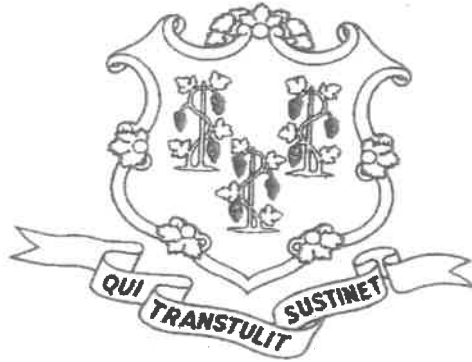


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

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 <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

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

General Information

Name of Facility (as licensed) Apple Rehab Saybrook	License No. 0725-C	Report for Year Ended 9/30/2018	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, 2017 and ending September 30, 2018, 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)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Apple Rehab Saybrook	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 1775 Boston Post Rd. Old Saybrook, CT 06475				
Report Prepared By Apple Health Care. Inc.	Phone Number (860) 678-9755	Date		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (860) 399-6216	Report for Year Ended 9/30/2018	Page 2	of 37
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Name of Facility (as shown on license) Apple Rehab Saybrook	Address (No. & Street, City, State, Zip) 1775 Boston Post Rd. Old Saybrook, CT 06475
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License Numbers:	CCNH 0725-C	RHNS	(Specify)	Medicare Provider No. 07-5070
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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.
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Administrator		
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 9/30/2018	Page 3A	of 37
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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	Business Address	Title	No. Shares Held by Each
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 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Brian J. Foley	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Rental	Pg. 22 Line 9	528,000	528,000
Apple Health Care	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	320,845	320,845
Corporate Employees	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	109,332	109,332
Employees @ Various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	(213,664)	(213,664)
Apple Health Care	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 Line 1a7	24,197	24,197
Aetna	PO Box 88860 Chicago, IL 60695	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 Line 1a5	434,256	
Delta Dental	PO Box 222 Parsippany, NJ 07054	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 Line 1a5	31,028	
Aetna Ancillary	PO Box 88860 Chicago, IL 60695	<input checked="" type="radio"/>	<input type="radio"/>		Group Life & Disability	Pg. 15 Line 1a6	29,647	
Marsh	PO Box 846015 Dallas, TX 75284	<input checked="" type="radio"/>	<input type="radio"/>		Property, Liability, & Umbrella Insurance	Pg. 27 Line 14a	120,640	

* 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 9/30/2018	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	%**				
AIG	PO Box 10472 Newark, NJ	✘			Worker's Compensation	Pg. 15 1a1	152,393	
Swallowing Diagnostics	21 Waterville Road Avon, CT	✘		83%	Diagnostic Services	Pg 20 5f	8,280	7,808
Ryan Vess	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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Apple Rehab Saybrook	License No. 0725-C	Report for Year Ended 9/30/2018	Page 5	of 37
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? <input checked="" type="radio"/> Yes <input type="radio"/> 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 (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.) <input type="radio"/> Yes <input checked="" type="radio"/> 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 9/30/2018		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 checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
Is a Mileage Log Book Maintained for All Leased Vehicles ?								<input checked="" type="radio"/> Yes	<input type="radio"/> No	Total ***

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

General Information and Questionnaire
Accounting Basis

Name of Facility Apple Rehab Saybrook	License No. 0725-C	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

1 Preparation of audited financials (disallow Pg. 28)	\$ 10,308
2 Preparation of tax returns	\$ 2,206
3	\$
4	\$
	Charge for Services Provided
	\$ 12,514

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

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 FRASCO, Inc.	
2	
3	
4	
5	

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

1 215 W. Alameda Ave Burbank, CA 91502
2
3
4
5

Services Provided by This Firm (*describe fully*)

1 investigative services	\$ 2,910
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 2,910

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

Schedule of Resident Statistics

Name of Facility Apple Rehab Saybrook		License No. 0725-C			Report for Year Ended 9/30/2018				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	99	99			99	99			85	85			
B. As of midnight of THIS report period	85	85			85	85			85	85			
3. Total Number of Days Care Provided During Period													
A. Medicare	4,236	4,236			3,279	3,279			957	957			
B. Medicaid (Conn.)	24,707	24,707			19,230	19,230			5,477	5,477			
C. Medicaid (other states)													
D. Private Pay	4,523	4,523			2,896	2,896			1,627	1,627			
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	33,466	33,466			25,405	25,405			8,061	8,061			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	33,466	33,466			25,405	25,405			8,061	8,061			

Schedule of Resident Statistics (Cont'd)

Name of Facility Apple Rehab Saybrook			License No. 0725-C			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	16		50		19								
Per Diem Rate													
a. One bed rm.					395.00								
b. Two bed rms.	various RUG		201.07		379.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								3,094	3,094				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								11,715	11,715				
D. Total Physical Therapy Treatments								14,809	14,809				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								813	813				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								1,349	1,349				
D. Total Speech Therapy Treatments								2,162	2,162				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								3,264	3,264				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								11,486	11,486				
D. Total Occupational Therapy Treatments								14,750	14,750				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Saybrook	0725-C	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	102,213	2,126				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	69,227	3,947				
5. Dietary Service						
a. Head Dietitian	258	9				
b. Food Service Supervisor	61,689	2,189				
c. Dietary Workers	316,969	20,185				
6. Housekeeping Service						
a. Head Housekeeper	29,066	1,216				
b. Other Housekeeping Workers	135,008	10,847				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	87,099	4,146				
8. Laundry Service						
a. Supervisor	23,576	1,003				
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	126,245	4,134				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	207,689	4,258				
b. RN						
1. Direct Care	699,756	18,208				
2. Administrative**	179,373	4,986				
c. LPN						
1. Direct Care	689,584	23,725				
2. Administrative**						
d. Aides and Attendants	1,318,547	74,968				
e. Physical Therapists	226,030	4,661				
f. Speech Therapists	66,718	3,586				
g. Occupational Therapists	209,200	5,587				
h. Recreation Workers	83,552	4,640				
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	113,855	4,296				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
A-13. Total Salary Expenditures	4,745,652	198,717				

* 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
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Purchasing Consultant	\$ 4,762	95				
Data Integrity Auditor	\$ 3,300	66				
A&D Fee	\$ 2,341	47				
Interpretors & Translators	\$ 160	2				
Total	\$ 10,564	210	\$ -	-	\$ -	-

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

Name of Facility Apple Rehab Saybrook				License No. 0725-C	Report for Year Ended 9/30/2018	Page 11	of 37			
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Apple Rehab Saybrook				0725-C	9/30/2018			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Patricia Hamill	102,213				Administrator 10/1/17 - 9/30/18	2,126				
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Saybrook	0725-C	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	12,816	160				
3. Pharmacist	2,702	16				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	33,000	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	39,850	199				
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	10,564	210				
B-13 Total Fees Paid in Lieu of Salaries	98,932	822				

* 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 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
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"/>		
Interpreters and Translators, Inc 23 Williams St East Glastonbury, CT 06033	Language translation	<input type="radio"/>	<input checked="" type="radio"/>		
Middlesex Cardiology Assc 420 Saybrook Rd, Middletown, CT 06457	Cardiologist	<input type="radio"/>	<input checked="" type="radio"/>		
Middlesex Memorial Hospital 28 Crescent St Middletown, CT 06457	Resident's prescription	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Eyecare Group 85 Barnes Rd Ste 207 Wallingford, CT 06497	eye care	<input type="radio"/>	<input checked="" type="radio"/>		
Middlesex Orthopedic Surgeon PC 410 Saybrook Rd Middletown, CT 06457	Rehab residents doctors	<input type="radio"/>	<input checked="" type="radio"/>		
CT Oncology Group 536 Saybrook Rd Middletown, CT 06457	Oncology group	<input type="radio"/>	<input checked="" type="radio"/>		
Southern CT Vascular Ctr 6 Research Dr Shelton, CT 06484	Rehab residents doctors	<input type="radio"/>	<input checked="" type="radio"/>		
Orthopedic Assoc of Middletown 512 Saybrook Rd Middletown, CT 06457	Rehab residents doctors	<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"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" 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	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 152,393	152,393		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 53,576	53,576		
4. Social Security (F.I.C.A.)	\$ 357,557	357,557		
5. Health Insurance	\$ 358,719	358,719		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 29,647	29,647		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 24,197	24,197		
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*	\$ 13,312	13,312		
d. Accounting and Auditing	\$ 12,514	12,514		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 2,910	2,910		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 13,646	13,646		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 10,950	10,950		
2. Cellular Phones	\$			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$ 9,600	9,600		
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 608,107	608,107		
Subtotal	\$ 1,647,129	1,647,129		

* 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
9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		1,647,129	1,647,129		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 5,620	5,620			
2. Holiday Parties for Staff	\$ 3,340	3,340			
3. Gifts to Staff and Residents	\$ 12,994	12,994			
4. Employee Travel	\$ 12,850	12,850			
5. Education Expenses Related to Seminars and Conventions	\$ 8,920	8,920			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 150	150			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 182	182			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 39,459	39,459			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 5,464	5,464			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 8,539	8,539			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 775	775			
9. Subscriptions	\$ 6,281	6,281			
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**	\$ 320,845	320,845			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 93,338	93,338			
C-14 Total Administrative & General Expenditures	\$ 2,165,886	2,165,886			

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising - Public Relations	\$ 39,459		
Total Other Advertising	\$ 39,459	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 8,539		
Total Dues	\$ 8,539	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Corporate Fees Non Reimbursable	\$ 61,307		
Licenses & Fees	\$ 2,459		
Pre Employment Screenings	\$ 4,713		
Point Click Care Fees	\$ 12,796		
Bank Charges, Penalties, Fees	\$ 11,841		
Legal Fees - Collections, Probate, Conservator	\$ 158		
Resident Expenses	\$ 63		
Account W/O	\$ -		
Total Other Administrative and General	\$ 93,338	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Apple Rehab Saybrook	License No. 0725-C	Report for Year Ended 9/30/2018	Page 17 of 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.	320,845	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 9/30/2018	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 214,446	214,446			
2. Non-Food Supplies	\$ 18,581	18,581			
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
c. Other (Specify) _____	\$				
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 233,983	233,983			
2F. Dietary Questionnaire					
G. Resident Meals:	Total no. of meals served per day:*	275	275		
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.

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

Name of Facility Apple Rehab Saybrook		License No. 0725-C	Report for Year Ended 9/30/2018	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	82	82	
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. \$	11,428	11,428	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	88,991	88,991	
c. Other (Specify)		\$			
3D. Total Laundry Expenditures (3a + b + c)		\$	100,501	100,501	
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.

*** 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	9/30/2018		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. \$	34,949	34,949		
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.	Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	34,949	34,949		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from West River/Neighborcare	\$	218,413	218,413		
b.	Medicine Cabinet Drugs	\$				
c.	Medical and Therapeutic Supplies	\$	171,508	171,508		
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	3,816	3,816		
f.	X-rays and Related Radiological Procedures***	\$	24,100	24,100		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	24,478	24,478		
i.	Recreation	\$	35,210	35,210		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	42,058	42,058		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	519,584	519,584		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Nursing Station Supplies	\$ 6,960		
Rehab Service Supplies	\$ 11,824		
IV Therapy	\$ 23,274		
Total Other Resident Care	\$ 42,058	\$ -	\$ -

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 9/30/2018	Page of 21 37						
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***					
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line	
United Laundry	525 Wolf Swamp Rd. Long Meadow, MA	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Service	88,991				19	3b
Saucier Mechanical	148 Norton St. Plantsville, CT	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	16,366				22	6a
BMS Services, LLC	478 Green Hill Road Madison, CT 06443	<input type="radio"/>	<input checked="" type="radio"/>		refuse removal	12,134				22	6f
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" 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).

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	9/30/2018			22	37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	134,766	134,766			
b. Heat	\$	28,058	28,058			
c. Light & Power	\$	132,365	132,365			
d. Water	\$	51,745	51,745			
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$					
f. Other <i>(itemize)</i>	\$	56,202	56,202			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	403,136	403,136			
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$	296	296			
d. Movable Equipment	\$	120,625	120,625			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	120,921	120,921			
8. Amortization <i>(Complete att. Schedule Page 24*)</i>						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	110,525	110,525			
d. Other <i>(Specify)</i>	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	110,525	110,525			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	528,000	528,000			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	91,420	91,420			
c. Personal property taxes	\$	7,386	7,386			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	858,252	858,252			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Refuse Removal	\$ 56,202		
Total Other Repairs and Maintenance	\$ 56,202	\$ -	\$ -

Depreciation Schedule

Name of Facility Apple Rehab Saybrook			License No. 0725-C			Report for Year Ended 9/30/2018			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			
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
C. Non-Movable Equipment													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			8,161		8,161		SL	VAR	296				
C-4. Subtotal										296			
		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								
D. Movable Equipment													
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						1,251,574		1,251,574	888,136	S/L	Var	120,443	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						5,268		5,268		S/L	Var	182	
D-3. Subtotal													120,625
E. Total Depreciation													120,921

Apple Rehab Saybrook
9/30/2018

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/3/2018	Deposit heat pump chassis	\$ 3,905	10	\$ 146
2/22/2018	balance heat pump chassis	\$ 3,905	10	\$ 138
3/12/2018	shipping charge for heat pump chassis	\$ 351	10	\$ 12
Total additions for Non-Movable Equipment		\$ 8,161		\$ 296 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
2/27/2018	griddle work table	\$ 189	10	\$ 7
3/9/2018	griddle	\$ 1,984	10	\$ 69
3/12/2018	bathroom supplies	\$ 2,951	10	\$ 102
3/14/2018	additional bathroom supplies	\$ 144	10	\$ 5
Total additions for Movable Equipment		\$ 5,268		\$ 182 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/11/2017	replace roof section deposit	\$ 35,400	10	\$ 4,425
11/6/2017	installation of heat pump chassis	\$ 3,081	10	\$ 385
11/20/2017	2/3 boiler replacement payment	\$ 29,995	20	\$ 1,874
12/5/2017	backflow repairs	\$ 2,739	10	\$ 342
1/19/2018	replacement carpet	\$ 5,825	5	\$ 429
2/8/2018	final payment CE27129	\$ 2,054	10	\$ 74
4/30/2018	Room & Hallway Remodeling	\$ 14,815	10	\$ 741
5/11/2018	Roof Shingle Replacement	\$ 36,880	10	\$ 1,844
9/26/2018	heat pump chassis deposit	\$ 5,188	10	\$ 14
9/26/2018	heat pump chassis balance	\$ 6,678	10	\$ 18
1/1/2015	Heating & Cooling Chassis	\$ 10,628	15	\$ 709
1/1/2015	Roof removal & replacement - deposit	\$ 22,000	10	\$ 2,200
1/1/2015	Roof removal & replacement - final	\$ 25,178	10	\$ 2,518
Total additions for Leasehold Improvement		\$ 200,460		\$ 15,573 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*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 9/30/2018			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				1,524,687	478,282	A		94,952	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				200,460				15,573	
C-4. Subtotal									110,524
D. Total Amortization									110,524

* 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 9/30/2018	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	120				
6. Square Footage	45,300				
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	Variable				
b. Date Mortgage Obtained	12/07/16				
c. Interest Rate for the Cost Year	4.48%				
d. Term of Mortgage (number of years)	5				
e. Amount of Principal Borrowed	5,316,119				
f. Principal balance outstanding as of 09/30/18	5,076,894				
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Apple Rehab Saybrook		0725-C	9/30/2018		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility Apple Rehab Saybrook		License No. 0725-C		Report for Year Ended 9/30/2018		Page 27	of 37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 120,640	120,640		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 120,640	120,640		
15. Total All Expenditures (A-13 thru C-14)				\$ 9,281,514	9,281,514		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Apple Rehab Saybrook			0725-C	9/30/2018	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 209,200	209,200		
4.			Other - See attached Schedule	\$ 13,768	13,768		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 13,312	13,312		
10.	15/16	1d/m	Accounting	\$ 10,466	10,466		
10a.			Legal	\$			
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 *	\$ 39,459	39,459		
19.	15	k1	Income Tax / Corporate Business Tax	\$ 9,600	9,600		
20.	16	m10	Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 117,323	117,323		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 413,127	413,127		

* 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)
Var	Var	Social Service - Marketing	\$ 13,768		
Total Other Salaries Adjustment			\$ 13,768	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Corp Fee- Non-reimbursable	\$ 61,307		
16	1.3	Employee Recognition/Gifts/Parties	\$ 12,994		
16	8a	Chamber of Commerce	\$ 775		
16	m13	Bank Charges, penalties, fines	\$ 11,841		
16	m13	Resident Expenses	\$ 63		
30	IV8	State of CT Provider Tax Refund	\$ 398		
30	IV8	Stericycle settlement	\$ 10,993		
30	IV8	reclass CNA ins reimb	\$ 18,951		
Total Other A&G Adjustments			\$ 117,323	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Saybrook				0725-C	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 413,127	413,127		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 212,135	212,135		
28.	16	L1	Ambulance/Limousine	\$ 5,620	5,620		
29.	20	h	X-rays, etc	\$ 24,100	24,100		
30.	20	f	Laboratory	\$ 24,478	24,478		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 3,242	3,242		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 35,098	35,098		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 717,801	717,801		

*** 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
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ 23,274		
20	5j	Rehab Service Supplies	\$ 11,824		
Total Other Ancillary Costs			\$ 35,098	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12D	Interest	\$ -		
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Saybrook	0725-C	9/30/2018		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$ 4,988,050	4,988,050			
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)	\$ 1,618,452	1,618,452			
b. Medicare Room and Board Contractual Allowance **	\$ 598,034	598,034			
4. a. Private-Pay Residents and Other	\$ 1,515,458	1,515,458			
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 104,759	104,759			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (104,759)	(104,759)			
c. Prescription Drugs - Non-Medicare	\$ 64,376	64,376			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (64,376)	(64,376)			
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	\$ 393,124	393,124			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (296,813)	(296,813)			
c. Physical Therapy - Non-Medicare	\$ 125,195	125,195			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (105,210)	(105,210)			
4. a. Speech Therapy - Medicare	\$ 76,684	76,684			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (44,144)	(44,144)			
c. Speech Therapy - Non-Medicare	\$ 20,610	20,610			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (16,515)	(16,515)			
5. a. Occupational Therapy - Medicare	\$ 519,395	519,395			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (388,763)	(388,763)			
c. Occupational Therapy - Non-Medicare	\$ 144,360	144,360			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (130,410)	(130,410)			
6. a. Other (Specify) - Medicare	\$				
b. Other (Specify) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 9,017,507	9,017,507			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (Specify)	\$ 40	40			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (Specify)	\$ 30,834	30,834			
V. Total Other Revenue (1 thru 8)	\$ 30,874	30,874			
VI. Total All Revenue (III +V)	\$ 9,048,382	9,048,382			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30	Interest on Accounts Receivable	1,102,164	\$ 40		
Total Interest Income			\$ 40	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Stericycle settlement	\$ 10,993		
30 IV 8	reclass CNA ins reimb	\$ 18,951		
30 IV 8	Medical Records	\$ 492		
30 IV 8	State of CT Provider Tax Refund	\$ 398		
Total Other Revenue		\$ 30,834	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Saybrook	0725-C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	237
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,102,164
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	122,138
4 Inventories			\$	18,323
5. Prepaid Expenses			\$	23,083
a. _____				
b. _____				
c. _____				
d. See Schedule		23,083		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	15,522

See Schedule		15,522		
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,281,466
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____ Net			
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____ Net			
4. Leasehold Improvements	*Historical Cost <u>1,725,147</u>		\$	1,136,340
	Accum. Depreciation <u>588,807</u> Net			
5. Non-Movable Equipment	*Historical Cost <u>8,161</u>		\$	7,865
	Accum. Depreciation <u>296</u> Net			
6. Movable Equipment	*Historical Cost <u>1,256,842</u>		\$	248,081
	Accum. Depreciation <u>1,008,761</u> Net			
7. Motor Vehicles	*Historical Cost <u>3,500</u>		\$	
	Accum. Depreciation <u>3,500</u> Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	6,864

See Schedule		6,864		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,399,150

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Saybrook	0725-C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	2,680,617
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	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>)			\$	

See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	600,000
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	3,280,617

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Apple Rehab Saybrook		0725-C	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	619,909
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
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>)				\$	97,345
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	24,435
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	1,543,687

See Schedule					1,543,687
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,285,377

* 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 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,285,377	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 890,335	
See Schedule				890,335	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 890,335	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,175,711	

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	9/30/2018	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	2,263,576
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,925,538)
6. Gain or Loss for Period			\$	(233,133)
	10/1/2017	thru	9/30/2018	
7. Total Net Worth			\$	104,905
C. Total Reserves and Net Worth			\$	104,905
D. Total Liabilities, Reserves, and Net Worth			\$	3,280,617

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Saybrook	0725-C	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	344,336
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	9,048,382
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	9,281,514
D. Net Income or Deficit			\$	(233,133)
E. Balance			\$	111,203
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>)			\$	6,298
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
Brian J Foley		President	6,298	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	6,298
H. Balance at End of Period		09/30/18	\$	104,905

I. Preparer's/Reviewer's Certification

Name of Facility Apple Rehab Saybrook	License No. 0725-C	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Robert Gwizdak				
Address Address			Phone Number	
21 Waterville Road Avon, CT 06001			(860) 678-9755	
Annual Report Contact			Phone Number	
Susan Southey			(860) 470-7542	
Annual Report Contact Email Address				
ssouthey@apple-rehab.com				