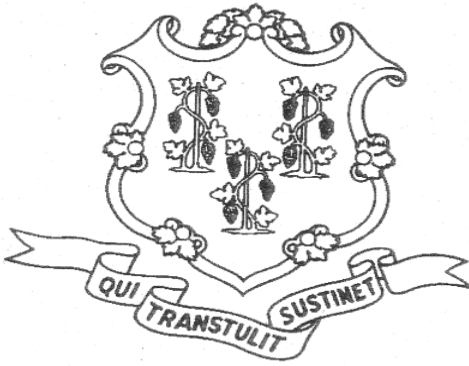


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Apple Rehab Saybrook	
Address (No. & Street, City, State, Zip Code) 1775 Boston Post Rd. Old Saybrook, CT 06475	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 0725-C	RHNS	(Specify)	Medicare Provider 07-5070
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Medicaid Provider Numbers:	CCNH 7252	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Apple Rehab Saybrook	License No. 0725-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 Saybrook [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) Carol Green			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 Saybrook		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 1775 Boston Post Rd. Old Saybrook, CT 06475				
Report Prepared By Apple Health Care, Inc.		Phone Number (860) 678-9755	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (860) 399-6790		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Apple Rehab Saybrook		Address (No. & Street, City, State, Zip) 1775 Boston Post Rd. Old Saybrook, CT 06475		
License Numbers:	CCNH 0725-C	RHNS	(Specify)	Medicare Provider No. 07-5070
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Carol Green		Nursing Home Administrator's License No.:	1973	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Apple Rehab Saybrook	License No. 0725-C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation Apple Rehab Saybrook	Business Address 1775 Boston Post Rd. Old Saybrook, CT 06475	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 Saybrook	License No. 0725-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	510,000	510,000
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	514,520	514,520
Healthport Services	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10/13 Schedule	61,931	61,931
Allstar	21 Waterville Road Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>	15%	Therapy Services	Pg. 13 B5/B9/B10	572,120	520,630
Corporate Employee	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	2,812	2,812
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	51,075	51,075
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	20,077	20,077
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	499,614	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	38,496	

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.

**General Information and Questionnaire
 Related Parties***

Name of Facility Apple Rehab Saybrook		License No. 0725-C	Report for Year Ended 9/30/2015		Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?					Yes x 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	%**				
Unum Life Insurance	PO Box 406946 Atlanta, GA	X			Group Life & Disability	Pg. 15 1a6	12,927	
Marsh	PO Box 19636 Newark, NJ	X			Property, Liability, & Umbrella Insurance	Pg. 27 14a	101,647	
Medstat	41 Northwest Dr. Plainville, CT	X		9%	Pharmacy	Pg. 13B3/Pg. 20 5a2	282,030	270,749
AIG	PO Box 10472 Newark, NJ	X			Worker's Compensation	Pg. 15 1a1	254,124	
Swallowing Diagnostics	21 Waterville Rd. Avon, CT	X		83%	Diagnostic Services	Pg. 20 5f	7,860	5,974
Ryan Vess	21 Waterville Rd. Avon, CT		X			##		
Brendan Foley	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

**Saybrook
Shared Employees
Provider 1068-C
Cost Report 2015**

41001- Salaries Administrator

Source	Facility	Employee	Amount	Hours
Optimum	Corporate	Carol Green	41,538.47	960.00
Smartlinks	Corporate	Carol Green	48,461.48	1,120.00
			89,999.95	2,080.00

41003- Salaries Accounting

Source	Facility	Employee	Amount	Hours
9/30/2015	Corporate	Payroll	2,812.00	90.00
			2,812.00	90.00

41004- Salaries Social Service

Source	Facility	Employee	Amount	Hours
2/28/2015	Chesterfields	Diper Domenico	(47.50)	(2.50)
			(47.50)	(2.50)

41006- Salaries Maintenance

Source	Facility	Employee	Amount	Hours
2/28/2015	Ridgeview	Schyed	437.25	39.75
			437.25	39.75

41007- Salaries Project

Source	Facility	Employee	Amount	Hours
2/28/2015	Westfield	Sakowski	958.12	52.50
			958.12	52.50

45001 - Salaries RN

Source	Facility	Employee	Amount	Hours
10/31/2014	Watrous	Bell	560.00	16.25
10/31/2014	Laurel Woods	B. Gregoire	352.75	8.50
			912.75	24.75

45002 - Salaries - LPN

Source	Facility	Employee	Amount	Hours
10/31/2014	Highview	Denise Dziato	(1,382.83)	(50.25)
10/31/2014	Chesterfields	Pechon-Schweppe	(433.75)	(5.25)
10/31/2014	Chesterfields	Gloria Appiah	(1,176.42)	(41.25)
10/31/2014	Harbor View	S. Antoniou	1,048.43	34.00
11/30/2014	Highview	Denise Dziato	(2,036.02)	(70.25)

11/30/2014	Chesterfields	Pechon-Schwepe	(496.66)	(16.25)
11/30/2014	Chesterfields	Gloria Appiah	(284.20)	(8.75)
12/31/2014	Chesterfields	Brown	515.31	24.25
12/31/2014	Harbor view	S. Antoniou	514.80	16.50
12/31/2014	Highview	Denise Dziato	(2,474.71)	(86.00)
12/31/2014	Chesterfields	Pechon-Schwepe	(311.10)	(8.50)
12/31/2014	Chesterfields	Gloria Appiah	(337.33)	(8.50)
1/31/2015	Highview	Denise Dziato	(2,192.27)	(78.00)
1/31/2015	Chesterfields	Pechon-Schwepe	(277.33)	(9.50)
1/31/2015	Harbor View	S. Antoniou	2,249.70	72.25
2/28/2015	Highview	Denise Dziato	(1,884.01)	(68.75)
2/28/2015	Harbor View	S. Antoniou	257.40	8.25
3/31/2015	Highview	Denise Dziato	(224.57)	(8.50)
5/31/2015	Healthport	Patsas	264.00	8.00
6/30/2015	Healthport	Stack	272.00	8.50
6/30/2015	Healthport	Thomas	116.00	4.00
6/30/2015	Healthport	Way	132.00	4.00
9/30/2015	Healthport	Stack	208.00	6.50
			(7,933.56)	(273.50)

45003 - Salaries - CNA

Source	Facility	Employee	Amount	Hours
10/31/2014	Mary Elizabeth	Melida Cifuentes	(745.16)	(49.00)
10/31/2014	Mary Elizabeth	Rachel Saint-Vil	(1,629.90)	(104.00)
10/31/2014	Mary Elizabeth	Guet-Shina Jacob	(755.82)	(43.75)
10/31/2014	Mary Elizabeth	Melida Cambi	(520.08)	(32.75)
11/30/2014	Mary Elizabeth	Rachel Saint-Vil	(1,166.10)	(74.75)
11/30/2014	Mary Elizabeth	Guet-Shina Jacob	(185.57)	(11.75)
11/30/2014	Mary Elizabeth	Melida Cambi	(487.37)	(31.75)
12/31/2014	Mary Elizabeth	Rachel Saint-Vil	(694.20)	(44.50)
12/31/2014	Mary Elizabeth	Guet-Shina Jacob	(54.40)	(4.00)
12/31/2014	Mary Elizabeth	Melida Cambi	(1,169.65)	(71.50)
1/31/2015	Mary Elizabeth	Rachel Saint-Vil	(618.82)	(40.25)
1/31/2015	Mary Elizabeth	Fournier	249.38	18.25
2/28/2015	Mary Elizabeth	Rachel Saint-Vil	(117.00)	(7.50)
2/28/2015	Orchard Grove	Melida Cambi	(1,062.75)	(75.50)
2/28/2015	Mary Elizabeth	Melida Cambi	(451.35)	(31.50)
2/28/2015	Elm Hill	Fournier	199.06	16.25
3/31/2015	Orchard Grove	Melida Cambi	(114.80)	(8.00)
3/31/2015	Mary Elizabeth	Melida Cambi	(126.64)	(8.25)
			(9,451.17)	(604.25)

45017- Salaries MDS Coordinator

Source	Facility	Employee	Amount	Hours
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10/31/2014	Watrous	Janet Hartson	(1,089.33)	(36.50)
11/30/2014	Watrous	Janet Hartson	(147.25)	(4.75)
12/31/2014	Watrous	Janet Hartson	(2,340.50)	(75.50)
2/28/2015	Orchard Grove	Janet Hartson	(2,015.00)	(65.00)
3/31/2015	Orchard Grove	Janet Hartson	(558.00)	(18.00)
			(6,150.08)	(199.75)

50001- Salaries Dietician

Source	Facility	Employee	Amount	Hours
10/31/2014	Orchard Grove	Iselin	1,297.50	43.25
12/31/2014	Orchard Grove	Iselin	1,500.00	50.00
			2,797.50	93.25

50002- Salaries Chefs, Cooks

Source	Facility	Employee	Amount	Hours
11/30/2014	Fowler	Glen Perkins	(685.24)	(30.00)
11/30/2014	Fowler	Jacob Warner	(120.00)	(8.00)
			(805.24)	(38.00)

60002 - Salaries - Housekeeping Supervisors

Source	Facility	Employee	Amount	Hours
11/30/2014	Fowler	Dauberman	(143.50)	(6.25)
			(143.50)	(6.25)

Total Shared 69,582.52 1,135.00

Total Corporate 2,812.00 90.00

Total Healthport 992.00 31.00

Total Shared Employee 73,386.52 1,256.00

**Saybrook
Healthport**

45022- Purch Service RN - Healthport

Source	Facility	Employee	Amount	Hours
12/31/2014	Healthport	Solosky	1,051.50	24.50
1/31/2015	Healthport	DeCarlo	975.00	28.50
1/31/2015	Healthport	Indirect Allocation	420.00	-
			2,446.50	53.00

45023- Purch Service LPN - Healthport

Source	Facility	Employee	Amount	Hours
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10/31/2014	Healthport	Chapman	590.50	18.50
10/31/2014	Healthport	Patsas	1,658.25	50.25
10/31/2014	Healthport	Muckenthaler	1,534.50	46.50
10/31/2014	Healthport	Urgo	528.00	16.50
10/31/2014	Healthport	Parker	280.50	8.50
10/31/2014	Healthport	Arshad	263.50	8.50
10/31/2014	Healthport	Thomas	775.00	25.00
10/31/2014	Healthport	Yopp	560.00	17.50
10/31/2014	Healthport	LaCoss	264.00	8.00
11/30/2014	Healthport	Stack	840.00	26.25
11/30/2014	Healthport	Patsas	272.25	8.25
11/30/2014	Healthport	Muckenthaler	321.75	9.75
11/30/2014	Healthport	Urgo	1,122.00	34.00
11/30/2014	Healthport	Arshad	1,069.50	34.50
12/31/2014	Healthport	Stack	880.00	27.50
12/31/2014	Healthport	Muckenthaler	321.75	9.75
12/31/2014	Healthport	Arshad	511.50	16.50
12/31/2014	Healthport	Thomas	271.25	8.75
12/31/2014	Healthport	Lawal	1,020.00	34.00
1/31/2015	Healthport	Urgo	280.50	8.50
1/31/2015	Healthport	Pierre	479.50	16.00
1/31/2015	Healthport	Thomas	767.25	24.75
1/31/2015	Healthport	Lawal	232.50	7.75
1/31/2015	Healthport	Lawal	780.00	26.00
1/31/2015	Healthport	LaCoss	528.00	16.50
1/31/2015	Healthport	Alicea	286.75	9.25
1/31/2015	Healthport	Stack	1,512.00	47.25
1/31/2015	Healthport	Patsas	305.25	9.25
2/28/2015	Healthport	Stack	264.00	8.25
2/28/2015	Healthport	Patsas	552.75	16.75
2/28/2015	Healthport	Muckenthaler	305.25	9.25
2/28/2015	Healthport	Arshad	1,309.75	42.25
2/28/2015	Healthport	Thomas	519.25	16.75
2/28/2015	Healthport	Lawal	337.50	11.25
3/31/2015	Healthport	Stack	544.00	17.00
	Healthport	Indirect Allocation	13,508.12	-
			<u>35,596.62</u>	<u>695.25</u>
		Total Healthport	38,043.12	748.25

Apple Shared Employee Report

Reporting Period: From

3/8/2015 to

9/19/2015

Emp Num	LastName	FirstName	HomeFcltyCode	Home Facility
29970873	Wilson	Muriel	29	Healthport Srvc
29970873	Wilson	Muriel	29	Healthport Srvc
27002121	Swap	Stephanie	27	Saybrook
27002297	DeJesus	Alexander	27	Saybrook
27002297	DeJesus	Alexander	27	Saybrook
27002297	DeJesus	Alexander	27	Saybrook
18970241	SAKOWSKI	JAROSLAW	18	Westfield
27002325	Gilbert	Karolena	27	Saybrook
27001822	Dziato	Denise	27	Saybrook
27001822	Urgo	Charlene	29	Healthport Srvc
27001822	Dziato	Denise	27	Saybrook
27001822	Stack	Stacy	29	Healthport Srvc
27001822	Dziato	Denise	27	Saybrook
27001822	Dziato	Denise	27	Saybrook
27001822	ANTONIOU	SHARON	8	West Haven
27001822	LaCoss	Gail	29	Healthport Srvc
27001822	Thomas	Elizabeth	29	Healthport Srvc
27001822	Dziato	Denise	27	Saybrook
27001822	Muckenthaler	Consuelo	29	Healthport Srvc
27001822	Pierre	Andy	29	Healthport Srvc
27001822	Thomas	Elizabeth	29	Healthport Srvc
27001822	Dziato	Denise	27	Saybrook
27001822	Thomas	Elizabeth	29	Healthport Srvc
27002284	Dziato	Denise	27	Saybrook
27002284	Dziato	Denise	27	Saybrook
27002284	ANTONIOU	SHARON	8	West Haven
5077052	Dziato	Denise	27	Saybrook
8970390	Dziato	Denise	27	Saybrook
8970390	Chapman	Maura	29	Healthport Srvc
17970727	Patsas	Jane	29	Healthport Srvc
17970727	Dziato	Denise	27	Saybrook
17970727	Iworisha	Ezinne	29	Healthport Srvc
17970727	Monahan	Rhonda	29	Healthport Srvc

17970727 Pierre	Andy	29 Healthport Srvc
17970727 Dziato	Denise	27 Saybrook
17970727 Monahan	Rhonda	29 Healthport Srvc
17970727 Stack	Stacy	29 Healthport Srvc
17970727 Thomas	Elizabeth	29 Healthport Srvc
17970727 Dziato	Denise	27 Saybrook
29970271 Pechon-Schweppe	Danine	27 Saybrook
29970271 Arshad	Mohamed	29 Healthport Srvc
29970271 Jones	Paula	29 Healthport Srvc
29970271 Thomas	Elizabeth	29 Healthport Srvc
29000058 Dziato	Denise	27 Saybrook
29000058 Pechon-Schweppe	Danine	27 Saybrook
29000058 Stack	Stacy	29 Healthport Srvc
29970331 Dziato	Denise	27 Saybrook
29970702 Antoniou	Sharon	27 Saybrook
29970702 Chapman	Maura	29 Healthport Srvc
29970702 Jones	Paula	29 Healthport Srvc
29970702 Patsas	Jane	29 Healthport Srvc
29970702 Thomas	Elizabeth	29 Healthport Srvc
29970702 Monahan	Rhonda	29 Healthport Srvc
29970969 Arshad	Mohamed	29 Healthport Srvc
29970969 Muckenthaler	Consuelo	29 Healthport Srvc
29970969 Patsas	Jane	29 Healthport Srvc
29970969 Thomas	Elizabeth	29 Healthport Srvc
29970340 Dziato	Denise	17 Middletown
29970340 Chapman	Maura	29 Healthport Srvc
29970340 LaCoss	Gail	29 Healthport Srvc
29970340 Thomas	Elizabeth	29 Healthport Srvc
29970144 Dziato	Denise	17 Middletown
29970144 Arshad	Mohamed	29 Healthport Srvc
29970144 LaCoss	Gail	29 Healthport Srvc
29970144 Muckenthaler	Consuelo	29 Healthport Srvc
29970144 Dziato	Denise	17 Middletown
29970144 Patsas	Jane	29 Healthport Srvc
29970088 Dziato	Denise	17 Middletown
29970088 Arshad	Mohamed	29 Healthport Srvc
29970088 Monahan	Rhonda	29 Healthport Srvc
29970088 Pechon-Schweppe	Danine	27 Saybrook
29970088 Dziato	Denise	17 Middletown
29970286 Jones	Paula	29 Healthport Srvc
29970286 LaCoss	Gail	29 Healthport Srvc
29970286 Muckenthaler	Consuelo	29 Healthport Srvc
29970026 Patsas	Jane	29 Healthport Srvc
29970026 Whitfield	Crystal	29 Healthport Srvc
29970026 Dziato	Denise	17 Middletown
29970026 Stack	Stacy	29 Healthport Srvc
29970026 POINTER	THOMAS	5 Mystic

29970026	Dziato	Denise	17 Middletown
29970026	Pierre	Andy	29 Healthport Srvc
29970026	Stack	Stacy	29 Healthport Srvc
29970288	Dziato	Denise	17 Middletown
29970288	Jones	Paula	29 Healthport Srvc
29970288	Muckenthaler	Consuelo	29 Healthport Srvc
29970288	Stack	Stacy	29 Healthport Srvc
29970288	Dziato	Denise	17 Middletown
29970288	Jones	Paula	29 Healthport Srvc
29970288	Stack	Stacy	29 Healthport Srvc
29970288	Thomas	Elizabeth	29 Healthport Srvc
29970288	Dziato	Denise	17 Middletown
29970254	Jones	Paula	29 Healthport Srvc
29970349	Muckenthaler	Consuelo	29 Healthport Srvc
27002780	Stack	Stacy	29 Healthport Srvc

27002167	Cambi	Melida	27 Saybrook
27002167	Cambi	Melida	27 Saybrook
27002167	Cambi	Melida	27 Saybrook
27002167	Cambi	Melida	27 Saybrook
27002167	Cambi	Melida	27 Saybrook
27002167	Cambi	Melida	27 Saybrook
27002167	Cambi	Melida	27 Saybrook
27002167	Cambi	Melida	27 Saybrook
27002167	Cambi	Melida	27 Saybrook
27002167	Cambi	Melida	27 Saybrook
27002167	Cambi	Melida	27 Saybrook
27002167	Cambi	Melida	27 Saybrook
27002167	Cambi	Melida	27 Saybrook
27002167	Cambi	Melida	27 Saybrook
27002167	Cambi	Melida	27 Saybrook
27002231	Jacob	Guet-Shina	27 Saybrook
27002231	Jacob	Guet-Shina	27 Saybrook
27002231	Jacob	Guet-Shina	27 Saybrook
27002096	Saint-Vil	Rachel	27 Saybrook
27002096	Saint-Vil	Rachel	27 Saybrook
27002096	Saint-Vil	Rachel	27 Saybrook
27002096	Saint-Vil	Rachel	27 Saybrook
27002096	Saint-Vil	Rachel	27 Saybrook
27002096	Saint-Vil	Rachel	27 Saybrook
27002096	Saint-Vil	Rachel	27 Saybrook
27002096	Saint-Vil	Rachel	27 Saybrook
27002096	Saint-Vil	Rachel	27 Saybrook
27002096	Saint-Vil	Rachel	27 Saybrook
27002096	Saint-Vil	Rachel	27 Saybrook
27002096	Saint-Vil	Rachel	27 Saybrook
27002096	Saint-Vil	Rachel	27 Saybrook
27002096	Saint-Vil	Rachel	27 Saybrook
27002096	Saint-Vil	Rachel	27 Saybrook
27002167	Cambi	Melida	27 Saybrook
27002167	Cambi	Melida	27 Saybrook

WorkedFcltyCode	Worked Facility	GL Code
27	Saybrook	927-41002
27	Saybrook	927-41002
10	Orchard Grove	910-41003
24	Chesterfields	924-41006
24	Chesterfields	924-41006
24	Chesterfields	924-41006
27	Saybrook	927-41007
24	Chesterfields	924-45001
17	Middletown	917-45002
27	Saybrook	927-45002
17	Middletown	917-45002
27	Saybrook	927-45002
17	Middletown	917-45002
17	Middletown	917-45002
27	Saybrook	927-45002
27	Saybrook	927-45002
27	Saybrook	927-45002
17	Middletown	917-45002
27	Saybrook	927-45002
27	Saybrook	927-45002
27	Saybrook	927-45002
17	Middletown	917-45002
27	Saybrook	927-45002
17	Middletown	917-45002
17	Middletown	917-45002
27	Saybrook	927-45002
17	Middletown	917-45002
17	Middletown	917-45002
27	Saybrook	927-45002
27	Saybrook	927-45002
17	Middletown	917-45002
27	Saybrook	927-45002
27	Saybrook	927-45002

10 Orchard Grove	910-45003
10 Orchard Grove	910-45003
10 Orchard Grove	910-45003
10 Orchard Grove	910-45003
10 Orchard Grove	910-45003
10 Orchard Grove	910-45003
10 Orchard Grove	910-45003
10 Orchard Grove	910-45003
10 Orchard Grove	910-45003
10 Orchard Grove	910-45003
10 Orchard Grove	910-45003
10 Orchard Grove	910-45003
10 Orchard Grove	910-45003
10 Orchard Grove	910-45003
10 Orchard Grove	910-45003
10 Orchard Grove	910-45003
24 Chesterfields	924-45003
26 Laurel Woods	926-45003
26 Laurel Woods	926-45003

10 Orchard Grove	910-45017
27 Saybrook	927-45017
27 Saybrook	927-45017
27 Saybrook	927-45017

13 Watrous	913-50002
13 Watrous	913-50002
13 Watrous	913-50002
9 Colchester	909-50002
9 Colchester	909-50002
9 Colchester	909-50002
9 Colchester	909-50002
9 Colchester	909-50002

GL Description	PayDate	Hours	Dollars
Salaries - Clerical - JobTitle = HR Coordinator	8/13/2015	22.25	445.00
Salaries - Clerical - JobTitle = HR Coordinator	8/20/2015	22.50	450.00
Total		44.75	895.00
Salaries - Accounting - JobTitle = HR / A/P Coordinator	6/11/2015	(2.50)	(31.63)
Total		(2.50)	(31.63)
Salaries - Maintenance - JobTitle = MAINTENANCE ASSISTANT 1	7/16/2015	(20.50)	(264.78)
Salaries - Maintenance - JobTitle = MAINTENANCE ASSISTANT 1	7/23/2015	(19.50)	(253.50)
Salaries - Maintenance - JobTitle = MAINTENANCE ASSISTANT 1	8/27/2015	(17.50)	(227.50)
Total		(57.50)	(745.78)
Salaries - Projects - JobTitle = SPECIAL PROJECTS	4/23/2015	5.00	91.25
Total		5.00	91.25
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/30/2015	(17.00)	(242.25)
Total		(17.00)	(242.25)
Salaries LPN - JobTitle = LPN SNF	3/19/2015	(43.75)	(477.67)
Salaries LPN - JobTitle = LPN SNF	3/19/2015	17.50	288.75
Salaries LPN - JobTitle = LPN SNF	3/26/2015	(46.25)	(514.56)
Salaries LPN - JobTitle = LPN SNF	3/26/2015	19.00	304.00
Salaries LPN - JobTitle = LPN SNF	4/2/2015	(44.25)	(478.29)
Salaries LPN - JobTitle = LPN SNF	4/9/2015	(17.50)	(233.37)
Salaries LPN - JobTitle = LPN SNF	4/9/2015	8.25	206.25
Salaries LPN - JobTitle = LPN SNF	4/9/2015	17.25	275.54
Salaries LPN - JobTitle = LPN SNF	4/9/2015	19.75	312.30
Salaries LPN - JobTitle = LPN SNF	4/16/2015	(43.25)	(471.00)
Salaries LPN - JobTitle = LPN SNF	4/16/2015	31.50	635.75
Salaries LPN - JobTitle = LPN SNF	4/16/2015	16.00	248.00
Salaries LPN - JobTitle = LPN SNF	4/16/2015	38.50	592.71
Salaries LPN - JobTitle = LPN SNF	4/23/2015	(49.75)	(555.40)
Salaries LPN - JobTitle = LPN SNF	4/23/2015	15.50	240.25
Salaries LPN - JobTitle = LPN SNF	4/30/2015	(44.00)	(477.98)
Salaries LPN - JobTitle = LPN SNF	5/7/2015	(44.00)	(487.44)
Salaries LPN - JobTitle = LPN SNF	5/7/2015	0.00	51.15
Salaries LPN - JobTitle = LPN SNF	5/14/2015	(44.00)	(477.98)
Salaries LPN - JobTitle = LPN SNF	5/21/2015	(24.50)	(423.39)
Salaries LPN - JobTitle = LPN SNF	5/21/2015	8.25	255.75
Salaries LPN - JobTitle = LPN SNF	5/21/2015	16.00	264.00
Salaries LPN - JobTitle = LPN SNF	5/28/2015	(34.25)	(447.67)
Salaries LPN - JobTitle = LPN SNF	5/28/2015	17.00	255.00
Salaries LPN - JobTitle = LPN SNF	5/28/2015	16.50	247.50

Salaries LPN - JobTitle = LPN SNF	5/28/2015	8.00	124.00
Salaries LPN - JobTitle = LPN SNF	6/4/2015	(44.00)	(477.98)
Salaries LPN - JobTitle = LPN SNF	6/4/2015	34.00	643.00
Salaries LPN - JobTitle = LPN SNF	6/4/2015	17.00	399.50
Salaries LPN - JobTitle = LPN SNF	6/4/2015	25.25	498.92
Salaries LPN - JobTitle = LPN SNF	6/11/2015	(42.75)	(464.33)
Salaries LPN - JobTitle = LPN SNF	6/11/2015	(24.50)	(285.84)
Salaries LPN - JobTitle = LPN SNF	6/11/2015	24.00	372.00
Salaries LPN - JobTitle = LPN SNF	6/11/2015	16.00	256.00
Salaries LPN - JobTitle = LPN SNF	6/11/2015	16.00	248.00
Salaries LPN - JobTitle = LPN SNF	6/18/2015	(47.25)	(528.10)
Salaries LPN - JobTitle = LPN SNF	6/18/2015	(13.75)	(267.12)
Salaries LPN - JobTitle = LPN SNF	6/18/2015	18.25	330.50
Salaries LPN - JobTitle = LPN SNF	6/25/2015	(76.00)	(910.75)
Salaries LPN - JobTitle = LPN SNF	6/25/2015	(19.00)	(299.25)
Salaries LPN - JobTitle = LPN SNF	7/2/2015	8.75	271.25
Salaries LPN - JobTitle = LPN SNF	7/2/2015	17.00	272.00
Salaries LPN - JobTitle = LPN SNF	7/2/2015	33.50	552.75
Salaries LPN - JobTitle = LPN SNF	7/2/2015	15.50	240.25
Salaries LPN - JobTitle = LPN SNF	7/9/2015	16.50	247.50
Salaries LPN - JobTitle = LPN SNF	7/16/2015	16.00	248.00
Salaries LPN - JobTitle = LPN SNF	7/16/2015	8.75	271.25
Salaries LPN - JobTitle = LPN SNF	7/16/2015	48.50	800.25
Salaries LPN - JobTitle = LPN SNF	7/16/2015	8.50	246.50
Salaries LPN - JobTitle = LPN SNF	7/23/2015	23.00	309.89
Salaries LPN - JobTitle = LPN SNF	7/23/2015	8.50	263.50
Salaries LPN - JobTitle = LPN SNF	7/23/2015	28.50	802.66
Salaries LPN - JobTitle = LPN SNF	7/23/2015	17.75	504.03
Salaries LPN - JobTitle = LPN SNF	7/30/2015	18.50	244.39
Salaries LPN - JobTitle = LPN SNF	7/30/2015	41.25	639.38
Salaries LPN - JobTitle = LPN SNF	7/30/2015	8.25	247.50
Salaries LPN - JobTitle = LPN SNF	7/30/2015	17.00	280.50
Salaries LPN - JobTitle = LPN SNF	8/6/2015	16.50	222.10
Salaries LPN - JobTitle = LPN SNF	8/6/2015	34.25	565.13
Salaries LPN - JobTitle = LPN SNF	8/13/2015	17.00	224.57
Salaries LPN - JobTitle = LPN SNF	8/13/2015	17.50	271.25
Salaries LPN - JobTitle = LPN SNF	8/13/2015	33.50	502.50
Salaries LPN - JobTitle = LPN SNF	8/20/2015	(13.50)	(261.22)
Salaries LPN - JobTitle = LPN SNF	8/20/2015	18.00	242.28
Salaries LPN - JobTitle = LPN SNF	8/20/2015	21.50	344.00
Salaries LPN - JobTitle = LPN SNF	8/20/2015	16.50	495.00
Salaries LPN - JobTitle = LPN SNF	8/20/2015	18.00	297.00
Salaries LPN - JobTitle = LPN SNF	8/20/2015	16.00	264.00
Salaries LPN - JobTitle = LPN SNF	8/20/2015	19.00	285.00
Salaries LPN - JobTitle = LPN SNF	8/27/2015	17.00	224.57
Salaries LPN - JobTitle = LPN SNF	8/27/2015	32.50	520.00
Salaries LPN - JobTitle = LPN SNF	9/3/2015	7.75	137.32

Salaries LPN - JobTitle = LPN SNF	9/3/2015	23.50	316.62
Salaries LPN - JobTitle = LPN SNF	9/3/2015	32.00	496.00
Salaries LPN - JobTitle = LPN SNF	9/3/2015	19.50	312.00
Salaries LPN - JobTitle = LPN SNF	9/10/2015	18.50	244.39
Salaries LPN - JobTitle = LPN SNF	9/10/2015	17.50	280.00
Salaries LPN - JobTitle = LPN SNF	9/10/2015	19.00	313.50
Salaries LPN - JobTitle = LPN SNF	9/10/2015	17.50	280.00
Salaries LPN - JobTitle = LPN SNF	9/17/2015	21.00	282.90
Salaries LPN - JobTitle = LPN SNF	9/17/2015	30.00	480.00
Salaries LPN - JobTitle = LPN SNF	9/17/2015	35.50	706.75
Salaries LPN - JobTitle = LPN SNF	9/17/2015	17.00	263.50
Salaries LPN - JobTitle = LPN SNF	9/24/2015	16.00	211.36
Salaries LPN - JobTitle = LPN SNF	9/24/2015	17.00	272.00
Salaries LPN - JobTitle = LPN SNF	9/24/2015	39.00	643.50
Salaries LPN - JobTitle = LPN SNF	9/24/2015	20.00	320.00
Total		647.00	14,968.37

Salaries - Aides - JobTitle = CNA SNF	3/19/2015	(32.75)	(219.40)
Salaries - Aides - JobTitle = CNA SNF	4/23/2015	(32.00)	(241.60)
Salaries - Aides - JobTitle = CNA SNF	5/7/2015	(32.00)	(241.60)
Salaries - Aides - JobTitle = CNA SNF	5/14/2015	(23.25)	(124.77)
Salaries - Aides - JobTitle = CNA SNF	5/21/2015	(24.00)	(128.80)
Salaries - Aides - JobTitle = CNA SNF	6/25/2015	(14.50)	(109.48)
Salaries - Aides - JobTitle = CNA SNF	7/2/2015	(24.00)	(235.60)
Salaries - Aides - JobTitle = CNA SNF	7/9/2015	(38.00)	(244.94)
Salaries - Aides - JobTitle = CNA SNF	7/16/2015	(16.00)	(120.80)
Salaries - Aides - JobTitle = CNA SNF	8/20/2015	(34.75)	(219.87)
Salaries - Aides - JobTitle = CNA SNF	9/17/2015	(20.75)	(243.15)
Salaries - Aides - JobTitle = CNA SNF	9/24/2015	(22.50)	(120.76)
Salaries - Aides - JobTitle = CNA SNF	4/9/2015	(12.50)	(83.44)
Salaries - Aides - JobTitle = CNA SNF	5/7/2015	(6.00)	(75.60)
Salaries - Aides - JobTitle = CNA SNF	5/14/2015	(12.50)	(83.44)
Salaries - Aides - JobTitle = CNA SNF	5/21/2015	(22.50)	(120.76)
Salaries - Aides - JobTitle = CNA SNF	5/28/2015	(21.75)	(116.73)
Salaries - Aides - JobTitle = CNA SNF	6/11/2015	(22.00)	(224.25)
Salaries - Aides - JobTitle = CNA SNF	6/25/2015	(36.25)	(228.02)
Salaries - Aides - JobTitle = CNA SNF	7/9/2015	(28.00)	(273.30)
Salaries - Aides - JobTitle = CNA SNF	7/16/2015	(37.00)	(339.38)
Salaries - Aides - JobTitle = CNA SNF	7/23/2015	(24.25)	(243.25)
Salaries - Aides - JobTitle = CNA SNF	7/30/2015	(59.25)	(543.04)
Salaries - Aides - JobTitle = CNA SNF	8/6/2015	(56.75)	(468.45)
Salaries - Aides - JobTitle = CNA SNF	8/13/2015	(55.00)	(404.82)
Salaries - Aides - JobTitle = CNA SNF	9/3/2015	(59.75)	(449.92)
Salaries - Aides - JobTitle = CNA SNF	9/10/2015	(46.50)	(249.55)
Salaries - Aides - JobTitle = CNA SNF	9/24/2015	(37.25)	(235.69)
Salaries - Aides - JobTitle = CNA SNF	3/19/2015	(22.75)	(231.49)
Salaries - Aides - JobTitle = CNA SNF	3/26/2015	(16.50)	(128.70)

Salaries - Aides - JobTitle = CNA SNF	4/30/2015	(32.50)	(358.30)
Salaries - Aides - JobTitle = CNA SNF	5/7/2015	(42.00)	(377.30)
Salaries - Aides - JobTitle = CNA SNF	5/14/2015	(57.50)	(275.91)
Salaries - Aides - JobTitle = CNA SNF	5/21/2015	(22.75)	(228.22)
Salaries - Aides - JobTitle = CNA SNF	5/28/2015	(32.50)	(357.58)
Salaries - Aides - JobTitle = CNA SNF	6/4/2015	(48.50)	(376.22)
Salaries - Aides - JobTitle = CNA SNF	6/11/2015	(47.50)	(366.88)
Salaries - Aides - JobTitle = CNA SNF	6/25/2015	(31.50)	(241.70)
Salaries - Aides - JobTitle = CNA SNF	7/2/2015	(50.25)	(387.64)
Salaries - Aides - JobTitle = CNA SNF	7/9/2015	(32.00)	(299.00)
Salaries - Aides - JobTitle = CNA SNF	7/16/2015	(32.50)	(253.50)
Salaries - Aides - JobTitle = CNA SNF	8/13/2015	(24.75)	(134.89)
Salaries - Aides - JobTitle = CNA SNF	9/10/2015	(49.00)	(374.08)
Salaries - Aides - JobTitle = CNA SNF	9/24/2015	(31.00)	(238.06)
Salaries - Aides - JobTitle = CNA SNF	7/23/2015	(9.50)	(49.88)
Salaries - Aides - JobTitle = CNA SNF	7/9/2015	(8.25)	(101.89)
Salaries - Aides - JobTitle = CNA SNF	7/16/2015	(8.25)	(101.89)
Total		(1,451.25)	#####

Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	7/30/2015	(1.25)	(19.56)
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	8/13/2015	9.75	259.50
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	9/3/2015	12.25	416.50
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	9/24/2015	27.25	734.50
Total		48.00	1,390.94

Salaries - Chefs Cooks - JobTitle = Cook Supervisor	8/6/2015	(7.50)	(50.63)
Salaries - Chefs Cooks - JobTitle = Cook Supervisor	8/27/2015	(26.00)	(175.50)
Salaries - Chefs Cooks - JobTitle = Cook Supervisor	9/3/2015	(12.50)	(83.73)
Salaries - Chefs Cooks - JobTitle = Cook Supervisor	4/16/2015	(15.00)	(142.38)
Salaries - Chefs Cooks - JobTitle = Cook Supervisor	4/23/2015	(5.00)	(55.95)
Salaries - Chefs Cooks - JobTitle = Cook Supervisor	4/30/2015	(5.00)	(55.95)
Salaries - Chefs Cooks - JobTitle = Cook Supervisor	6/4/2015	(5.00)	(55.95)
Salaries - Chefs Cooks - JobTitle = Cook Supervisor	7/9/2015	(4.00)	(44.76)
Total		(80.00)	(664.85)

Total	(863.50)	4,387.51
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General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Apple Rehab Saybrook	License No. 0725-C	Report for Year Ended 9/30/2015	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 Saybrook			License No. 0725-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 Saybrook	License No. 0725-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
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Services Provided by This Firm (*describe fully*)

1 Preparation of audited financials (dissallow Pg. 28)	\$ 12,206
2 Preparation of tax returns	\$ 2,025
3	\$
4	\$
	Charge for Services Provided
	\$ 14,231

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 Town Clerk 2 3 4 5	Telephone Number
--	------------------

Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Probate	\$ 213
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 213

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

Schedule of Resident Statistics

Name of Facility Apple Rehab Saybrook			License No. 0725-C			Report for Year Ended 9/30/2015				Page 8		of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	120	120			120	120			120	120			
B. On last day of THIS report period	120	120			120	120			120	120			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	91	91			91	91			80	80			
B. As of midnight of THIS report period	80	80			80	80			80	80			
3. Total Number of Days Care Provided During Period													
A. Medicare	4,016	4,016			2,947	2,947			1,069	1,069			
B. Medicaid (Conn.)	23,492	23,492			17,612	17,612			5,880	5,880			
C. Medicaid (other states)													
D. Private Pay	5,001	5,001			4,161	4,161			840	840			
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	32,509	32,509			24,720	24,720			7,789	7,789			
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)	32,509	32,509			24,720	24,720			7,789	7,789			

Schedule of Resident Statistics (Cont'd)

Name of Facility Apple Rehab Saybrook			License No. 0725-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	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	11		60		9								
Per Diem Rate													
a. One bed rm.					395.00								
b. Two bed rms.	RUGS III		201.64		379.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								1,765	1,765				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								11,937	11,937				
D. Total Physical Therapy Treatments								13,702	13,702				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								537	537				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								856	856				
D. Total Speech Therapy Treatments								1,393	1,393				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								3,095	3,095				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								12,568	12,568				
D. Total Occupational Therapy Treatments								15,663	15,663				

Report of Expenditures - Salaries & Wages

Name of Facility Apple Rehab Saybrook	License No. 0725-C	Report for Year Ended 9/30/2015	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	92,136	2,129				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	73,664	4,575				
5. Dietary Service						
a. Head Dietitian	2,079	69				
b. Food Service Supervisor	55,538	2,203				
c. Dietary Workers	300,701	21,446				
6. Housekeeping Service						
a. Head Housekeeper	32,785	1,434				
b. Other Housekeeping Workers	129,682	12,391				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	97,422	5,173				
8. Laundry Service						
a. Supervisor	18,488	786				
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	118,736	4,362				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	183,618	4,218				
b. RN						
1. Direct Care	493,185	14,420				
2. Administrative**	201,838	6,030				
c. LPN						
1. Direct Care	684,176	26,159				
2. Administrative**						
d. Aides and Attendants	1,195,537	78,979				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	86,841	5,406				
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	97,921	4,379				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	3,864,346	194,159				

* 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 Saybrook				0725-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	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Apple Rehab Saybrook				0725-C	9/30/2015			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	(Specify)							
Section III - Administrators***										
Carol Green	92,136				Administrator 10/1/14 - 9/30/15	2,129	A 2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Saybrook	0725-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	12,816	160				
3. Pharmacist	8,359	70				
4. Podiatrist	704	8				
5. Physical Therapy						
a. Resident Care	241,733	3,426				
b. Other						
6. Social Worker	1,750	18				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	36,000	419				
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) Middlesex Cardiology/EKB Consulting	36,500	183				
9. Speech Therapist						
a. Resident Care	58,155	348				
b. Other						
10. Occupational Therapist						
a. Resident Care	272,232	3,916				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	2,447	53				
2. Administrative***						
b. LPN						
1. Direct Care	35,597	695				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	1,925	19				
B-13 Total Fees Paid in Lieu of Salaries	708,217	9,313				

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

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

Report of Expenditures
Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility Apple Rehab Saybrook		License No. 0725-C	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Dr. Matthew Raider 645 Saybrook Rd. Middletown, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
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	
Healthdrive Dental 888 Worcester St. Wellsley, MA	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Andrew Berliner 246 East Main St. Clinton, CT	Podiatrist	<input type="radio"/>	<input checked="" type="radio"/>		
Middlesex Cardiology 420 Saybrook Rd. Middletown, CT	Cardiologist	<input type="radio"/>	<input checked="" type="radio"/>		
EKB Consulting 328 Commonwelath Ave. New Britain, CT	Cardiologist	<input type="radio"/>	<input checked="" type="radio"/>		
Rosemary Spinelli-Reyes 55 Jodi Dr. Wallingford, CT	Social Worker	<input type="radio"/>	<input checked="" type="radio"/>		
Pointright 150 Cambridge Park Dr. Cambridge, MA	Data Integrity Auditor	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Saybrook	0725-C	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 254,124	254,124		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 96,212	96,212		
4. Social Security (F.I.C.A.)	\$ 277,145	277,145		
5. Health Insurance	\$ 386,334	386,334		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 12,927	12,927		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 20,077	20,077		
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*	\$ 253,889	253,889		
d. Accounting and Auditing	\$ 14,231	14,231		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 213	213		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 18,725	18,725		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 14,326	14,326		
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	\$ 595,727	595,727		
Subtotal	\$ 1,943,931	1,943,931		

* 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 Saybrook	0725-C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		1,943,931	1,943,931		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 28,920	28,920			
2. Holiday Parties for Staff	\$ 3,637	3,637			
3. Gifts to Staff and Residents	\$ 9,852	9,852			
4. Employee Travel	\$ 12,349	12,349			
5. Education Expenses Related to Seminars and Conventions	\$ 3,427	3,427			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 200	200			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 351	351			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 52,440	52,440			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 6,175	6,175			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 8,189	8,189			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 750	750			
9. Subscriptions	\$ 11,192	11,192			
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**	\$ 514,520	514,520			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 59,744	59,744			
C-14 Total Administrative & General Expenditures	\$ 2,655,678	2,655,678			

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising - Public Relations	\$ 52,440		
Total Other Advertising	\$ 52,440	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 8,189		
Total Dues	\$ 8,189	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Corporate Fees - Non Reimbursable	\$ 40,117		
Licenses & Fees	\$ 2,399		
Pre Employment Screening	\$ 5,609		
Point Click Care Fees	\$ 10,935		
Bank Charges	\$ 71		
Resident Expenses	\$ 614		
Account Write Off	\$ -		
Total Other Administrative and General	\$ 59,744	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Apple Rehab Saybrook	License No. 0725-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.	514,520	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 Saybrook	0725-C	9/30/2015	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 206,029	206,029		
2. Non-Food Supplies	\$ 24,466	24,466		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 348	348		
c. Management Services**	\$ _____			
d. Other (Specify) _____	\$ _____			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 230,842	230,842		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	267	267		
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility Apple Rehab Saybrook		License No. 0725-C	Report for Year Ended 9/30/2015	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	3,314	3,314	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$	17,145	17,145	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	99,670	99,670	
c. Management Services**		\$			
d. Other (Specify)		\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	120,128	120,128	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3E.

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Apple Rehab Saybrook	0725-C	9/30/2015	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	31,114	31,114		
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)		\$ 31,114	31,114		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy		\$			
2. Purchased from Medstat		\$ 261,191	261,191		
b. Medicine Cabinet Drugs		\$			
c. Medical and Therapeutic Supplies		\$ 243,016	243,016		
d. Ambulance/Limousine***		\$			
e. Oxygen					
1. For Emergency Use		\$			
2. Other****		\$ 21,936	21,936		
f. X-rays and Related Radiological Procedures***		\$ 21,837	21,837		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h. Laboratory****		\$ 10,667	10,667		
i. Recreation		\$ 27,291	27,291		
j. Other (Specify)***** See Attached Schedule		\$ 10,632	10,632		
5K. Total Resident Care Expenditures (5a - 5j)		\$ 596,570	596,570		

* 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 Saybrook			License No. 0725-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	(Specify)	Pg	Line
KPK Construction	184 Old Boston Post Rd. Old Saybrook, CT	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	29,042			22	6a
Perfectemp Heating & Air Conditioning	635 Old Turnpike Rd. Plantsville, CT	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	32,587			22	6a
All Waste, Inc	PO Box 2472 Hartford, CT	<input type="radio"/>	<input checked="" type="radio"/>		Refuse Removal	28,917			22	6f
United Laundry	525 Wolf Swamp Rd. Long Meadow, MA	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Service	92,670			19	3b
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Apple Rehab Saybrook	0725-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 190,727	190,727				
b. Heat	\$ 22,190	22,190				
c. Light & Power	\$ 113,098	113,098				
d. Water	\$ 35,342	35,342				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 38,446	38,446				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 399,803	399,803				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 121,339	121,339				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 121,339	121,339				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 86,734	86,734				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 86,734	86,734				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 510,000	510,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 91,283	91,283				
c. Personal property taxes	\$ 7,926	7,926				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 817,283	817,283				

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

Apple Rehab Saybrook
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:				
7/31/2014	LAMINATED CABINET KITCHEN (FDI)	\$ 450	ME-15	\$ 31
7/31/2014	LAMINATED CABINET KITCHEN (FDI)	\$ 450	ME-15	\$ 31
10/14/2014	WIRELES CTRL w/5 AP LCI CISCO BUND (JKS)	\$ 2,161	ME-5	\$ 540
10/17/2014	REPAIR FLOOR SCRUBBER (HILLYARD)	\$ 1,326	ME-5	\$ 332
11/12/2014	WHALEN CHASSIS DEPOSIT (PERFECTEMP)	\$ 5,120	ME-15	\$ 427
11/20/2014	CHASSIS HEAT/AIR SYSTEM (PERFECTEMP)	\$ 10,655	ME-15	\$ 888
1/14/2015	HEAT, VENT, AIR SYSTEM (PERFECTEMP)	\$ 5,155	ME-15	\$ 127
1/23/2015	HEAT, VENT, AIR SYSTEM (PERFECTEMP)	\$ 2,676	ME-15	\$ 65
1/23/2015	HEAT, VENT, AIR SYSTEM (PERFECTEMP)	\$ 2,108	ME-15	\$ 52
1/29/2015	HEAT, VENT, AIR SYSTEM (PERFECTEMP)	\$ 5,396	ME-15	\$ 131
3/19/2015	Payroll System Upgrade-Time Clocks	\$ 1,233	ME-10	\$ 42
3/19/2015	Payroll System Upgrade-Time Clocks	\$ 1,196	ME-10	\$ 41
3/31/2015	MicroAir Low Air Loss Mattress	\$ 3,006	ME-5	\$ 201
6/4/2015	Install Wireless Network Controllers	\$ 177	ME-5	\$ 10
6/29/2015	Bariatric Mattress	\$ 2,435	ME-5	\$ 123
7/30/2015	11 Monitors for Nursing Stations	\$ 1,292	ME-5	\$ 53
Total additions for Movable Equipment		\$ 44,837		\$ 3,094 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/24/2014	PUMP 25 HP (PERFECTEMP)	\$ 2,847	LHI-15	\$ 237
2/18/2015	CARPENTRY DEMO INSUL/SHEETROK (THKEIFER)	\$ 1,100	LHI-15	\$ 26
2/18/2015	WALKIN EVAP COIL REPLC (PERFECTEMP)	\$ 2,900	LHI-10	\$ 103
3/2/2015	80 Gallon Water Heater Installation	\$ 998	LHI-10	\$ 35
3/2/2015	80 Gallon Water Heater Install-Rem Bal	\$ 997	LHI-10	\$ 35
3/13/2015	Septic System Repairs	\$ 2,658	LHI-10	\$ 91
3/13/2015	Septic System Repairs	\$ 1,980	LHI-10	\$ 68
3/13/2015	Septic System Repairs	\$ 1,982	LHI-10	\$ 68
3/16/2015	Reconfigured Nurse Call System-8 Rooms	\$ 990	LHI-5	\$ 68
3/31/2015	WALLS/CEILING PAINT DEMO (THKEIFER)	\$ 1,772	LHI-5	\$ 39
4/30/2015	2 Whalen Chassis Heat Units for Rooms	\$ 5,100	LHI-15	\$ 107
5/29/2015	Hardwood Flooring Install in 8 Rooms	\$ 3,996	LHI-10	\$ 115
7/6/2015	4 Heating & Cooling Chassis-Down Payment	\$ 5,721	LHI-15	\$ 93
7/6/2015	4 Heating & Cooling Chassis-Rem Balance	\$ 5,415	LHI-15	\$ 88
7/10/2015	Shower Drain Assembly Install-Deposit	\$ 2,500	LHI-25	\$ 24
7/10/2015	Shower Drain Assembly Install-Rem Bal	\$ 2,605	LHI-25	\$ 25
7/15/2015	80 Gallon Water Heater Installation	\$ 998	LHI-10	\$ 23
7/15/2015	80 Gallon Water Heater Installation	\$ 997	LHI-10	\$ 23
7/21/2015	Sewage Pump Replacement	\$ 1,288	LHI-10	\$ 28
7/24/2015	Install Ceramic Tile in Bathrooms(ACI)	\$ 7,892	LHI-20	\$ 85
7/24/2015	Install Ceramic Tile in Bathrooms(ACI)	\$ 8,948	LHI-20	\$ 96
7/24/2015	Install Ceramic Tile in Bathrooms-Prep	\$ 1,644	LHI-20	\$ 18
7/24/2015	Install Ceramic Tile in Bathrooms-Prep	\$ 942	LHI-20	\$ 10
Total additions for Leasehold Improvement		\$ 66,268		\$ 1,505 *
Deletions:				

Total deletions for Leasehold Improvement		\$ -		\$ -

**

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Apple Rehab Saybrook			0725-C		9/30/2015			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				1,342,085	256,848	A		85,230	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				66,268				1,505	
C-4. Subtotal									86,734
D. Total Amortization									86,734

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility Apple Rehab Saybrook	License No. 0725-C	Report for Year Ended 9/30/2015	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		120			
6. Square Footage					
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	6 Month extension
A. Type of Financing (e.g. fixed, variable)	Fixed	
B. Date of Mortgage Obtained	4/11/2008	extension to 10/13/15
C. Interest Rate For the Cost Year	6.44%	2.08%
D. Term of Mortgage (number of years)	7 Yrs.	6 month
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 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	License No.	Report for Year Ended	Page	of
Apple Rehab Saybrook	0725-C	9/30/2015	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$			

(Carry Subtotals forward to next page)

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

Name of Facility Apple Rehab Saybrook		License No. 0725-C		Report for Year Ended 9/30/2015		Page 27	of 37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) Value settlement \$1,028 Late pmt taxes \$2,795				\$ 3,823	3,823		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 3,823	3,823		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 101,647	101,647		
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)				\$ 101,647	101,647		
15. Total All Expenditures (A-13 thru C-14)				\$ 9,529,453	9,529,453		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Saybrook				0725-C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 272,232	272,232		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 253,889	253,889		
10.	15	1d/e	Accounting & Legal	\$ 12,419	12,419		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 52,440	52,440		
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	\$ 51,404	51,404		
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)				\$ 642,383	642,383		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12m	Social Service/Marketing			
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Corporate Fee - Non Reimburable	\$ 40,117		
16	1.3	Employee Recognition/Gifts/Parties	\$ 9,852		
16	8a	Chamber of Commerce	\$ 750		
16	m13	Bank Charges	\$ 71		
16	m13	Resident Expenses	\$ 614		
16	m13	Account Write Off	\$ -		
Total Other A&G Adjustments			\$ 51,404	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Apple Rehab Saybrook			0725-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 642,383	642,383		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 224,863	224,863		
28.			Ambulance/Limousine	\$ 28,920	28,920		
29.			X-rays, etc	\$ 21,837	21,837		
30.			Laboratory	\$ 10,667	10,667		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 21,776	21,776		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 7,423	7,423		
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.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.	30	IV5	Interest Income on Accounts Rec	\$ 190	190		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 3,875	3,875		
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)			\$ 961,934	961,934		

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Apple Rehab Saybrook
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ -		
20	5j	Rehab Service Supplies	\$ 7,423		
Total Other Ancillary Costs			\$ 7,423	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
var	var	Outpatient disallowance	\$ 52		
27	12 d	Value settlement \$1,028 Late pmt taxes \$2,795	\$ 3,823		
Total Other Adjustments			\$ 3,875	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Apple Rehab Saybrook	0725-C	9/30/2015			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 4,739,718	4,739,718				
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>)	\$ 1,515,909	1,515,909				
b. Medicare Room and Board Contractual Allowance **	\$ 580,545	580,545				
4. a. Private-Pay Residents and Other	\$ 1,910,312	1,910,312				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 168,254	168,254				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (168,274)	(168,274)				
c. Prescription Drugs - Non-Medicare	\$ 41,493	41,493				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (41,493)	(41,493)				
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	\$ 392,013	392,013				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (337,045)	(337,045)				
c. Physical Therapy - Non-Medicare	\$ 88,025	88,025				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (86,380)	(86,380)				
4. a. Speech Therapy - Medicare	\$ 54,948	54,948				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (33,448)	(33,448)				
c. Speech Therapy - Non-Medicare	\$ 7,740	7,740				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (7,740)	(7,740)				
5. a. Occupational Therapy - Medicare	\$ 589,596	589,596				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (465,690)	(465,690)				
c. Occupational Therapy - Non-Medicare	\$ 114,705	114,705				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (112,890)	(112,890)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 505	505				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 8,950,803	8,950,803				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 190	190				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 754	754				
V. Total Other Revenue (1 thru 8)	\$ 943	943				
VI. Total All Revenue (III +V)	\$ 8,951,746	8,951,746				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30	Oxygen - Private	\$ 505		
Total Other Resident Revenue		\$ 505	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV5	Interest Income	896,291	\$ 190		
Total Interest Income			\$ 190	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30	Medical Records Copies	\$ 754		
Total Other Revenue		\$ 754	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Saybrook	0725-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	241,409
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	896,291
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	19,526
5. Prepaid Expenses			\$	33,338
a. Prepaid Insurance	10,098			
b. Prepaid Property Tax	23,240			
c. Prepaid Other				
d.				
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)			\$	1,190,564
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>1,408,354</u>		\$	1,064,771
	Accum. Depreciation <u>343,582</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>1,188,330</u>		\$	543,900
	Accum. Depreciation <u>644,430</u>	Net		
7. Motor Vehicles	*Historical Cost <u>3,500</u>		\$	
	Accum. Depreciation <u>3,500</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	17,707
Construction in Progress	14,917			
Fixed Asset Clearing Account	2,790			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,626,378

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Apple Rehab Saybrook	License No. 0725-C	Report for Year Ended 9/30/2015	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 2,816,942	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
3. Buildings			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
4. Non-Movable Equipment			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
5. Movable Equipment			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
6. Motor Vehicles			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
4. Goodwill (Purchased Only)			\$ 600,000	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

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

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 601,675	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 3,418,617	

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

G. Balance Sheet (cont'd)

Name of Facility Apple Rehab Saybrook		License No. 0725-C	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	458,811
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>)				\$	114,959
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	43,562
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>)				\$	2,455,467
Accrued PTO		135,511	Accrued Worker's Comp	154,310	
Accrued Pension		5,250	Accrued Professional Fee	19,031	
Accrued Expense Other		164,434	Due Affiliate -Corporate	1,969,106	
Payroll W/H		7,825			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	3,072,799

* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Apple Rehab Saybrook		License No. 0725-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				3,072,799	
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>)				\$ 108,334	
Name and Address of Lender	Amount	Loan Date			
Brian J. Foley	108,334	Demand			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
Security Deposit					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 108,334	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,181,132	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Saybrook	0725-C	9/30/2015	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			\$	1,838,576
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,023,385)
6. Gain or Loss for Period			\$	(577,707)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	237,484
C. Total Reserves and Net Worth			\$	237,484
D. Total Liabilities, Reserves, and Net Worth			\$	3,418,617

H. Changes in Total Net Worth

Name of Facility Apple Rehab Saybrook	License No. 0725-C	Report for Year Ended 9/30/2015	Page 36	of 37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	795,413		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	8,951,746		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	9,529,453		
D. Net Income or Deficit			\$	(577,707)		
E. Balance			\$	217,706		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
Brian Foley	25,000					
2. Other (<i>itemize</i>)						
F-3. Total Additions					\$	25,000
G. Deductions						
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	5,222		
Name and Address (<i>No., City, State, Zip</i>)	Title	Amount				
Brian Foley	President	5,222				
2. Other Withdrawings (<i>Specify</i>)			\$			
Purpose		Amount				
3. Total Deductions			\$	5,222		
H. Balance at End of Period			\$	237,484		
				09/30/15		

I. Preparer's/Reviewer's Certification

Name of Facility Apple Rehab Saybrook	License No. 0725-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 type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Robert Gwizdak				
Address Address			Phone Number	
21 Waterville Road Avon, CT 06001			(860) 470-7535	

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