

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Apple Rehab Shelton Lakes	
Address (No. & Street, City, State, Zip Code) 5 Lake Rd. Shelton, CT 06484	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input checked="" type="checkbox"/> Residential Care Home (CCNH) (RHNS)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2298-C	RHNS	Residential Care Home 1870	Medicare Provider
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Medicaid Provider Numbers:	CCNH 10173	RHNS	ICF-IID
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For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

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General Information

Name of Facility (as licensed) Apple Rehab Shelton Lakes	License No. 2298-C	Report for Year Ended 9/30/2015	Page 1	of 37
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Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Apple Rehab Shelton Lakes [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Mary Madara			Printed Name (Owner) Brian J. Foley		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Apple Rehab Shelton Lakes	Period Covered:	From 10/1/2014	To 9/30/2015	
Address of Facility 5 Lake Rd. Shelton, CT 06484				
Report Prepared By Apple Health Care, Inc.	Phone Number (860) 678-9755	Date		
Item	Total	CCNH	RHNS	Residential Care Home
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 203-924-2635	Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Apple Rehab Shelton Lakes		Address (No. & Street, City, State, Zip) 5 Lake Rd. Shelton, CT 06484		
License Numbers:	CCNH 2298-C	RHNS	Residential Care Home 1870	Medicare Provider No.
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 checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Mary Madara		Nursing Home Administrator's License No.:	001940	
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 Shelton Lakes	License No. 2298-C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation Apple Rehab Shelton Lakes	Business Address 5 Lake Rd. Shelton, CT 06484	State(s) in Which Incorporated Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	
Ryan Vess	21 Waterville Road Avon, CT 06001	Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	

**General Information and Questionnaire
 Related Parties***

Name of Facility Apple Rehab Shelton Lakes	License No. 2298-C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Brian J. Foley	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Rental	Pg. 22 Line 9	420,000	420,000
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	560,840	560,840
Healthport Services	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg 10/13 Schedule	316,656	316,656
Allstar	21 Waterville Road Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>	15%	Therapy Services	Pg. 13 B5/B9/B10	897,058	822,602
Corporate Employee	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	16,303	16,303
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	121,324	121,324
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	16,327	16,327
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	465,238	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	32,371	

* 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 Shelton Lakes		License No. 2298-C		Report for Year Ended 9/30/2015		Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.								
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
If "Yes," provide the following information:								
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Unum Life Insurance	PO Box 406946 Atlanta, GA	X			Group Life & Disability	Pg. 15 1a6	12,149	
Marsh	PO Box 19636 Newark, NJ	X			Property, Liability, & Umbrella Insurance	Pg. 27 14a	93,687	
Medstat	41 Northwest Dr. Plainville, CT	X		9%	Pharmacy	Pg. 13B3/Pg. 20 5a2	657,627	610,936
AIG	PO Box 10472 Newark, NJ	X			Worker's Compensation	Pg. 15 1a1	274,173	
Swallowing Diagnostics	21 Waterville Rd. Avon, CT	X		83%	Diagnostic Services	Pg. 20 5f	14,095	13,292
Brendan Foley	21 Waterville Rd. Avon, CT	X				##		
Ryan Vess	21 Waterville Rd. Avon, CT		X			##		

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.
 ## Related expense has been disallowed on Pg. 28 Line 23

Shelton Lakes
 Shared Employees
 Provider 2298-C
 10.1.14-9.30.15

41001- Salaries Administrator

Source	Facility	Employee	Amount
Optimum Report		Urbanski	48,461.52
Admin Wages 3.19.15-9.30.15			8,076.93
Admin Wages 3.19.15-9.30.15		Madara	53,306.32
			109,844.77

41003 - Salaries - Accounting

Source	Facility	Employee	Amount
102014SHR	Laurel Woods	Speight	(396.00)
062015SHR	Healthport	Hogan	623.17
082015SHR	Healthport	Wilson	440.00
	Payroll Dept Allocation		3,013.00
	Billing Unit Allocation.		13,290.00
			16,970.17

41004 - Salaries -

Source	Facility	Employee	Amount
072015SHR	Healthport	Jamie	281.00
082015SHR	Healthport	Jamie	300.00
092015SHR	Healthport	Jamie	125.00
			706.00

41006- Salaries Maintenance

Source	Facility	Employee	Amount
102014SHR	Hewitt	Martin	137.36
112014SHR	Hewitt	Martin	261.85
			399.21

45001- Salaries R.N. (CCNH)

Source	Facility	Employee	Amount
102014SHR	Gardner	Sims	(1,195.14)
112014SHR	Gardner	Sims	(1,263.68)
012015SHR	Hewitt	Lemieux	118.13

022015SHR	Wolcott	Neri	200.00
	4/30/2015 Healthport	Renaudin	272.00
	5/31/2015 Healthport	Silder	18.75
	5/31/2015 Healthport	Wallach	165.75
	5/31/2015 Healthport	Buchanan	477.25
	6/30/2015 Healthport	Buchanan	390.00
	7/31/2015 Healthport	Herrick	323.00
	7/31/2015 Healthport	Buchanan	390.00

(103.94)

45002-Salaries LPN

Source	Facility	Employee	Amount
102014SHR	Hewitt	Henry	1,255.07
102014SHR	Hewitt	Civitello	212.00
102014SHR	Gardner	Junes	1,669.64
102014SHR	Hewitt	Mensah	(192.00)
102014SHR	Gardner	Mensah	(187.69)
102014SHR	Gardner	Mensah	(550.00)
112014SHR	Gardner	Junes	1,196.64
112014SHR	Gardner	Mensah	(182.00)
112014SHR	Gardner	Mensah	(595.69)
122014SHR	Hewitt	Ballabani	202.00
122014SHR	Gardner	Junes	672.91
122014SHR	Gardner	Mensah	(565.69)
122014SHR	Gardner	Mensah	(177.38)
122014SHR	Gardner	Simms	(259.87)
012015SHR	Gardner	Junes	222.96
012015SHR	Gardner	Mensah	(187.69)
012015SHR	Gardner	Mensah	(559.69)
022015SHR	Gardner	Mensah	(372.00)
022015SHR	Gardner	Junes	704.15
032015SHR	Gardner	Junes	588.67
	4/30/2015 Healthport	Alicea	7.75
	4/30/2015 Healthport	Arshad	19.00
	4/30/2015 Healthport	Arshad	275.50
	5/31/2015 Healthport	Pierre	254.75
	6/30/2015 Healthport	Green	132.00
	7/31/2015 Healthport	Pierre	7.75
	8/31/2015 Healthport	Arshad	248.00
	8/31/2015 Healthport	Green	410.75
	9/30/2015 Healthport	Pierre	15.50
	9/30/2015 Healthport	Muckenthalet	16.50
	9/30/2015 Healthport	Pinamang	202.50

4,484.34

45003 - Salaries - CNA

Source	Facility	Employee	Amount
102014SHR	Watrous	Clayborn	324.13
102014SHR	Hewitt	Rutherford	(816.75)
102014SHR	Hewitt	Mbiah	(787.50)
102014SHR	Wolcott	Boyd	1,399.44
102014SHR	Coccoma	Howard	(156.01)
102014SHR	Hewitt	Rutherford	(672.00)
102014SHR	Hewitt	Mbiah	(112.00)
102014SHR	Gardner	Petion	(114.08)
112014SHR	Hewitt	Rutherford	(61.25)
112014SHR	Hewitt	Mbiah	(550.00)
112014SHR	Harbor View	Nunno	(200.00)
112014SHR	Hewitt	Mbiah	(118.00)
112014SHR	Gardner	Petion	(125.56)
112014SHR	Plainville	Williams	(245.25)
112014SHR	Plainville	Williams	(245.25)
112014SHR	Harbor View	Nunno	611.38
112014SHR	Wolcott	Boyd	1,631.49
122014SHR	Gardner	Blake	(101.50)
122014SHR	Hewitt	Mbiah	(294.94)
122014SHR	Gardner	Petion	(234.16)
122014SHR	Plainville	Williams	(654.25)
122014SHR	Plainville	Williams	(575.50)
122014SHR	Harbor View	Nunno	103.13
122014SHR	Wolcott	Boyd	2,140.22
122014SHR	Hewitt	Leonard	(126.32)
122014SHR	Hewitt	Rutherford	(274.94)
122014SHR	Hewitt	Mbiah	(451.50)
012015SHR	Hewitt	Rutherford	(639.31)
012015SHR	Wolcott	Boyd	357.00
012015SHR	Harbor View	Annuzzi	(59.28)
012015SHR	Harbor View	Leonard	(507.33)
012015SHR	Hewitt	Rutherford	(224.00)
012015SHR	Plainville	Perez	(1,078.25)
012015SHR	Gardner	Petion	(111.44)
012015SHR	Plainville	Vega	(818.28)
012015SHR	Plainville	Mattei	(697.83)
012015SHR	Plainville	Williams	(715.98)
012015SHR	Plainville	Kennebrew	(624.88)
022015SHR	Hewitt	Rutherford	(355.25)
022015SHR	Hewitt	Rutherford	(549.50)
022015SHR	Gardner	Petion	(129.21)

022015SHR	Plainville	Vega	(180.72)
022015SHR	Plainville	Mattei	(164.71)
022015SHR	Plainville	Williams	(260.77)
022015SHR	Plainville	Tenor	(82.35)
022015SHR	Plainville	Green	(247.05)
022015SHR	Plainville	Mattison	(82.35)
022015SHR	Hewitt	Freelove	93.50
032015SHR	Hewitt	Rutherford	(115.50)
032015SHR	Gardner	Petion	127.38
032015SHR	Plainville	Tenor	(226.47)
032015SHR	Plainville	Camervil	(215.02)
032015SHR	Plainville	Reyes	(217.31)
032015SHR	Plainville	Green	(226.47)
032015SHR	Plainville	Mattison	(226.47)
032015SHR	Plainville	Mattison	(199.06)

(9,083.88)

45004- Salaries - Assistant D.O.N.

Source	Facility	Employee	Amount
112014SHR	Healthport	O'Brien	1,586.53
122014SHR	Healthport	O'Brien	1,269.20

2,855.73

45005- Salaries - D.O.N.

Source	Facility	Employee	Amount
112014SHR	Healthport	Barlett	2,000.00
122014SHR	Healthport	Barlett	1,600.00

3,600.00

45010- Salaries - Infection Control

Source	Facility	Employee	Amount
102014SHR	Gardner	Mione-Lendacky	808.00

808.00

45017- Salaries -

Source	Facility	Employee	Amount
012015SHR	Rose Haven	Duggan-Yoelson	255.00
012015SHR	Wolcott	Jedd	75.30

330.30

50001-Salaries Dieticians

Source	Facility	Employee	Amount
102014SHR	Hewitt	Cox	560.00
102014SHR	High View	Carlson	2,250.00
112014SHR	Harbor View	Cox	448.00
112014SHR	Westfield	Rodak	(137.50)
112014SHR	Hewitt	Rodak	(87.50)
112014SHR	High View	Carlson	1,620.00
122014SHR	Harbor View	Rodak	(75.00)
122014SHR	Harbor View	Cox	448.00
122014SHR	High View	Carlson	1,920.00
012015SHR	High View	Carlson	720.00
012015SHR	Harbor View	Cox	616.00
022015SHR	High View	Carlson	1,920.00
022015SHR	Harbor View	Cox	448.00
032015SHR	High View	Carlson	480.00
032015SHR	Harbor View	Cox	112.00
			11,242.00

50003 - Salaries - Helpers, Dishwashers

Source	Facility	Employee	Amount
102014SHR	Hewitt	Vitale	123.50
112014SHR	Hewitt	Vitale	47.50
			171.00

60001 - Salaries - Housekeeping

Source	Facility	Employee	Amount
012015SHR	Plainville	Perez	(242.00)
			(242.00)

Total Shared **125,678.70**

Shelton Lakes
Healthport Services

45022-Purchase Service ESP RN

Source	Facility	Employee	Amount
102014SHR	Healthport	Nyanjong	431.75

102014SHR	Healthport	Buchanan	992.75
102014SHR	Healthport	Ankrah	619.00
102014SHR	Healthport	Annicelli	972.50
112014SHR	Healthport	Cuddy	285.00
112014SHR	Healthport	Nyanjong	881.25
112014SHR	Healthport	Buchanan	784.00
112014SHR	Healthport	Annicelli	898.00
112014SHR	Healthport	Alicea	124.00
122014SHR	Healthport	Okam	450.00
122014SHR	Healthport	Scanzillo	1,144.50
122014SHR	Healthport	Buchanan	735.50
122014SHR	Healthport	Wortman	375.50
122014SHR	Healthport	Annicelli	232.50
012015SHR	Healthport	Scanzillo	2,457.00
012015SHR	Healthport	Buchanan	3,032.00
022015SHR	Healthport	Nyanjong	2,601.25
022015SHR	Healthport	Buchanan	1,726.00
032015SHR	Healthport	Nyanjong	798.75
032015SHR	Healthport	Buchanan	2,096.00

Indirect

12,915.21

34,552.46

45023-Purchase Service ESP LPN

Source	Facility	Employee	Amount
102014SHR	Healthport	Curren	7,932.00
102014SHR	Healthport	Varrone	272.25
102014SHR	Healthport	Green	2,768.50
102014SHR	Healthport	Mesquita	312.00
102014SHR	Healthport	Gayle-Smith	1,342.50
102014SHR	Healthport	Pierre	1,279.25
102014SHR	Healthport	Thomas	527.00
102014SHR	Healthport	Lawal	912.50
102014SHR	Healthport	LaCoss	1,133.00
102014SHR	Healthport	Harris	749.25
102014SHR	Healthport	Parker	627.00
112014SHR	Healthport	Curren	5,070.00
112014SHR	Healthport	Kingston	534.75
112014SHR	Healthport	Varrone	297.00
112014SHR	Healthport	Green	799.75
112014SHR	Healthport	Mesquita	296.00
112014SHR	Healthport	Pierre	1,227.75
112014SHR	Healthport	Ellis-Short	560.00
112014SHR	Healthport	Thomas	2,263.00
112014SHR	Healthport	Yopp	810.00

112014SHR	Healthport	Sewell	275.50
112014SHR	Healthport	Iworisha	2,029.50
112014SHR	Healthport	LaCoss	262.50
112014SHR	Healthport	Alicea	527.00
112014SHR	Healthport	Pinamang	510.00
122014SHR	Healthport	Curren	6,114.00
122014SHR	Healthport	Kingston	255.75
122014SHR	Healthport	Varrone	272.25
122014SHR	Healthport	Green	790.50
122014SHR	Healthport	Arshad	565.75
122014SHR	Healthport	Gayle-Smith	712.50
122014SHR	Healthport	Pierre	480.00
122014SHR	Healthport	Thomas	2,604.00
122014SHR	Healthport	Iworisha	1,332.50
122014SHR	Healthport	LaCoss	320.00
122014SHR	Healthport	Reynoso	1,262.00
122014SHR	Healthport	Alicea	1,193.50
012015SHR	Healthport	Curren	6,165.00
012015SHR	Healthport	Varrone	643.50
012015SHR	Healthport	Green	815.25
012015SHR	Healthport	Arshad	255.75
012015SHR	Healthport	Gayle-Smith	738.75
012015SHR	Healthport	Pierre	736.75
012015SHR	Healthport	Thomas	527.00
012015SHR	Healthport	Yopp	270.00
012015SHR	Healthport	Iworisha	270.00
012015SHR	Healthport	LaCoss	288.00
012015SHR	Healthport	Reynoso	2,583.75
012015SHR	Healthport	Alicea	542.50
022015SHR	Healthport	Curren	5,360.00
022015SHR	Healthport	Varrone	321.75
022015SHR	Healthport	Arshad	286.75
022015SHR	Healthport	Gayle-Smith	1,019.00
022015SHR	Healthport	Thomas	798.25
022015SHR	Healthport	Yopp	1,162.50
022015SHR	Healthport	Lawal	307.50
022015SHR	Healthport	Reynoso	990.00
022015SHR	Healthport	Alicea	961.00
032015SHR	Healthport	Curren	1,310.00
032015SHR	Healthport	Kingston	792.50
032015SHR	Healthport	Green	294.50
032015SHR	Healthport	Yopp	1,210.00
032015SHR	Healthport	LaCoss	562.50
032015SHR	Healthport	Reynoso	502.50
032015SHR	Healthport	Alicea	263.50

Indirect Allocation

39,799.32

118,998.57

Total ESP

153,551.03

Hours

(16.50)
25.25
22.00
96.00
690.00

816.75

Hours

6.25
12.00
5.00

23.25

Hours

8.00
15.25

23.25

Hours

(41.50)
(41.00)
3.50

8.00

8.5

18.25

10

9.5

20

(4.75)

Hours

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8.00

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Hours

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Hours

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38.00

78.00

Hours

40.00
32.00

72.00

Hours

25.25

25.25

Hours

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6.75

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Hours

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75.00
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(5.50)
(3.50)
54.00
(3.00)
16.00
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22.00
64.00
16.00
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379.00

Hours

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5.00

18.00

Hours

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-56.01

Hours

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27.50
17.75
9.50
7.75
59.00
72.50
59.25
41.50
17.75
51.00

531.25

Hours

199.25
8.25
86.50
9.75
44.75
41.75
17.00
27.50
36.00
25.25
19.00
126.75
17.25
9.00
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68.25
8.75
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32.75
24.50
9.50
42.75
18.75
16.75
8.50

2,322.50

2,853.75

29970262	Buchanan	Lydia	29 Healthport Srvc	16
29970262	Buchanan	Lydia	29 Healthport Srvc	16
29970262	Buchanan	Lydia	29 Healthport Srvc	16
29970262	Buchanan	Lydia	29 Healthport Srvc	16
29970262	Buchanan	Lydia	29 Healthport Srvc	16
29970262	Buchanan	Lydia	29 Healthport Srvc	16
29970017	Cuddy	Janet	29 Healthport Srvc	16
29970720	Gaitsgor	Stanislav	29 Healthport Srvc	16
29970720	Gaitsgor	Stanislav	29 Healthport Srvc	16
29970720	Gaitsgor	Stanislav	29 Healthport Srvc	16
29970720	Gaitsgor	Stanislav	29 Healthport Srvc	16
29000067	Herrick	Holly	29 Healthport Srvc	16
29000067	Herrick	Holly	29 Healthport Srvc	16
29000067	Herrick	Holly	29 Healthport Srvc	16
29000067	Herrick	Holly	29 Healthport Srvc	16
29000067	Herrick	Holly	29 Healthport Srvc	16
29970336	Lawal	Oluwatosin	29 Healthport Srvc	16
29970229	Nyanjong	Stephen	29 Healthport Srvc	16
29970229	Nyanjong	Stephen	29 Healthport Srvc	16
29970229	Nyanjong	Stephen	29 Healthport Srvc	16
29970229	Nyanjong	Stephen	29 Healthport Srvc	16
29970229	Nyanjong	Stephen	29 Healthport Srvc	16
29970229	Nyanjong	Stephen	29 Healthport Srvc	16
29970064	Okam	Vivian	29 Healthport Srvc	16
29970064	Okam	Vivian	29 Healthport Srvc	16
29970064	Okam	Vivian	29 Healthport Srvc	16
29970372	Renaudin	Roseline	29 Healthport Srvc	16
29970379	Samuel	Rachel	29 Healthport Srvc	16
29970379	Samuel	Rachel	29 Healthport Srvc	16
29970379	Samuel	Rachel	29 Healthport Srvc	16
29970379	Samuel	Rachel	29 Healthport Srvc	16
29970379	Samuel	Rachel	29 Healthport Srvc	16
29970379	Samuel	Rachel	29 Healthport Srvc	16
29970379	Samuel	Rachel	29 Healthport Srvc	16
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29970379	Samuel	Rachel	29 Healthport Srvc	16
29970379	Samuel	Rachel	29 Healthport Srvc	16
29970379	Samuel	Rachel	29 Healthport Srvc	16
29970379	Samuel	Rachel	29 Healthport Srvc	16
29970379	Samuel	Rachel	29 Healthport Srvc	16
29970379	Samuel	Rachel	29 Healthport Srvc	16
29970379	Samuel	Rachel	29 Healthport Srvc	16
29970149	Scanzillo	June	29 Healthport Srvc	16
29970149	Scanzillo	June	29 Healthport Srvc	16
29970149	Scanzillo	June	29 Healthport Srvc	16

15974448	JUNES	CHARLETT	15 Gardner Heights	16
15974448	JUNES	CHARLETT	15 Gardner Heights	16
15974448	JUNES	CHARLETT	15 Gardner Heights	16
15974448	JUNES	CHARLETT	15 Gardner Heights	16
15974448	JUNES	CHARLETT	15 Gardner Heights	16
15974448	JUNES	CHARLETT	15 Gardner Heights	16
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15974448	JUNES	CHARLETT	15 Gardner Heights	16
15974448	JUNES	CHARLETT	15 Gardner Heights	16
15974448	JUNES	CHARLETT	15 Gardner Heights	16
29970358	Alicea	Rosemary	29 Healthport Srvc	16
29970271	Arshad	Mohamed	29 Healthport Srvc	16
29970271	Arshad	Mohamed	29 Healthport Srvc	16
29970271	Arshad	Mohamed	29 Healthport Srvc	16
29970271	Arshad	Mohamed	29 Healthport Srvc	16
29970271	Arshad	Mohamed	29 Healthport Srvc	16
29970271	Arshad	Mohamed	29 Healthport Srvc	16
29970271	Arshad	Mohamed	29 Healthport Srvc	16
29970271	Arshad	Mohamed	29 Healthport Srvc	16
29970271	Arshad	Mohamed	29 Healthport Srvc	16
29970271	Arshad	Mohamed	29 Healthport Srvc	16
29970271	Arshad	Mohamed	29 Healthport Srvc	16
29970271	Arshad	Mohamed	29 Healthport Srvc	16
29970271	Arshad	Mohamed	29 Healthport Srvc	16
29000062	Curren	Susan	29 Healthport Srvc	16
29000062	Curren	Susan	29 Healthport Srvc	16
29000062	Curren	Susan	29 Healthport Srvc	16
29000062	Curren	Susan	29 Healthport Srvc	16
29000062	Curren	Susan	29 Healthport Srvc	16
29000062	Curren	Susan	29 Healthport Srvc	16
29000062	Curren	Susan	29 Healthport Srvc	16
29000062	Curren	Susan	29 Healthport Srvc	16
29000062	Curren	Susan	29 Healthport Srvc	16
29970792	Edwards	Marcia	29 Healthport Srvc	16
29970276	Gayle-Smith	Laverne	29 Healthport Srvc	16
29970276	Gayle-Smith	Laverne	29 Healthport Srvc	16
29970276	Gayle-Smith	Laverne	29 Healthport Srvc	16
29970276	Gayle-Smith	Laverne	29 Healthport Srvc	16
29970276	Gayle-Smith	Laverne	29 Healthport Srvc	16
29970276	Gayle-Smith	Laverne	29 Healthport Srvc	16
29970276	Gayle-Smith	Laverne	29 Healthport Srvc	16
29970276	Gayle-Smith	Laverne	29 Healthport Srvc	16
29970276	Gayle-Smith	Laverne	29 Healthport Srvc	16
29970276	Gayle-Smith	Laverne	29 Healthport Srvc	16
29970276	Gayle-Smith	Laverne	29 Healthport Srvc	16
29970243	Green	Lauren	29 Healthport Srvc	16
29970243	Green	Lauren	29 Healthport Srvc	16
29970243	Green	Lauren	29 Healthport Srvc	16
29970243	Green	Lauren	29 Healthport Srvc	16

12005570 TREMBLAY	KATHLEEN	12 Hewitt	16
12005570 TREMBLAY	KATHLEEN	12 Hewitt	16
15974960 CORCORAN	DEREK	15 Gardner Heights	16
15974960 CORCORAN	DEREK	15 Gardner Heights	16
12005806 CAMPBELL	NYESHA	12 Hewitt	16
12005806 CAMPBELL	NYESHA	12 Hewitt	16
16977369 PEARCE	ESMOND	16 Shelton Lk	18
16977173 ANTENOR	ALBERTA	16 Shelton Lk	19
16976775 TAHIRI	DIANA	16 Shelton Lk	20
16976775 TAHIRI	DIANA	16 Shelton Lk	20
16976709 LEONARD	PATRICIA	16 Shelton Lk	26

GL	Desc		
West Have 908-45003	Salaries - Aides - JobTitle = CNA SNF	5/14/2015	15.50
908-45003 Total			15.50
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	6/4/2015	16.00
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	6/11/2015	8.00
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	6/18/2015	16.00
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	7/2/2015	23.00
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	3/19/2015	24.50
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	3/26/2015	24.00
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	4/2/2015	24.25
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	4/9/2015	24.25
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	4/16/2015	40.50
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	4/23/2015	24.50
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	4/30/2015	24.00
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	5/7/2015	24.00
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	5/14/2015	32.50
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	5/21/2015	32.00
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	5/28/2015	40.50
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	6/4/2015	24.00
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	6/11/2015	24.50
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	7/9/2015	40.00
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	7/16/2015	24.00
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	7/23/2015	56.00
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	7/30/2015	56.25
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	8/6/2015	57.25
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	8/13/2015	32.00
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	8/20/2015	32.50
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	8/27/2015	32.50
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	9/3/2015	32.00
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	9/10/2015	32.50
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	9/17/2015	32.00
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	9/24/2015	32.50
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	3/19/2015	23.25
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	3/26/2015	64.75
Hewitt 912-45003	Salaries - Aides - JobTitle = CNA SNF	5/28/2015	17.00
912-45003 Total			991.00
Gardner H 915-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN	8/13/2015	24.50
915-45001 Total			24.50
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	4/23/2015	24.00
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	5/7/2015	24.50
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	5/14/2015	8.00
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	5/21/2015	24.00
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	5/28/2015	8.00
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	6/4/2015	23.25
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	6/11/2015	8.50

Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	6/18/2015	24.00
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	8.50
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	7/2/2015	24.00
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	7/9/2015	8.50
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	7/16/2015	24.75
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	7/23/2015	24.75
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015	24.00
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	8/6/2015	24.00
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	8/13/2015	24.00
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	8/20/2015	24.00
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	8/27/2015	24.00
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	9/3/2015	24.75
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	9/10/2015	24.00
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	9/17/2015	24.75
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	24.00
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	5/14/2015	16.50
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	6/18/2015	16.50
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	50.00
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	7/2/2015	43.50
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	8/6/2015	16.50
Gardner H 915-45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	17.50
915-45002 Total			612.75
Gardner H 915-45003	Salaries - Aides - JobTitle = CNA SNF	8/27/2015	16.50
Gardner H 915-45003	Salaries - Aides - JobTitle = CNA SNF	9/3/2015	4.50
Gardner H 915-45003	Salaries - Aides - JobTitle = CNA SNF	9/17/2015	16.00
Gardner H 915-45003	Salaries - Aides - JobTitle = CNA SNF	9/3/2015	23.25
Gardner H 915-45003	Salaries - Aides - JobTitle = CNA SNF	9/10/2015	24.00
Gardner H 915-45003	Salaries - Aides - JobTitle = CNA SNF	9/17/2015	23.25
Gardner H 915-45003	Salaries - Aides - JobTitle = CNA SNF	9/24/2015	7.50
Gardner H 915-45003	Salaries - Aides - JobTitle = CNA SNF	4/30/2015	8.00
Gardner H 915-45003	Salaries - Aides - JobTitle = CNA SNF	5/28/2015	16.00
Gardner H 915-45003	Salaries - Aides - JobTitle = CNA SNF	8/13/2015	17.00
Gardner H 915-45003	Salaries - Aides - JobTitle = CNA SNF	9/3/2015	16.00
Gardner H 915-45003	Salaries - Aides - JobTitle = CNA SNF	9/10/2015	18.25
Gardner H 915-45003	Salaries - Aides - JobTitle = CNA SNF	9/24/2015	17.00
915-45003 Total			207.25
Shelton Lk 916-41006	Salaries - Maintenance - JobTitle = MAINT	5/28/2015	17.25
916-41006 Total			17.25
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN	6/11/2015	38.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN	6/18/2015	70.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN	6/25/2015	31.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN	7/2/2015	16.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN	7/23/2015	29.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN	7/30/2015	74.75
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN	8/6/2015	44.75

Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 8/13/2015	18.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 8/27/2015	31.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 9/3/2015	24.75
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 9/10/2015	149.75
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 9/17/2015	60.25
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 9/24/2015	24.25
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 6/11/2015	42.25
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 6/18/2015	41.25
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 6/25/2015	31.75
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/2/2015	45.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/9/2015	65.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 6/4/2015	60.75
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 6/11/2015	68.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 6/18/2015	6.25
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/9/2015	6.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 9/24/2015	24.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/16/2015	8.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/23/2015	16.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 8/6/2015	7.75
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 8/20/2015	14.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 8/27/2015	82.25
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 9/17/2015	15.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 8/27/2015	58.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 8/20/2015	26.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 6/25/2015	-
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 6/25/2015	25.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 3/19/2015	17.25
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 5/7/2015	30.25
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 3/19/2015	128.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 3/26/2015	109.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 4/2/2015	108.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 4/30/2015	27.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 5/7/2015	111.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 5/14/2015	60.75
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 5/21/2015	90.75
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 5/28/2015	90.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 6/4/2015	35.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 6/11/2015	162.25
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 6/18/2015	108.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/2/2015	95.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/9/2015	58.75
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/16/2015	66.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/23/2015	125.75
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/30/2015	192.75
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 8/6/2015	147.00

Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 8/13/2015	81.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 8/20/2015	77.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 8/27/2015	146.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 9/3/2015	171.75
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 9/17/2015	101.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 9/24/2015	143.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/2/2015	16.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 4/30/2015	26.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 5/14/2015	25.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/9/2015	77.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/16/2015	74.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 6/25/2015	17.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/2/2015	8.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/16/2015	34.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/23/2015	16.25
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/30/2015	25.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 9/24/2015	18.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 3/19/2015	58.75
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 4/2/2015	25.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 4/9/2015	21.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 8/13/2015	8.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 8/20/2015	16.25
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 9/17/2015	16.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 9/3/2015	54.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 9/10/2015	23.75
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 9/17/2015	27.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 4/9/2015	16.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 4/2/2015	50.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 4/9/2015	129.75
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 4/16/2015	74.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 4/23/2015	103.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 4/30/2015	94.25
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 5/7/2015	144.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 5/14/2015	108.25
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 5/21/2015	138.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 5/28/2015	119.75
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 6/4/2015	128.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/2/2015	25.75
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/9/2015	88.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/30/2015	24.75
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 8/6/2015	102.25
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 8/13/2015	125.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 3/26/2015	26.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 4/16/2015	50.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 4/23/2015	26.00

Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 4/30/2015	26.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 5/21/2015	18.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 5/28/2015	54.25
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 6/4/2015	25.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 6/11/2015	77.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 6/18/2015	35.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 6/25/2015	51.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/2/2015	55.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/9/2015	34.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/16/2015	28.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/23/2015	67.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/30/2015	29.75
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 8/6/2015	82.25
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 8/13/2015	172.25
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 8/20/2015	58.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 9/3/2015	28.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 9/10/2015	53.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 9/17/2015	112.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 9/24/2015	85.75
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 4/16/2015	26.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 4/30/2015	4.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 5/7/2015	53.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 5/14/2015	64.25
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 5/21/2015	25.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 5/28/2015	26.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 6/4/2015	81.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 6/11/2015	55.75
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 6/18/2015	90.00
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 6/25/2015	75.75
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 7/2/2015	51.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 4/30/2015	26.50
Shelton Lk 916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SN 5/7/2015	53.00

916-45001 Total

7,635.75

Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF 3/26/2015	18.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF 4/2/2015	9.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF 4/9/2015	9.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF 4/16/2015	10.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF 4/23/2015	8.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF 5/7/2015	9.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF 5/21/2015	8.75
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF 5/28/2015	18.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF 6/11/2015	8.75
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF 6/18/2015	9.25
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF 6/25/2015	8.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF 7/16/2015	9.50

Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/23/2015	18.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015	8.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	8/6/2015	8.75
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	8/13/2015	9.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	8/20/2015	29.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	8/27/2015	9.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/3/2015	25.25
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/10/2015	26.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/17/2015	23.75
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	20.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	3/19/2015	0.25
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	5/28/2015	19.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	6/11/2015	21.75
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	6/18/2015	42.75
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	58.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/2/2015	39.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	8/6/2015	32.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	8/13/2015	34.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	8/20/2015	18.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	8/27/2015	35.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/3/2015	41.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/10/2015	18.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	3/19/2015	46.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	3/26/2015	45.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	4/2/2015	25.25
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	4/9/2015	34.75
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	4/16/2015	33.25
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	4/23/2015	26.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	17.25
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	19.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	5/21/2015	19.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	6/4/2015	16.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	6/11/2015	18.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	6/18/2015	37.75
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	37.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015	18.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	8/6/2015	18.75
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	8/20/2015	18.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	8/27/2015	8.25
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/10/2015	20.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/17/2015	19.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	3/19/2015	8.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	4/9/2015	7.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	24.25
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/2/2015	26.00

Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/9/2015	16.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/16/2015	17.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/23/2015	8.25
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015	25.25
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/3/2015	7.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/23/2015	16.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015	16.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	8/13/2015	33.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	5/14/2015	18.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	8.75
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	3/19/2015	8.25
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	6/18/2015	18.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/9/2015	42.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/16/2015	58.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/23/2015	34.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015	24.75
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	8/27/2015	49.75
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/3/2015	8.25
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/10/2015	24.25
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/17/2015	17.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	16.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	3/19/2015	9.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	3/26/2015	8.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	4/2/2015	7.75
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	4/9/2015	9.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	4/16/2015	0.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/16/2015	8.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/10/2015	18.25
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	15.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	8.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	6/4/2015	9.75
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	6/11/2015	9.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	4/9/2015	8.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	5/21/2015	31.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	6/4/2015	17.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	6/11/2015	31.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	17.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/2/2015	13.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/9/2015	13.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/16/2015	49.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/23/2015	14.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015	24.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	8/13/2015	16.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	8/20/2015	7.25
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/10/2015	23.00

Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/17/2015	15.25
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	7.75
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	6/4/2015	9.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	3/19/2015	8.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	3/26/2015	7.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	4/2/2015	4.25
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	4/9/2015	34.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	4/16/2015	24.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	4/23/2015	16.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	5/7/2015	41.25
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	5/21/2015	15.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	5/28/2015	8.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	6/18/2015	24.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	53.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/2/2015	37.75
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/9/2015	60.25
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015	25.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	8/13/2015	24.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/3/2015	15.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/10/2015	15.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/17/2015	8.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	3/19/2015	17.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	5/21/2015	34.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	5/28/2015	16.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	18.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/2/2015	17.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/9/2015	16.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/16/2015	34.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	8.75
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/9/2015	26.50
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	7/16/2015	17.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	8/6/2015	38.00
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	8/20/2015	16.75
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	8/27/2015	8.25
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/3/2015	28.25
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/10/2015	31.25
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/17/2015	52.75
Shelton Lk 916-45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	9.50
916-45002 Total			2,894.25
Shelton Lk 916-45003	Salaries - Aides - JobTitle = CNA SNF	4/9/2015	10.50
Shelton Lk 916-45003	Salaries - Aides - JobTitle = CNA SNF	4/16/2015	8.75
Shelton Lk 916-45003	Salaries - Aides - JobTitle = CNA SNF	4/23/2015	10.00
Shelton Lk 916-45003	Salaries - Aides - JobTitle = CNA SNF	4/30/2015	19.75
Shelton Lk 916-45003	Salaries - Aides - JobTitle = CNA SNF	5/7/2015	10.00
916-45003 Total			59.00

Shelton Lk 916-45017	Salaries - MDS Coordinator - JobTitle = MI 3/19/2015	20.00
Shelton Lk 916-45017	Salaries - MDS Coordinator - JobTitle = MI 3/26/2015	10.25
916-45017 Total		30.25
Shelton Lk 916-60002	Salaries - Housekeeping Supervisor - JobTit 5/21/2015	22.00
Shelton Lk 916-60002	Salaries - Housekeeping Supervisor - JobTit 6/4/2015	28.00
916-60002 Total		50.00
Shelton Lk 916-70062	Salaries Therapy Technicians - JobTitle = T 3/19/2015	7.00
Shelton Lk 916-70062	Salaries Therapy Technicians - JobTitle = T 4/16/2015	7.25
916-70062 Total		14.25
Westfield 918-45002	Salaries LPN - JobTitle = LPN SNF 7/2/2015	16.50
918-45002 Total		16.50
Coccoma 919-45003	Salaries - Aides - JobTitle = CNA SNF 6/25/2015	8.00
919-45003 Total		8.00
Farmington 920-45003	Salaries - Aides - JobTitle = CNA TRAINE 4/2/2015	29.00
Farmington 920-45003	Salaries - Aides - JobTitle = CNA TRAINE 4/23/2015	32.50
920-45003 Total		61.50
Laurel Wo 926-45003	Salaries - Aides - JobTitle = CNA SNF 6/4/2015	16.00
926-45003 Total		16.00
Grand Total		#####

120.43
120.43
122.00
114.00
128.00
221.75
213.50
210.00
213.06
213.06
461.13
213.50
210.00
210.00
311.50
308.00
367.50
210.00
213.50
316.00
204.00
428.00
431.06
437.88
224.00
227.50
227.50
224.00
227.50
224.00
227.50
127.88
453.32
119.00
8,039.64
259.13
259.13
212.00
218.07
172.00
212.00
172.00
205.38
178.01

224.00
190.38
224.00
190.38
231.00
210.38
224.00
204.00
224.00
204.00
224.00
210.38
224.00
305.26
224.00
204.19
214.51
694.32
568.29
214.51
227.85
6,806.91
113.44
29.25
104.00
120.13
124.00
120.13
90.00
106.08
114.08
127.39
114.08
136.63
121.31
1,420.52
296.18
296.18
450.50
939.38
352.75
229.00
251.94
995.78
609.92

283.50
290.63
291.00
1,636.18
852.28
283.13
381.82
371.38
411.75
367.50
787.25
829.26
778.75
18.75
180.00
270.00
260.00
284.00
251.88
297.50
952.51
329.38
737.94
401.00
100.00
365.50
338.50
431.56
1,996.02
1,623.75
1,604.25
412.50
1,834.71
729.00
1,257.04
1,412.02
428.25
2,564.91
1,648.00
1,374.00
753.75
775.50
1,508.19
2,908.43
2,314.67

1,183.50
1,122.00
2,201.83
2,609.17
1,511.25
2,156.37
419.25
375.50
347.00
1,079.00
1,031.50
380.00
74.00
760.00
354.50
398.00
270.00
1,017.01
406.50
336.00
365.50
378.75
378.00
818.00
343.25
387.00
297.00
720.75
3,018.56
1,056.75
1,490.25
1,837.88
2,184.50
1,587.00
2,052.93
1,704.71
2,004.87
374.25
1,186.25
354.75
1,470.00
1,810.97
375.00
711.00
375.00

375.00
360.75
797.73
365.25
1,105.50
421.36
740.25
813.33
399.00
427.28
778.50
453.89
1,214.84
2,586.27
883.42
414.00
769.50
1,821.15
1,282.49
527.63
148.00
769.50
936.77
365.25
375.00
1,310.88
829.87
1,473.45
1,093.50
740.25
384.75
769.50

236.07
213.57
225.44
225.84
201.71
213.57
207.64
242.29
207.64
219.50
189.84
208.58

235.73
201.71
207.64
213.57
490.21
213.57
434.66
459.01
514.76
486.47
7.75
302.25
337.13
696.08
929.19
604.50
496.00
527.00
279.00
550.25
676.59
286.75
1,780.00
1,765.00
1,010.00
1,390.00
1,330.00
1,040.00
690.00
304.00
285.00
240.00
310.00
595.50
620.00
310.00
317.00
270.00
231.00
300.00
292.50
248.00
232.50
553.75
552.25

396.25
280.50
255.75
536.25
232.50
247.50
240.00
502.50
296.00
271.25
255.75
297.00
765.63
1,073.00
561.00
404.75
1,142.25
255.75
751.75
662.63
511.50
285.00
255.00
232.50
270.00
15.00
255.00
547.50
360.00
263.50
292.50
270.00
232.00
480.50
263.50
488.25
263.50
201.50
209.25
767.25
217.00
473.25
248.00
210.25
457.75

442.25
224.75
201.88
246.50
217.50
123.25
527.00
603.75
248.00
635.82
232.50
246.50
372.00
829.25
587.90
1,049.88
392.86
369.33
232.50
232.50
124.00
288.75
569.25
272.25
305.25
280.50
272.25
561.00
262.50
543.00
272.00
608.00
502.50
247.50
847.50
867.50
1,307.92
285.00

149.94
124.95
142.80
282.03
142.80
842.52

651.80
334.05
985.85
440.00
560.00
1,000.00
87.43
90.55
177.98
379.50
379.50
40.00
40.00
253.00
251.00
504.00
126.32
126.32
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General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Apple Rehab Shelton Lakes	License No. 2298-C	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.
 The costs incurred by Apple Health Care, inc. (a related party), to provide Accounting and Managerial services to each facility owned by Brian J. Foley, are allocated on a per bed basis.
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

N/A

General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility Apple Rehab Shelton Lakes			License No. 2298-C			Report for Year Ended 9/30/2015		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" type="radio"/> Yes <input type="radio"/> No	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 Shelton Lakes	License No. 2298-C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Saslow, Lufkin, & Buggy, LLP 2 Huban & Brazee 3 4	Address (No. & Street, City, State, Zip Code) 10 Tower Lane Avon, CT 06001 35 Wendell Avenue Pittsfield, MA 10202
---	---

Services Provided by This Firm (*describe fully*)

1 Preparation of audited financials (dissallow Pg. 28)	\$ 5,278
2 Preparation of tax returns	\$ 2,025
3	\$
4	\$
Charge for Services Provided	
\$ 7,303	

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

Yes No Pg. 15 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Law Offices of Jason DeGenero 2 Treasurer State of CT 3 Clerk of the Superior Court 4 Dept of Public Health 5	Telephone Number
---	------------------

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

- 1 29 Water St. Guilford, CT 06437
- 2 410 Capital Ave, Hartford, CT 06134
- 3 /Shelton Probate Court
- 4 Capital Ave, Hartford, CT 06134
- 5

Services Provided by This Firm (*describe fully*)

1 Collections	\$ 8,749
2 State of CT	\$ 150
3 Collections/Filing Fees	\$ 540
4 Health Fees	\$ 1,700
5	\$
Charge for Services Provided	
\$ 11,139	

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 Shelton Lakes		License No. 2298-C			Report for Year Ended 9/30/2015				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	109	106		3	109	106		3	109	106			3
B. On last day of THIS report period	109	106		3	109	106		3	109	106			3
2. Number of Residents													
A. As of midnight of PREVIOUS report period	93	90		3	93	90		3	83	80			3
B. As of midnight of THIS report period	83	80		3	83	80		3	83	80			3
3. Total Number of Days Care Provided During Period													
A. Medicare	4,143	4,143			3,679	3,679			464	464			
B. Medicaid (Conn.)	22,161	22,161			16,596	16,596			5,565	5,565			
C. Medicaid (other states)													
D. Private Pay	6,906	6,906			5,211	5,211			1,695	1,695			
E. State SSI for RCH													
F. Other (Specify) Home for the Aged	1,095			1,095	819			819	276				276
G. Total Care Days During Period (3A thru F)	34,305	33,210		1,095	26,305	25,486		819	8,000	7,724			276
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)	34,305	33,210		1,095	26,305	25,486		819	8,000	7,724			276

Schedule of Resident Statistics (Cont'd)

Name of Facility Apple Rehab Shelton Lakes			License No. 2298-C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(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	Residential Care Home		
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	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents	6		56		18		3						
Per Diem Rate													
a. One bed rm.					443.00		128.49						
b. Two bed rms.	various rugs		219.86		403.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Residential Care Home	
A. Medicare - Part B									4,623	4,623			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									13,140	13,140			
D. Total Physical Therapy Treatments									17,763	17,763			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									905	905			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									1,405	1,405			
D. Total Speech Therapy Treatments									2,310	2,310			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									5,088	5,088			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									13,592	13,592			
D. Total Occupational Therapy Treatments									18,680	18,680			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Shelton Lakes	2298-C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	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)	101,279	1,947			1,867	36
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	96,300	6,122			1,775	113
5. Dietary Service						
a. Head Dietitian	11,941	403			369	12
b. Food Service Supervisor	50,592	2,093			1,565	65
c. Dietary Workers	249,705	20,481			7,723	633
6. Housekeeping Service						
a. Head Housekeeper	33,916	1,838			692	38
b. Other Housekeeping Workers	125,049	11,108			2,552	227
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	66,808	3,784			1,363	77
8. Laundry Service						
a. Supervisor	3,734	220			115	7
b. Other Laundry Workers	24,808	1,847			767	57
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	127,724	5,207			2,354	96
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	167,911	3,811				
b. RN						
1. Direct Care	708,316	25,200				
2. Administrative**	133,763	3,702				
c. LPN						
1. Direct Care	808,500	32,982			25,005	1,020
2. Administrative**						
d. Aides and Attendants	1,511,044	103,280			46,733	3,194
e. Physical Therapists	178	14				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	89,013	4,615			2,753	143
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	111,501	4,311			3,448	133
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	4,422,084	232,964			99,084	5,851

* 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		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Data Integrity Audit	\$ 1,925	19				
Nurse Consultant	\$ 49,983	400				
Pharmacy Consultant	\$ 45,171	655				
Total	\$ 97,079	1,074	\$ -	-	\$ -	-

**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 Shelton Lakes				2298-C	9/30/2015				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
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 Shelton Lakes				2298-C	9/30/2015			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section III - Administrators***										
Linda Urbanski	42,835		790		Administrator 10/1/14 - 4/10/15	1,023	A2	Kent. LTD/ Harbor View	739 / 360	39,061 / 18,173
Mary Madara	58,444		1,077		Administrator 4/11/15 - 9/30/2015	960	A2	Harbor View	1,120	43,291
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 Shelton Lakes	2298-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	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	9,640	87			298	3
3. Pharmacist	7,399	74			229	2
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	308,492	4,441				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	6,984				216	
b. Utilization Review (Title 18 and 19 only) monthly meeting	213	2			7	0
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) Healthdrive Audiologist/Vascular Specialist	2,912	29				
9. Speech Therapist						
a. Resident Care	94,978	578				
b. Other						
10. Occupational Therapist						
a. Resident Care	316,393	4,670				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	34,552	531				
2. Administrative***						
b. LPN						
1. Direct Care	118,999	2,323				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	97,079	1,074				
B-13 Total Fees Paid in Lieu of Salaries	997,640	13,808			750	5

* 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 Shelton Lakes		License No. 2298-C	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Allstar Therapy 21 Waterville Rd. Avon, CT	Therapy Services	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Healthport Services 21 Waterville Rd. Avon, CT	Employee Staffing	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Medstat 41 Northwest Dr. Plainville, CT	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
West River Pharmacy of Connecticut 41 Northwest Dr Plainville, CT	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Saroja Kones Waren 21 Huntington Plaza Shelton, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Dental Group 888 Worcester St. Wellesley, MA	Dental	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Audio Group 888 Worcester St. Wellesley, MA	Audiology	<input type="radio"/>	<input checked="" type="radio"/>		
CT Vascular & Thoracic Surgical Associates, P.C. 501 Kings Hwy East, Ste 112 Fairfield, CT 06825	Vascular Specialist	<input type="radio"/>	<input checked="" type="radio"/>		
		<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"/>		

* 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 Shelton Lakes	2298-C	9/30/2015		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 274,173	268,690			5,483
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 130,655	128,042			2,613
4. Social Security (F.I.C.A.)	\$ 313,876	307,598			6,278
5. Health Insurance	\$ 364,419	357,130			7,288
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 12,149	11,906			243
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 16,327	16,001			327
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*	\$ 578,620	578,620			
d. Accounting and Auditing	\$ 7,303	7,171			132
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 11,139	10,937			202
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 29,472	28,939			533
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 16,413	16,116			297
2. Cellular Phones	\$				
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 610,358	610,358			
Subtotal	\$ 2,364,904	2,341,508			23,396

* 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 Shelton Lakes
9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
Total	\$ -	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	Residential Care Home
Total	\$ -	\$ -	\$ -

C. Expenditures Other Than Salaries (cont'd) - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Shelton Lakes	2298-C	9/30/2015		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:		2,364,904	2,341,508		23,396
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 9,342	9,173			169
2. Holiday Parties for Staff	\$ 1,918	1,884			35
3. Gifts to Staff and Residents	\$ 16,075	15,784			291
4. Employee Travel	\$ 5,236	5,141			95
5. Education Expenses Related to Seminars and Conventions	\$ 1,176	1,155			21
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 734	721			13
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 579	568			10
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 3,017	2,962			55
4. Fund-Raising***	\$				
5. Medical Records	\$ 2,804	2,753			51
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 2,399	2,356			43
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 7,665	7,527			139
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 545	535			10
9. Subscriptions	\$ 464	456			8
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**	\$ 560,840	550,688			10,151
13. Other (<i>Specify</i>) See Attached Schedule	\$ 103,066	101,201			1,866
C-14 Total Administrative & General Expenditures	\$ 3,080,764	3,044,411			36,353

* 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	Residential Care Home
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Advertising - Public Relations	\$ 2,962		\$ 55
Total Other Advertising	\$ 2,962	\$ -	\$ 55

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
CAHFA	\$ 6,968		\$ 128
Extended Care	\$ 558		\$ 10
Total Dues	\$ 7,527	\$ -	\$ 139

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Corporate Fees - Non Reimbursable	\$ 42,935		\$ 791
Licenses & Fees	\$ 14,233		\$ 262
Pre Employment Screening	\$ 20,960		\$ 386
Point Click Care Fees	\$ 7,678		\$ 142
Bank Charges	\$ 5,376		\$ 99
Resident Expenses	\$ 4,321		\$ 80
Settlement	\$ 723		\$ 13
Account Write Off	\$ 64		\$ 1
Penalties	\$ 4,910		\$ 91
Total Other Administrative and General	\$ 101,201	\$ -	\$ 1,866

Schedule C-1 - Management Services*

Name of Facility Apple Rehab Shelton Lakes	License No. 2298-C	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Apple Health Care, Inc.	560,840	Accounting & Managerial Services	Pg. 16 m12

*** In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**

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

Name of Facility Apple Rehab Shelton Lakes		License No. 2298-C	Report for Year Ended 9/30/2015	Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$	285,916	277,339		8,577
2. Non-Food Supplies	\$	51,304	49,765		1,539
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
	\$	994	964		30
c. Management Services**					
	\$				
d. Other (Specify) _____					
	\$				
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 338,214	328,067		10,146
2F. Dietary Questionnaire		Total	CCNH	RHNS	Residential Care Home
G. Resident Meals: Total no. of meals served per day:*		282	274		8
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 Shelton Lakes		2298-C	9/30/2015		19	37
Item		Total	CCNH	RHNS	Residential Care Home	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	6,019	5,839		181
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. \$	698	677		21
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	97,210	94,293		2,916
c. Management Services**		\$				
d. Other (Specify)		\$				
3E. Total Laundry Expenditures (3a + b + c + d)		\$	103,927	100,809		3,118
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 Shelton Lakes	2298-C	9/30/2015	20	37	
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	42,793	41,937		856
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. Total Housekeeping Expenditures (4a + b + c + d)	\$	42,793	41,937		856
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Medstat/West River	\$	438,055	438,055		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	292,400	283,628		8,772
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	80,544	80,544		
f. X-rays and Related Radiological Procedures***	\$	30,644	30,644		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$				
i. Recreation	\$	52,893	51,306		1,587
j. Other (Specify)**** See Attached Schedule	\$	119,229	119,229		
5K. Total Resident Care Expenditures (5a - 5j)	\$	1,013,764	1,003,405		10,359

* 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	Residential Care Home
Nursing Station Supplies	\$ 8,970		
Rehab Service Supplies	\$ 1,861		
IV Therapy Supplies	\$ 108,398		
Social Service Supplies	\$ -		
Total Other Resident Care	\$ 119,229	\$ -	\$ -

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

Name of Facility Apple Rehab Shelton Lakes			License No. 2298-C		Report for Year Ended 9/30/2015					Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***					
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line	
Unitex	161 South Macquesten Pkwy Mt. Vernon, NY	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	94,544		2,924	19	3b	
CWPM	25 Norton Place Plainville, CT	<input type="radio"/>	<input checked="" type="radio"/>		Refuse Removal	24,910		508	22	6f	
Saucier Mechanical Services	148 Norton St, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		Heating & Air Conditioning Services	12,728		260	22	6a	
Perfectemp	635 Old Turnpike Rd. Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		Heating and Air Conditioning Service	84,032		1,715	22	6a	
Fire Protection Alarms	1701 Highland Ave, Chesire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Safety Services	15,680		320	22	6a	
MTR LLC	44 Goose Lane, Tolland, CT 06084	<input type="radio"/>	<input checked="" type="radio"/>		Heating and Air Conditioning Service	41,714		851	22	6a	
Stephen Rodrigues	327 Pepper St, Monroe, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping Services	18,654		381	22	6a	
		<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"/>								

* 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 Shelton Lakes	2298-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 252,137	247,094			5,043	
b. Heat	\$ 57,200	56,056			1,144	
c. Light & Power	\$ 148,276	145,311			2,966	
d. Water	\$ 17,529	17,179			351	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 19,140	18,758			383	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 494,282	484,396			9,886	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 507	496			10	
d. Movable Equipment	\$ 24,474	23,985			489	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 24,981	24,481			500	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 97,273	95,328			1,945	
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 97,273	95,328			1,945	
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 420,000	411,600			8,400	
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 42,947	42,088			859	
c. Personal property taxes	\$ 4,604	4,512			92	
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 589,805	578,009			11,796	

* 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	Residential Care Home
Refuse Removal	\$ 18,758		\$ 383
Total Other Repairs and Maintenance	\$ 18,758	\$ -	\$ 383

Apple Rehab Shelton Lakes
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
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:				
3/10/2014	Roam Alert Equip/Install (Raintech)	6,679.84	5	1,208.33
1/21/2015	Desktop Computer for MDS	520.84	5	38.35
3/5/2015	Cisco Bundle Controllers (JKS)	1,182.65	5	82.32
3/12/2015	Infrastructure/Firewall (JKS)	176.75	5	12.16
3/12/2015	Infrastructure/Controller (JKS)	44.19	5	3.06
3/12/2015	Infrastructure Firewall (JKS)	176.75	5	12.16
3/19/2015	Payroll System Upgrade-Time Clocks	1,233.02	10	42.04
3/19/2015	Payroll System Upgrade-Time Clocks	1,395.84	10	47.57
Total additions for Movable Equipment		11,409.88		1,445.99 *
Deletions:				
9/30/2015	IBM Printer (Preferred Computer Services)	3,127.00	5	
9/30/2015	Networking (Preferred Computer Services)	612.15	5	
9/30/2015	Kyocera Mita Copier (Advanced Copy Techn)	4,028.00	5	
9/30/2015	Photocopier (Advanced Copy Technologies)	9,752.00	5	
Total deletions for Movable Equipment		17,519.15		\$ - **

*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:				
10/15/2013	Carrier Heat Pump (Ralph Mann)	2,658.75	10	265.88
5/9/2014	Install Heat Pump 4 Ton (Ralph Mann)	7,368.00	10	695.33
6/3/2014	Storefront Frames Alumin (SWI Glass)	13,223.00	20	638.94
11/19/2014	UST Removal Environmental (MTR,LLC)	42,565.00	20	2,660.28
11/19/2014	UST Removal GAAP ASC 410-30 (MTR,LLC)	26,500.00	20	1,656.28
1/1/2015	Carrier Water Heat Pumps-2 A/C Units	5,075.02	10	190.35
1/1/2015	2 Water Source Console Heat Pumps	2,658.75	10	99.72
6/23/2015	Replace Front & Back Concrete Walkways	15,000.00	15	260.65
6/23/2015	Replace Front & Back Concrete Walkways	5,000.00	15	86.89
Total additions for Leasehold Improvement		120,048.52		6,554.32 *
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 Shelton Lakes			License No. 2298-C		Report for Year Ended 9/30/2015			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	var	var	various	1,428,118	534,281	A		90,718	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	var	var	various	120,049		A		6,554	
C-4. Subtotal									97,273
D. Total Amortization									97,273

* 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 Shelton Lakes	License No. 2298-C	Report for Year Ended 9/30/2015	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	109			
6. Square Footage	34,571			
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed	See Attached			
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

CT Medicaid Cost Report Attachment Page 25

		Original Mortgage
A.	Type of Financing (e.g. fixed, variable)	Fixed
B.	Date of Mortgage Obtained	4/11/2008
C.	Interest Rate For the Cost Year	6.44%
D.	Term of Mortgage (number of years)	7 Yrs.
E.	Amount of Principal Borrowed	119,500,000
F.	Principal Balance Outstanding as of 9/30/	100,562,320

Note: The following facilities are collateralized by this mortgage.

Connecticut Facilities

Brightview Nursing & Retirement Center, Ltd.
Rose Haven, Ltd.
Mary Elizabeth Nursing Center, Inc.
Fowler Nursing Center, Inc.
Waterbury Extended Care Facility, Inc.
Harbor View Nursing Center, Inc.
Liberty Hall Nursing Center
Orchard Grove Specialty Care
Wolcott Hall Nursing Center, Inc.
Hewitt Health and Rehabilitation Center, Inc.
Watrous Nursing Center
Elm Hill Nursing Center, Inc.
Gardner Heights Health Care Center, Inc.
Shelton lakes Health Care Center, Inc.
Highview Health Care Center, Inc.
Westfield Manor Health Care Center, Inc.
TA Cocomo Memorial
Plainville Health Care Center, Inc.
Ledgestone Health Care Center, Inc.
Ridgeview Health Care Center, Inc.
The Kent, Ltd.
Chesterfields, Ltd.

Out of State Facilities

Watch Hill Manor, Ltd.
The Clipper Home, Inc.

6 Month extension

extension to 10/13/15

2.08%

6 month

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

Name of Facility		License No.	Report for Year Ended		Page	of
Apple Rehab Shelton Lakes		2298-C	9/30/2015		26	37
Item			Total	CCNH	RHNS	Residential Care Home
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Apple Rehab Shelton Lakes		2298-C		9/30/2015		27	37
Item				Total	CCNH	RHNS	Residential Care Home
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)				\$	3,424	3,362	62
Value Settlement \$1998 Shelton Tax Interest \$1426							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	3,424	3,362	62
14. Insurance							
a. Insurance on Property (buildings only)				\$	93,687	91,991	1,696
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)				\$	93,687	91,991	1,696
15. Total All Expenditures (A-13 thru C-14)				\$	11,280,217	11,096,112	184,105

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Shelton Lakes				2298-C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 1,440	1,397		43
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 316,393	316,393		
7.			Other - See attached Schedule	\$ 54,739	54,523		216
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 578,620	578,620		
10.	15	1d/e	Accounting & Legal	\$ 16,417	16,119		297
11.			Telephone	\$ 761	747		14
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 *	\$ 3,017	2,962		55
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	\$ 70,204	68,934		1,271
Page 18 - Dietary Expenditures							
24.	30	IV1	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)				\$ 1,041,592	1,039,696		1,895

* 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	Residential Care Home
10	12m	Social Service/Marketing	\$ 1,397		\$ 43
Total Other Salaries Adjustment			\$ 1,397	\$ -	\$ 43

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B8	Medical Director (if no hours to support expense)	\$ 6,984		\$ 216
13	b12	Griffin Faculty Practice - short term rehab consultant	\$ 2,368		
13	b12	Pharmacy Consultant	\$ 45,171		
Total Other Fees Adjustments			\$ 54,523	\$ -	\$ 216

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m13	Corporate Fee - Non Reimburable	\$ 42,171		\$ 777
16	1.3	Employee Recognition/Gifts/Parties	\$ 15,784		\$ 291
16	8a	Chamber of Commerce	\$ 535		\$ 10
16	m13	Bank Charges	\$ 5,280		\$ 97
16	m13	Resident Expenses	\$ 4,244		\$ 78
16	m13	Settlement	\$ 723		\$ 13
30	IV8	Account W/O	\$ 133		\$ 2
16	m13	Account Write Off	\$ 63		\$ 1
Total Other A&G Adjustments			\$ 68,934	\$ -	\$ 1,271

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

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Shelton Lakes				2298-C	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 1,041,592	1,039,696		1,895
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 438,055	438,055		
28.	16	L1	Ambulance/Limousine	\$ 9,342	9,342		
29.	20	h	X-rays, etc	\$ 30,644	30,644		
30.	20	f	Laboratory	\$			
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 72,114	72,114		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 110,259	110,259		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.	30	IV4	Radio and Television Revenue	\$ 1,213	1,213		
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	\$ 570	570		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 3,439	3,377		62
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 1,707,227	1,705,270		1,958

*** 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 Shelton Lakes
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5j	IV Therapy Supplies	\$ 108,398		
20	5j	Rehab Service Supplies	\$ 1,861		
Total Other Ancillary Costs			\$ 110,259	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
29	49	Therapy Disallowance	\$ 74		\$ 1
27	12d	Interest on value note	\$ 3,303		\$ 61
Total Other Adjustments			\$ 3,377	\$ -	\$ 62

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Apple Rehab Shelton Lakes	2298-C	9/30/2015			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 4,874,993	4,736,524		138,469		
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,609,264	1,609,264				
b. Medicare Room and Board Contractual Allowance **	\$ 665,490	665,490				
4. a. Private-Pay Residents and Other	\$ 2,908,129	2,908,129				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 229,458	229,458				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (227,689)	(227,689)				
c. Prescription Drugs - Non-Medicare	\$ 147,700	147,700				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (147,700)	(147,700)				
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	\$ 477,822	477,822				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (347,789)	(347,789)				
c. Physical Therapy - Non-Medicare	\$ 143,885	143,885				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (143,885)	(143,885)				
4. a. Speech Therapy - Medicare	\$ 84,919	84,919				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (52,188)	(52,188)				
c. Speech Therapy - Non-Medicare	\$ 19,035	19,035				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (19,035)	(19,035)				
5. a. Occupational Therapy - Medicare	\$ 649,039	649,039				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (465,037)	(465,037)				
c. Occupational Therapy - Non-Medicare	\$ 191,565	191,565				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (191,565)	(191,565)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 235	235				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 10,406,646	10,268,177		138,469		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$ 761	761				
4. Rental of Television and Cable Services	\$ 1,213	1,213				
5. Interest Income (<i>Specify</i>)	\$ 570	570				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 12,525	12,525				
V. Total Other Revenue (1 thru 8)	\$ 15,069	15,069				
VI. Total All Revenue (III +V)	\$ 10,421,715	10,283,246		138,469		

* 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	Residential Care Home
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
30 II	Other Therapeutic - X-ray	\$ 235		
Total Other Resident Revenue		\$ 235	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30 IV5	Interest Income	2,366,638	\$ 570		
Total Interest Income			\$ 570	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
30 IV 8	Account W/O	\$ 135		
30 IV 8	Medical Records	\$ 149		
30 IV8	Rebates	\$ 10,339		
30 IV8	State of CT Provider Tax Refund	\$ 1,901		
Total Other Revenue		\$ 12,525	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Shelton Lakes	2298-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	8,351
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,366,638
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	1,000
4. Inventories			\$	24,143
5. Prepaid Expenses			\$	22,899
a. Prepaid Insurance	3,960			
b. Prepaid Property Tax	18,325			
c. Prepaid Other				
d. Payroll W/H	614			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	
Due Affiliate (Debit Balance)				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,423,031
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>1,548,167</u>		\$	916,613
	Accum. Depreciation <u>631,554</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>11,019</u>		\$	2,619
	Accum. Depreciation <u>8,400</u>	Net		
6. Movable Equipment	*Historical Cost <u>603,810</u>		\$	155,800
	Accum. Depreciation <u>448,010</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	560
Construction in Progress	560			
Fixed Asset Clearing Account				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,075,592

* 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 Shelton Lakes	2298-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	3,498,624
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	1,675
	Capitalized Refinance Expense	1,675		

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,675
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	3,500,299

* 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 Shelton Lakes		License No. 2298-C	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	442,238
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>)				\$	139,627
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	44,573
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>)				\$	602,705
Accrued PTO		131,229	Accrued Worker's Comp	172,909	
Accrued Pension		4,228	Accrued Professional Fee	5,197	
Accrued Expense Other		267,726	Other Employee Withold	2,044	
Exchange		12,491	Payroll W/H	6,881	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,229,143

* 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 Shelton Lakes	License No. 2298-C	Report for Year Ended 9/30/2015		Page 34	of 37
Account				Amount	
Total Brought Forward:				1,229,143	
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>)				\$ 483,216	
Name and Address of Lender	Amount	Loan Date			
Brian J. Foley	483,216	Demand			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 2,500,526	
Security Deposit					
Due Affiliate		2,500,526			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 2,983,741	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 4,212,884	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Shelton Lakes	2298-C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	2,825,000
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,680,084)
6. Gain or Loss for Period			\$	(858,501)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	(712,585)
C. Total Reserves and Net Worth			\$	(712,585)
D. Total Liabilities, Reserves, and Net Worth			\$	3,500,298

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Shelton Lakes	2298-C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	1,151,606
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	10,421,715
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	11,280,217
D. Net Income or Deficit			\$	(858,501)
E. Balance			\$	293,105
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>)			\$	1,005,690
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
Brian J. Foley		President	5,690	
Brian J. Foley		President	1,000,000	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	1,005,690
H. Balance at End of Period			\$	(712,585)
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility Apple Rehab Shelton Lakes	License No. 2298-C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Robert Gwizdak				
Address Address			Phone Number	
21 Waterville Road Avon, CT 06001			(860) 470-7535	