 945	945				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 952	952				
<b>VI. Total All Revenue</b> (III +V)	\$ 9,418,335	9,418,335				

\* 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 IV5	Interest Income	1,368,295	\$ 6		
<b>Total Interest Income</b>			\$ 6	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV8	Account Write Off	\$ (1)		
30 IV8	Medical Records	\$ 946		
<b>Total Other Revenue</b>		\$ 945	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Saybrook	0725-C	9/30/2017	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	104,525
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,368,295
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	19,735
5. Prepaid Expenses			\$	26,477
a. Prepaid Property Tax	24,430			
b. Prepaid Insurance				
c. Prepaid Other	2,047			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
Due Affiliate (Debit Balance)				
A-9. <b>Total Current Assets</b> (Lines A1 thru 8)			\$	1,519,032
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation			
		Net		
3. Buildings	*Historical Cost		\$	
	Accum. Depreciation			
		Net		
4. Leasehold Improvements	*Historical Cost	1,524,687	\$	1,046,405
	Accum. Depreciation	478,282		
		Net		
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation			
		Net		
6. Movable Equipment	*Historical Cost	1,251,574	\$	363,438
	Accum. Depreciation	888,136		
		Net		
7. Motor Vehicles	*Historical Cost	3,500	\$	
	Accum. Depreciation	3,500		
		Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	180
Fixed Asset Clearing Account		180		
Construction in Progress				
B-10. <b>Total Fixed Assets</b> (Lines B1 thru 9)			\$	1,410,022

\* 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 Saybrook	License No. 0725-C	Report for Year Ended 9/30/2017	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 2,929,055	
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)			\$ 600,000	
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)			\$ 600,000	
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$ 3,529,055	

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

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

Name of Facility Apple Rehab Saybrook		License No. 0725-C	Report for Year Ended 9/30/2017	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	531,040
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> )				\$	45,862
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	26,966
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> )				\$	2,020,815
Accrued PTO		137,417	Accrued Prof Fees	8,737	
Accrued Pension		706	Payroll W/H	(1,905)	
Accrued Worker's Comp		75,788	Due Affiliate (Credit Bal:	1,624,787	
Accrued Expense Other		175,285			
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	2,624,683

\* 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 Saybrook		License No. 0725-C	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,624,683	
<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> )				\$ 461,118	
Name and Address of Lender	Amount	Loan Date			
Brian J. Foley	461,118	Demand			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	
Security Deposits					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 461,118	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 3,085,801	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Saybrook	0725-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			\$	2,263,576
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,874,898)
6. Gain or Loss for Period			\$	54,576
	10/1/2016	thru	9/30/2017	
7. Total Net Worth			\$	443,254
<b>C. Total Reserves and Net Worth</b>			\$	443,254
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	3,529,055

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Saybrook	0725-C	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	394,360
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	9,418,335
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	9,363,758
D. Net Income or Deficit			\$	54,576
E. Balance			\$	448,936
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> )			\$	5,682
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
Brian Foley		President	5,682	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	5,682
H. <b><i>Balance at End of Period</i></b>			\$	443,254
				09/30/17

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

Name of Facility Apple Rehab Saybrook		License No. 0725-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	3,529,055	Total Assets 3,529,055

Apple Rehab Saybrook  
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	221,359.78	(221,123.02)			236.76		31A1	
10201	Petty Cash	800.00	0.00			800.00		31A1	
10301	Cash - Patient Personal Need	0.00	0.00			0.00		31A1	
10401	Exchange	103,912.64	(423.65)			103,488.99		31A1	
10402	Exchange - Arlene Sheehan	(100.39)	100.39			0.00		31A1	
10403	Exchange - Donations	(18.93)	0.00			(18.93)		31A1	
10404	Exchange - Wellness	0.00	0.00			0.00		31A1	
10405	Exchange - A/R	0.00	18.66			18.66		31A1	
11001	A/R Private Patients	406,201.05	354,912.07			761,113.12		31A2	
11002	A/R Medicare Patients	190,145.31	135,981.82			326,127.13		31A2	
11003	A/R Medicaid Patients	392,676.56	160,212.13			552,888.69		31A2	
11004	A/R Veterans Admin	0.00	0.00			0.00		31A2	
11005	A/R Other	0.00	(4,500.00)			(4,500.00)		31A2	
11010	A/R State Retro	0.00	0.00			0.00		31A2	
11011	A/R Medicaid Pending	(57,952.00)	0.00			(57,952.00)		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	(209,382.26)	0.00			(209,382.26)		31A2	
11101	Loans Rec. - Officers/Owner	0.00	0.00			0.00		32D7	
12005	Dietary Supply Inventory	5,631.00	(3,775.00)			1,856.00		31A4	
12010	Housekeeping Supply Inventory	2,657.00	(1,703.00)			954.00		31A4	
12015	Medical & Nursing Supply Inventory	8,055.00	(418.00)			7,637.00		31A4	
12020	Maintenance Supply Inventory	15,924.00	(7,681.00)			8,243.00		31A4	
12025	Laundry Supply Inventory	294.00	220.00			514.00		31A4	
12030	Recreation Supply Inventory	0.00	81.00			81.00		31A4	
12035	Office/Misc. Supply Inventory	1,160.00	(710.00)			450.00		31A4	
13002	Prepaid Insurance	5,595.82	(5,595.82)			0.00		31A5b	
13006	Prepaid Property Tax	(0.16)	24,430.01			24,429.85		31A5b	
13010	Other Prepaid Expenses	8,188.80	(6,141.60)			2,047.20		31A5c	
15501	Non Moveable Equipment	662.50	0.00			0.00		31B5	
15502	Moveable Equipment	1,230,638.75	20,272.97	662.50		1,251,574.22		31B6	
16001	Auto & Trucks	3,500.00	0.00			3,500.00		31B7	
16501	Leasehold Improvements	616,706.20	37,269.31	870,711.41		1,524,686.92		31B4	
16598	Fixed Asset Proceeds Clearing Account	0.00	0.00			0.00		31B9	



16599	Fixed Asset Clearing A/C	3,873.80	(3,694.08)			179.72	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 Equipment	(364.38)	(49.68)	414.06		0.00	31B5
17002	Acc. Depreciation Moveable Equipment	(844,028.49)	(89,421.11)	45,727.29	(414.06)	(888,136.37)	31B6
17003	Acc. Depreciation Auto & Truck	(3,500.00)	0.00			(3,500.00)	31B7
17005	Acc. Amortization Leasehold Imp.	(176,753.32)	(30,070.74)		(271,458.10)	(478,282.16)	31B4
19101	Leasehold Deposits	0.00	0.00			0.00	32D7
19501	Goodwill	600,000.00	0.00			600,000.00	32D4
20101	A/P Trade	(420,864.78)	(115,059.39)			(535,924.17)	33A1
20104	A/P Patient Need Account	0.00	0.00			0.00	33A1
20110	A/P Patient Exchange	244.07	4,640.09			4,884.16	33A12
20115	A/P Other	(150,833.75)	(310,284.00)			(461,117.75)	34B3
20200	Due Affiliate -Corporate	(1,130,360.48)	400,915.34		(895,341.77)	(1,624,786.91)	31A8
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	(94,792.74)	4,611.34	44,319.46		(45,861.94)	33A4
20601	Accrued Vacation	(140,023.07)	0.00	140,023.07	(137,417.11)	(137,417.11)	33A12
21001	Federal Withholding	(7,603.51)	7,603.51			0.00	33A6
21002	State Withholding	(2,070.39)	2,070.39			0.00	33A6
21005	FICA - Employee	(5,631.72)	5,631.72			0.00	33A6
21006	FICA - Employer	(24,465.00)	5,344.23			(19,120.77)	33A6
21010	Federal Unemployment Comp.	(637.67)	14.47			(623.20)	33A6
21011	State Unemployment Comp.	(7,050.94)	(171.03)			(7,221.97)	33A6
21035	Other Employee Withhold	10.48	0.00			10.48	33A12
21037	Employee Withholding (HCRA/DCRA)	(602.05)	(1,014.79)			(1,616.84)	33A12
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	(536.65)			(536.65)	33A12
21051	Payroll Deducted Life Insurance	2,956.35	2,929.30			5,885.65	33A12
21060	401 (K) Salary Reduction	(5,920.86)	4,083.56			(1,837.30)	33A12
22001	Accrued Professional Fees	(9,025.00)	288.05			(8,736.95)	33A12
22010	Accrued Pension	(4,477.63)	3,771.60			(706.03)	33A12
22015	Accrued Workers compensation	(77,042.68)	1,254.39			(75,788.29)	33A12
22040	Accrued Group Insurance	0.00	0.00			0.00	33A12
22050	Accrued Other Expenses	(142,380.59)	(32,904.86)			(175,285.45)	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	0.00	0.00			0.00	35B2
27800	Dividends Paid	0.00	0.00			0.00	35B2

27900	Capital Contributions	(2,263,575.87)	0.00			(2,263,575.87)	35B1
28000	Retained Earnings	1,612,524.54	0.00	226,653.21		1,839,177.75	35B5
31001	Room and Board - Private	(639,518.86)	(1,549,878.42)			(2,189,397.28)	30 I 1a4
31002	Room and Board - Medicare	(262,027.00)	(1,357,181.00)			(1,619,208.00)	30 I 1a3
31003	Room and Board - Medicaid	(1,100,166.82)	(3,596,287.43)			(4,696,454.25)	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	(122,130.52)	(450,221.23)			(572,351.75)	30 I 1a3
31032	Medicare Recoupment	7,060.42	27,847.41			34,907.83	30 I 1a3
31033	Medicaid Recoupment	(2,036.98)	719.97			(1,317.01)	30 I 1a1
35001	Physical Therapy	(150,039.90)	(419,486.66)			(569,526.56)	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	(48,842.31)	(165,988.63)			(214,830.94)	30 II 1b1
35007	Clinical Services	(4,028.75)	(19,247.56)			(23,276.31)	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	(21,421.10)	(93,334.49)			(114,755.59)	30 II 1b4
35011	Occupational Therapy	(163,711.59)	(558,004.12)			(721,715.71)	30 II 1b5
35015	Oxygen - Private	(180.00)	0.00			(180.00)	30 II 1b7
35016	Oxygen - Medicare	0.00	0.00			0.00	30 II 1b7
35030	Medicare Contractual Allowance - Therapy	151,928.87	605,177.63			757,106.50	30 II 1b, 4b, 5b
35031	Medicare Contractual Allowance - Other	27,138.41	146,061.06			173,199.47	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	185.90			185.90	30 II 6
35035	Contractual Allowance - HMO/Insurance/Ma	124,177.65	216,053.23			340,230.88	30 II 6
35054	Hairdresser & Barber	0.00	0.00			0.00	30 2.1
35098	Misc. Income - Other	(689.85)	(1,801.97)	1,546.47		(945.35)	See Attached
36001	Interest Income	(0.38)	(3.57)		(2.47)	(6.42)	30 IV 5
36500	Gain (Loss) on Sale of Assets	0.00	0.00			0.00	30 IV 8
41001	Salaries - Administrator	0.00	76,946.05	23,945.26		100,891.31	10 A2.3
41002	Salaries - Clerical	9,939.04	53,253.94	670.77	(23,449.03)	40,414.72	10 A4
41003	Salaries - Accounting	28,735.86	95,250.52	2,543.87	(5,569.41)	120,960.84	10 A11b
41004	Salaries - Social Services/Admissions	32,469.83	86,743.91	7,796.72	(5,825.24)	121,185.22	10 A12m
41005	Salaries - Management	0.00	0.00			0.00	10A2
41006	Salaries - Maintenance	23,970.88	66,816.88	5,963.88	(6,796.47)	89,955.17	10 A7b
41007	Salaries - Projects	0.00	1,009.78			1,009.78	10 A7b
41008	Salaries - Staff Development	3,353.70	9,284.19			12,637.89	10 A12b2
41009	Salaries - Beautician	0.00	0.00			0.00	10A9
41010	Employee Physicals	1,017.00	4,275.00			5,292.00	16 m13
41011	Pre-employment Screen	1,830.72	12,251.32			14,082.04	16 m13
41015	FICA - Employer	77,839.41	260,595.59			338,435.00	15 1a4

41016	Unemployment - Federal	678.63	6,654.09		7,332.72	15 1a3	
41017	Unemployment - State	1,810.99	47,850.45		49,661.44	15 1a3	
41020	Insurance - Workmen's Comp	(24,139.51)	93,236.13		69,096.62	15 1a1	
41021	Insurance - Group Medical	108,992.56	241,023.78		350,016.34	15 1a5	
41023	Insurance - Group Life & Disability	5,136.90	16,562.48		21,699.38	15 1a6	
41022	Insurance - FMLA	0.00	0.00		0.00	15 1a5	
41024	Pension Expense	5,560.46	11,754.95		17,315.41	15 1a7	
41025	Other Employee Benefits	6,688.30	5,923.66	94.37	12,706.33	See Attached	
41026	Corporate Fee - Non-reimbursable Costs	20,854.66	42,865.35		63,720.01	16 m13	28 #23 1
41027	Corporate Management Fee	143,439.99	260,260.05	685.10	404,385.14	16 m12	
41028	Healthport Indirect	0.00	0.00	7,656.00	7,656.00	16 m13	
41029	Auto Repair & Maintenance.	0.00	0.00		0.00	16l.6	
41030	Travel - Motor Vehicle	1,765.80	8,641.41		10,407.21	16 l.4	
41031	Conventions & Meetings	0.00	0.00		0.00	16 l.5	
41032	Education & Seminars	0.00	5,667.77		5,667.77	16 l.5	
41033	Auditing Fees	3,275.01	7,388.82		10,663.83	15 1d	See Attached
41034	Point Click Care Fees	3,066.27	9,655.14		12,721.41	16 m13	
41035	Legal Services	0.00	67.96		0.00	15 1e	See Attached
41036	Legal Fees Collections - Probate Fees	95.00	295.00		390.00	16 m13	
41037	Consulting Fees - Other	1,660.00	5,530.00		7,190.00	See Attached	
41038	Licenses & Fees	50.00	6,598.76	67.96	5,966.72	16 m13	
41039	Dues & Memberships	2,047.20	6,141.60	750.00	8,938.80	See Attached	See Attached
41040	Subscriptions	530.25	5,671.00		6,201.25	16 m9	
41041	Advertising - Public Relations	11,531.08	34,700.77	39.46	46,271.31	16 m3	28 #18
41042	Advertising - Help Wanted	183.05	0.00		183.05	16 m1	
41043	Supplies - Social Service	0.00	378.39		378.39	20 5j	
41044	Supplies - Beauty Shop	0.00	0.00		0.00	13m6	
41045	Supplies - Medical Records	0.00	187.60		187.60	16 m5	
41046	In Service Fees	47.50	0.00		47.50	16 l.5	
41047	Transportation - Patients	490.00	4,787.00		3,733.00	16 l.1	29 #28
41048	CNA Registration & Validation	0.00	0.00		0.00	16l.1	
41050	Office Supplies & Printing	3,004.14	17,717.66		20,721.80	15 lg	
41051	Postage	1,930.99	5,268.04		7,199.03	16 m7	
41052	Telephone	2,712.46	8,557.26		11,269.72	15 1h	
41053	Rent	127,500.00	396,000.00		523,500.00	22 9	
41054	Insurance - Package	26,879.16	86,475.97		113,355.13	27 14a	
41057	Equipment Lease	1,834.86	6,443.65		8,278.51	22 6a	
41060	Purchased Services & Repair	25,966.84	81,969.22		107,936.06	22 6a	
41061	Maintenance & Repair Supplies	7,547.42	39,289.03	7.73	46,844.18	22 6a	
41062	Fuel - Plant Operation	0.00	0.00		0.00	22 6b	
41063	Gas - Plant Operation	4,730.00	19,051.73		23,781.73	22 6b	
41064	Electric - Plant Operation	29,380.84	92,152.99		121,533.83	22 6c	

41065	Water & Sewerage	8,833.66	44,024.25			52,857.91	22 6d	
41066	Refuse Removal / Recyclables	12,202.02	39,623.23	110.08		51,935.33	22 6f	
41067	Corp Office Building Maintenance	0.00	0.00			0.00	Corp Only	
41070	Taxes - Real Estate	21,975.51	66,819.18			88,794.69	22 10b	
41071	Taxes - Personal Property	1,698.63	4,969.08			6,667.71	22 10c	
41075	Bad Debt	342,003.16	0.00			342,003.16	15 1c	28 #9
41080	Donations	1,500.13	0.00		(1,500.13)	0.00	16m10	
41086	Sales Tax	350.00	1,269.00		(1,619.00)	0.00	16m13	
41087	Bank Charges/Penalties/Fees	270.11	38.00			308.11	16 m13	28 #23 4
41090	Miscellaneous Expense	71.76	21.24	1,500.13		1,593.13	See Attached	See Attached
41091	Resident Reimbursements	0.00	110.89			110.89	16m13	
41095	C.O.N. Expense	0.00	0.00			0.00	16m13	
45001	Salaries - R.N. (CCNH)	152,640.91	458,874.29	15,758.05	(16,465.57)	610,807.68	10 A12b1	
45002	Salaries - L.P.N. (CCNH)	165,859.62	547,668.81	16,605.32	(20,866.10)	709,267.65	10 A12c	
45003	Salaries - Aides (CCNH)	299,894.84	974,084.91	37,147.53	(69,677.27)	1,241,450.01	10 A12d	
45004	Salaries - Assistant D.O.N.	24,122.63	48,801.50	368.71	(3,212.34)	70,080.50	10 A12a	
45005	Salaries - D.O.N.	23,479.33	70,928.40	1,751.01	(3,045.40)	93,113.34	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	8,258.94	38,871.60	8,337.69	(2,170.93)	53,297.30	10 A12b2	
45011	Salaries - Nursing Administration	10,139.40	4,046.52	22,781.47	(1,195.95)	35,771.44	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	33,354.28	76,462.53	4,851.74	(8,141.51)	106,527.04	10 A12b2	
45022	Purchased Services - HPS (RN-CCNH)	3,928.00	3,728.00		(7,656.00)	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	8,250.28	21,751.27	20.26		30,021.81	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	1,331.03	4,009.22	41.22		5,381.47	20 5j	
45046	Prescription Drugs - Medicare	21,019.52	112,881.31			133,900.83	20 5a	30 #27
45047	Prescription Drugs - Medicaid	9,338.66	4,601.55			13,940.21	20 5a	
45048	Prescription Drugs - Private	(5,190.03)	16,459.94			11,269.91	20 5a	30 #27

45049	Prescription Drugs Managed Care	23,285.03	32,952.61			56,237.64	20 5a	30 #27
45050	Medical Supplies	10,509.28	45,806.80	107.40		56,423.48	20 5c	
45051	Medicare Part B Billable	0.00	0.00			0.00	205c	
45052	Medical Equipment Purchases	2,348.44	18,414.11			20,762.55	20 5c	
45055	O.T.C. Medical Supply	21,870.46	65,431.74			87,302.20	20 5c	
45058	Rehab Service Supplies	0.00	0.00			0.00	205j	
45060	Oxygen - Private	1,154.00	234.00			1,388.00	20 5e2	29 #32
45061	Oxygen - Medicare	0.00	1,252.00			1,252.00	20 5e2	29 #32
45062	Oxygen - Medicaid	0.00	268.00			268.00	20 5e2	
45063	Oxygen - Managed Care	570.00	394.00			964.00	20 5e2	29 #32
45065	I.V. Therapy Services	214.19	10,518.12			10,732.31	20 5j	29 #34
45070	Laboratory Services	1,905.40	12,106.17			14,011.57	20 5h	29 # 30
45075	Diagnostic Services	5,037.51	14,434.69			19,472.20	20 5f	29 # 29
50001	Salaries - Dietitians	2,083.15	6,019.44			8,102.59	10 A5a	
50002	Salaries - Chefs, Cooks	27,894.39	88,880.84	3,285.77	(1,717.40)	118,343.60	10 A5c	
50003	Salaries - Helpers, Dishwashers	46,904.77	134,943.30	6,129.11	(14,446.61)	173,530.57	10 A5c	
50004	Salaries - Food Service Supervisor	6,170.48	32,712.10	766.30	(607.45)	39,041.43	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	93.00	2,413.73	97.46		2,604.19	18 2b	
50036	Equipment Lease - Dietary	0.00	0.00			0.00	18 2a1	
50040	Supplies - Dietary	8,779.15	16,315.01	22.92		25,117.08	18 2a2	
50041	Other Expenses - Dietary	0.00	46.78			46.78	18 2a2	
50050	Food Supplies - HPC/Thurston	52,679.27	158,152.47			210,831.74	18 2a1	
50051	Food Supplies - Dairy	3,332.47	11,690.56			15,023.03	18 2a1	
50052	Food Supplements	1,230.53	2,167.68			3,398.21	18 2a1	
50053	Enteral Feeding Supplies	579.43	0.00			579.43	18 2a1	
50054	Food Supplies - Other	0.00	405.01			405.01	18 2a1	
50055	Foods Supplies - Rebates	0.00	0.00			0.00	18 2a1	
55001	Salaries - Laundry	0.00	0.00			0.00	10 A8b	
55002	Salaries - Laundry Supervisor	5,350.51	14,966.03			20,316.54	10 A8a	
55004	Salaries - Laundry - Light Duty	0.00	0.00			0.00	10 A8b	
55030	Purchased Service - Laundry	22,608.80	71,707.80			94,316.60	19 3b	
55031	Personal Laundry	0.00	0.00			0.00	19 3b	
55035	Linen & Bedding Supplies	2,536.61	13,959.48	1,156.29		17,652.38	19 3a4	
55036	Equipment Lease Laundry	0.00	0.00			0.00	19 3d	
55040	Laundry Supplies	0.00	(220.00)			(220.00)	19 3a1	
60001	Salaries - Housekeeping	29,786.53	102,088.93	5,131.19	(3,323.06)	133,683.59	10 A6b	
60002	Salaries - Housekeeping Supervisor	10,196.82	21,936.46	985.88	(2,059.51)	31,059.65	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	7,682.74	26,533.03			34,215.77	20 4a	



65001	Salaries - Recreation	23,083.60	68,152.62	2,053.45	(4,694.54)	88,595.13	10 A12h	
65030	Supplies - Recreation	895.12	2,216.27	22.65		3,134.04	20 5i	
65035	Other Expenses - Recreation	7,151.12	22,898.60			30,049.72	20 5i	
70010	Medical Director	9,000.00	27,000.00			36,000.00	13 B8a	
70011	Medical Staff/URC Meeting	0.00	0.00			0.00	13 B8b	
70012	Other Physician Fees	6,750.00	23,079.63			29,829.63	13 B8e	
70015	Pharmacist Fees	3,752.40	9,061.92			12,814.32	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	3,204.00	9,612.00			12,816.00	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	40,341.10			40,341.10	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	3,725.98	15,162.05	6.56		18,894.59	20 5j	29 # 34
70060	Salaries - Rehab Director	16,890.93	40,429.26	1,510.62	(250.80)	58,580.01	10 A12e	
70062	Salaries - Therapy Technicians	1,516.39	3,198.66			4,715.05	10 A12e	
70065	Salaries - Physical Therapy Assistant	15,494.24	52,684.33	310.79	(401.38)	68,087.98	10 A12e	
70066	Salaries - Per Diem PT Assistant	64.00	166.25			230.25	10 A12e	
70067	Salaries - Physical Therapist	20,865.89	66,456.20	211.90	(3,499.24)	84,034.75	10 A12e	
70068	Salaries - Per Diem Physical Therapist	11,043.59	12,641.77			23,685.36	10 A12e	
70070	Salaries - Certified Occupational Therapist	16,024.90	47,641.45	2,673.59	(1,461.80)	64,878.14	10 A12g	28 #3
70071	Salaries - Per Diem Certified OT	1,477.68	26,852.46	1,297.44		29,627.58	10 A12g	28 #3
70072	Salaries - Occupational Therapist	30,708.66	72,439.35	7,329.37	(6,188.13)	104,289.25	10 A12g	28 #3
70073	Salaries - Per Diem Occupational Therapist	2,865.46	16,740.00			19,605.46	10 A12g	28 #3
70075	Salaries - Speech Therapist	14,630.52	49,231.33	4,089.75	(2,319.60)	65,632.00	10 A12f	
70076	Salaries - Per Diem Speech Therapist	25.00	275.00			300.00	10 A12f	
71050	User Fee	141,569.00	457,121.00			598,690.00	15 1k3	
76000	Interest	8.13	2,130.67			2,138.80	27 12D	29 #49
78010	Salaries - Owner	5,682.00	0.00			5,682.00	36 G1	
79010	Depreciation of Non Moveable Equipment	16.57	49.68		(66.25)	0.00	22 7c	
79011	Depreciation of Moveable Equipment	29,605.77	90,338.11	66.25	(917.00)	119,093.13	22 7d	
79015	Depreciation of Auto & Truck	0.00	0.00			0.00	31B7	
79025	Amortization of Leasehold Improvements.	9,597.11	30,070.74		(5.40)	39,662.45	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	
				\$1,526,806.49	(1,526,806.49)			
				<b>Variance (must be \$0.00)</b>	<b>0.00</b>			

<b>Total Assets</b>	3,529,054.54
<b>Total Liabilities</b>	(3,085,801.04)
<b>Total Revenue</b>	(9,418,334.59)
<b>Total Expenses</b>	9,369,440.19

<b>Analysis Accounts</b>
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**Cost Report References**

		Report Page/Line #	Self Disallow Page/Line #
<b>35098 Misc. Income - Other</b>	<b>945.35</b>		
Meal Revenue		30 IV 1	28 #24
Account Write Off	(0.60)	30 IV 8	28 #23
Medical Supply refund			
Rebates			
Medical Records	945.95	30 IV 8	
State of CT Provider Tax Refund			
<b>Total Misc. Income - Other</b>	<b>945.35</b>		
<b>41001 Salaries - Administrator</b>	<b>100,891.31</b>		
Administrator	100,891.31	10 A2	
Asst Administrator/AIT	0.00	10 A3	
<b>Total Administrator</b>	<b>100,891.31</b>		
<b>41025 Employee Benefits</b>	<b>12,706.33</b>		
Holiday Parties	3,843.61	16 I2	
Employee gifts/ recognition	8,862.72	16 I3	28 #23
<b>Total Employee Benefits</b>	<b>12,706.33</b>		
<b>41037 Consulting Fees - Other</b>	<b>7,190.00</b>		
Data Integrity Auditor	3,300.00	13 B12	
Purchasing Consultant	2,053.00	13 B12	
Admission & Discharge Consultant	1,837.00	13 B12	
<b>Total Consulting Fees - Other</b>	<b>7,190.00</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>1,593.13</b>		

Resident Expenses	21.24	16 m 13	28 #23
Prior Period Adj/Account W/O	1,571.89	16 m 13	28 #23
Settlement	0.00		
State Penalty	0.00		
User Fee Audit Expense	0.00		
SUTA Tax	0.00		
<b>Total Misc. Expense</b>	<b>1,593.13</b>		
<b>70012 Physician Fees</b>	<b>29,829.63</b>		
Cardiologist	29,829.63	13 B8e	
Eye Doctor	0.00	13 B8e	
<b>Total Physician Fees</b>	<b>29,829.63</b>		
<b>41041 Advertising - Public Relations</b>	<b>46,271.31</b>		
Public Relations	46,271.31	16 m3	28 #18
Directory Advertising	0.00		
<b>Total Advertising - Public Relations</b>	<b>46,271.31</b>		
<b>41052 Telephone</b>	<b>11,269.72</b>		
Telephone & Beepers	11,269.72	15 1h1	
Cell Phones	0.00	15 1h2	
<b>Total Telephone</b>	<b>11,269.72</b>		
<i>(check G/L account 41052 for possible cell or beeper reclass J/E)</i>			
<b>41039 Dues &amp; Membership</b>	<b>8,938.80</b>		
Dues & Membership	8,188.80	16 m8	
Chamber of Commerce	750.00	16 m8a	28 #23
<b>Total Dues &amp; Membership</b>	<b>8,938.80</b>		
<i>(most homes should have, may need to check other accounts)</i>			



**Apple Rehab Saybrook  
Cost Year 2017**

J/E #	DB	AMOUNT	ACCOUNT TITLE	CR	AMOUNT	Reverse CY 2017	
1	35098	760.00	Misc. Income - Other				
	35098	784.00	Misc. Income - Other				
			Transportation - Patients	41047	760.00		
			Transportation - Patients	41047	784.00		
			<b>Reclass Resident Payments for Ambulance Services</b>				
2	35098	2.47	Misc. Income - Other				
			Interest Income	36001	2.47		
			<b>Reclass Interest Income from Connecticare</b>				
3	41001	23,945.26	Salaries Administrator				
			Due Affiliate - Corporate	20200	23,945.26		
			<b>Administrator Salary</b>				
4	41039	750.00	Dues & Memberships				
			Licenses & Fees	41038	750.00		
			<b>Reclass Chamber of Commerce Invoice</b>				
5	41090	1,500.13	Miscellaneous Expense				
			Donations	41080	1,500.13		
			<b>Reclass Prior Period Adjustment</b>				
6	41025	94.37	Other Employee Benefits				
	41041	39.46	Advertising - Public Relations				
	41061	7.73	Maintenance & Repair Supplies				
	41066	110.08	Refuse Removal / Recyclables				
	45025	20.26	Equipment Lease Nursing				
	45045	41.22	Nursing Station Supplies				
	50035	97.46	Purchased Services - Dietary				
	50040	22.92	Supplies - Dietary				
	55035	1,156.29	Linen & Bedding Supplies				
	65030	22.65	Supplies - Recreation				
	70052	6.56	Rehab. Services Supplies				
			Sales Tax	41086	1,619.00		
			<b>Allocate Sales Tax</b>				
7	41002	670.77	Salaries - Clerical				
	41003	2,543.87	Salaries - Accounting				
	41004	7,796.72	Salaries - Social Service				
	41006	5,963.88	Salaries - Maintenance				
	45001	15,758.05	Salaries - RN				
	45002	16,605.32	Salaries - LPN				
	45003	36,569.77	Salaries - CNA				
	45004	368.71	Salaries - Assistant D.O.N.				
	45005	1,751.01	Salaries - DNS				
	45010	8,337.69	Salaries - Infection Control				
	45011	424.42	Salaries - Nursing Administration				
	45017	4,851.74	Salaries - MDS				
	50002	3,285.77	Salaries - Chef, Cooks				
	50003	6,129.11	Salaries - Dietary Aid, Dishwasher				
	50004	766.30	Salaries - Food Service Suprv				

	60001	5,131.19	Salaries - Housekeeping		
	60002	985.88	Salaries - Housekeeping Supervisor		
	65001	2,053.45	Salaries - Recreation		
	70060	1,510.62	Salaries - Rehab Director		
	70065	310.79	Salaries - Physical Therapy Assistant		
	70067	211.90	Salaries - PT		
	70070	2,673.59	Salaries - Certified Occupational Therapist		
	70071	1,297.44	Salaries - Per Diem Certified OT		
	70072	7,329.37	Salaries - Occupational Therapist		
	70075	4,089.75	Salaries - ST		
			Accrued PTO	20601	137,417.11
			<b>Accrue 9/30/17 PTO</b>		
8	20601	140,023.07	Accrued PTO		
			Salaries - Clerical	41002	347.27
			Salaries - Accounting	41003	4,271.70
			Salaries - Social Service	41004	4,750.71
			Salaries - Maintenance	41006	5,048.29
			Salaries - RN	45001	13,515.63
			Salaries - LPN	45002	15,613.69
			Salaries - CNA	45003	51,161.86
			Salaries - Assistant D.O.N.	45004	2,948.34
			Salaries - DNS	45005	1,366.87
			Salaries - Infection Control	45010	1,610.39
			Salaries - MDS	45017	7,092.98
			Salaries - Chef, Cooks	50002	1,080.27
			Salaries - Dietary Aid, Dishwasher	50003	10,465.28
			Salaries - Food Service Suprv	50004	607.45
			Salaries - Housekeeping	60001	1,854.58
			Salaries - Housekeeping Supervisor	60002	1,372.12
			Salaries - Recreation	65001	2,794.69
			Salaries - Rehab Director	70060	250.80
			Salaries - Physical Therapy Assistant	70065	401.38
			Salaries - PT	70067	3,499.24
			Salaries - Certified Occupational Therapist	70070	1,461.80
			Salaries - Occupational Therapist	70072	6,188.13
			Salaries - ST	70075	2,319.60
			<b>Reverse 12/16 PTO Accrual</b>		
9	20501	44,319.46	Accrued Payroll		
			Salaries - Clerical	41002	744.71
			Salaries - Accounting	41003	1,297.71
			Salaries - Social Service	41004	1,074.53
			Salaries - Maintenance	41006	1,748.18
			Salaries - RN	45001	2,949.94
			Salaries - LPN	45002	5,252.41
			Salaries - CNA	45003	18,515.41
			Salaries - Assistant D.O.N.	45004	264.00
			Salaries - DNS	45005	1,571.13
			Salaries - Infection Control	45010	560.54
			Salaries - Nursing Administration	45011	618.19
			Salaries - MDS	45017	1,048.53
			Salaries - Chef, Cooks	50002	637.13
			Salaries - Dietary Aid, Dishwasher	50003	3,981.33
			Salaries - Housekeeping	60001	1,468.48
			Salaries - Housekeeping Supervisor	60002	687.39

			Salaries - Recreation	65001	1,899.85	
			<b>Reverse 09/30/16 Wage Enhancement Accrual</b>			
10	45011	22,357.05	Salaries - Nursing Administration			
			Salaries - Clerical	41002	22,357.05	
			<b>Reclass Nursing Admin Salary Expense</b>			
11	45003	577.76	Salaries - CNA			
			Salaries - Nursing Administration	45011	577.76	
			<b>Reclass CNA Salary Expense</b>			
12	45050	107.40	Medical Supplies			
			Salaries - DNS	45005	107.40	
			<b>Reclass McKesson Medical-Surgical Invoice</b>			
13	41027	685.10	Corporate Management Fee			
			Due Affiliate - Corporate	20200	685.10	
			<b>Allocate Interest Income</b>			
14	41038	67.96	Licenses & Fees			
			Legal Services	41035	67.96	
			<b>Reclass Invoice for Notary Fees</b>			
15	15502	662.50	Moveable Equipment			
			Non Moveable Equipment	15501	662.50	
	79011	66.25	Depreciation of Moveable Equipment			
			Depreciation of Non Moveable Equipment	79010	66.25	
	17001	414.06	Acc. Depreciation Non Moveable Equipment			
			Acc. Depreciation Moveable Equipment	17002	414.06	
			<b>Reclass dishwasher 2011</b>			
16	17002	45,727.29	Acc. Depreciation Moveable Equipment			
			Depreciation of Moveable Equipment	79011	917.00	
			Acc. Amortization Leasehold Imp.	17005	271,458.10	
			Amortization of Leasehold Improvements	79025	5.40	
	28000	226,653.21	Retained Earnings			
			<b>Adjust Depreciation to Actual</b>			
17	16501	870,711.41	Leasehold Improvement			
			Due Affiliate -Corporate	20200	870,711.41	
			<b>Record Realty Assets</b>			
18	41028	7,656.00	Healthport Indirect			
			Purchased Services - HPS (RN-CCNH)	45022	7,656.00	
			<b>Reclass Healthport Indirect</b>			
		1,526,806.49	<b>TOTALS</b>		1,526,806.49	

0.00

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

	<b><u>Expenses</u></b>	<b><u>Revenue</u></b>	<b><u>Assets</u></b>	<b><u>Liabilities</u></b>
Per Trial Balance	9,369,440	9,418,335	3,529,055	3,085,801
Per Cost Report	9,363,758	9,418,335	3,529,055	3,085,801
<b>Difference</b>	<b>5,682</b>	<b>(0)</b>	<b>0</b>	<b>0</b>
21035-21060 - Payroll W/H				
10401-10403 Exchange				
35098- Meal Revenue				
20110- A/P-Patient Exchange				
20218 - Due Affiliate				
78010 - Owners Salary	5,682			
13002 - Prepaid Ins				
<b>Difference</b>	<b>5,682</b>	<b>0</b>	<b>0</b>	<b>0</b>
	(0)	(0)	0	0

**AR Saybrook**  
**Fixed Asset Schedule**  
**9/30/2017**

Asset Class ID	Asset ID	Asset Description	Place in Service Date	Cost Basis	LTD Depreciation Amount	Net Book Value	YTD Depreciation Amount	
							10/1/16 - 12/31/16	1/1/17 - 9/30/17
<b>Non Moveable Equipment</b>								
NME-10	2709130	Dishwasher - Renovation	12/31/2011	662.50	414.06	248.44	16.57	49.68
<b>Non Moveable Equipment as of 09/30/17</b>				<b>662.50</b>	<b>414.06</b>	<b>248.44</b>	<b>16.57</b>	<b>49.68</b>

**Depreciation 10/01/16 - 09/30/17**

**66.25**

**Cost Report Adjustments:**

2709130	Dishwasher - Renovation	(\$662.50)	(66.25)
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**Adjusted Balance @ 9/30/17**

	-	-
Prior Additions	\$0.00	\$0.00
Current Additions	\$0.00	\$0.00

**Moveable Equipment**

ME-10	2709001	ACQUISITION COST	10/1/2009	896,500.00	739,612.47	156,887.53	22412.53	67,237.47
ME-5	2709002	wireless access point (Tech Depot	11/1/2009	1,395.87	1,395.87	-	-	-
ME-5	2709003	router (JKS Systems)	11/1/2009	1,802.00	1,802.00	-	-	-
ME-12	2709004	electric bed (Direct Supply)	11/1/2009	1,034.52	711.20	323.32	21.59	64.62
ME-10	2709005	patient lift (Arjo)	11/1/2009	4,107.83	3,388.92	718.91	102.71	308.07
ME-10	2709006	refrigerator (Sid Miller's Appliance)	12/1/2009	444.60	366.84	77.76	11.07	33.39
ME-12	2709033	Electric Beds	3/5/2010	1,718.24	1,038.10	680.14	35.82	107.37
ME-10	2709008	20 Quart Mixer	3/8/2010	2,557.57	1,854.23	703.34	63.97	191.79
ME-12	2709013	Patient Lift	3/31/2010	4,464.65	2,697.33	1,767.32	93.05	279.00
ME-10	2709014	Patient Lift Sling	3/31/2010	231.72	167.98	63.74	5.8	17.37
ME-5	2709011	24 LCD TVs	5/20/2010	14,258.87	14,258.87	-	-	-
ME-5	2709035	DVD Players	5/20/2010	210.92	210.92	-	-	-
ME-10	2709034	Hot Food Table	5/27/2010	3,934.89	2,852.79	1,082.10	98.38	295.11
ME-12	2709015	Electric Bed	6/30/2010	1,293.66	781.58	512.08	26.99	80.82
ME-12	2709016	Electric Bed	6/30/2010	609.43	368.20	241.23	12.72	38.07
ME-10	2709040	Freezer	7/20/2010	3,822.36	2,771.21	1,051.15	95.59	286.65
ME-3	2709031	Fax Machine	8/9/2010	1,584.70	1,584.70	-	-	-
ME-5	2709032	Flat Screen TVs	9/23/2010	6,063.09	6,063.09	-	-	-
ME-12	2709037	Electric Beds	10/6/2010	8,453.82	5,107.57	3,346.25	176.1	528.39
ME-15	2709044	Headboard/Footboard	10/7/2010	3,418.50	1,652.26	1,766.24	56.99	170.91

ME-10	2709039	AED Machine	11/10/2010	1,471.90	1,067.17	404.73	36.76	110.43
ME-5	2709045	Scanner	4/11/2011	168.74	168.74	-	-	-
ME-15	2709043	50% Dwnpmt Chairs for Cafe	4/11/2011	3,556.21	1,481.78	2,074.43	59.24	177.84
ME-15	2709052	Bookshelf, File Cabinet, Table Top, Desk	4/26/2011	5,094.36	2,122.61	2,971.75	84.92	254.70
ME-5	2709054	Television	5/2/2011	699.58	699.58	-	-	-
ME-15	2709057	Laminate and Round Table Tops	5/2/2011	1,353.05	563.78	789.27	22.52	67.68
ME-15	2709047	Chairs for Short Term Rehab Program	5/5/2011	3,445.00	1,435.44	2,009.56	57.41	172.26
ME-15	2709049	Final Pmt Chairs for Cafe	6/2/2011	3,556.20	1,481.78	2,074.42	59.24	177.84
ME-15	2709048	File Cabinet	6/13/2011	805.60	335.72	469.88	13.39	40.32
ME-10	2709051	7 Office and 10 Recreation Room Chairs	6/13/2011	2,713.60	1,695.97	1,017.63	67.87	203.49
ME-5	2709053	3 portable AC Units	8/5/2011	1,371.88	1,371.88	-	-	-
ME-7	2712011	Auto Scrubber Striker(Triple A Supplies)	8/8/2011	5,435.80	4,853.36	582.44	194.15	582.39
ME-5	2709059	Notebook Computer for Photo IDs	9/14/2011	260.64	260.64	-	-	-
ME-5	2709060	Photo ID Badge Printing Kits	9/27/2011	1,453.80	1,453.80	-	-	-
ME-5	2709064	Autoscrub Floor Machine	10/1/2011	2,173.12	2,173.12	-	-	-
ME-15	2709065	12 One-drawer night stands	10/1/2011	3,802.14	1,584.22	2,217.92	63.4	190.08
ME-5	2709076	Bedspreads	12/31/2011	4,367.04	4,367.04	-	-	-
ME-5	2709081	Window Treatments	12/31/2011	14,129.78	14,129.78	-	-	-
ME-5	2709090	TVs and Wall Mounts	12/31/2011	3,421.12	3,421.12	-	-	-
ME-5	2709091	Cubicle Tracks and Shower Curtains	12/31/2011	213.16	213.16	-	-	-
ME-5	1209104	LCD TV Flat Mount	12/31/2011	181.44	181.44	-	-	-
ME-5	1209111	18 Televisions	12/31/2011	13,409.44	13,409.44	-	-	-
ME-15	2709095	20 Arm Chairs	12/31/2011	3,704.70	1,543.61	2,161.09	61.76	185.22
ME-15	2709099	Footboards, nightstands	12/31/2011	4,727.60	1,969.78	2,757.82	78.83	236.34
ME-15	2709124	Dining Room Table Bolts	12/31/2011	45.52	18.92	26.60	0.78	2.25
ME-10	2709077	Clocks, blinds, bulletin boards, chairs,	12/31/2011	13,221.93	8,263.67	4,958.26	330.57	991.62
ME-10	2709079	Lighting, clocks, mirrors, tables	12/31/2011	4,712.61	2,945.36	1,767.25	117.83	353.43
ME-10	2709092	Overbed Lighting	12/31/2011	1,773.65	1,108.55	665.10	44.35	133.02
ME-10	2709093	Reach-in Refrigerator	12/31/2011	2,391.35	1,494.64	896.71	59.77	179.37
ME-10	2709094	Tables, table tops	12/31/2011	1,755.73	1,097.31	658.42	43.9	131.67
ME-10	1209106	Refrigerator	12/31/2011	952.94	595.56	357.38	23.83	71.46
ME-10	2709131	Refrigerators	12/31/2011	4,722.30	2,951.42	1,770.88	118.08	354.15
ME-10	2709136	Office Furniture -Renovation	12/31/2011	4,894.28	3,058.97	1,835.31	122.32	367.11
ME-10	2709137	Dryer - Renovation	12/31/2011	1,192.50	745.34	447.16	29.79	89.46
ME-5	2712001	Food Processor Bowl	1/1/2012	881.16	881.16	-	44.02	88.12
ME-12	2712005	Electric Beds (8)	3/2/2012	6,491.44	2,840.00	3,651.44	135.23	405.72
ME-5	2712012	Screens(Guilford Glass Company)	6/1/2012	1,185.42	1,185.42	-	59.24	118.56
ME-10	2713041	ice machine	6/22/2012	2,415.00	1,267.92	1,147.08	60.33	181.17
ME-10	2712016	Install of Cable TV System(50% down)	7/10/2012	11,892.50	6,243.53	5,648.97	297.35	891.90
ME-10	2712015	New Ice Machine(Direct Supply)	8/2/2012	2,527.32	1,326.83	1,200.49	63.19	189.54
ME-7	2712014	ECG Machine(McKesson)	8/10/2012	2,349.27	1,761.98	587.29	83.88	251.73

ME-10	2713042	slicer	9/10/2012	2,007.36	1,053.90	953.46	50.17	150.57
ME-5	2712022	6 Hand Controls for Beds(Hill-Rom)	10/17/2012	971.69	971.69	-	48.63	97.16
ME-5	2712021	Motor Drive Units for 2 Beds(Hill-Rom)	11/27/2012	1,120.26	1,120.26	-	56.02	112.03
ME-12	2712023	Electric Bed(Invacare Supply Group)	12/6/2012	1,089.56	476.73	612.83	22.67	68.13
ME-12	2712024	Electric Bed(Invacare Supply Group)	12/6/2012	798.31	349.24	449.07	16.67	49.86
ME-10	2713030	Install of Cable TV System(1st Payment)	1/1/2013	1,982.08	842.41	1,139.67	49.53	148.68
ME-12	2713032	2 Electric Beds(Direct Supply)	1/16/2013	1,780.27	630.50	1,149.77	37.12	111.24
ME-10	2713034	Install of Cable TV System(2nd Payment)	2/1/2013	1,982.08	842.41	1,139.67	49.53	148.68
ME-10	2713035	Install of Cable TV System(3rd Payment)	3/1/2013	1,982.08	842.41	1,139.67	49.53	148.68
ME-10	2713036	Install of Cable TV System(4th Payment)	4/1/2013	1,982.08	842.41	1,139.67	49.53	148.68
ME-10	2713037	Install of Cable TV System(5th Payment)	5/1/2013	1,982.08	842.41	1,139.67	49.53	148.68
ME-10	2713038	Install of Cable (6th payment)	6/1/2013	1,982.08	842.41	1,139.67	49.53	148.68
ME-10	2713039	reach in freezer (direct supply)	7/26/2013	5,601.43	2,380.61	3,220.82	140.02	420.12
ME-5	2713040	benches	8/1/2013	920.37	782.31	138.06	46.01	138.06
ME-12	2714058	ELECTRIC BED MA85 (INVACARE)	7/30/2014	2,560.05	693.37	1,866.68	53.32	160.02
ME-15	2714066	LAMINATED CABINET KITCHEN (FDI)	7/31/2014	450.00	97.50	352.50	7.5	22.50
ME-15	2714066B	LAMINATED CABINET KITCHEN (FDI)	7/31/2014	450.00	97.50	352.50	7.5	22.50
ME-10	2714059	OVEN CONVECTION GAS (DIRECT SUP)	9/15/2014	3,342.58	1,086.30	2,256.28	83.61	250.65
ME-15	2714060	3 HEAT/COOL ROOM CHASSIS (PERFECTEMP)	9/29/2014	7,917.63	1,715.51	6,202.12	131.93	395.91
ME-5	2714062	WIRELES CTRL w/5 AP LCI CISCO BUND (JKS)	10/14/2014	2,161.09	1,404.73	756.36	108.04	324.18
ME-5	2714061	REPAIR FLOOR SCRUBBER (HILLYARD)	10/17/2014	1,325.98	861.90	464.08	66.3	198.90
ME-15	2714064	WHALEN CHASSIS DEPOSIT (PERFECTEMP)	11/12/2014	5,119.69	1,109.24	4,010.45	85.35	255.96
ME-15	2717065	CHASSIS HEAT/AIR SYSTEM (PERFECTEMP)	11/20/2014	10,655.39	2,308.70	8,346.69	177.56	532.80
ME-15	2715068	HEAT, VENT, AIR SYSTEM (PERFECTEMP)	1/14/2015	5,154.83	773.25	4,381.58	85.9	257.76
ME-15	2715069	HEAT, VENT, AIR SYSTEM (PERFECTEMP)	1/23/2015	2,676.00	401.43	2,274.57	44.57	133.83
ME-15	2715070	HEAT, VENT, AIR SYSTEM (PERFECTEMP)	1/23/2015	2,108.00	316.19	1,791.81	35.14	105.39
ME-15	2715067	HEAT, VENT, AIR SYSTEM (PERFECTEMP)	1/29/2015	5,396.13	809.43	4,586.70	89.92	269.82
ME-10	2715086	Payroll System Upgrade-Time Clocks	3/19/2015	1,233.01	277.47	955.54	30.78	92.52
ME-10	2715086A	Payroll System Upgrade-Time Clocks	3/19/2015	1,196.43	269.19	927.24	29.91	89.73
ME-5	2715078	MicroAir Low Air Loss Mattress	3/31/2015	3,006.46	1,352.93	1,653.53	150.3	450.99
ME-15	2715089	15 High Back Chairs for Resident Rooms	4/1/2015	4,528.38	679.28	3,849.10	75.45	226.44
ME-5	2715079	Install Wireless Network Controllers	6/4/2015	176.75	79.58	97.17	8.8	26.55
ME-5	2715080	Bariatric Mattress	6/29/2015	2,435.36	1,095.92	1,339.44	121.76	365.31
ME-5	2715085	11 Monitors for Nursing Stations	7/30/2015	1,292.04	581.38	710.66	64.64	193.77
ME-5	2715092	21 Kiosks-Point of Care Implementation	7/31/2015	30,038.56	13,517.33	16,521.23	1501.95	4,505.76
ME-5	2715090	Patient Lift Repairs(Arjohuntleigh)	10/8/2015	2,244.81	1,010.13	1,234.68	112.27	336.69
ME-10	2716100	3 Door Reach In Freezer for Kitchen	7/20/2016	6,159.79	769.96	5,389.83	171.52	461.97
ME-5	2717103	5 TVs and 7 Overbed Tables	1/16/2017	1,832.57	135.49	1,697.08		135.49
ME-15	2717104	5 Bedside Cabinets & 5 4-Drawer Chests	1/18/2017	2,288.49	56.29	2,232.20		56.29
ME-12	2717105	6 Electric Beds(Direct Supply)	2/9/2017	4,989.94	149.73	4,840.21		149.73
ME-5	2717110	Hot Water Booster for Dishwasher Machine	6/23/2017	4,796.92	250.06	4,546.86		250.06

ME-5	2717113	5 Cloud Wireless AP Units	7/12/2017	2,376.92	111.38	2,265.54	111.38
ME-5	2717112	Floor Scrubber Machine(K&S Distributors)	7/31/2017	3,988.13	161.06	3,827.07	161.06

**Moveable Equipment as of 09/30/17**

<b>1,250,911.72</b>	<b>933,449.60</b>	<b>317,462.12</b>	<b>29,605.77</b>	<b>89,421.11</b>
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**Depreciation 10/01/16 - 09/30/17**

**119,026.88**

**Cost Report Adjustments:**

2709130	Dishwasher - Renovation	\$662.50	\$66.25
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<b>Adjusted Balance @ 9/30/17</b>	<b>1,251,574.22</b>	<b>119,093.13</b>
Prior Additions	1,231,301.25	\$118,229.12
Current Additions	20,272.97	\$864.01

**Leasehold Improvements**

LHI-10	2709010	Signs	12/11/2009	3,609.30	2,977.70	631.60	90.21	270.72
LHI-10	2709009	Bath tub	12/21/2009	15,526.48	12,809.38	2,717.10	388.14	1,164.51
LHI-10	2709017	Repair Sprinkler System Leaks	1/13/2010	1,680.49	1,218.32	462.17	42.05	126.00
LHI-25	2709012	Repairs to attic dry sprinkler system	1/21/2010	9,989.82	2,897.04	7,092.78	99.89	299.70
LHI-10	2709020	Blower Fan Motor	2/8/2010	1,857.15	1,346.50	510.65	46.4	139.32
LHI-15	2709028	Fire Doors	2/11/2010	1,706.22	824.69	881.53	28.43	85.32
LHI-10	2709024	Heat System Repairs	2/12/2010	964.60	699.35	265.25	24.1	72.36
LHI-10	2709022	Fan Motor	2/15/2010	1,357.01	983.84	373.17	33.91	101.79
LHI-10	2709021	Repair Heatpumps	2/18/2010	967.25	701.28	265.97	24.19	72.54
LHI-10	2709023	Repair Fire Alarm Panel	3/14/2010	1,438.22	1,042.74	395.48	35.91	107.91
LHI-5	2709026	Generator Repairs	5/25/2010	3,582.80	3,582.80	-	-	-
LHI-5	2709025	Generator Repairs	5/27/2010	1,172.31	1,172.31	-	-	-
LHI-10	2709018	Hot Water Circulator	7/3/2010	1,500.00	1,087.50	412.50	37.5	112.50
LHI-10	2709019	Repair Heat Pump	7/20/2010	1,133.78	822.02	311.76	28.33	85.05
LHI-20	2709036	Capitalized Labor on Renovation	9/30/2010	12,788.28	4,635.69	8,152.59	159.89	479.52
LHI-25	2709146	Sprinkler System Repairs	10/31/2010	27,984.00	8,115.36	19,868.64	279.84	839.52
LHI-25	2709041	Sprinkler System Repairs	11/10/2010	5,204.26	1,509.26	3,695.00	52.02	156.15
LHI-5	2709089	Painting	12/31/2011	12,614.00	12,614.00	-	-	-
LHI-5	2709128	Paint, Painting Supplies	12/31/2011	19,165.44	19,165.44	-	-	-
LHI-5	2709129	Painting	12/31/2011	9,121.00	9,121.00	-	-	-
LHI-10	2709075	Tiles, Paint, Decor, Shelving	12/31/2011	19,619.96	12,262.50	7,357.46	490.5	1,471.50
LHI-10	2712002	Window Screens	1/1/2012	1,920.00	1,008.00	912.00	48	144.00
LHI-10	2712003	Air Maintenance Device	1/1/2012	1,895.16	994.95	900.21	47.41	142.11
LHI-10	2712004	Internal Inspection Accelerator	1/1/2012	1,851.55	972.09	879.46	46.29	138.87



LHI-5	2712006	replaced pipes dry sprinkler sys (fpt)	1/24/2012	3,348.93	3,348.93	-	167.41	334.88
LHI-10	2712010	Replacement of Hot Water Heater	1/26/2012	4,323.00	2,269.62	2,053.38	108.03	324.27
LHI-4	2712013B	Blinds and Shades Rehab Patient Rooms	2/1/2012	346.95	346.95	-	-	-
LHI-4	2712013C	2 Doors for Recreation Room	2/1/2012	356.23	356.23	-	-	-
LHI-4	2712013	FEB 2012 Consult(Carole Pepe)	3/4/2012	217.14	217.14	-	-	-
LHI-4	2712013A	JAN 2012 Consult(Carole Pepe)	3/4/2012	434.28	434.28	-	-	-
LHI-20	2712009	Cleaning Duct Work in Building	3/12/2012	11,587.90	3,041.82	8,546.08	144.88	434.52
LHI-10	2712025	Hot Water Heater(A&R Mechanical Service)	4/3/2012	2,855.50	1,499.18	1,356.32	71.35	214.20
LHI-5	2712007	repair leak new dry sprinkler sys (fpt)	4/24/2012	1,251.08	1,251.08	-	62.57	125.09
LHI-5	2712018	Repair bad leak in Sprinkler System	5/15/2012	1,054.38	1,054.38	-	52.75	105.42
LHI-5	2712008	replace bearing hvac sys (perfectemp)	5/31/2012	1,143.79	1,143.79	-	57.22	114.37
LHI-15	2712017	Control and Gear Box for Front Door	7/31/2012	2,489.65	871.38	1,618.27	41.51	124.47
LHI-10	2712020	Water Source Heat Pump(A&R Mechanical)	9/6/2012	4,982.50	2,615.81	2,366.69	124.57	373.68
LHI-20	2712019	Construction Labor-Project Mgrs. &	9/30/2012	26,724.44	7,015.14	19,709.30	334.07	1,002.15
LHI-5	2712028	Replace Bearing Assy. on HVAC System	10/11/2012	1,451.34	1,451.34	-	72.56	145.13
LHI-10	2712026	2 Whalen Compressors(Perfectemp)	12/5/2012	2,104.00	1,104.57	999.43	52.63	157.77
LHI-20	2712027	Sept Interior Designing for Renov Proj	12/6/2012	186.66	49.01	137.65	2.31	7.02
LHI-10	2712029	New Tanks w/Agent-Hood Fire Protect Sys	12/17/2012	2,028.04	1,064.70	963.34	50.7	152.10
LHI-5	2713031	Install of 3 Way Valve-Heating System	1/13/2013	2,011.61	1,709.89	301.72	100.55	301.77
LHI-25	2713033	Replace Fire Sprinkler Sys(Payment #1)	1/31/2013	13,004.27	2,210.75	10,793.52	130.02	390.15
LHI-25	2713033A	Replace Fire Sprinkler Sys(Payment #2)	2/28/2013	34,332.28	5,836.48	28,495.80	343.33	1,029.96
LHI-25	2713033B	Replace Fire Sprinkler Sys(Payment #3)	3/25/2013	21,339.29	3,627.67	17,711.62	213.4	640.17
LHI-25	2713033C	Replace Fire Sprinkler Sys(Payment #4)	4/12/2013	34,227.05	5,818.59	28,408.46	342.27	1,026.81
LHI-25	2713033D	Replace Fire Sprinkler Sys(Payment #5)	4/26/2013	30,001.28	5,100.18	24,901.10	300.05	900.00
LHI-25	2713033E	Replace Fire Sprinkler Sys(Payment #6)	5/31/2013	12,782.53	2,173.04	10,609.49	127.81	383.49
LHI-25	2713033F	Replace Fire Sprinkler Sys (7th pymt)	6/21/2013	17,113.52	2,909.34	14,204.18	171.09	513.45
LHI-25	2714055	REPLC FIRE SPRINKLER 8TH INSTALMT (FPT)	9/19/2013	12,677.78	2,155.23	10,522.55	126.77	380.34
LHI-10	2713043	Repair Heat Pump	11/13/2013	2,427.00	1,031.52	1,395.48	60.63	182.07
LHI-10	2714044	WATER HEATER INSTALL (SAUCIER)	1/8/2014	1,435.00	466.39	968.61	35.86	107.64
LHI-10	2714044A	WATER HEATER INSTALL (SAUCIER)	1/8/2014	1,435.00	466.39	968.61	35.86	107.64
LHI-15	2714045	WHALEN HEATING UNITS (PERFECTEMP)	1/13/2014	5,149.73	1,115.79	4,033.94	85.83	257.49
LHI-10	2714044B	WATER HEATER INSTALL (SAUCIER)	1/15/2014	320.00	104.03	215.97	7.97	24.03
LHI-10	2714046	WATER HEATER INSTALL (SAUCIER)	1/15/2014	1,435.00	466.39	968.61	35.86	107.64
LHI-10	2714046A	WATER HEATER INSTALL (SAUCIER)	1/15/2014	1,435.00	466.39	968.61	35.86	107.64
LHI-10	2714046B	WATER HEATER INSTALL (SAUCIER)	1/15/2014	375.00	121.92	253.08	9.33	28.17
LHI-10	2714049	50-CARELITE OVERBED LIGHTS (HD SUPPLY)	2/21/2014	5,285.06	1,717.63	3,567.43	132.15	396.36
LHI-10	2714047	CORNER GUARDS (KAMCO)	2/26/2014	1,872.02	608.40	1,263.62	46.8	140.40
LHI-10	2714051	28 LIGHTS PATIENT RMS phase1 (PRECISION)	3/1/2014	9,188.64	2,986.28	6,202.36	229.73	689.13
LHI-10	2714052	22 FLOURESCENT ROOMS phase2 (PRECISION)	3/6/2014	5,445.12	1,769.70	3,675.42	136.09	408.42
LHI-15	2714050	3-HEATING UNITS CHASSIS (PERFTEMP)	3/28/2014	8,181.88	1,772.70	6,409.18	136.41	409.05
LHI-10	2714053	WATER TANK REPAIR (CONTROLLED AIR)	4/10/2014	1,332.61	433.14	899.47	33.27	99.99

LHI-5	2714054	PARKING LOT RESURFAC/CURB/STRIP(ABC-LER)	4/24/2014	9,571.50	6,221.52	3,349.98	478.53	1,435.77
LHI-10	2714056	AC CONTROL BRD REPLC (PERFECTEMP)	6/11/2014	1,442.88	468.90	973.98	36.11	108.18
LHI-25	2714057	FIRE SPRINK ACCELERATOR REPLC (L&L FIRE)	7/22/2014	6,350.00	825.53	5,524.47	63.47	190.53
LHI-15	2714063	PUMP 25 HP (PERFECTEMP)	10/24/2014	2,846.89	616.86	2,230.03	47.41	142.38
LHI-15	2715071	CARPENTRY DEMO INSUL/SHEETROK (THKEIFER)	2/18/2015	1,099.65	164.96	934.69	18.32	54.99
LHI-10	2715072	WALKIN EVAP COIL REPLC (PERFECTEMP)	2/18/2015	2,900.00	652.53	2,247.47	72.47	217.53
LHI-10	2715074	80 Gallon Water Heater Installation	3/2/2015	998.00	224.58	773.42	24.92	74.88
LHI-10	2715074A	80 Gallon Water Heater Install-Rem Bal	3/2/2015	997.00	224.34	772.66	24.91	74.79
LHI-10	2715076	Septic System Repairs	3/13/2015	2,657.64	597.99	2,059.65	66.41	199.35
LHI-10	2715076A	Septic System Repairs	3/13/2015	1,980.00	445.50	1,534.50	49.5	148.50
LHI-10	2715076B	Septic System Repairs	3/13/2015	1,981.54	445.82	1,535.72	49.56	148.59
LHI-5	2715075	Reconfigured Nurse Call System-8 Rooms	3/16/2015	990.12	445.53	544.59	49.52	148.50
LHI-5	2715073	WALLS/CEILING PAINT DEMO (THKEIFER)	3/31/2015	1,771.92	265.75	1,506.17	29.57	88.56
LHI-15	2715077	2 Whalen Chassis Heat Units for Rooms	4/30/2015	5,099.57	764.93	4,334.64	85	254.97
LHI-10	2715083	Hardwood Flooring Install in 8 Rooms	5/29/2015	3,996.35	899.16	3,097.19	99.94	299.70
LHI-15	2715088	4 Heating & Cooling Chassis-Down Payment	7/6/2015	5,721.34	858.24	4,863.10	95.31	286.11
LHI-15	2715088A	4 Heating & Cooling Chassis-Rem Balance	7/6/2015	5,414.66	812.19	4,602.47	90.26	270.72
LHI-25	2715081	Shower Drain Assembly Install-Deposit	7/10/2015	2,500.00	224.97	2,275.03	25.03	74.97
LHI-25	2715081A	Shower Drain Assembly Install-Rem Bal	7/10/2015	2,604.80	234.41	2,370.39	26.07	78.12
LHI-10	2715084	80 Gallon Water Heater Installation	7/15/2015	998.00	224.58	773.42	24.92	74.88
LHI-10	2715084A	80 Gallon Water Heater Installation	7/15/2015	997.00	224.34	772.66	24.91	74.79
LHI-10	2715082	Sewage Pump Replacement	7/21/2015	1,287.51	289.70	997.81	32.18	96.57
LHI-20	2715087	Install Ceramic Tile in Bathrooms(ACI)	7/24/2015	7,891.97	887.82	7,004.15	98.68	295.92
LHI-20	2715087A	Install Ceramic Tile in Bathrooms(ACI)	7/24/2015	8,947.97	1,006.62	7,941.35	111.88	335.52
LHI-20	2715087B	Install Ceramic Tile in Bathrooms-Prep	7/24/2015	1,644.30	184.98	1,459.32	20.57	61.65
LHI-20	2715087C	Install Ceramic Tile in Bathrooms-Prep	7/24/2015	942.23	106.04	836.19	11.74	35.37
LHI-10	2715091	Heat Pump Install in Attic-Deposit	10/21/2015	2,790.00	627.75	2,162.25	69.75	209.25
LHI-10	2715091A	Heat Pump Install in Attic-Remaining Bal	10/21/2015	2,700.00	607.50	2,092.50	67.5	202.50
LHI-15	2715093	3 Heating & Cooling Chassis(Perfectemp)	11/6/2015	7,660.75	1,149.12	6,511.63	127.68	383.04
LHI-5	2716094	Hot Water Mixing Valve Install-NW Wing	12/29/2015	1,348.20	606.69	741.51	67.41	202.23
LHI-15	2716095	Fixtures for 8 New Bathrooms in NW Wing	2/17/2016	2,667.19	222.29	2,444.90	25.53	133.38
LHI-15	2716095A	Fixtures for 8 New Bathrooms in NW Wing	2/22/2016	491.19	40.94	450.25	4.8	24.57
LHI-15	2716095B	Fixtures for 8 New Bathrooms in NW Wing	3/2/2016	212.70	17.71	194.99	2.14	10.62
LHI-10	2716097	HVAC-Replace Valve & Controls-Deposit	3/2/2016	6,031.75	753.93	5,277.82	90.75	452.34
LHI-10	2716097A	HVAC-Replace Valve & Controls-Deposit-2	3/2/2016	6,031.75	753.93	5,277.82	90.75	452.34
LHI-10	2716097B	HVAC-Replace Valve & Controls-Remain Bal	3/2/2016	12,063.50	1,507.95	10,555.55	181.56	904.77
LHI-10	2716096	Vinyl Flooring in West Wing-Materials	3/18/2016	7,649.30	956.13	6,693.17	121.38	573.66
LHI-10	2716096A	Vinyl Flooring in West Wing-Labor	3/18/2016	5,967.83	745.96	5,221.87	94.71	447.57
LHI-15	2716098	2 Heating & Cooling Chassis-Resident Rms	4/14/2016	5,224.98	435.44	4,789.54	61	261.27
LHI-10	2716096B	Vinyl Flooring in West Wing-Materials	4/19/2016	1,133.69	141.73	991.96	20.23	85.05
LHI-10	2716099	Vinyl Flooring Install-East Wing Hallway	6/22/2016	6,625.73	828.18	5,797.55	157.74	496.89

LHI-10	2716099A Vinyl Flooring Install-East Wing Hallway	6/22/2016	959.48	119.97	839.51	22.86	72.00
LHI-10	2716099B Vinyl Flooring Install-East Wing Hallway	6/22/2016	3,046.00	380.72	2,665.28	72.54	228.42
LHI-10	2716099C Vinyl Flooring Install-East Wing Hallway	6/22/2016	3,046.52	380.84	2,665.68	72.54	228.51
LHI-25	2716102 Installation of Water Lines in Attic	9/1/2016	1,079.22	53.98	1,025.24	16.18	32.40
LHI-15	2716101 3 Heating & Cooling Chassis-Deposit	9/23/2016	4,001.01	333.44	3,667.57	122.48	200.07
LHI-15	2716101A 3 Heating & Cooling Chassis-Rem Balance	9/23/2016	4,001.01	333.44	3,667.57	122.48	200.07
LHI-10	2717106 Kitchen MUA Unit Repair-Hot Water Coil	2/10/2017	2,805.00	100.82	2,704.18		100.82
LHI-10	2717106A Kitchen MUA Unit Repair-Hot Water Coil	2/10/2017	3,430.00	123.32	3,306.68		123.32
LHI-15	2717107 3 Heating & Cooling Chassis-Resident Rms	3/2/2017	3,873.80	90.24	3,783.56		90.24
LHI-15	2717107A 3 Heating & Cooling Chassis-Resident Rms	3/2/2017	3,873.80	90.24	3,783.56		90.24
LHI-10	2717108 Resurfacing Inside the NW Sewer Line	4/4/2017	2,800.00	92.81	2,707.19		92.81
LHI-20	2717111 Plumbing Install-Dining Room Kitchenette	6/16/2017	1,488.90	20.05	1,468.85		20.05
LHI-20	2717111A Plumbing Install-Dining Room Kitchenette	6/16/2017	1,488.90	20.05	1,468.85		20.05
LHI-20	2717111B Plumbing Install-Dining Room Kitchenette	6/16/2017	1,975.45	26.60	1,948.85		26.60
LHI-20	2717111C Plumbing Install-Dining Room Kitchenette	6/16/2017	265.16	3.57	261.59		3.57
LHI-20	2717111D Plumbing Install-Dining Room Kitchenette	6/16/2017	14.52	0.21	14.31		0.21
LHI-10	2717109 Heat Pump-Social Service Office & Salon	6/27/2017	2,337.50	59.72	2,277.78		59.72
LHI-10	2717109A Heat Pump-Social Service Office & Salon	6/27/2017	2,492.50	63.67	2,428.83		63.67
LHI-10	2717115 Heat Pump Installation-Reception Area	9/12/2017	2,735.00	23.84	2,711.16		23.84
LHI-10	2717115A Heat Pump Installation-Reception Area	9/12/2017	2,735.00	23.84	2,711.16		23.84
LHI-20	2717114 Quarry Tile Flooring-Kitchen Storage Rm	9/29/2017	2,476.89	1.35	2,475.54		1.35
LHI-20	2717114A Quarry Tile Flooring-Kitchen Storage Rm	9/29/2017	2,476.89	1.35	2,475.54		1.35

**Leasehold Improvements as of 09/30/17** **653,975.51**      **206,824.06**      **447,151.45**      **9,591.71**      **30,070.74**

**Depreciation 10/01/16 - 09/30/17**

**39,662.45**

**Cost Report Adjustments:**

<b>Adjusted Balance @ 9/30/17</b>	<b>653,975.51</b>	<b>\$39,662.45</b>
Prior Additions	615,626.98	\$38,872.19
Current Additions	38,348.53	\$790.26

**Auto**

AUTO-4	2709007 Ford F150	10/1/2009	3,500.00	3,500.00	-	-
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**Auto as of 09/30/17**

**3,500.00**      **3,500.00**      -      -