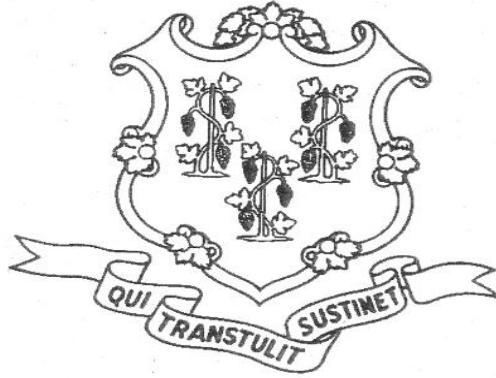


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

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 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2298-C	RHNS	Residential Care Home 1870	Medicare Provider 07-5300
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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 9/30/2016	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, 2015 and ending September 30, 2016, 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) Paula Meunier			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 10/1/2015	To 9/30/2016
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 9/30/2016	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. 07-5300	
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 Paula Meunier			Nursing Home Administrator's License No.:	1986	
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 9/30/2016	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Apple Rehab Shelton Lakes	5 Lake Rd. Shelton, CT 06484	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 9/30/2016	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	555,870	555,870
Healthport Services	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10/13 Schedule	257,477	257,477
Allstar Therapy	21 Waterville Road Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>	15%	Therapy Services	Pg. 13 B5/B9/B10	722,093	662,159
Corporate Employees	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	17,917	17,917
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	110,477	110,477
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	15,513	15,513
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	493,268	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	36,389	

* 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 9/30/2016		Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?						X 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?						X Yes No	If "Yes," provide the following information:	
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Aetna Ancillary	PO Box 88860 Chicago, IL	X			Group Life & Disability	Pg. 15 1a6	41,501	
Marsh	PO Box 19636 Newark, NJ	X			Property, Liability, & Umbrella Insura	Pg. 27 14a	115,845	
AIG	PO Box 10472 Newark, NJ	X			Worker's Compensation	Pg. 15 1a1	94,779	
Swallowing Diagnostics	21 Waterville Rd. Avon, CT	X		83%	Diagnostic Services	Pg. 20 5f	5,400	5,092
Brendan Foley	21 Waterville Rd. Avon, CT		X			##		
Ryan Vess	21 Waterville Rd. Avon, CT		X			##		
Paula Meunier	5 Lake Rd, Shelton, CT		X		Administrator	Pg. 10 A2	24,052	24,052

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Apple Rehab Shelton Lakes	License No. 2298-C	Report for Year Ended 9/30/2016	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.

- In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.
- 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.
- 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.

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 9/30/2016			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" type="radio"/> Yes	<input type="radio"/> No
							Total ***	

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

General Information and Questionnaire
Accounting Basis

Name of Facility Apple Rehab Shelton Lakes	License No. 2298-C	Report for Year Ended 9/30/2016	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 Blum Shapiro & Co. PC 2 Brazee & Huban 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main St. West Hartford, CT 06127 35 Wendell Avenue Pittsfield, MA 10202
--	--

Services Provided by This Firm (*describe fully*)

1 Preparation of audited financials (dissallow Pg. 28)	\$ 6,114
2 Preparation of tax returns	\$ 2,069
3	\$
4	\$
Charge for Services Provided	
\$ 8,183	

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 4 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
 4
 5

Services Provided by This Firm (*describe fully*)

1 Collections	\$ 443
2 State of Connecticut	\$ 2,655
3	\$
4	\$
5	\$
Charge for Services Provided	
\$ 3,098	

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 9/30/2016				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	83	80		3	83	80		3	98	95			3
B. As of midnight of THIS report period	98	95		3	98	95		3	98	95			3
3. Total Number of Days Care Provided During Period													
A. Medicare	3,070	3,070			2,387	2,387			683	683			
B. Medicaid (Conn.)	24,244	24,244			17,898	17,898			6,346	6,346			
C. Medicaid (other states)													
D. Private Pay	5,243	5,243			4,161	4,161			1,082	1,082			
E. State SSI for RCH													
F. Other (Specify) Home for the Aged	1,098			1,098	822			822	276				276
G. Total Care Days During Period (3A thru F)	33,655	32,557		1,098	25,268	24,446		822	8,387	8,111			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)	33,655	32,557		1,098	25,268	24,446		822	8,387	8,111			276

Schedule of Resident Statistics (Cont'd)

Name of Facility Apple Rehab Shelton Lakes	License No. 2298-C	Report for Year Ended 9/30/2016	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Residential Care Home	

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	13		69		13		3		
Per Diem Rate									
a. One bed rm.					443.00		128.49		
b. Two bed rms.	various rugs		224.37		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	4,304	4,304		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	10,270	10,270		
D. Total Physical Therapy Treatments	14,574	14,574		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	(61)	(61)		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	2,813	2,813		
D. Total Speech Therapy Treatments	2,752	2,752		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	6,223	6,223		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	11,266	11,266		
D. Total Occupational Therapy Treatments	17,489	17,489		

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Shelton Lakes	2298-C	9/30/2016	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)	116,201	2,024			2,166	38
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	110,751	6,891			2,065	128
5. Dietary Service						
a. Head Dietitian	8,639	286			267	9
b. Food Service Supervisor	46,858	2,110			1,449	65
c. Dietary Workers	240,296	18,292			7,432	566
6. Housekeeping Service						
a. Head Housekeeper	36,687	1,723			749	35
b. Other Housekeeping Workers	128,175	10,344			2,616	211
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	69,289	3,966			1,414	81
8. Laundry Service						
a. Supervisor	4,061	200			126	6
b. Other Laundry Workers	28,832	2,013			892	62
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	125,835	4,921			2,346	92
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	165,947	3,330			3,093	62
b. RN						
1. Direct Care	710,242	17,944				
2. Administrative**	141,068	3,730				
c. LPN						
1. Direct Care	867,262	32,410			26,823	1,002
2. Administrative**						
d. Aides and Attendants	1,439,808	94,252			44,530	2,915
e. Physical Therapists	40,522	1,065				
f. Speech Therapists	12,296	341				
g. Occupational Therapists	38,157	1,271				
h. Recreation Workers	92,673	4,578			2,866	142
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	112,290	4,216			3,473	130
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	4,535,890	215,907			102,306	5,545

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

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

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

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Apple Rehab Shelton Lakes				2298-C	9/30/2016			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		9/30/2016			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***										
Ellen Casey	35,638		664		Administrator 11/29/15 - 3/12/16	686	A2			
Mary Madara	56,516		1,054		Administrator 10/1/15 - 11/28/16, 3/13/16- 7/09/16	936	A2			
Paula Meunier	24,047		448		Administrator 7/10/16 - 9/30/2016	440	A2	Gardner 172 Rocky Rest Rd, Shelton, CT 06484	1,680	71,573
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	9/30/2016	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	5,076	40			157	1
3. Pharmacist	16,573	166			513	5
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	275,547	3,644				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	6,984	37			216	1
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Healthdrive Audiologist/Vascular Specialist	106	3				
9. Speech Therapist						
a. Resident Care	121,608	688				
b. Other						
10. Occupational Therapist						
a. Resident Care	324,938	4,372				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	4,262	46				
B-13 Total Fees Paid in Lieu of Salaries	755,094	8,996			886	8

* 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 9/30/2016	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	
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"/>		
Southern CT Vascular Center 495 Hawley Lane 2A Stratford, CT 06614	Vascular Specialist	<input type="radio"/>	<input checked="" type="radio"/>		
Pointright Inc 150 Cambridge Park Dr, Cambridge, MA 02140	Data Integrity Audit	<input type="radio"/>	<input checked="" type="radio"/>		
Griffin Hospital 130 Division St, Derby, CT 06418	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Interpreters & Translators 263 Main St, Manchester, CT 06042	Interpreter	<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	9/30/2016	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 94,779	92,883		1,896
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 96,536	94,605		1,931
4. Social Security (F.I.C.A.)	\$ 310,979	304,760		6,220
5. Health Insurance	\$ 394,750	386,855		7,895
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 41,501	40,671		830
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 15,513	15,202		310
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*	\$ 383,281	383,281		
d. Accounting and Auditing	\$ 8,183	8,033		150
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 3,098	3,041		57
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 20,658	20,280		378
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 19,426	19,071		356
2. Cellular Phones	\$			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	245		5
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	\$ 551,670	551,670		
Subtotal	\$ 1,940,623	1,920,597		20,026

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Shelton Lakes	2298-C	9/30/2016		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
<i>Subtotals Brought Forward:</i>	1,940,623	1,920,597		20,026	
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 26,215	25,735		480	
2. Holiday Parties for Staff	\$ 1,864	1,830		34	
3. Gifts to Staff and Residents	\$ 9,300	9,130		170	
4. Employee Travel	\$ 2,814	2,762		51	
5. Education Expenses Related to Seminars and Conventions	\$ 1,339	1,315		25	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 1,569	1,540		29	
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 3,586	3,520		66	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 5,419	5,419			
4. Fund-Raising***	\$				
5. Medical Records	\$ 314	308		6	
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 959	941		18	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 7,447	7,311		136	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 685	672		13	
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$ 167	164		3	
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$ 555,870	545,698		10,172	
13. Other (<i>Specify</i>) See Attached Schedule	\$ 147,445	144,747		2,698	
C-14 Total Administrative & General Expenditures	\$ 2,705,616	2,671,690		33,926	

* 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	\$ 5,419		
Total Other Advertising	\$ 5,419	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
CAHFA	\$ 7,311		\$ 136
Total Dues	\$ 7,311	\$ -	\$ 136

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Area Congregational 19th Annual Walk	\$ 164		\$ 3
Total Contributions	\$ 164	\$ -	\$ 3

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Corporate Fees - Non Reimbursable	\$ 48,349		\$ 901
Licenses & Fees	\$ 9,869		\$ 184
Pre Employment Screening	\$ 16,737		\$ 312
Point Click Care Fees	\$ 9,624		\$ 179
Bank Charges	\$ (3,423)		\$ (64)
Resident Expenses	\$ 6,677		\$ 124
Prior Period Adj/Account W/O	\$ (5,470)		\$ (102)
Healthport Indirect	\$ 51,240		\$ 955
User Fee, Use Tax, SUTA, & Business Entity Fees	\$ 8,201		\$ 153
Penalties	\$ 2,945		\$ 55
Total Other Administrative and General	\$ 144,747	\$ -	\$ 2,698

Schedule C-1 - Management Services*

Name of Facility Apple Rehab Shelton Lakes	License No. 2298-C	Report for Year Ended 9/30/2016	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.	545,698	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	License No.	Report for Year Ended	Page	of
Apple Rehab Shelton Lakes	2298-C	9/30/2016	18	37
Item	Total	CCNH	RHNS	Residential Care Home
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 270,533	262,417		8,116
2. Non-Food Supplies	\$ 51,411	49,869		1,542
3. Other (<i>Specify</i>) _____	\$ _____			
b. Purchased Services (<i>by contract other than through Management Services (Complete Schedule C-2 att. Page 21)</i>)	\$ 1,684	1,633		51
c. Management Services**	\$ _____			
d. Other (<i>Specify</i>) _____	\$ _____			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 323,628	313,919		9,709
2F. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home
G. Resident Meals: Total no. of meals served per day:*	277	269		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	9/30/2016	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. \$	5,974	5,795		179
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. \$	109	106		3
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	\$	95,399	92,537		2,862
c. Management Services**	\$				
d. Other (<i>Specify</i>)	\$				
3E. Total Laundry Expenditures (3a + b + c + d)	\$	101,483	98,438		3,044
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	9/30/2016		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel	34,571	33,880		691
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	46,406	45,478		928
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)	\$	46,406	45,478		928
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from West River Pharmacy	\$	322,977	322,977		
b.	Medicine Cabinet Drugs	\$				
c.	Medical and Therapeutic Supplies	\$	253,499	245,894		7,605
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other****	\$	54,377	54,377		
f.	X-rays and Related Radiological Procedures***	\$	38,143	38,143		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$				
i.	Recreation	\$	43,575	42,268		1,307
j.	Other (<i>Specify</i>)**** See Attached Schedule	\$	45,030	45,030		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	757,602	748,689		8,912

* 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.

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 9/30/2016	Page 21	of 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
Unitex	161 South Macquesten Pkwy Mt. Vernon, NY	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	88,510		2,737	19	3b
CWPM	25 Norton Place Plainville, CT	<input type="radio"/>	<input checked="" type="radio"/>		Refuse Removal	17,330		354	22	6f
Perfectemp	635 Old Turnpike Rd. Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		Heating and Air Conditioning Service	56,574		1,155	22	6a
Fire Protection Alarms	1701 Highland Ave, Chesire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Safety Services	60,240		1,229	22	6a
Stephen Rodrigues	327 Pepper St, Monroe, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping Services	21,070		430	22	6a
Connecticut Masonry	974 1st Ave, West Haven, CT 06516	<input type="radio"/>	<input checked="" type="radio"/>		Construction Services	15,633		319	22	6a
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

Annual Report of Long-Term Care Facility

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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	9/30/2016			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 183,238	179,573			3,665	
b. Heat	\$ 57,594	56,442			1,152	
c. Light & Power	\$ 121,587	119,156			2,432	
d. Water	\$ 21,492	21,062			430	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 22,135	21,692			443	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 406,047	397,926			8,121	
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	\$ 30,508	29,897			610	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 31,014	30,394			620	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 98,587	96,615			1,972	
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 98,587	96,615			1,972	
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	\$ 4,191	4,107			84	
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 596,739	584,804			11,935	

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

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
5/14/2015	19 Kiosks-Point of Care Implementation	\$ 27,178	5	\$ 6,794
Total additions for Movable Equipment		\$ 27,178		\$ 6,794 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
7/24/2015	Install Flooring in Rehab Room (Karndean)	\$ 1,154	10	\$ 119
1/20/2016	HVAC Repair - Compressor, Motor, Controls	\$ 1,379	15	\$ 34
5/4/2016	Installation of 2 Patios & 1 Sidewalk	5317.5	15	109.98
5/4/2016	Installation of 2 Patios & 1 Sidewalk	10635	15	219.95
5/4/2016	Installation of 2 Patios & 1 Sidewalk	3188.7	15	65.95
6/7/2016	Heat Pump System for Offices (Perfectemp)	6530	15	182.44
8/10/2016	Replaced Piping on Fire Sprinkler Main	1263.61	10	22.94
Total additions for Leasehold Improvement		\$ 29,467	10	\$ 755 *
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 9/30/2016			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	1,548,167	631,554	A		97,832	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	var	var	various	29,467		A		755	
C-4. Subtotal									98,587
D. Total Amortization									98,587

* 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 9/30/2016	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		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
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)		See Attached		
e. Amount of Principal Borrowed				
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	6 Month extension extension to 10/13/15 2.08% 6 month
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	

12 month extension extension to 10/13/16 2.75% 12 months

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 Coccomo Memorial
- Plainville Health Care Center, Inc.
- Ledgecrest Health Care Center, Inc.
- Ridgeview Health Care Center, Inc.
- The Kent, Ltd.
- Chesterfields, Ltd.

Out of State Facilities

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

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

Name of Facility Apple Rehab Shelton Lakes		License No. 2298-C	Report for Year Ended 9/30/2016		Page 26	of 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	9/30/2016	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 (<i>Specify</i>)	\$				
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 (<i>Specify</i>)	\$	4,373	4,293		80
Value Settlement \$1560 Shelton Tax Interest \$2813					
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	4,373	4,293		80
14. Insurance					
a. Insurance on Property (buildings only)	\$	115,845	113,725		2,120
b. Insurance on Automobiles	\$				
c. Insurance other than Property (as specified above)					
1. Umbrella (<i>Blanket Coverage</i>)	\$				
2. Fire and Extended Coverage	\$				
3. Other (<i>Specify</i>)	\$				
14d. Total Insurance Expenditures (14a + b + c)	\$	115,845	113,725		2,120
15. Total All Expenditures (A-13 thru C-14)	\$	10,451,913	10,269,946		181,967

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Shelton Lakes				2298-C	9/30/2016	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.	10	A12g	Occupational Therapy	\$ 38,157	38,157		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 324,938	324,938		
7.			Other - See attached Schedule	\$ 722	722		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 383,281	383,281		
10.	15	1d/e	Accounting & Legal	\$ 9,212	9,045		167
11.			Telephone	\$ 198	194		4
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 *	\$ 5,419	5,321		98
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 167	164		3
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 61,404	60,280		1,124
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 65	64		1
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)				\$ 823,562	822,165		1,396

* 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
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	b12	Pharmacy Consultant	\$ 722		
Total Other Fees Adjustments			\$ 722	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m13	Corporate Fee - Non Reimbursable	\$ 48,349		\$ 901
16	1.3	Employee Recognition/Gift/Parties	\$ 9,130		\$ 170
16	8a	Chamber of Commerce	\$ 672		\$ 13
16	m13	Bank Charges	\$ (3,423)		\$ (64)
16	m13	Resident Expenses	\$ 6,677		\$ 124
30	IV8	Account Write Offs	\$ 4,346		\$ 81
16	m13	Prior Period Adj/Account W/O	\$ (5,470)		\$ (102)
Total Other A&G Adjustments			\$ 60,280	\$ -	\$ 1,124

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	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 823,562	822,165		1,396
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 322,977	322,977		
28.	16	L1	Ambulance/Limousine	\$ 26,215	26,215		
29.	20	h	X-rays, etc	\$ 38,143	38,143		
30.	20	f	Laboratory	\$			
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 45,673	45,673		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 40,413	40,413		
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	\$ 337	337		
44.			Vending Machine Revenue	\$			
45.	30	IV8	Purchase Discounts and Allowances	\$ 3,420	3,420		
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	\$ 24	24		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 4,373	4,293		80
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)				\$ 1,305,135	1,303,659		1,476

*** 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
9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5j	IV Therapy Supples	\$ 32,758		
20	5j	Rehab Service Supplies	\$ 7,655		
Total Other Ancillary Costs			\$ 40,413	\$ -	\$ -

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
27	12d	Interest on value note	\$ 1,531		\$ 29
27	12d	Late Property Tax Payment	\$ 2,761		\$ 51
Total Other Adjustments			\$ 4,293	\$ -	\$ 80

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	9/30/2016			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 5,334,616	5,196,041		138,576		
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 1,254,046	1,254,046				
b. Medicare Room and Board Contractual Allowance **	\$ 762,281	762,281				
4. a. Private-Pay Residents and Other	\$ 1,945,592	1,945,592				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 159,460	159,460				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (159,449)	(159,449)				
c. Prescription Drugs - Non-Medicare	\$ 52,133	52,133				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (52,133)	(52,133)				
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	\$ 426,967	426,967				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (303,396)	(303,396)				
c. Physical Therapy - Non-Medicare	\$ 83,141	83,141				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (82,985)	(82,985)				
4. a. Speech Therapy - Medicare	\$ 47,205	47,205				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (49,457)	(49,457)				
c. Speech Therapy - Non-Medicare	\$ 76,640	76,640				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (15,435)	(15,435)				
5. a. Occupational Therapy - Medicare	\$ 678,424	678,424				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (448,710)	(448,710)				
c. Occupational Therapy - Non-Medicare	\$ 108,585	108,585				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (108,585)	(108,585)				
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 9,708,941	9,570,366		138,576		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 65	65				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$ 198	198				
4. Rental of Television and Cable Services	\$ 337	337				
5. Interest Income (Specify)	\$ 24	24				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 10,114	10,114				
V. Total Other Revenue (1 thru 8)	\$ 10,738	10,738				
VI. Total All Revenue (III +V)	\$ 9,719,679	9,581,103		138,576		

* 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.

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Shelton Lakes	2298-C	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	500
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,935,541
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	21,974
5. Prepaid Expenses			\$	22,030
a. Prepaid Insurance				
b. Prepaid Property Tax	18,066			
c. Other Prepaid Expenses				
d. Payroll W/H	3,964			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	1,980,046
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>1,577,634</u>		\$	847,494
	Accum. Depreciation <u>730,140</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>11,019</u>		\$	2,113
	Accum. Depreciation <u>8,907</u>	Net		
6. Movable Equipment	*Historical Cost <u>630,987</u>		\$	152,470
	Accum. Depreciation <u>478,517</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	131,580
Fixed Asset Clearing Account	131,580			
Construction in Progress				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,133,657

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Apple Rehab Shelton Lakes	License No. 2298-C	Report for Year Ended 9/30/2016	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 3,113,702	
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>)				
\$ 1,000				
Loans Rec. - Officers/Owner		1,000		
Capitalized Refinance Expense				
Leasehold Deposits				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$ 1,000				
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$ 3,114,702				

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of	
Apple Rehab Shelton Lakes	2298-C	9/30/2016	33	37	
Account			Amount		
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable			\$	497,406	
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>)			\$	98,842	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$		
6. Accrued Payroll Taxes Payable			\$	26,695	
7. Medicare Final Settlement Payable			\$		
8. Medicare Current Financing Payable			\$		
9. Mortgage Payable (<i>Current Portion</i>)			\$		
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$		
11. Accrued Income Taxes*			\$		
12. Other Current Liabilities (<i>itemize</i>)			\$	2,724,192	
Accrued PTO		147,843	Accrued Professional Fee	6,456	
Accrued Pension		3,024	Exchange	5,400	
Accrued Worker's Comp		138,398	Due Affiliate (Credit Bal:	2,279,115	
Accrued Expense Other		138,532	Payroll W/H	5,424	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	3,347,136	

* 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 9/30/2016	Page 34	of 37
Account			Amount	
Total Brought Forward:			3,347,136	
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>)				\$ 578,962
Name and Address of Lender	Amount	Loan Date		
Brian J. Foley	578,962	Demand		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
Security Deposits				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 578,962
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,926,098

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	9/30/2016	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			\$	(2,325,000)
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	2,244,838
6. Gain or Loss for Period			\$	(732,234)
7. Total Net Worth			\$	(811,396)
C. Total Reserves and Net Worth			\$	(811,396)
D. Total Liabilities, Reserves, and Net Worth			\$	3,114,702

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Shelton Lakes	2298-C	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(73,225)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	9,719,679
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	10,451,913
D. Net Income or Deficit			\$	(732,234)
E. Balance			\$	(805,459)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	5,937
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
Brian J. Foley		President	5,937	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	5,937
H. <i>Balance at End of Period</i>			\$	(811,396)
				09/30/16

I. Preparer's/Reviewer's Certification

Name of Facility Apple Rehab Shelton Lakes		License No. 2298-C	Report for Year Ended 9/30/2016	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	