State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2017

Name of Facility (as licensed) Apple Rehab West Haven

Address (No. & Street	•	-							
308 Savin Ave. West	Haven, CT 06	516							
Type of Facility									
Chronic and Convalescent Rest Home with Nursing ☑ Nursing Home only ☑ Supervision only ☐ (Specify)									
(CCNH)	o omy		(RHNS)						
Report for Year Begi 10/1/2016	Report for Year Beginning Report for Year Ending 9/30/2017								
License Numbers:		CCNH 2136-C	RHNS 151-RH		(Specify)			licare Provider 07-5403	
						•			
Medicaid Provider N	umbers:	CC 92197	CNH		INS 361		ICF	F-IID	
For Department Use	e Only								
Sequence Number Signed and Date Sequence Number							Date Received		
					_	_			

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Apple Rehab West Haven	2136-C	9/30/2017	1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT 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 West Haven [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

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

(Notary Seal)

State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page	of		
			1A	37
Name of Facility	Period Cov	ered:	From	То
Apple Rehab West Haven			10/1/2016	9/30/2017
Address of Facility 308 Savin Ave. West Haven, CT 06516				
Report Prepared By	Phone Num		Date	
Apple Health Care	(860) 678-9	9755		
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

				cility	Report for Ye	ar Ended	Page	of
N CE Tr. / 1 I'		203	-932-6411	. 0 0	9/30/2017	7:	2	37
Name of Facility (as shown on license) Apple Rehab West Haven					Street, City, Sta West Haven, C'	_		
Apple Kellab West Haveli	CCNH		RHNS	lve. v	(Specify)	1 00310	Medicare F	Provider No
License Numbers:	2136-C	151	-RH		(Specify)		07-5403	TOVIGET TVO
Type of Facility (Check appropriate box(es	1	101					0, 0.00	
Chronic and Convalescent Nursing Home only (CCNH)			t Home with lervision only			(Specify)		
Type of Ownership (Check appropriate box	x)							
O Proprietorship O LLC O	Partnership	•	Profit Corp.	0	Non-Profit Con	rp. O	Government	O Trust
If this facility opened or closed during repo	ort year provid	e:		Date	Opened	Date Clos	sed	
Has there been any change in ownership or operation during this report year?		0	Yes		No	If "Vec "	explain full	v
Administrator								
Name of Administrator					Nursing Ho	ome		
Amy Pellerin					Administrat		002019	
					License 1	No.:		
Other Operators/Owners who are assistant	administrators	(ful	l or part time)	of the				
Name					License 1	No.:		

General Information and Questionnaire Partners/Members

Name of Facility Apple Rehab West Haven		License No. 2136-C	Report for Y 9/30/2017	ear Ended	Page of 3 37
Legal Name of Partnership/LLC		Business			or Town(s) in egistered
Name of Partners/Members	Business Ac	ldress	,	Γitle	% Owned

Annual Report of Long-Term Care Facility

CSP-3A Rev. 10/2005

General Information and Questionnaire Corporate Owners

Name of Facility Apple Rehab West Haven	License No. 2136-C	-		Page of 3A 37
If this facility is owned or operated as a corp			nation:	311 37
Legal Name of Corporation		ess Address	_	ich Incorporated
Apple Rehab West Haven		308 Savin Ave. West Haven, CT		en meorporated
Name of Directors, Officers	Busin	Business Address		No. Shares Held by Each
Brian J. Foley	21 Waterville R 06001	Road Avon, CT	President	100
Ryan Vess	21 Waterville R 06001	Road Avon, CT	Secretary	
Names of Stockholders Owning at Least 10% of Shares				
Brian J. Foley	21 Waterville R 06001	Road Avon, CT	President	100

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab West Haven	2136-C	9/30/2017	3B	37
If this facility is owned or operated as a	n individual proprietorship	, provide the following inform	nation:	
-	Owner(s) of Facility			
	•			

General Information and Questionnaire Related Parties*

Name of Facility		Licens			Report for Year Ended		Page	of 1 27
Apple Rehab West Hav	en		2136-C		9/30/2017		4	37
Are any individuals reco	eiving compensation from the f	acility re	elated th	rough		If "Yes," provide th	e Name/Ad	dress and
marriage, ability to cont	rol, ownership, family or busin	ess asso	ciation?	•	Yes O No	complete the inform	nation on Pa	ige 11 of the report.
Are any individuals or o	companies which provide good	s or serv	ices.					
1	property or the loaning of funds							
	association, common ownership		•	iness	O Yes O No			
association to any of the	e owners, operators, or officials	of this	facility?			If "Yes," provide th	e following	information:
			so Provi			Indicate Where		
			ds/Servi			Costs are Included	_	
Name of Related	Business Address		Related		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	21 Waterville Road Avon, CT	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
Brian J. Foley	06001	0	•		Real Estate Rental	Pg. 22 Line 9	453,000	453,000
Apple Health Care	21 Waterville Road Avon, CT 06001	0	•		Management & Accounting Services	Pg. 16 Line m12	363,899	363,899
Healthport Services	21 Waterville Road Avon, CT 06001	0	•		Employee Staffing	Pg. 10/16 m13	22,935	22,935
Corporate Employees	21 Waterville Road Avon, CT 06001	0	•		Employee Staffing	Pg. 10 Schedule	9,547	9,547
Employees @ Various Apple Facilities		0	•		Employee Staffing	Pg. 10 Schedule	93,963	93,963
Apple Health Care	21 Waterville Road Avon, CT 06001	0	•		Pension Plan (401K)	Pg. 15 1a7	12,935	12,935
Aetna	PO Box 88860 Chicago, IL	•	0		Group Medical	Pg. 15 1a5	404,240	
Delta Dental	PO Box 23700 Newark, NJ	•	0		Group Dental	Pg. 15 1a5	28,923	
Aetna Ancillary	PO Box 88860 Chicago, IL	•	0		Group Life & Disability	Pg. 15 1a6	18,775	

^{*} 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		Licens	e No.		Report for Year Ended 9/30/2017		Page	of
Apple Rehab West Hav	en		2136-C				4	37
•	eiving compensation from the rol, ownership, family or busi	•		_	Yes O No	If "Yes," provide the complete the inform		
marriage, ability to com	ioi, ownership, running or busi	1035 4330	Clation	. 0	165 0 140	complete the infort	nation on 1 a	ige 11 of the report.
including the rental of prelated through family a	companies which provide good roperty or the loaning of fund association, common ownership cowners, operators, or official	s to this f p, contro	facility, l, or bus		O Yes O No	If "Yes," provide th	ne following	information:
Name of Related	Business	Good Non-I	so Provi ds/Servi Related	ces to Parties	Description of Goods/Services	Indicate Where Costs are Included in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
Marsh	PO Box 19636 Newark, NJ	¥			Property, Liability & Umbrella Insurance	Pg. 27 14a	88,450	
AIG	PO Box 10472 Newark, NJ	Æ			Worker's Compensation	Pg. 15 1a1	25,229	
Swallowing Diagnotics	21 Waterville Road Avon, CT	Æ		83%	Diagnostic Services	Pg. 20 5F	1,358	
Ryan Vess	21 Waterville Road Avon, CT		Æ			##		
Brendan Foley	21 Waterville Road Avon, CT		Æ			##		

^{*} Use additional sheets if necessary.

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

^{##} Related expense has been disallowed on Pg. 28 Line 23 (Brendan Foley through 3/9/17)

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No.		Report for Year Ended	Page of		
Apple Rehab West Haven	2136-C		9/30/2017	5 37		
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs						
must be allocated to CCNH and RHNS as follo	ws:					
Item			Method of Allocation	on		
Dietary	N	umber of	meals served to residents			
Laundry	N	umber of	pounds processed			
Housekeeping	N	umber of	square feet serviced			
			hours of routine care provid			
Nursing			classification, i.e., Director (•		
		-	Nurses, Licensed Practical N	Nurses, Aides and		
		ttendants				
Direct Resident Care Consultants			hours of resident care provide	ded by EACH		
			(See listing page 13)			
Maintenance and operation of plant		quare fee				
Property costs (depreciation)		quare fee				
Employee health and welfare		ross salaı				
Management services			e cost center involved			
All other General Administrative expenses			irect and Allocated Costs			
The preparer of this report must answer the foll	owing question	ns applic	able to the cost information	provided.		
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why s	uch allocation was		
costs allocated as required?	O Tes	J 110	not made.			
2. Explain the allocation of related company ex	_					
The costs incurred by Apple Health Care, inc. (_	vide Accounting and Manage	rial services to each		
facility owned by Brian J. Foley, are allocated	on a per bed ba	asis.				
3. Did the Facility appropriately allocate and so	elf-disallow di	rect and	indirect costs to non-nursing	home cost centers?		
(e.g., Assisted Living, Home Health, Outpat	ient Services,	Adult Da	y Care Services, etc.)			
	O Yes	9 No	If "No," explain fully why s	uch allocation was		
	O les	9 110	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			License No.	Report for Y	ear Ended		Page	of
Apple Rehab West Haven			2136-C	9/30/2017			6	37
	Ow Oper Off	ed * to ners, rators, icers		Date of	Term of	Annual Amount		ount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clai	med
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
Is a Mileage Log Book Maintained for Al	l Leased V	ehicles	? • Yes	0	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	License No.	Report for Year Ended		Page	of
Apple Rehab West Haven	2136-C	9/30/2017		7	37
The records of this facility for the p	eriod covered by this report	were maintained on the following basis:			
•	Modified Cash	C			
Is the accounting basis for this					
=	Yes	If "No," explain.			
•	No	н 140, схрын.			
previous period:	110				
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Blum Shapiro & Co. PC		29 South Main St. West Hartford, CT 06	5127		
2 Brazee & Huban		35 Wendell Ave. Pittsfield, MA 10202			
3					
4					
Services Provided by This Firm (de	scribe fully)				
1 Preparation of audited financials (disa	allow Pg. 28)		\$	5,652	
2 Preparation of tax returns			\$	2,131	
3			\$		
4			\$		
			Charge for	Services Pr	ovided
			\$	7,783	
Are These Charges Reflected in the Expend	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.			
⊙ Yes O No	Pg. 15 1d				
Legal Services Information					
Name of Legal Firm or Independent	t Attorney		Telephone 1	Number	
1 Summa & Ryan, PC					
2					
3					
4					
5					
Address (No. & Street, City, State, 2	Zip Code)				
1					
2					
3					
4					
5	.1 6.11				
Services Provided by This Firm (de	scribe fully)				
1 HR Legal Consultation - Union			\$	62,977	
2			\$		
3			\$		
4			\$		
5			Φ.		
			\$		
				Services Pr	ovided
			Charge for		ovided
Are These Charges Reflected in the Expend	diture Portion of This Report? If Y	'es, Specify Expense Classification and Line No.		Services Pr 62,977	ovided
•	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.	Charge for		ovided
*	•	es, Specify Expense Classification and Line No.	Charge for		ovided

Schedule of Resident Statistics

Name of Facility			License N					r Year Ende	ed		Page	of
Apple Rehab West Haven			21	36-C			9/30/2017	7			8	37
						Period 10	/1 Thru 6/	30		Period 7/	1 Thru 9/3	30
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
Certified Bed Capacity A. On last day of PREVIOUS report period	90	89	1		90	89	1		90	89	1	
B. On last day of THIS report period	90	89	1		90	89	1		90	89	1	
Number of Residents A. As of midnight of PREVIOUS report period	67	66	1		67	66	1		76	75	1	
B. As of midnight of THIS report period	76	75	1		76	75	1		76	75	1	
3. Total Number of Days Care Provided During Period												
A. Medicare	4,283	4,283			3,118	3,118			1,165	1,165		
B. Medicaid (Conn.)	21,197	20,832	365		15,773	15,500	273		5,424	5,332	92	
C. Medicaid (other states)												
D. Private Pay	2,870	2,870			2,055	2,055			815	815		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	28,350	27,985	365		20,946	20,673	273		7,404	7,312	92	
Total Number of Days Not Included in Figures in 3G 4. 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)	28,350	27,985	365		20,946	20,673	273		7,404	7,312	92	

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Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Lice	nse No.				Report	t for Year	Ended		Page	of
Apple Rehab	West H	aven		2	136-C					9/30/201	7		9	37
	•	-	in the certified l		apacity du	ring t	the repo	ort yea	ır?	0	Yes	0	No	
If "YES"	T -		llowing informa	tion:										
			f Change		Ch	ange	in Bed			Ca	pacity Afte	er Change		
Date of	CCNH	RHNS	(Specify)		Lost		(Gaine	d					
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason f	or Change
		_	in certified bed 90 days followir	_		the r	report y	ear (a	s repor	ted in iter	n 4 above)	provide the nu	mber of	
			· ·							CC	INILI	RHNS	(Sne	ecify)
1st chan	σe		Change in Ro	esidei	n Days						NH	KIIINS	(Spc	ciry)
2nd char	_													
3rd chan														
4th chan														
		dents an	d Rates on Septe	embei	30 of Co	st Ye	ar							
			Medicare		Medi					Se	lf-Pay		Other Sta	te Assisted
	Item		CCNH	C	CNH	RI	HNS	CC	CNH	RF	INS	(Specify)	R.C.H.	ICF-MR
No. of R		3	8		58		1		9					
Per Dien														
a. One b									430.00					
b. Two			RUGS III		220.49		149.95		399.00					
c. Three		e												
bed 1	rms.													
7 Total Nu	ımber of	Physic:	al Therapy Treat	ment	s					TO	TAL	CCNH	RHNS	(Specify)
	Medica									10	5,970	5,970	111110	(Specify)
			lusive of Part B))							,	,		
	1. Mai	ntenanc	e Treatments											
	2. Res	torative	Treatments											
	Other										10,203	10,203		
			Therapy Treatm								16,173	16,173		
			Therapy Treatn	nents										
A.	Medica	re - Par	t B								741	741		
В.			lusive of Part B))										
			e Treatments Treatments											
C	Other	torative	Treatments								862	862		
		neech T	Therapy Treatm	ents							1,603	1,603		
			ational Therapy		ments						1,505	1,003		
	Medica										2,894	2,894		
			lusive of Part B))							,			
			e Treatments											
			Treatments											
	Other										9,460	9,460		
D.	Total C	Occupati	ional Therapy T	reatn	nents						12,354	12,354		

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

ame of Facility	License No.		Report for Yea		Page	of
pple Rehab West Haven	2136-C		9/30/2017		10	37
re time records maintained by all individuals receiving co		<u> </u>	Yes	0	No	
e time records maintained by an individuals receiving co			Total Cost a		140	
			Total Cost a	liu Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I						
of Schedule A1)						
Administrator(s) (Complete also Sec. III of Schedule A1)	102.757	2,080				
3. Assistant Administrator (Complete also Sec. IV	102,757	2,080				
of Schedule A1) 4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	92,537	3,486				
5. Dietary Service	>2,007	2,100				
a. Head Dietitian	28,934	1,002				
b. Food Service Supervisor	41,729	1,650				
c. Dietary Workers	274,438	20,684				
6. Housekeeping Service	22.150	1.20.1				
a. Head Housekeeper b. Other Housekeeping Workers	22,160 101,347	1,294 8,716				
7. Repairs & Maintenance Services	101,347	6,710				
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	70,034	3,583				
8. Laundry Service						
a. Supervisor	9,779	617				
b. Other Laundry Workers	54,635	4,775				
Barber and Beautician Services Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	76,956	3,804				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	89,467	1,932				
b. RN						
Direct Care	389,798	11,435				
2. Administrative**	148,407	4,278				
c. LPN 1. Direct Care	720,543	29,011				
2. Administrative**	720,343	29,011				
d. Aides and Attendants	910,854	64,883				
e. Physical Therapists	290,449	7,630				
f. Speech Therapists	45,819	1,177				
g. Occupational Therapists	158,972	5,214			1	
h. Recreation Workers	61,059	4,023				
i. Physicians1. Medical Director						
2. Utilization Review	+					
3. Resident Care***						
4. Other (Specify)						
j. Dentists				-	1	
k. Pharmacists l. Podiatrists						
m. Social Workers/Case Management	74,807	3,253				
n. Marketing	74,007	3,233			1	
o. Other (Specify)						
See Attached Schedule						
A-13. Total Salary Expenditures	3,765,480	184,527			<u> </u>	

^{*} 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.

Apple Rehab West Haven
9/30/2017

Attachment Page 10/13

Schedule of Other Salaries and Wages (Page 10)

	CC	NH	RH	INS	(Spe	cify)
Position	\$	Hours	\$	Hours	\$	Hours
m . 1	Φ.		Φ.		ф	
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

	CCNH			R	HNS	(Spe	cify)
Service		\$	Hours	\$	Hours	\$	Hours
Data Integrity Auditor - Pointright	\$	3,300	44				
Employee Relations Consulting-Creative	\$	43,636	364				
5 Star Rating Consulting - Celtic Consulting	\$	22,716	189				
Purchasing Consultant	\$	2,053	27				
MDS Consultant - PaitentPing	\$	1,837	24				
Deaf Interpreter	\$	193	3				
		•					
Total	\$	73,735	651	\$ -	-	\$ -	-

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility License No. Report for Year Ended								Ъ	C	
-						_	r ear Ended		Page	of
Apple Rehab West Haven	T			2136-C		9/30/2017	•		11	37
Name	CCNH	Salary Paid	(Specify)	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
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.

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Y	ear Ended		Page	of
Apple Rehab West Haven				2136-C		9/30/2017			12	37
Name	ССИН	Salary Paid	d (Specify)	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
Section III - Administrators***										
Kerri Kuhn	69,579				Administrator 10/1/16 - 6/17/17	1,520	A2	Ledgecrest	560	27,509
Amy Pellerin	33,179				Administrator 6/18/17 - 9/30/17	560	A2	Соссото	1,520	82,271
Section IV - Assistant Administrators										

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

^{**} Include <u>all</u> other employment worked during the cost year.

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

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

•	License No.		Report for Y	ear Ended	Page	of
Apple Rehab West Haven	2136	5-C	9/30/2017		13	37
			Total Cost	and Hours	1	
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee	CCNII	Hours	KIINS	Hours	(Specify)	Hours
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian	14,465	193				
2. Dentist	8,811	70				
3. Pharmacist	12,497	78				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	493	7				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	20,500	240				
b. Utilization Review						
(Title 18 and 19 only) monthly meeting	500	5				
c. Resident Care**						
d. Administrative Services facility						
 Infection Control Committee (Quarterly meetings) 						
2. Pharmaceutical Committee						
(Quarterly meetings)						
 Staff Development Committee 						
(Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care	19,580	276				
b. Other	- ,					
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	43,448	470				
2. Administrative***						
b. LPN						
1. Direct Care	56,033	778				
2. Administrative***						
c. Aides	55,931	1,510				
d. Other						
12. Other (Specify)						
See Attached Schedule	73,735	651				
B-13 Total Fees Paid in Lieu of Salaries	305,994	4,278				

^{*} 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	License No.		Report for Y	Year Ended	Page	of
Apple Rehab West Haven	2136-C		9/30/2017		14	37
Name & Address of Individual	Full Explanation of Service	Operator	to Owners,	Expla	nation of Re	elationship
Dr. Asefeh Heiat-Azodi P.O. Box 1086 Branford,	Utilization Review	Yes	No			
СТ		0	•			
Dr. Anthony Sciala 100 York St. #8D New Haven, CT	Utilization Review	0	•			
Dr. Horatiu Balas 697 Campbell Ave. West Haven, CT	Medical Director	0	•			
West River Pharmacy of Connecticut 41 Northwest Dr. Plainville, CT	Pharmacist	0	•			
Healthdrive Medical & Dental Group One Prestige Dr. Meriden, CT	Podiatrist & Dentist & Eyecare	0	•			
RD Nutrition Consultants LLC Bellevue, NE	Dietician	0	•			
Pointright Inc 150 Cambridge Park Dr, Cambridge, MA 02140	Data Integity Audit	0	•			
Celtic Consulting Torrington, CT	5 Star Rating Consulting	0	•			
Creative Vision & Solutions Staten Island, NY	Employee Relations Consulting	0	•			
Patient Ping Boston, MA	MDS Consultant	0	•			
Partners Interpreting Plainville, MA	Deaf Interpreter	0	•			
Connecticut Purchasing Consultants Stratford, CT	Purchasing Consultant	0	•			
Core Medical Group Manchester, NH	Occupational Therapy	0	•			
RN Staff Inc Philadelphia, PA	Physical Therapy	0	•			
The Nurse Network New York, NY	Registered Nurses	0	•			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			

^{*} 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 Y	ear Ended	Page	of
Apple Rehab West Haven	2136-C	9/30/2017		15	37
Item		Total	CCNH	RHNS	(Specify)
Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	25,229	25,229		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	59,004	59,004		
4. Social Security (F.I.C.A.)	\$	263,462	263,462		
5. Health Insurance	\$	309,538	309,538		
6. Life Insurance (employees only)					
(not-owners and not-operators)	\$	18,775	18,775		
7. Pensions (Non-Discriminatory)	\$	12,935	12,935		
(not-owners and not-operators)					
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*	\$	614,756	614,756		
d. Accounting and Auditing	\$	7,783	7,783		
e. Legal (Services should be fully described			62,977		
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*					
g. Office Supplies	\$	22,347	22,347		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	12,070	12,070		
2. Cellular Phones	\$				
i. Appraisal (Specify purpose and	\$				
attach copy)*					
j. Corporation Business Taxes (franchise ta		250	250		
k. Other Taxes (Not related to property - Se					
1. Income*	\$				
2. Other (<i>Specify</i>)	\$				
See Attached Schedule					
3. Resident Day User Fee	\$		494,096		
Subtotal	\$	1,903,222	1,903,222		

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

*** DO NOT Include Holiday Parties / Awards / Gifts to Staff

Apple Rehab West Haven 9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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

Name of Facility	License No.		Report for Y	Year Ended	Page	of
Apple Rehab West Haven	2136-C		9/30/2017		16	37
	<u> </u>					
Item			Total	CCNH	RHNS	(Specify)
	als Brought Forwa	rd:	1,903,222	1,903,222		
1. Travel and Entertainment						
 Resident Travel and Entertainment 		\$	2,287	2,287		
2. Holiday Parties for Staff		\$	4,195	4,195		
3. Gifts to Staff and Residents		\$	8,948	8,948		
4. Employee Travel		\$	3,202	3,202		
Education Expenses Related to Seminars a	and Conventions	\$	1,328	1,328		
6. Automobile Expense (not purchase or dep	reciation)	\$				
7. Other (<i>Specify</i>)		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expens	es)	\$				
2. Advertising Telephone Directory (all such	expenses)***	\$				
3. Advertising Other (Specify)***		\$	18,740	18,740		
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service	e is supplied	\$				
directly and not by contract or fee for serv						
7. Postage		\$	4,631	4,631		
* 8. Dues and Membership Fees to Professiona	1	\$	6,347	6,347		
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-	Allowable Org.***	\$	595	595		
9. Subscriptions		\$	340	340		
10. Contributions***		\$				
See Attached Schedule						
11. Services Provided by Contract (Specify an	d Complete	\$				
Schedule C-2, Page 21 for each firm or inc	-					
12. Administrative Management Services**		\$	363,899	363,899		
13. Other (<i>Specify</i>)		\$	120,054	120,054		
See Attached Schedule		•				
C-14 Total Administrative & General Expenditures	5	\$	2,437,787	2,437,787		

^{*} 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	\$ 18,740)	
Total Other Advertising	\$ 18,740) \$ -	\$ -

Schedule of Dues

Description	C	CNH	RHNS		(Spec	cify)
ACHCA	\$	205				
CAHCF	\$	6,142				
Total Dues	\$	6,347	\$	-	\$	-

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Corporate Fees Non Reimburable	\$ 57,347		
Licenses & Fees	\$ 27,774		
Pre Employment Screenings	\$ 14,102		
Point Click Care Fees	\$ 13,210		
Bank Charges, Penalties, Fees	\$ 38		
Healthport Indirect	\$ 6,097		
Legal Fees - Probate & Collection	\$ 190		
Resident Expenses	\$ 353		
Account W/O & Prior Period Adjustments	\$ 943		
Total Other Administrative and General	\$ 120,054	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Apple Rehab West Haven	2136-C	9/30/2017	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Apple Health Care, Inc.	363,899	Accounting & Management Services	Pg. 16 m12

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

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

Nan	ne of Facility		Licens	e No.	Report for	Year Ended	Page	of
Apple Rehab West Haven			Livens	2136-C	9/30/201		18	37
**				<u> </u>	7,00,00			1
	Item			Total	CCNH	RHNS	(S	pecify)
2.	Dietary							
	a. In-House Preparation & Service							
	1. Raw Food		\$	193,860	193,860	0		
	2. Non-Food Supplies		\$	36,062	36,062	2		
	3. Other (<i>Specify</i>)		\$	5				
	b. Purchased Services (by contract other		9	1,586	1,580	6		
	than through Management Services)		4	1,500	1,500			
	(Complete Schedule C-2 att. Page 21)							
	c. Management Services**		\$	6				
	d. Other (Specify)		\$					
2E.	Total Dietary Expenditures $(2a + b + c + d)$		\$	231,509	231,509	9		
2F.	Dietary Questionnaire			Total	CCNH	RHNS	(S	pecify)
G.	Resident Meals: Total no. of meals served pe	r day	/: *	233	233	3		
H.	Is cost of employee meals included in 2E?	0	Yes	•	No			
I.	Did you receive revenue from employees?	0	Yes	•	No	If yes, specify amt.		
J.	Where is the revenue received reported in the	Cos	t Repo	rt? (Page/Line	Item)			
	Is cost of meals provided to persons other					If yes, specify		
K.	than employees or residents (i.e., Board	0	Yes	•	No	cost.		
	Members, Guests) included in 2E?					Cost.		
L.	Is any revenue collected from these people?	0	Yes	•	No	If yes, specify		
						amt.		
M.	Where is the revenue received reported in the	Cos	t Repo	rt'? (Page/Line	Item)			
	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board					If yes, specify		
N.	meetings) provided to employees included	0	Yes	•	No	cost.		
	in 2E?					Jose.		
						If yes, specify		
О.	Is any revenue collected from employees?	O	Yes	•	No	amt.		
P.	Where is the revenue received reported in the	Cos	t Repo	rt? (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			No.	Report for Y		Page of
Apple Rehab West Haven			136-C	9/30/2017	T	19 37
	Item		Total	CCNH	RHNS	(Specify)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items	Lbs.	11,634	11,634		
	washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.				
	processed.***	Amt. \$				
	3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs. Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs.				
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	Amt. \$	8,563	8,563		
	c. Management Services**	\$				
	d. Other (Specify)	\$				
3E.	Total Laundry Expenditures $(3a+b+c+d)$	\$	20,197	20,197		
3F. G.	Laundry Questionnaire Is cost of employee laundry included in 3E? O	Yes	•	No	If yes, specify cost.	
H.	Did you receive revenue from employees?	Yes	•	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?	Yes	•	No	If yes, specify cost.	
K.	Did you receive revenue from these people? O	Yes	•	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, $\overline{2}$, 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 West Haven	2136-C 9/30/2017			20	37	
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel					
1. Supplies - Cleaning (<i>Mops</i> ,	Amt.	\$	28,604	28,604		
pails, brooms, etc.)						
b. Purchased Services (by contract other	Sq. Ft. Serviced					
than through Management Services)	by Personnel					
(Complete Schedule C-2 att.	Amt.	\$				
Page 21)						
c. Management Services*		\$				
d. Other (<i>Specify</i>)		\$				
4E. Total Housekeeping Expenditures (4a +	b+c+d	\$	28,604	28,604		
5. Resident Care (Supplies)**		- 1				
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from		\$	298,390	298,390		
West River Pharmacy						
b. Medicine Cabinet Drugs		\$				
c. Medical and Therapeutic Supplies		\$	242,494	242,494		
d. Ambulance/Limousine***		\$				
e. Oxygen		- 1				
1. For Emergency Use		\$				
2. Other***		\$	34,916	34,916		
f. X-rays and Related Radiological		\$	39,370	39,370		
Procedures***						
g. Dental (Not dentists who should be inc	luded under	\$				
salaries or fees)						
h. Laboratory***		\$	22,776	22,776		
i. Recreation		\$	30,136	30,136		
j. Other (Specify)****		\$	28,307	28,307		
See Attached Schedule						
5K. Total Resident Care Expenditures (5a - 5	5j)	\$	696,389	696,389		

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

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

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

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

Schedule of Other Resident Care

Description	(CCNH	RHNS	(Specify)
Nursing Station Supplies	\$	181		
Rehab Service Supplies	\$	2,032		
IV Therapy Supplies	\$	26,094		
Total Other Resident Care	\$	28,307	\$ -	\$ -

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

Name of Facility Apple Rehab West Haven				License No. 2136-C	±				Page 21	of 37
		Related ** Operators					Total Cost	/Page Ref.**	*	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
Aurora Landscaping	17 Wenzel Farm Rd. North Haven, CT	0	•		Snow Removal & Landscaping	23,211				6A
Schindler Elevator Corporation	PO BOX 93050 Chicago, IL 60673 256 Norton Place	0	•		Elevator Maintenance & Repairs	11,746			22	6A
CWMP, LLC	Plainville, CT	0	•		Refuse Removal	19,904			22	6F
		0	0							
		0	0							
		0	0							_
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							

^{*} 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 Yo	ear Ended		Page	of
Apple Rehab West Haven	2136-C	9/30/2017			22	37
Item		Total	CCNH	RHNS	(Spec	cify)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	160,512	160,512			
b. Heat	\$	13,675	13,675			
c. Light & Power	\$	92,587	92,587			
d. Water	\$	60,412	60,412			
e. Equipment Lease (Provide detail o	n page 6) \$					
f. Other (itemize)	\$	11,446	11,446			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f) \$	338,633	338,633			
7. Depreciation (complete schedule page	23*)					
a. Land Improvements	\$					
b. Building & Building Improvement	s \$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	25,823	25,823			
*7e. <i>Total Depreciation Costs</i> $(7a + b + c)$	+ d) \$	25,823	25,823			
8. Amortization (Complete att. Schedule	Page 24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	69,129	69,129			
d. Other (Specify)	\$					
*8e. <i>Total Amortization Costs</i> (8a + b + c	+ d) \$	69,129	69,129			
9. Rental payments on leased real proper	ty less					
real estate taxes included in item 10b	\$	453,000	453,000			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	81,392	81,392			
c. Personal property taxes	\$	6,510	6,510			
11. Total Property Expenses (7e + 8e + 9	9 + 10) \$	635,854	635,854			

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

Schedule of Other Repairs and Maintenance

Description	CCN	H RI	HNS	(Specify)
Refuse Removal	\$ 11	1,446		
Total Other Repairs and Maintenance	\$ 11	1,446 \$	-	\$ -

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Depreciation Schedule

Name of Facility Apple Rehab West Haven			License No.	5-C		Report for Year E 9/30/2017	inded		Page 23	of 37		
Property Item					Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)										
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)										
B-4. Subtotal												
C. Non-Movable Equipment												
Acquired prior to this report period					31,745		31,745	31,745	SL	VAR		
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)										
C-4. Subtotal												
	logi	nileage book ained?	Dat Acqu		Historical Cost Exclusive of	Less Salvage	Cost to Be	Accumulated Depreciation to Beginning of	Method of Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a. b. c. d. 2. Movable Equipment a. Acquired prior to this report period					462,911		462,911	382,242	SI	Var	25,718	
					402,911		402,911	382,242	SL	v ar	25,/18	
b. Disposals (attach schedule)												
c. Acquired during this report period					2.250		2.260				105	
(attach schedule)					2,268		2,268				106	25.022
D-3. Subtotal												25,823
E. Total Depreciation												25,823

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
T. 4-1 - 114 C. T 1 T		ф.		\$ -
Total additions for Land Impro	ovements	\$ -		\$ -
Deletions:				
Total deletions for Land Impro	vamanta	\$ -		\$ -
Total deletions for Land Impro	vements	\$ -		\$ -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

	comments required during and report period	Useful						
Acquisition Date	Description of Item	Cost	Life	Depreciation				
Additions:	-							
Total additions for Buildin	ng Improvements	\$ -		\$ -				
Deletions:								
Total deletions for Buildin	g Improvements	\$ -		\$ -				

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

			Useful						
Acquisition Date	Description of Item	Cost	Life	Depreciation					
Additions:									
Total additions for N	on-Movable Equipment	\$ -		\$ -					
Deletions:									
Total deletions for No	on-Movable Equipment	\$ -		\$ -					

^{*}Ties to Page 23, Line C3

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{**}Ties to Page 23, Line C2

Schedule of Leasehold Improvements Acquired during this report period

			Useful		
Acquisition Date	Description of Item	Cost	Life	Depr	eciation
Additions:					
11/28/2016	Installation of 5 Dry Pendant Sprinklers	\$ 1,37	8 LHI-10	\$	172
Total additions for	· Leasehold Improvement	\$ 1,37	8	\$	172
Deletions:					
Tradel 1.1.4° C.	Total III and the second	Ф		Φ.	k
Total deletions for	Leasehold Improvement	\$ -		\$	- 4

^{*}Ties to Page 24, Line C3

^{*}Ties to Page 23, Line D2c

^{**}Ties to Page 23, Line D2b

^{**}Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Nam	e of Facility		License No.		Report for Yea	r Ended	Page	of		
	e Rehab West Haven			2136-C		9/30/2017			24	37
						Accumulated				
			e of			Amort. to				
			sition			Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
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				1,952,520	1,483,778	A		68,957	
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
	(attach schedule)				1,378		A		172	
C-4.	Subtotal									69,129
D.	Total Amortization									69,129

^{*} Straight-line method must be 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.

^{**} Specify which of the following bases were used:

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

Name of Facility	License No.	Report for Year En		Page of		
Apple Rehab West Haven	2136-C	9/30/2017			25 37	
11. Property Questionnaire						
Part A						
Is the property either owned by the	ne Facility				If "Yes," complete Part B.	
or leased from a Related Party?*	O	Yes	•	No	If "No," complete Part C.	
*If any owner or operator of this fa	cility is related by family a	narriage ownershin ahi	lity to control or		ii iio, compiete i air ci	
business association to any person						
a related party transaction.						
Description		Total				
Date Land Purchased						
2. Date Structure Completed						
3. If NOT Original Owner, Date	e of Purchase					
4. Date of Initial Licensure						
5. Total Licensed Bed Capacity		90				
6. Square Footage		25,480				
 Acquisition Cost a. Land 						
b. Building						
Part B - Owner and Related Pa	wties	1st Mortgage	2nd Mortgaga	3rd Mortgage	4th Mortgage	
1. Financing	i ues	1st Wortgage	Ziid Mortgage	31d Mortgage	4til Mortgage	
a. Type of Financing (e.g., f	ived variable)					
b. Date Mortgage Obtained	ixed, variable)					
c. Interest Rate for the Cost	Year					
d. Term of Mortgage (numb						
e. Amount of Principal Borr	•					
f. Principal balance outstand						
Complete if Mortgage was 1	Refinanced					
During Current Cost Ye						
g. Type of Financing (e.g., f	ixed, variable)	Variable				
h. Date of Refinancing		12/07/16				
i. New Interest Rate		4.48%				
j. Term of Mortgage (numb		5				
k. Amount of Principal Borr		4,917,410				
Principal Outstanding on		3,358,080				
Part C - Arms-Length Leas	2 0			Ī	T	
Name and Address of Lesso	r Pro	perty Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
	<u> </u>				1	

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

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

Name of Facility	License No.		Report for Ye		Page of	
Apple Rehab West Haven	2136-C		9/30/2017			26 37
Iter	n		Total	CCNH	RHNS	(Specify)
12. Interest A. Building, Land Improv Equipment	ement & Non-Movabl	le				
1. First Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
2. Second Mortgage	\$					
Name of Lender		Rate				
Address of Lender		l				
3. Third Mortgage		\$				
Name of Lender		Rate				
Address of Lender		1				
4. Fourth Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Informa	tion		-			
1. Original Loan Amo	unt	\$				
2. Loan Origination D	ate					
3. Interest Rate %						
4. Term						
5. CHEFA Interest Ex	pense					
12 B7. Total Building Interest Ex	pense $(A1 - A4 + B5)$	\$				

(Carry Subtotals forward to next page)

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

Name of Facility	License No.		Report for Y	ear Ended		Page	of
Apple Rehab West Haven	2136-C		9/30/2017			27	37
Ite	m		Total	CCNH	RHNS	(Spec	ify)
	Subtotals Bro	ught Forward:					
12. C. Movable Equipment							
1. Automotive Equipme	ent	\$					
A. Item	Rate	Amount					
Lender		<u> </u>					
Address of Lender							
2. Other (<i>Specify</i>)		\$					
A. Item	Rate	Amount					
Lender		<u> </u>					
Address of Lender							
B. Item	Rate	Amount					
Lender		<u>l</u>					
Address of Lender							
12. C. 3. Total Movable Equip	ment Interest						
Expense (C1 + 2)		\$					
12. D. Other Interest Expense (\$	2,803	2,803			
Tax Collector West Hav	en						
13. Total All Interest Expense (12B7 + 12C3 + 12D	9) \$	2,803	2,803			
14. Insurance							
a. Insurance on Property (b		\$		88,450		1	
b. Insurance on Automobil		\$				1	
c. Insurance other than Pro		(\$ s					
1. Umbrella (<i>Blanket Co</i>				1			
2. Fire and Extended Co				1			
3. Other (<i>Specify</i>)		\$					
441 77 17 77 77		_	9	0.5 . 5			
14d. Total Insurance Expenditur		\$		88,450			
15. Total All Expenditures (A-1	3 thru C-14)	\$	8,551,699	8,551,699		<u> </u>	

D. Adjustments to Statement of Expenditures

Nam	e of Fa	acility		Lic	cense No.	Report for Yea	r Ended	Page of
		•	st Haven		2136-C	9/30/2017		28 37
					Total			
Item	Page	Line			Amount of			
	No.		Item Description		Decrease	CCNH	RHNS	(Specify)
			es and Wages					1 3/
1.			Outpatient Service Costs	\$				
2.			Salaries not related to Resident Care	\$				
3.	10	A12g	Occupational Therapy	\$	158,972	158,972		
4.			Other - See attached Schedule	\$	7,481	7,481		
Page	13 - I	Profes	sional Fees	·				
5.			Resident Care Physicians **	\$				
6.	13	B10a	Occupational Therapy	\$	19,580	19,580		
7.			Other - See attached Schedule	\$,		
Page	s 15 &	16 -	Administrative and General	-				
8.		_	Discriminatory Benefits	\$				
9.	15		Bad Debts	\$	614,756	614,756		
10.			Accounting & Legal	\$	5,842	5,842		
11.			Telephone	\$	2,01	,,,,,		
12.			Cellular Telephone	\$				
13.			Life insurance premiums on the life	-				
10.			of Owners, Partners, Operators	\$				
14.			Gifts, flowers and coffee shops	\$				
15.			Education expenditures to colleges or	Ψ				
15.			universities for tuition and related costs					
			for owners and employees	\$				
16.			Travel for purposes of attending	Ψ				
10.			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 *	\$	18,740	18,740		
19.	10	1112/3	Income Tax / Corporate Business Tax	\$	10,740	10,710		
20.	16	m10	Fund Raising / Contributions	\$		+		
21.	10		Unallowable Management Fees	\$		†		
22.			Barber and Beauty	\$		†		
23.			Other - See attached Schedule	\$	72,954	72,954		
	18 - 1)ietar	y Expenditures	Ψ	72,734	72,73 +		
24.			Meals to employees, guests and others					
- ''		1 , 1	who are not residents	\$				
Ρασο	19 - 1	aund	ry Expenditures	Ψ				
25.			Laundry services to employees, guests					
			and others who are not residents	\$				
Page	20 - F	Touse	keeping Expenditures	Ψ				
26.	_		Housekeeping services to employees, guests					
20.			and others who are not residents	\$				
	<u> </u>	<u> </u>	Subtotal (Items 1 - 26)		898,324	898,324		
			Subtotal (Itellis 1 - 20)	Ψ	070,324	070,324		

^{*} 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	C	CNH	RHNS	(Specify)
10	A12M	Social Services Marketing	\$	7,481		
Total Othe	Total Other Salaries Adjustment				\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	er Fees Adj	ustments	\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	(CCNH	RHNS	(Specify)
16	m13	Corporate Fee - Non Reimbursable	\$	57,347		
16	1.3	Employee Recognition/Gift/Parties	\$	13,143		
16	8a	Chamber of Commerce	\$	595		
16	m13	Bank Charges/Penalties/Fees	\$	38		
16	m13	Resident Expenses	\$	406		
16	m13	Prior Period Adj/Account W/O Expense	\$	943		
30	IV8	Prior Period Adj/Account W/O Revenue	\$	481		
Total Othe	Total Other A&G Adjustments			72,954	\$ -	\$ -

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

N.T.	Name of Facility License No. Report for Year Ended Page Of Page Of										
		-		Lic			ear Ended	Page	of		
Apple	e Reha	ab We	st Haven		2136-C	9/30/2017		29	37		
_					Total						
	Page				Amount of						
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Sp	ecify)		
			Subtotals Brought Forward	\$	898,324	898,324					
			nt Care Supplies***								
27.		5a2	Prescription Drugs	\$	298,293	298,293					
28.		L1	Ambulance/Limousine	\$	2,287	2,287					
29.		h	X-rays, etc	\$	39,370	39,370					
30.	20	f	Laboratory	\$	22,776	22,776					
31.			Medical Supplies	\$							
32.	20	5e2	Oxygen (non emergency)	\$	21,590	21,590					
33.			Occupational Therapy	\$							
34.			Other - See Attached Schedule	\$	28,127	28,127					
	22 - N	Laint	enance 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 - I	nsura	nce								
40.			Mortgage Insurance	\$							
41.			Property Insurance	\$							
Other	r - Mis	scella	neous								
42.			Research or Experimental Activities	\$							
43.	30	IV4	Radio and Television Revenue	\$							
44.	30	IV8	Vending Machine Revenue	\$	56	56					
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	\$	(0)	(0)					
49.			Other (include personnel and other								
			costs unrelated to resident care) - See								
			Attached Schedule	\$	2,803	2,803					
Not I	or Pr	ofit P	roviders Only								
50.			Building/Non Movable Eq. Depreciation								
			Unallowable Building Interest -								
			See Attached Schedule	\$							
51.	Total	Amo	unt of Decrease (Items 1 - 50)	\$	1,313,625	1,313,625					

^{***} 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.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	C	CNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$	26,094		
20	5j	Rehab Service Supplies	\$	2,032		
Total Othe	Total Other Ancillary Costs				\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

.....

Page Ref	Line Ref	Description	C	CNH	RHNS	(Specify)
27	12D	Interest Expense	\$	2,803		
Total Othe	r Adjustmo	ents	\$	2,803	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unal	lowable Bu	nilding Interest	\$ -	\$ -	\$ -

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F. Statement of Revenue

Name of Facility	License No.	7 ()	Report for Y	ear Ended		Page of
1	pple Rehab West Haven 2136-C 9/30/2017			30 37		
11						
	Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine	Care Revenue					
1. a. Medicaid Residents (CT only	2)	\$	4,426,142	4,426,142		
b. Medicaid Room and Board C		\$				
2. a. Medicaid (All other states)		\$				
b. Other States Room and Board	d Contractual Allowance **	\$				
3. a. Medicare Residents (all inclu	usive)	\$	1,671,239	1,671,239		
b. Medicare Room and Board C	ontractual Allowance **	\$	580,640	580,640		
4. a. Private-Pay Residents and Ot	her	\$	1,397,447	1,397,447		
b. Private-Pay Room and Board	Contractual Allowance **	\$				
II. Other Resident Revenue						
a. Prescription Drugs - Medicar	e	\$	174,816	174,816		
b. Prescription Drugs - Medicar		\$	(175,110)	(175,110)		
c. Prescription Drugs - Non-Me		\$	60,532	60,532		
d. Prescription Drugs - Non-Me	edicare Contractual Allowance **	\$	(60,532)	(60,532)		
2. a. Medical Supplies - Medicare		\$				
b. Medical Supplies - Medicare	Contractual Allowance **	\$				
c. Medical Supplies - Non-Med	icare	\$				
d. Medical Supplies - Non-Med	icare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare		\$	487,004	487,004		
b. Physical Therapy - Medicare	Contractual Allowance **	\$	(296,515)	(296,515)		
c. Physical Therapy - Non-Med	icare	\$	79,065	79,065		
d. Physical Therapy - Non-Med	icare Contractual Allowance **	\$	(79,065)	(79,065)		
4. a. Speech Therapy - Medicare		\$	67,142	67,142		
b. Speech Therapy - Medicare C	Contractual Allowance **	\$	(36,743)	(36,743)		
c. Speech Therapy - Non-Medic	care	\$	4,995	4,995		
d. Speech Therapy - Non-Medic	care Contractual Allowance **	\$	(4,995)	(4,995)		
5. a. Occupational Therapy - Med	licare	\$	457,249	457,249		
b. Occupational Therapy - Med	licare Contractual Allowance **	\$	(338,529)	(338,529)		
c. Occupational Therapy - Non	-Medicare	\$	98,685	98,685		
1 17	-Medicare Contractual Allowance **	\$	(98,685)	(98,685)		
6. <u>a. Other (Specify)</u> - Medicare		\$				
b. Other (Specify) - Non-Medic	are	\$				
III. Total Resident Revenue (Section	I. thru Section II.)	\$	8,414,782	8,414,782		
IV. Other Revenue*						
Meals sold to guests, employees	& others	\$				
2. Rental of rooms to non-residents	3	\$				
3. Telephone		\$				
4. Rental of Television and Cable S	Services	\$				
5. Interest Income (Specify)		\$				
6. Private Duty Nurses' Fees		\$				
7. Barber, Coffee, Beauty and Gift	shops	\$				
8. Other (Specify)		\$	1,659	1,659		
V. Total Other Revenue (1 thru 8)		\$	1,659	1,659		
VI. Total All Revenue (III +V)		\$	8,416,441	8,416,441		
` ′			0,710,771	0,710,771		1

^{*} 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 Oth	er Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Total Inter	rest Income		\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	(CCNH	RHNS	(Specify)
30 IV8	Tax Witholdings	\$	477		
30 IV8	Medical Records	\$	1,123		
30 IV8	Account W/O	\$	4		
30 IV8	Vending Machine Revenue	\$	56		
Total Othe	er Revenue	\$	1,659	\$ -	\$ -

.....

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Pag	e of
Apple Rehab West Haven	2136-C	9/30/2017	31	37
	Account			Amount
Assets				
A. Current Assets				
1. Cash (on hand and in l	panks)		\$	2,400
2. Resident Accounts Red	ceivable (Less Allowance	for Bad Debts)	\$	2,277,957
3. Other Accounts Receiv	able (Excluding Owners	or Related Parties)	\$	
4 Inventories			\$	22,686
5. Prepaid Expenses			\$	29,372
a. Prepaid Property Ta	X	29,372		
b. Prepaid Insurance				
c. Prepaid Other				
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlen	nent Receivable		\$	
8. Other Current Assets (\$	9,513
Due Affiliate (Debit Ba	lance)	0.510		
Payroll		9,513	_	
A-9. Total Current Assets (Lin	es A1 thru 8)		\$	2,341,928
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
-	Accum. Deprecia	tion Net		
3. Buildings	*Historical Cost		\$	
C	Accum. Deprecia	tion Net		
4. Leasehold Improvement		1,953,898	\$	400,991
•	Accum. Deprecia			
5. Non-Movable Equipme		31,745	\$	
• •	Accum. Deprecia	tion 31,745 Net		
6. Movable Equipment	*Historical Cost	465,179	\$	57,113
1 1	Accum. Deprecia		ľ	,
7. Motor Vehicles	*Historical Cost	,	\$	
	Accum. Deprecia	tion Net		
8. Minor Equipment-Not			\$	
9. Other Fixed Assets (<i>ite</i>	emize)		\$	12,698
Fixed Asset Clearin	·	12,698		,
Construction in Pro	•	,	\dashv	
B-10. Total Fixed Assets (Li			\$	470,801

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended		Page of
Apple Rehab West Haven	2136-C	9/30/2017		32 37
	Account			Amount
		Total Brought Forward	l: \$	2,812,730
C. Leasehold or like property	recorded for Equity Purpo	ses.		
1. Land			\$	
2. Land Improvements	*Historical Cost			
	Accum. Depreciat	ion Net	\$	
3. Buildings	*Historical Cost			
	Accum. Depreciat	ion Net	\$	
4. Non-Movable Equipm	ent *Historical Cost			
	Accum. Depreciat	ion Net	\$	
5. Movable Equipment	*Historical Cost			
	Accum. Depreciat	ion Net	\$	
6. Motor Vehicles	*Historical Cost			
	Accum. Depreciat	ion Net	\$	
7. Minor Equipment-Not	•		\$	
C-8 Total Leasehold or Like F	Properties (C1 thru 7)		\$	
D. Investment and Other Asso	ets			
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense	*Historical Cost			
	Accum. Depreciat	ion Net	\$	
4. Goodwill (Purchased C			\$	
5. Investments Related to	Resident Care (itemize)		\$	
6. Loans to Owners or Re			\$	
Name and Addi	ress Amount	Loan Date	4	
7 Other Association			Φ.	
7. Other Assets (<i>itemize</i>)			\$	
Loans Rec Office			-	
Capitalized Refinan	ice		-	
Leasehold Deposits	hom Aggeta (I : D1 /1	7)	Φ.	
D-8. Total Investments and Otto D-9. Total All Assets (Lines Assets)	`	1)	\$	0.010.720
D-9. Ioiai Au Asseis (Lines A	9 + D10 + C0 + D0)		\$	2,812,730

^{*} 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 Facilit	y	License No.	Report for Year Ended		Page	of
Apple Rehab W	ab West Haven 2136-C 9/30/2017		33	37		
		Account			A	mount
Liabilities						
A. (Current Liabilities					
	1. Trade Accounts Payable				\$	507,313
2	2. Notes Payable (<i>itemize</i>)				\$	
				-		
				-		
	3. Loans Payable for Equipme	ent (Current nortion)	itamiza)		\$	
	Name of Lender	Purpose	Amount	Date Due	Ψ	
	Name of Lender	Turpose	Amount	Date Duc		
4	4. Accrued Payroll (Exclusive	e of Owners and/or Sto	ckholders only)		\$	59,937
5	5. Accrued Payroll (Owners of	and/or Stockholders on	ly)		\$	
ϵ	Accrued Payroll Taxes Pay	able			\$	10,782
7	7. Medicare Final Settlement	Payable			\$	
8	Medicare Current Financin	g Payable			\$	
g	O. Mortgage Payable (Curren	t Portion)			\$	
1	0. Interest Payable (Exclusive	of Owner and/or Rela	ted Parties)		\$	
1	1. Accrued Income Taxes*				\$	
	2. Other Current Liabilities (i	temize)			\$	1,400,199
	Accrued PTO	98,643	Accrued Prof Fees	5,818		
	Accrued Pension	462	Payroll W/H	1,326		
	Accrued Worker's Comp	26,094	Due Affiliate (Credit Bal			
	Accrued Expense Other		Exchange	8,239		
A-13. 7	Total Current Liabilities (Line	es A1 thru 12)			\$	1,978,232

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

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
Apple Rehab West Haven	2136-C	9/30/2017		34	37
A	Account			Am	ount
		Total Brougl	ht Forward:		1,978,232
Liabilities (cont'd)		-			
B. Long-Term Liabilities					
1. Loans Payable-Equipment	(itemize)		\$		
Name of Lender	Purpose	Amount	Date Due		
	_				
2. Mortgages Payable			\$		
3. Loans from Owners or Rela	ated Parties (itemize)		\$		1,097,144
Name and Address of Lender	Amount	Loan D	ate		
			_		
			_		
Brian J. Foley	1,097,144	Demand	_		
	1,057,111		_		
			_		
			_		
			_		
			_		
			_		
4. Other Long-Term Liabilitie	(itamiza)		Φ.		
9	es (nemize)		\$		
Security Deposits			_		
			_		
			_		
D 5 Total Long Town Linkilities (inos D1 thm 1)		•		1 007 144
B-5. Total Long-Term Liabilities (1 C. Total All Liabilities (Lines A-			\$		1,097,144
C. Total All Liabilities (Lines A-	13 + D- 3)		\$		3,075,376

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

Nan	ne of Facility	License No.	Report for `	Year Ended	Pag	ge of
App	ole Rehab West Haven	2136-C	9/30/2017		35	37
			Amount			
A.	. Reserves					
	1. Reserve for value of leased l	and			\$	
	2. Reserve for depreciation val	ue of leased build	ings and appurt	enances		
	to be amortized				\$	
	3. Reserve for depreciation val	ue of leased perso	nal property (E	quity)	\$	
	4. Reserve for leasehold real pr	operties on which	fair rental valu	ie is based	\$	
	5. Reserve for funds set aside a	s donor restricted			\$	
	6. Total Reserves				\$	
B.	Net Worth					
	1. Owner's Capital				\$	3,837,308
	2. Capital Stock				\$	1,000
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	(3,965,696)
	6. Gain or Loss for Period	10/1/20	16 thru	9/30/2017	\$	(135,259)
	7. Total Net Worth				\$	(262,646)
C.	Total Reserves and Net Worth				\$	(262,646)
D.	Total Liabilities, Reserves, and	Net Worth			\$	2,812,730

H. Changes in Total Net Worth

Nam	e of Facility	License No.	Report for Year	Ended	Page	of
Appl	e Rehab West Haven	2136-C	9/30/2017		36	37
		Account			A	mount
A.	Balance at End of Prior Period as s	hown on Report of	09/30/2016		\$	(122,273)
B.	Total Revenue (From Statement of				\$	8,416,441
C.	Total Expenditures (From Stateme	nt of Expenditures I	Page 27)		\$	8,551,699
D.	Net Income or Deficit				\$	(135,259)
E.	Balance				\$	(257,532)
F.	Additions					
	1. Additional Capital Contributed	(itemize)				
	2. Other (<i>itemize</i>)					
	2. Other (nemize)					
F-3.	Total Additions				\$	
G.	Deductions					
	1. Drawings of Owners/Operators	S/Partners (Specify)			\$	5,114
	Name and Address (No., City,	State, Zip)	Title	Amount		
Bria	n Foley		President	5,114		
	•					
	2. Other Withdrawings (Specify)				\$	
	Purpose		Amo	unt		
	3. Total Deductions		I		\$	5,114
Н.	Balance at End of Period	09/30/	′17		\$	(262,646)
<u> </u>	- J	07/30/			т	(202,010)

I. Preparer's/Reviewer's Certification

Name	of Facility	License No.	Report for Year Ended	Page	of				
Apple	Rehab West Haven	2136-C	9/30/2017	37	37				
		Check appropriate category							
V	Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)						
		Preparer/Reviewer Certific	ation						
	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.								
Signat	ure of Preparer	valescent Nursing AH Supervision only (RHNS) Preparer/Reviewer Certification In this report and am familiar with the applicable regulations governing its preparation. Sost recent Federal and State issued field audit reports for the Facility and have inquired of some as to the possible inclusion in this report of expenses which are not reimbursable under the tions. All non-reimbursable expenses of which I am aware (except those expenses known to be noved in the State rate computation system) as a result of reading reports, inquiry or other services are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of burther, the data contained in this report is in agreement with the books and records, as provided to the contained in this report is in agreement with the books and records, as provided to the contained in this report is in agreement with the books and records, as provided to the contained in this report is in agreement with the books and records, as provided to the contained in this report is in agreement with the books and records, as provided to the contained in this report is in agreement with the books and records, as provided to the contained in this report is in agreement with the books and records, as provided to the contained in this report is in agreement with the books and records, as provided to the contained in this report is in agreement with the books and records, as provided to the contained in this report is in agreement with the books and records, as provided to the contained in this report is in agreement with the books and records, as provided to the contained in this report is in agreement with the books and records, as provided to the contained in this report is in agreement with the books and records, as provided to the contained in this report is in agreement with the contained in th							
	d Name of Preparer	I	I						
	t Gwizdak		Dl Nl						
Addre	88		Phone Number						
21 Wa	terville Road Avon, CT 06001		(860) 678-9755						

Error Check

Level Item Reported as

Apple Rehab West Haven For Cost Year Ended September 30, 2017

		2016	2017	Adjustments		Cost	Report Refere	ences
	-	10/1 - 12/31	1/1 - 9/30	DR	CR	Total	Report	Self Disallow
10111	Cash Corporate	\$0.00	\$0.00			0.00	Page/Line # 31A1	Page/Line #
10111	Cash - Laurel Woods	0.00	0.00			0.00	31A1	
10117	Cash - Saybrook	0.00	0.00			0.00	31A1	
10201	Petty Cash	400.00	2,000.00			2,400.00	31A1	
10301	Cash - Patient Personal Need	0.00	0.00			0.00	31A1	
10401 10402	Exchange - Arlene Sheehan	500.00 (2,830.56)	(500.00) (685.72)			0.00 (3,516.28)	31A1 33A12	
10403	Exchange - Donations	(4,722.37)	0.00			(4,722.37)	33A12	
10404	Exchange - Wellness	0.00	0.00			0.00	31A1	
10405	Exchange - A/R	0.00	0.00			0.00	31A1	
11001 11002	A/R Private Patients A/R Medicare Patients	753,764.21 287,832.10	759,660.23			1,513,424.44	31A2 31A2	
11002	A/R Medicaid Patients	725,779.72	(63,571.51) 177,345.71			224,260.59 903,125.43	31A2 31A2	
11004	A/R Veterans Admin	0.00	0.00			0.00	31A2	
11005	A/R Other	0.00	0.00			0.00	31A2	
11010	A/R State Retro	0.00	(9,656.18)			(9,656.18)	31A2	
11011	A/R Medicaid Pending	(68,962.00)	0.00			(68,962.00)	31A2	
11015 11020	A/R Medicare Retro A/R Clearing	0.00 0.00	0.00 0.00			0.00 0.00	31A2 31A2	
11050	Reserve for Doubtful Accounts	(284,235.55)	0.00			(284,235.55)	31A2	
11101	Loans Rec Officers/Owner	0.00	0.00			0.00	32D7	
12005	Dietary Supply Inventory	8,103.59	(538.66)			7,564.93	31A4	
12010	Housekeeping Supply Inventory	489.36	748.13			1,237.49	31A4	
12015	Medical & Nursing Supply Inventory	11,771.80	(1,544.76)			10,227.04	31A4	
12020 12025	Maintenance Supply Inventory Laundry Supply Inventory	2,650.51 1,982.25	(586.96) (767.82)			2,063.55 1,214.43	31A4 31A4	
12023	Recreation Supply Inventory	0.00	35.00			35.00	31A4	
12035	Office/Misc. Supply Inventory	463.76	(119.76)			344.00	31A4	
13002	Prepaid Insurance	4,368.94	(4,368.94)			0.00	31A5b	
13006	Prepaid Property Tax	(0.03)	29,372.01			29,371.98	31A5b	
13010	Other Prepaid Expenses	0.00	0.00		(5.247.92)	0.00	31A5c	
15501 15502	Non Moveable Equipment Moveable Equipment	36,992.75 451,663.89	0.00 2,268.05	11,246.94	(5,247.83)	31,744.92 465,178.88	31B5 31B6	
16001	Auto & Trucks	0.00	0.00	11,240.74		0.00	31B7	
16501	Leasehold Improvements	1,926,755.61	0.00	27,686.40	(544.20)	1,953,897.81	31B4	
16598	Fixed Asset Proceeds Clearing Account	0.00	0.00			0.00	31B9	
16599	Fixed Asset Clearing A/C	0.00	12,697.50			12,697.50	31B9	
16601 16750	Capitalized Refinance Expense Construction in Progress	0.00 0.00	0.00 0.00			0.00 0.00	31B9 31B9	
17001	Acc. Depreciation Non Moveable Equipmen	(30,995.82)	(1,074.15)	325.05		(31,744.92)	31B5	
17002	Acc. Depreciation Moveable Equipment	(326,259.01)	(18,785.82)		(63,020.79)	(408,065.62)	31B6	
17003	Acc. Depreciation Auto & Truck	0.00	0.00			0.00	31B7	
17005	Acc. Amortization Leasehold Imp.	(1,458,738.74)	(50,956.69)		(43,211.86)	(1,552,907.29)	31B4	
19101	Leasehold Deposits	0.00 0.00	0.00 0.00			0.00	32D7 32D7	
19501 20101	Goodwill A/P Trade	(315,707.63)	(195,747.50)			0.00 (511,455.13)	32D7 33A1	
20104	A/P Patient Need Account	0.00	100.00			100.00	33A1	
20110	A/P Patient Exchange	642.36	3,400.00			4,042.36	33A12	
20115	A/P Other	(799,675.97)	(297,468.00)			(1,097,143.97)	34B3	
20200	Due Affiliate -Corporate	(1,033,772.25)	(39,209.23)		(62,271.17)	(1,135,252.65)	33A12	
20250 20256	Loan Payable Officer Dostie Note S/T	0.00 0.00	0.00 0.00			0.00 0.00	34B4 34B4	
20501	Accrued Payroll	(77,085.54)	8,063.50	9,084.86		(59,937.18)	33A4	
20601	Accrued Vacation	(103,300.42)	0.00	103,300.42	(98,643.01)	(98,643.01)	33A12	
21001	Federal Withholding	(5,150.13)	5,150.13			0.00	33A6	
21002	State Withholding	(1,919.13)	1,919.13			0.00	33A6	
21005	FICA Employee	(4,688.02)	4,688.02			0.00	33A6	
21006 21010	FICA - Employer Federal Unemployment Comp.	(10,459.69) (611.86)	5,166.90 489.93			(5,292.79) (121.93)	33A6 33A6	
21010	State Unemployment Comp.	(6,795.89)	1,428.13			(5,367.76)	33A6	
21035	Other Employee Withhold	0.00	0.00			0.00	33A12	
21037	Employee Withholding (HCRA/DCRA)	6,229.33	(30.00)			6,199.33	31A8	
21040	Union Dues	0.00	0.00			0.00	33A12	
21045	Initiation Fees	0.00	0.00			0.00	33A12	
21050 21051	Payroll Deductions - AFLAC Payroll Deducted Life Insurance	0.00 2,877.45	(372.75) 436.55			(372.75) 3,314.00	33A12 31A8	
21051	401 (K) Salary Reduction	(2,050.31)	1,096.82			(953.49)	33A12	
22001	Accrued Professional Fees	(5,630.82)	(187.03)			(5,817.85)	33A12	

22010		(2.006.14)	2 (24 10				22.112	
22010	Accrued Pension	(3,096.14)	2,634.18			(461.96)	33A12	
22015	Accrued Workers compensation	(27,255.00)	1,160.67			(26,094.33)	33A12	
22040	Accrued Group Insurance	0.01	0.00			0.01	33A12	
22050	Accrued Other Expenses	(112,315.85)	(12,048.85)			(124,364.70)	33A12	
22060	Accrued User Fee	0.00	0.00			0.00	33A12	
23002	State Income Tax	0.00	0.00			0.00	33A12	
25256	Dostie Note L/T	0.00	0.00			0.00	34B4	
25505	Security Deposits	0.00	0.00			0.00	34B4	
27500	Capital Stock	(1,000.00)	0.00			(1,000.00)	35B2	
27800	Dividends Paid	0.00	0.00			0.00	35B2	
27900	Capital Contributions	(3,837,308.20)	0.00			(3,837,308.20)	35B1	
28000	Retained Earnings	4,165,820.36	0.00	107,359.27	(9,596.51)	4,263,583.12	35B5	
31001	Room and Board - Private		(1,023,328.00)			(1,397,446.81)	30 I 1a4	
31002	Room and Board - Medicare	(393,765.00)	(1,315,664.00)			(1,709,429.00)	30 I 1a3	
31003	Room and Board - Medicaid	(1,128,252.38)	(3,393,025.41)			(4,521,277.79)	30 I 1a1	
31004	Room and Board - Managed Care	0.00	0.00			0.00	30 I 1a4	
31010	Room and Board - Rest Home	0.00	0.00			0.00	30 I 1a4	
31015	Medicare Cont. Allowance - Room & Board	(152,911.82)	(427,728.50)			(580,640.32)	30 I 1a3	
31032	Medicare Recoupment	9,138.70	29,051.48			38,190.18	30 I 1a3	
31033	Medicaid Recoupment	83,405.91	11,730.01			95,135.92	30 I 1a1	
35001	Physical Therapy	(142,976.43)	(423,092.29)			(566,068.72)	30 II 1b3	
35002	Medical Supply	0.00	0.00			0.00	30 IIa6	
35005	Vending Machines	0.00	0.00			0.00	30 IIa6	
35006	Pharmacy Supplies	(60,820.72)	(174,527.68)			(235,348.40)	30 II 1b1	
35007	Clinical Services	(5,345.39)	(16,625.18)			(21,970.57)	30 II 1b6	
35008	Laboratory Services	0.00	0.00			0.00	30 II 1b6	
35009	Diagnostic Services (EKG/Xray)	0.00	0.00			0.00	30 II 1b6	
35010	Speech Therapy	(20,475.71)	(51,661.40)			(72,137.11)	30 II 1b4	
35011	Occupational Therapy	(129,780.97)	(426,153.12)			(555,934.09)	30 II 1b5	
35015	Oxygen - Private	0.00	0.00			0.00	30 II 1b7	
35016	Oxygen - Medicare	0.00	0.00			0.00	30 II 1b7	
35030	Medicare Contractual Allowance - Therapy	170,768.41	500,928.83				30 II 1b, 4b, 5b	
35031	Medicare Contractual Allowance - Other	46,364.75	144,625.04				30 II 1d, 4d, 5d	
35032	Medicare Contractual Allowance - Supplies	3.26	86.32			89.58	30 II 6	
35033	Medicaid Contractual Allowance - Supplies	1,825.59	(739.75)			1,085.84	30 II 6	
35035	Contractual Allowance - HMO/Insurance/Ma	60,329.75	187,952.56			248,282.31	30 II 6	
35054	Hairdresser & Barber	0.00	0.00			0.00	30 2.1	
35098	Misc. Income - Other	(480.72)	(1,178.18)			(1,658.90)		
36001	Interest Income	0.03	0.00			0.03	30 IV 5	
36500		0.03	0.00				30 IV 3	
	Gain (Loss) on Sale of Assets			22 120 05		0.00		
41001	Salaries - Administrator	0.00	80,636.27	22,120.95	(4.270.12)	102,757.22	10 A2.3	
41002	Salaries - Clerical	14,724.92	56,397.13	19,522.98	(4,279.13)	86,365.90	10 A4	
41003	Salaries - Accounting	22,065.80	59,130.91	625.31	(4,865.82)	76,956.20	10 A11b	
41004	Salaries - Social Services/Admissions	21,943.22	55,105.45	1,496.91	(3,738.83)	74,806.75	10 A12m	
41005	Salaries - Management	0.00	0.00		(004.40)	0.00	10A2	
41006	Salaries - Maintenance	14,508.35	54,105.45	1,836.66	(921.42)	69,529.04	10 A7b	
41007	Salaries - Projects	0.00	504.65			504.65	10 A7b	
41008	Salaries - Staff Development	6,938.03	19,674.54			26,612.57	10 A12b2	
41009	Salaries - Beautician	0.00	0.00			0.00	10A9	
41010	Employee Physicals	2,464.50	7,204.33			9,668.83	16 m13	
41011	Pre-employment Screen	1,062.94	3,370.38			4,433.32	16 m13	
41015	FICA - Employer	66,620.66	196,841.61			263,462.27	15 1a4	
41016	Unemployment - Federal	849.46	5,152.83			6,002.29	15 1a3	
41017	Unemployment - State	4,294.53	48,707.30			53,001.83	15 1a3	
41020	Insurance - Workmen's Comp	(61,291.51)	86,520.33			25,228.82	15 1a1	
41021	Insurance - Group Medical	88,126.17	221,412.01			309,538.18	15 1a5	
41023	Insurance - Group Life & Disability	3,990.93	14,784.22			18,775.15	15 1a6	
41022	Insurance - FMLA					0.00	15 1a5	
41024	Pension Expense	3,931.11	9,004.38			12,935.49	15 1a7	
41025	Other Employee Benefits	5,395.17	7,748.04			13,143.21	See Attached	
41026	Corporate Fee - Non-reimbursable Costs	18,769.19	38,578.22			57,347.41	16 m13	28 #23 1
41027	Corporate Management Fee	129,095.99	234,236.95	565.93		363,898.87	16 m12	
41028	Healthport Indirect	0.00	0.00	6,097.00		6,097.00	16 m13	
41029	Auto Repair & Maintenance.	0.00	0.00			0.00	161.6	
41030	Travel - Motor Vehicle	949.02	2,253.01			3,202.03	161.4	
41031	Conventions & Meetings	0.00	0.00			0.00	16 1.5	
41032	Education & Seminars	1,084.96	242.89			1,327.85	16 1.5	
41033	Auditing Fees	1,838.40	5,944.68			7,783.08	15 1d	See Attached
41034	Point Click Care Fees	2,759.61	10,449.93			13,209.54	16 m13	
41034	Legal Services	0.00	62,977.00			62,977.00	15 le	See Attached
41035	Legal Fees Collections - Probate Fees	0.00	190.00			190.00	13 ic	See I mached
41030	Consulting Fees - Other	1,660.00	71,881.91			73,541.91	See Attached	
41037	Licenses & Fees	4,038.89	23,735.59			27,774.48	16 m13	
41038	Dues & Memberships	2,130.40	4,811.20			6,941.60	See Attached	See Attached
71037	Dues & Memberships	2,130.40	7,011.20			0,941.00	See Attached	Sec Attached

41040	Subscriptions	110.98	228.87			339.85	16 m9	
41040	Advertising - Public Relations	1,447.79	17,292.68			18,740.47	16 m3	28 #18
41042	Advertising - Help Wanted	0.00	0.00			0.00	16 m1	20 11 10
41043	Supplies - Social Service	0.00	0.00			0.00	20 5j	
41043	Supplies - Beauty Shop	0.00	0.00			0.00	13m6	
41045	Supplies - Medical Records	0.00	0.00			0.00	16 m5	
41045	In Service Fees	0.00	0.00			0.00	16 1.5	
41040	Transportation - Patients	604.69	1,681.96			2,286.65	16 1.1	29 #28
41047	CNA Registration & Validation	0.00	0.00			0.00	161.1 161.1	29 #20
41048	_							
41050	Office Supplies & Printing	9,519.73	12,827.29			22,347.02	15 lg	
	Postage	1,015.46	3,615.10			4,630.56 12,069.71	16 m7	
41052	Telephone	2,073.91	9,995.80				15 1h	
41053	Rent	93,000.00	360,000.00			453,000.00	22.9	
41054	Insurance - Package	20,982.42	67,467.47			88,449.89	27 14a	
41057	Equipment Lease	2,357.33	14,121.81	102.00		16,479.14	22 6a	
41060	Purchased Services & Repair	12,116.58	58,854.69	183.00		71,154.27	22 6a	
41061	Maintenance & Repair Supplies	12,961.68	59,891.27	26.00		72,878.95	22 6a	
41062	Fuel - Plant Operation	0.00	507.80			507.80	22 6b	
41063	Gas - Plant Operation	2,212.33	10,955.35			13,167.68	22 6b	
41064	Electric - Plant Operation	21,598.20	70,988.63			92,586.83	22 6c	
41065	Water & Sewerage	22,883.38	37,528.19			60,411.57	22 6d	
41066	Refuse Removal / Recyclables	(1,224.05)	12,670.37			11,446.32	22 6f	
41067	Corp Office Building Maintenance	0.00	0.00			0.00	Corp Only	
41070	Taxes - Real Estate	20,336.73	61,054.83			81,391.56	22 10b	
41071	Taxes - Personal Property	1,622.52	4,887.21			6,509.73	22 10c	
41075	Bad Debt	614,755.57	0.00			614,755.57	15 1c	28 #9
41080	Donations	0.00	0.00			0.00	16m10	
41086	Sales Tax	0.00	561.00		(561.00)	0.00	16m13	
41087	Bank Charges/Penalties/Fees	0.00	38.00			38.00	16 m13	28 #23 4
41090	Miscellaneous Expense	53.74	942.57			996.31	See Attached	See Attached
41091	Resident Reimbursements	0.00	299.00			299.00	16m13	
41095	C.O.N. Expense	0.00	0.00			0.00	16m13	
45001	Salaries - R.N. (CCNH)	95,721.33	293,487.66	8,561.82	(7,973.14)	389,797.67	10 A12b1	
45002	Salaries - L.P.N. (CCNH)	183,352.65	540,751.65	16,098.29	(19,659.84)	720,542.75	10 A12c	
45003	Salaries - Aides (CCNH)	236,910.79	672,267.00	26,093.84	(24,418.01)	910,853.62	10 A12d	
45004	Salaries - Assistant D.O.N.	9,736.63	35,763.57	253.21	(759.64)	44,993.77	10 A12a	
45005	Salaries - D.O.N.	17,574.04	27,962.73		(1,063.46)	44,473.31	10A12a	
45006	Inactive Salaries (see A/C 70046)	0.00	0.00			0.00	N/A	
45007	Salaries - R.N. (RHNS/HFA)	0.00	0.00			0.00	10 A12b1	
45008	Salaries - L.P.N. (RHNS/HFA)	0.00	0.00			0.00	10 A12c	
45009	Salaries - Aides (RHNS/HFA)	0.00	0.00			0.00	10 A12d	
45010	Salaries - Infection Control	11,608.98	33,345.44	6,732.94	(6,959.73)	44,727.63	10 A12b2	
45011	Salaries - Nursing Administration	4,938.28	1,233.00			6,171.28	10 A2.3	
45014	Salaries - R.N. / L.P.N Light Duty	0.00	0.00			0.00	10 A12b2	
45015	Salaries - C.N.A Light Duty	0.00	0.00			0.00	10 A12d	
45016	Salaries - Other Nursing - Light Duty	0.00	0.00			0.00	10 A12d	
45017	Salaries - MDS Coordinator	18,909.58	56,458.24	2,907.36	(1,208.13)	77,067.05	10 A12b2	
45022	Purchased Services - HPS (RN-CCNH)	3,129.00	2,968.00		(6,097.00)	0.00	13 B11a	
45023	Purchased Services - HPS (LPN-CCNH)	0.00	0.00			0.00	13 B11b	
45024	Purchased Services - HPS (CNA-CCNH)	0.00	0.00			0.00	13 B11c	
45025	Equipment Lease Nursing	10,560.24	36,626.63			47,186.87	20 5c	
45032	Purchased Services - HPS (RN-RHNS)	0.00	0.00			0.00	13 B11a	
45033	Purchased Services - HPS (LPN-RHNS)	0.00	0.00			0.00	13 B11b	
45034	Purchased Services - HPS (CNA-RHNS)	0.00	0.00			0.00	13 B11c	
45035	Purchased Services - R.N. (CCNH)	0.00	43,447.98			43,447.98	13 B11a	
45036	Purchased Services - L.P.N. (CCNH)	0.00	56,032.84			56,032.84	13 B11b	
45037	Purchased Services - Aides (CCNH)	0.00	55,931.43			55,931.43	13 B11c	
45041	Purchased Services - Other	193.00	0.00			193.00	13 B12	
45045	Nursing Station Supplies	58.35	118.21	4.00		180.56	20 5j	
45046	Prescription Drugs - Medicare	63,752.87	168,991.03			232,743.90	20 5a	30 #27
45047	Prescription Drugs - Medicaid	0.00	97.05			97.05	20 5a	
45048	Prescription Drugs - Private	32,609.95	14,126.77		(9,037.89)	37,698.83	20 5a	30 #27
45049	Prescription Drugs Managed Care	23,263.79	4,586.12		(5,057.05)	27,849.91	20 5a	30 #27
45050	Medical Supplies	34,753.75	126,931.60			161,685.35	20 5c	30 1121
45050	Medicare Part B Billable	0.00	0.00			0.00	20 5c 205c	
45051	Medical Equipment Purchases	1,475.69	1,217.72			2,693.41	205c 20 5c	
45055	O.T.C. Medical Supply	440.33	30,488.41			30,928.74	20 5c 20 5c	
45058	Rehab Service Supplies	(9,037.89)	179.14	9,037.89	(179.14)		20 5c 205j	
45060	Oxygen - Private	2,498.16	9,170.23	2,031.07	(1/7.14)	(0.00) 11,668.39	203j 20 5e2	29 #32
45061	Oxygen - Medicare	3,101.00	4,018.50			7,119.50	20 5e2 20 5e2	29 #32 29 #32
45062		5,062.50					20 5e2 20 5e2	Δ9 π3Δ
45062 45063	Oxygen - Medicaid	5,062.50 292.50	8,263.26			13,325.76		20 #22
45065 45065	Oxygen - Managed Care		2,509.37			2,801.87	20 5e2	29 #32 29 #34
	I.V. Therapy Services	3,340.02	22,754.32			26,094.34	20 5j 20 5h	29 #34 29 # 30
45070	Laboratory Services	9,880.16	12,895.36			22,775.52	20 5h	29 # 30

45075	Diagnostic Services	5,137.15	34,232.80			39,369.95	20 5f	29 # 29
50001	Salaries - Dietitians	(3,639.95)	31,194.90	1,379.07		28,934.02	10 A5a	27 11 27
50002	Salaries - Chefs, Cooks	27,661.16	78,403.85	4,878.88	(3,803.37)	107,140.52	10 A5c	
50003	Salaries - Helpers, Dishwashers	40,890.03	123,399.42	5,130.93	(2,123.14)	167,297.24	10 A5c	
50004	Salaries - Food Service Supervisor	14,159.92	29,388.13	888.46	(2,707.37)	41,729.14	10 A5b	
50005	Salaries - Dietary - Light Duty	0.00	0.00			0.00	10 A5c	
50030	Consultant Fee - Dietary	0.00	14,465.00			14,465.00	13B1	
50035	Purchased Services - Dietary	159.55	1,078.65	348.00		1,586.20	18 2b	
50036	Equipment Lease - Dietary	0.00	0.00			0.00	18 2a1	
50040	Supplies - Dietary	9,006.68	27,055.69			36,062.37	18 2a2	
50041	Other Expenses - Dietary	0.00	0.00			0.00	18 2a2	
50050	Food Supplies - HPC/Thurston	41,698.46	128,355.29			170,053.75	18 2a1	
50051	Food Supplies - Dairy	3,676.04	12,956.66			16,632.70	18 2a1	
50052	Food Supplements	915.47	6,258.20			7,173.67	18 2a1	
50053	Enteral Feeding Supplies	0.00	0.00			0.00	18 2a1	
50054	Food Supplies - Other	0.00	0.00			0.00	18 2a1	
50055	Foods Supplies - Rebates	0.00	0.00			0.00	18 2a1	
55001	Salaries - Laundry	15,723.12	40,384.85	1,950.81	(3,423.84)	54,634.94	10 A8b	
55002	Salaries - Laundry Supervisor	2,416.91	7,362.13			9,779.04	10 A8a	
55004	Salaries - Laundry - Light Duty	0.00	0.00			0.00	10 A8b	
55030	Purchased Service - Laundry	0.00	0.00			0.00	19 4b	
55031	Personal Laundry	0.00	0.00			0.00	19 3b	
55035	Linen & Bedding Supplies	4,218.78	4,344.25			8,563.03	19 3a4	
55036	Equipment Lease Laundry	0.00	0.00			0.00	19 3d	
55040	Laundry Supplies	4,485.08	7,148.65			11,633.73	19 3a1	
60001	Salaries - Housekeeping	25,853.77	76,540.31	4,481.96	(5,529.31)	101,346.73	10 A6b	
60002	Salaries - Housekeeping Supervisor	5,796.15	20,384.63		(4,020.71)	22,160.07	10A6a	
60003	Salaries - Housekeeping - Light Duty	0.00	0.00			0.00	10 A6b	
60030	Purchased Services - Housekeeping	0.00	0.00			0.00	20 4b	
60035	Supplies - Housekeeping	6,881.49	21,722.88			28,604.37	20 4a	
65001	Salaries - Recreation	13,358.72	47,039.11	1,683.19	(1,022.30)	61,058.72	10 A12h	
65030	Supplies - Recreation	883.05	2,504.56			3,387.61	20 5i	
65035	Other Expenses - Recreation	6,128.46	20,620.36			26,748.82	20 5i	
70010	Medical Director	4,500.00	16,000.00			20,500.00	13 B8a	
70011	Medical Staff/URC Meeting	0.00	0.00	500.00		500.00	13 B8b	
70012	Other Physician Fees	100.00	400.00		(500.00)	0.00	13 B8e	
70015	Pharmacist Fees	3,377.16	9,120.06			12,497.22	13 B3	
70025	Presrciption Drugs Only	0.00	0.00			0.00	N/A	
70030	Personal Laundry	0.00	0.00			0.00	N/A	
70035	Dental Service	2,403.00	6,408.00			8,811.00	13 B2	
70036	Podiatrist Fees	0.00	0.00			0.00	13 B4	
70040	Hairdresser/Barber	0.00	0.00			0.00	16m6	
70047	Purchased Services - Physical Therapist	0.00	493.46			493.46	13 5a	
70048	Purchased Services - Speech Therapist	0.00	0.00			0.00	13 B9a	20.46
70049	Purchased Services - Occupational Therapist	0.00	19,580.38			19,580.38	13 B10a	28 #6
70050	Inactive	0.00	0.00	170 14		0.00	N/A	20 # 24
70052	Rehab. Services Supplies Salaries - Rehab Director	41.35	1,811.73	179.14	(5 050 07)	2,032.22	20 5j	29 # 34
70060		27,178.33	56,897.02 4,230.64		(5,858.97)	78,216.38	10 A12e 10 A12e	
70062	Salaries - Therapy Technicians	1,066.68	,			5,297.32		
70065	Salaries - Physical Therapy Assistant	0.00	567.38			567.38	10 A12e	
70066	Salaries - Per Diem PT Assistant	375.00	4,046.25	7 612 12	(7.125.92)	4,421.25	10 A12e	
70067 70068	Salaries - Physical Therapist Salaries - Per Diem Physical Therapist	50,199.51 1,597.32	137,051.78	7,613.13	(7,125.82)	187,738.60	10 A12e 10 A12e	
70008			12,600.30	77.85	(67.50)	14,207.97		28 #3
70070	Salaries - Certified Occupational Therapist Salaries - Per Diem Certified OT	26,878.52 0.00	68,444.00 0.00	1,286.16	(1,645.26)	94,963.42 0.00	10 A12g 10 A12g	28 #3
70071	Salaries - Occupational Therapist	13,721.38	45,933.61	601.62			10 A12g	28 #3
70072	Salaries - Occupational Therapist Salaries - Per Diem Occupational Therapist	706.25	3,044.38	0.90		60,256.61	10 A12g	28 #3
70075	Salaries - Fer Diem Occupational Therapist Salaries - Speech Therapist	8,747.88	26,485.85	546.48		3,751.53 35,780.21	10 A12g 10 A12f	20 #3
70075	Salaries - Speech Therapist Salaries - Per Diem Speech Therapist	2,585.25	7,175.00	553.00	(274.00)	10,039.25	10 A12f	
71050	User Fee	116,661.00	377,435.00	555.00	(274.00)	494,096.00	15 1k3	
76000	Interest	176.41	2,626.83			2,803.24	27 12D	29 #49
78010	Salaries - Owner		0.00				36 G1	Δク # 1 7
78010	Depreciation of Non Moveable Equipment	5,114.00 358.11	1,074.15		(1,432.26)	5,114.00 0.00	22 7c	
79010 79011	Depreciation of Moveable Equipment Depreciation of Moveable Equipment	5,696.79	1,074.13	524.79	(1,434.40)	25,823.40	22 7c 22 7d	
79011		0.00	0.00	344.13			31B7	
79015 79025	Depreciation of Auto & Truck	18,172.60	50,956.69			0.00	22 8a	
82010	Amortization of Leasehold Improvements. CT State Income Tax	0.00	250.00			69,129.29 250.00		
82010 82050	Provider Specific Tax	0.00	0.00			0.00	15 j1 15j1	
02030	110 fidel opecific 1ax	0.00	0.00			0.00	1.7,1	

\$413,791.40 (413,791.40) **Variance (must be \$0.00)** 0.00

Total Assets 2,794,977.78

Total Liabilities (3,057,623.80)

 Total Revenue
 (8,416,440.82)

 Total Expenses
 8,556,813.45

	Analysis Accounts	l co	ost Report Referer	ices
	······you		Report	Self Disallow
			Page/Line #	Page/Line #
35098	Misc. Income - Other	1,658.90	n	
33070	Meal Revenue	1,030.50	30 IV 1	28 #24
	Account W/O	4.00	30 IV 8	29 #43
	Medical Supply refund	0.00		
	Tax Witholdings	476.72	30 IV 8	
	Medical Records	1,122.65	30 IV 8	
	Vending Machine Income	55.53	30 IV 8	
	Total Misc. Income - Other	1,658.90		
41001	Salaries - Administrator	102,757.22		
	Administrator	102,757.22	10 A2	
	Asst Administrator/AIT	0.00	10 A3	
	Total Administrator	102,757.22		
41025	Employee Benefits	13,143.21		
	Holiday Parties	4,195.25	16 12	
	Employee gifts/ recognition	8,947.96	16 13	28 #23 2
	Total Employee Benefits	13,143.21		
41037	Consulting Fees - Other	73,541.91		
	Social Worker	0.00	13 B3	
	Data Integrity Auditor - Pointright	3300	13 B12	
	Employee Relations Consulting-Creative	43636	13 B12	
	5 Star Rating Consulting - Celtic Consulting	22715.91	13 B12	
	Purchasing Consultant	2053	13 B12	
	MDS Consultant - PaitentPing	1837	13 B12	
	Total Consulting Fees - Other	73,541.91		
45041	Purchase Service - Other	193.00		
	Pharmacy Consult		16 m13	28 #23 5
	Deaf Interpreter	193.00	13 B12	20 1122 6
	Wound Consultant Total Consulting Fees - Other	193.00	16 m13	28 #23 6
41090	Misc. Expense	996.31		
41070	Resident Expenses	53.74	16 M13	28 #23 5
	Prior Period Adj/Account W/O	0.00		28 #23 6
	Settlement	0.00		
	State Penalty	0.00		
	User Fee Audit Expense	0.00		
	Admin Trip Cancellation Account Write Off	763.55	16 M13	
	Account Write Off	179.02	16 M13	
	Total Misc. Expense	996.31		
70012	Physician Fees	0.00		
	Psychiatrist	0.00	13 B8de	
	Eye Doctor	0.00	13 B8de	
	Total Physician Fees	0.00		
41041	Advertising - Public Relations	18,740.47		
	Public Relations	18,740.47	16 m3	28 #18
	Directory Advertising	0.00		
	Total Advertising - Public Relations	18,740.47		
41052	Telephone	12,069.71		
	Telephone & Beepers	12,069.71	15 1h1	
	Cell Phones	0.00	15 1h2	
	Total Telephone	12,069.71		
	(check G/L account 41052 for possible cell or beeper	rectass J/E)		
41039	Dues & Membership	6,941.60		
	Dues & Membership	6,346.60	16 m8	
	Chamber of Commerce	595.00	16 m8a	28 #23 3
	Total Dues & Membership	6,941.60		
	(most homes should have, may need to check other ac	counts)		

Apple Rehab West Haven Cost Year 2017

J/E #	DB	AMOUNT	ACCOUNT TITLE	CR	AMOUNT	Reverse CY 2017
1	16599		Fixed Asset Clearing A/C			
	41032		Education & Seminars			
	41038		Licenses & Fees			
	41060	183.00	Purchased Services & Repair			
	41061	26.00	Maintenance & Repair Supplies			
	45045	4.00	Nursing Station Supplies			
	45050		Medical Supplies			
	55035	348.00	Supplies - Recreation			
			Sales Tax	41086	561.00	
			Allocate Sales Tax			
_						
2	20601	103,300.42	Accrued PTO			
			Salaries - Clerical	41002	4,137.04	
			Salaries - Accounting	41003	4,795.17	
			Salaries - Social Service	41004	3,552.98	
			Salaries - Maintenance	41006	777.64	
			Salaries - RN	45001	7,434.63	
			Salaries - LPN	45002	18,137.33	
			Salaries - CNA	45003	20,424.17	
			Salaries - ADNS	45004	759.64	
			Salaries - Infection Control	45010	6,804.62	
			Salaries - MDS	45017	1,208.13	
			Salaries - Dietitians	50001		
			Salaries - Chef, Cooks	50002	3,413.07	
			Salaries - Dietary Aid, Dishwasher	50003	1,567.22	
			Salaries - Food Service Suprv	50004	2,604.54	
			Salaries - Laundry	55001	3,123.31	
			Salaries - Housekeeping	60001	4,953.71	
			Salaries - Housekeeping Supervisor	60002	3,874.42	
			Salaries - Recreation	65001	761.25	
			Salaries - Rehab Director	70060	5,858.97	
			Salaries - Physical Therapist	70067	7,125.82	
			Salaries - Per Diem Physical Therapist	70068	67.50	
			Salaries - Certified Occupational Therapist	70070	1,645.26	
			Salaries - Per Diem Speech Therapist	70076	274.00	
			D			
			Reverse 12/16 PTO Accrual			
2	44002	4.027.60	Colorino Clarinol			
3	41002		Salaries - Clerical			
	41003 41004		Salaries - Accounting			
-	41004		Salaries - Social Service Salaries - Maintenance			
	45001		Salaries - RN			
	45001		Salaries - RN Salaries - LPN			
-			Salaries - CNA			
	45003 45004		Salaries - CNA Salaries - ADON			
	45004	255.21	Salaries - ADON Salaries - DNS		1 062 46	
		6 722 04			1,063.46	
-	45010 45017		Salaries - Infection Control Salaries - MDS			
	50001		Salaries - Dieticians			
-	50002		Salaries - Chef, Cooks			
	50003		Salaries - Dietary Aid, Dishwasher			
	50004		Salaries - Food Service Suprv			
	55001		Salaries - Laundry			
	60001	4,481.96	Salaries - Housekeeping			
	60002		Salaries - Housekeeping Supervisor			
	65001	1,683.19	Salaries - Recreation			

	70000		le i e e i e e e			
	70060	7642.42	Salaries - Rehab Director			
	70067		Salaries - Physical Therapist			
	70068		Salaries - Per Diem Physical Therapist			
	70070		Salaries - Certified Occupational Therapist			
	70072		Salaries - Occupational Therapist			
	70073		Salaries - Per Diem Occupational Therapist			
	70075		Salaries - Speech Therapist			
	70076	553.00	Salaries - Per Diem Speech Therapist	20601	00.642.01	
+			Accrue 9/30/17 PTO	20601	98,643.01	
			Accide 9/30/17 PTO			
4	41027	565.93	Corporate Management Fee			
4	41027	303.93	Due Affiliate - Corporate	20200	565.93	
			Allocate Interest Income	20200	303.93	
			Anotate interest income			
5	41001	22 120 95	Salaries Administrator			
	41001	22,120.55	Due Affiliate - Corporate	20200	22,120.95	
			Administrator Salary	20200	22,120.55	
			Administrator salary			
6	70011	500.00	Medical Staff/URC Meeting			
0	70011	300.00				
			Other Physician Fees	70012	500.00	
			To reverse to add Shared Employees Healthport			
7	41028	6,097.00	Healthport Indirect			
		·	Purchased Services - HPS (RN-CCNH)	45022	6,097.00	
			To adjust Purchased Services 45022		·	
			·			
8	45058	9,037.89	Rehab. Services Supplies			
			Prescription Drugs - Private	45048	9,037.89	
			Inadvertant miscode should be 70052			
9	70052	179.14	Rehab. Services Supplies			
			Rehab. Services Supplies	45058	179.14	
			To reclass rehab service supplies			
10	28000		Retained Earnings			
	28000		Retained Earnings			
	79011		Movable Depreciation			
	79011		Movable Depreciation			
	15502		Moveable Equipment			
 	15502		Moveable Equipment			
	15502		Moveable Equipment			
	15502		Moveable Equipment			
-	16501	· · · · · · · · · · · · · · · · · · ·	Leasehold Improvements			
-	16501		Leasehold Improvements			
-	28000		Retained Earnings			
 	28000 17001		Retained Earnings Acc Dep of Nonmovable Equipment			
 	28000		Retained Earnings			
 	20000	302.42	Depreciation of NME	79010	315.14	
			Depreciation of NME Depreciation of NME	79010	209.65	
			Non Moveable Equipment	15501	2,096.46	
			Non Moveable Equipment	15501	3,151.37	
+			Retained Earnings	28000	721.11	
+			Retained Earnings Retained Earnings	28000	5,278.00	
			Retained Earnings Retained Earnings	28000	3,597.40	
 			Due Affiliate - Corporate	20200	24,089.00	
+			Leasehold Improvements	16501	181.74	
 			Leasehold Improvements	16501	362.46	
			Nonmovable Deprec	79010	907.47	
			Accum Deprec - ME	17002	63,020.79	
					,	

			Accum Deprec - LHI	17005	43,211.86	
			Adjust Deprec			
11	20501	9,084.86	Accrued Payroll			
			Salaries - Clerical	41002	142.09	
			Salaries - Accounting	41003	70.65	
			Salaries - Social Service	41004	185.85	
			Salaries - Maintenance	41006	143.78	
			Salaries - RN	45001	538.51	
			Salaries - LPN	45002	1,522.51	
		_	Salaries - CNA	45003	3,993.84	·
			Salaries - Infection Control	45010	155.11	
			Salaries - Chef, Cooks	50002	390.30	
			Salaries - Dietary Aid, Dishwasher	50003	555.92	
			Salaries - Food Service Suprv	50004	102.83	
			Salaries - Laundry	55001	300.53	
			Salaries - Housekeeping	60001	575.60	
			Salaries - Housekeeping Supervisor	60002	146.29	
			Salaries - Recreation	65001	261.05	
			Accrue Wage Enhancement			
12	41002	15,495.29	Salaries - Clerical			
			Due Affiliate -Corporate	20200	15,495.29	
		413,791.40	TOTALS		413,791.40	

0.00

413,791.40

0.00

Facility: Apple Rehab West Haven

Cost Year 9/30/2017

Reconciliation of Revenue, Expenses, Balance Sheet

	Expenses	Revenue	<u>Assets</u>	<u>Liabilities</u>
Per Trial Balance	8,556,813	8,416,441	2,794,978	3,057,624
Per Cost Report	8,551,699	8,416,441	2,812,730	3,075,376
Difference	5,114	0	17,752	17,752
21037-21060 - Payroll W/H 10401-10403 Exchange 78010 - Owners Salary	5,114		9,513 8,239	9,513 8,239
Difference	5,114	0	17,752	17,752
	0	0	0	0

	9040 9040 9030	Eprends and Parrents Stations for Machine	11288 11288 14282	804.29 967.61 2(86.46	1,000.00 600.00 800.00	36231 99630	2488 82.42	
Non-Woose	Min Repripe	nama af Mylleyki) Cast Report Adjustments	-	16,962.75	12,005.07	44434	(Control)	
	ALJOSS	See Marchine Resistant for Machine to Monachile Adjusted Relations (§10)(12) Price Period Resistant (See Alterbas) General Period	-	11,34.0 (11,34.0 (10,04.0 (10,04.0		-	600 AP 960 AP 960 AP	
Warestin	quipmon	Current Period					58.00	
MEL 10 MEL 10	9010	TABLE TOPICHERELETOWN CLASS) CLEMATE CONTROL (COMPRES)	A11967 911990	1,6641 2,6144	1,664.00 2,641.64			
MEA MESO	9010	CLEMATE (ASSCORD SM.) UNITED BIRT (STIEL SMEAKS)	A1 1990 11 1990	4,864.62 1,364.66	4,004.00 1,304.00			
MELIO MELIO	9010 9010 9010	AMERICAN LANDICHARD) AMERICAN LANDICHARD)	111990 811990	1,200-98 2,963.63 1,965.60	1,230-W 2943.63 1,945.00			
MEL10	9040	Honomon(Pominum) Laure(Table)	125 996 125 996	1,01.00 391.00	1,015.00 205.00			
MELIO MELIO	90%	Fellow(Table) Alloy(Ther) American Completel	122 544E	1,91.4K 10K00	100.00			
MEL10 MEL1	GOVE:	American(Chair) Lane(Miscolamores)	131 996	967.47 29.36	11.30			
MELIO MELIO	90%	Fellow(State Chain) Along (Chain) Flackman (States Chain)	111996	28.11	281.01 236.01 2366.07			
MELIO MELIO	9010	Flaghmor(Tuining Stories) First Heal(Foorl)	211996	1,980.48 286.77	1990.8F			
MES MES	900	McCaler(Balletin Brand) First Bind(Various Supplies) Flankmann/Kristin Warne)	31196 31196 31196	3356.09 9344	100.0			
MEL10 MEL10	gove	Flaghman/Freighy) MrCalm(Chain)	21196	3,6136	3343.84			
MELIO MELIO	gove gove	Mi-Cales(Ne-Caleses) American(Merces)	211996	40.70 80.10	683.70			
ME 10 ME 10	GOVE GOVE	United(Macellaness) United(Food Consistent) United(Stand Consistent)	X1 1996 X1 1996	1,000.00	1000.00			
MEAN MEA	90%	United(Tops) Medical(Wheel(Chain)	91 1996	43.40	411.00 421.00			
MEL10	ama	United(Care) United(Dropresser)	201 1996 201 1996	1,95.00	1,0130			
MELIO MELIO	9010	Varian(Diper) Varian(Washing machine)	A1 1996 A1 1996	28.20 1,051.00	200.20			
ME10 ME18	9010	United(Laborate cost) Abbe(20-bates, Erabbes)	65 2996	2,764.00 4,763.69	23%/db 4343/db			
MELIS	9012	Med ranges (evilent) Alde(Stribete)	75 1996	82.00 1,8807	112 W 148 E			
MEL10 MEL10	9040	Laborator Care (Christol Base) 80 Covatoral Tables (Strillare)	201 1996 21 1997	2,864.12 3,912.31	2964.02 3962.50			
MEL 10 MEL 10	9010 9010 9010	neam(unjet) Key Telephone in Bos Office (Stranghan) Washing Machine Brusings (Vanker)	122 199K	2,88.60 82.80 1,72.00	1,115.00 1,711.00			
MELIO MELIO	9017	Working markine (Varior) Serving Counter (Color)	31 1000 41 1000	7,00.70 4,121.90	7,0030 4320-90			
MEL10 MEL10	9010		61200	3,211.00 787.00	321130 321130			
MEL 10 MEL 10	9010	3. 2 door edings. (Tablish United Sec- communications (Tablish United Sect)	61 200 91 200	4,8629 4,18680	4,000.79 4,140.00			
MELIZ MELIZ	9010	manuscul course (Perisina Bintis 3. A decreverated files shelving & sinney advisors.	11 000 81 000 91 000	291.22 1,785.00	211.22 129.00			
MEL10 MEL10	9010	ndro empe (Tobback United Bird) Zubermach in Brown (Tobback United	101 DKE	1,91.00 3,97.00	1,911.00 3,317.00			
MELIO MELIO	90Y2	repeate (Auchine and Woodworking) 100 Million washer Number Stationard St Elishing reproducts (Department)	41 200 41 200 91 200	100 April 100 Ap	7,71.36 7,64.36 4,354.44		76.07	
MELS	0012 0012	Stateing records and find part (Decords entalled), feminer (in 1912))	131 386 131 386	1,9600 1,9600	1311.0	62690 22648	76.27 26.46 26.46	
MELIO MELIO MELIO	9012 9012	Hercelli Old-Kenna Medical Rawical M chara main (RCR System, EEC) Ecobierts (McKenna Medical Rawic & M	11 200 91 200 91 200	1,360.70 3,223.80 803.94	1,340.70 1,121.60 626.07	20162	1387 (8.11	
MELS	9040	Zhodu llamituar (Median) netwok odde doos (AME Communication	91 200 111 2000	1,907.00 1,113.00	2990-64 1,113-00	10136	4.0	
MELIO MELIO	GOVE GOVE	intellerate (RE Sprine, LLC) LT manual slow (Taple A Supples, in Induite salines (M. Kressen)	131 200 131 200 31 200	2/39/36 1,113.29	239.N 686.F	69/78	25.00	
MELIS MELIS	9012	arantesi salda (McKennes) nemendele (Tagle A)	31 288 31 288	1,963.11	13,219	2004K	25.00 25.00 25.00 25.00 25.00	
MELIS MELIS	gent gent	shower shair (McKercon) scorbed salite (McKercon) wireless madest adapted (Tech Person)	31 200 31 200 63 700	701.00 179.42	100	8636 6636	286	
MELIS MELIS	90YU 90YU	Int past directors, eight stands, round to Historie bods (Direct Supply)	11 1 200K	11,000.00 20,606.33	400.N 1000.N	429/70 54968	281.76 512.62 152.76 14.76	
MELIS MELIS	GOVE GOVE	chain in mod (Keale) eighteand (Median) Sindershims (Sea Re-	11 200 11 200 31 700	7/41.81 86/00 17/27 to	23.00 23.00	307100	1438	
MELIS MELIS	9010		11 2000 11 2000	11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10	17,217.00 400.00 6,007.00	350% 467%	12.34 194.36 172.66 173.64 172.86 28.36 28.36 28.36 86.26 86.31	
MELIS MELIS	90Y2	american (McKenne)	21 2009 21 2009	2,972.8 2,972.8	1911.36	44973 49632	173.94 173.94	
MET 10 MET 10	90YZ	enter, and invalid. (Kende) fast ente, shower claim (McKenson) M pat. showers, nigotolomic, round to	11 2000 11 2000 11 2000	1,003.56 1,003.65 11,000.66	1073.0 833.73 6983.03	3,349,29 177,32 4,977,68	2634	
MELIO MELIO	9010	Wheelshalmades 3h per demons, algorithmic, round to Mount States Seaton	11 200 81 200 811 200	5,005.66 3,005.68	1311.28 2621.67	701.18 1,679.05	65.00	
MELIO MELI	0010 0010	worse Grainys Rysiana salestaines (Kaplan Computers) latters commuter (Tash Denni)	111 200 111 200 131 200	4,00045 4,86407 305.57	1,000 No. 07	706.97	200,70	
MELIO MELIO	9012	edispense (Sal Miles Applemen) once trains (Samues Person)	13 t 2000 13 t 2000	1,810	366.8E 2567.8E	77.76 62.28	1147 87.49 37.4 2449	
MEL10 MEL10	gove gove	AUD Machine Medical Care Plantageries	412 2000 412 2000	1,665.62 964.62 7,677.00	1312 08 699 29 7417 C	267.23	37.6 3689	
ME 10	9010 9010	Plane Scraliber Medical Can	1 13 2000 1 13 2000	1,278.00 1,000.43	7,718.00 136.71	279.72	25.09 55.56	
MELIO MELI MELI	90121 9010 9011	Patrick Lift Toleranders Fig. 17 Well Meson	101000 101000 101000	2,62.71 2,62.60 1,693.75	1,011.07	MCSA	8.56	
MES	govo	Trispinson LCD For Mouse	201 2000 201 2000	79100 86.28	79100 84.28			
MELS MELS	90Y0	17 LCD W24 (Security Recorder Device) LCD TV Octobel Tables	201 2000 201 2000 201 2000	98.42 98.00 4.00.46	331.42 913.00 1386.70	2,12170	4.0	
MELIS	anto	Laminute Table Top Chains for Cale	201 2000 201 2000	82144 4,111.80	3113 2016	429.22 3,189.80	68.67 1833 86.27 286.2 1428 1426 1134	
MELIS MELIS	gove	Oller Feminer Lasys, vinde, mitgrater, tables, Relatence	201 2000 201 2000 201 7000	1,655.00 1,665.00 pro.74	2,036.79 7,44642 411.77	2,699,27 2,798,24 2,919.01	36.3 16.7	
MEL 10	gove	Platform Max, Through Table, Persons, Dispression	201 2000 201 2000	4,98.04	1,013.W 120.03	12040	11482	
MELIZ MELIZ	9010 9010	Computer and Minuter House Bed	30 18 2000 3 76 2001	1,386.27	424.30	1007	26.08 05.64	
MEA	gove	Some Plant Bullet	411.000 54.000	19876 19876	19878	ina.d		
MELIS	gove gove	37 Technica and 20" Someony SCD TVs Decks, File Cultures, Steckness, Chain Southern Life with York	11.000 11.000	3,127.00 2,147.90	1,171 W 173.27	Limit	2617 89572	
MELS MELS	gove gove	National Computer (CDW Generalize) Plant ID Stalge Printing Kit	914 200 914 200 921 200	3604 1,8130	2604E		me.73	
MELIZ MELIZ	GOVE	House Red House Red House Red Hand Restored No.	11/12/2001	ME A1	421.62 421.62	38694 38609	36.8 36.83	
MELIZ MELIZ	903B	House Bed, Head Proc Branch 37 LHD Commercial TV(Senior TV)	199303	907.40 808.00	786.46 186.46	29676	1K41 4641	
MEL 10	0038 0038	NY LGREETY Please TV(Senior TV) Facion Silverida Senior TV Control TV AND SENIOR	8 25 262 9 21 262	1994G	XX000 1/1142	2,0700	41.03 133.43	
MELIZ MELIZ	903B	House Stel(Median) House Stel Fox 2(Median)	13 14 2013 13 29 2013	98.46 82.98	200.00 30.00	MALAN MALAN	3084 1.49	
MELS	9030	2. Mandeshina 3. seleshina	4 98 2063 4 98 2063	W1.00 1,600.00	1314K 1,460.00	12790 36747	4242 80.17	
MELIS	9039 9039	Lift Chair (Brown Orderic) Lift Chair (Brown Orderic)	4 90 2001 A 10 2001	7000 7000 7000	212.00 212.00 212.00	1000 1000 1000	ILE ILE	
ME20 ME20	003E	Chart Revisi(Content) Chart Revisi(Content)	A 99/2007 A 99/2007	198112	286.61 236.61	8071 8071	1203	
MELIS MELIS	9039 9039	Late Chair (Bereim Cellerian) Late Chair (Bereim Cellerian) Late Chair (Bereim Cellerian)	A US 2003 A US 2003 A US 2003	70.00 70.00 70.00	212.00 212.00 212.00	500.47 500.47	126	
MELIZ MELIZ	OCH OCH	Here's hed or Headboard & Foodward Here's hed or Headboard & Foodward	A 171 2063 A 28 2063	82.48 83.78	2013 2048	50171 5130	1.76	
MELS MELS	9030 9030	conversed that breads computers for marring station from and bread breads	612001 612001 616201	864.0 864.0	1647.00 763.01 76.30	29032 12677 1746	42.00 4.00	
MELIZ MELIZ	0030 0030	Zelović bolo LEFT CRLAB HERPICE TTAVA SHIP HERPI	83 2063 205 2063	1,699.62 778.60	321.70 321.70	12020	20.00 20.00	
MEL10 MEL10	9130 9130	COMP Control Control (Control Control	10 10 2003 11 11 2003 3 27 2004	89147 8004 9,603	38.0 38.0 430.7	20031 20031	21.67 21.67	
MELS	0000	SIGN VITAL MONTOR PORT CHOICE HOT POOD TABLE (TERMS A REPRUE)	11 01 004 3 00 004	2,851.86 2,866.62	1347.00	70874 206148	10547 7641	
MEL10 MEL10	0075 0075	Feynd System Upgrain Time Closis Feynd System Upgrain Time Closis Install Windows Nature of Constitution	3 99 2008 3 99 2008 4 90 7008	1,203.60 1,306.82 pri ve	311.0	100700	3676 3681 2514	
MESO MESO	00 Hz	2 Clast EndorCarcino) Water Equipment for POC Implementation	63 200 1 14 2006	200111 (1973) THOSE OF THOSE O	2008 71.39	1900.44 213.73	2679 139	
MEA	0000	Weing Equipment for PCC Employmentation Weiner Equipment for PCC Employmentation (ACC) to ACC Temporaries	101006	16136 76626	35.0E	30730 596.29	3.7 2008	
	00 e8 00 e8 00 78	STATE		3,9137 1,9846 2,966		1	24.2 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24	
Woodist		mat Mysteller Care Report Adjustments for Mathiese	1/9200	DAME.	latina di	100,007.03	CONCR.	-
		From Levi year DV (El to marks coded TB Repoil Equipment		(2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		•	581630 581630	
		Reviews for Machine from non-moneuritie adjusted Salamon N/SO(12) Print Perint Sectional (Gare Atlantonal)	-	51,01.0 941,01.0 942,04.0 940		-	SUCCES SUCCES SUCCES	
128.30	90%	General Annual (A.C. HONCON)	123.198	1,700.00	123540		us sa	
13130 13130 13130 13130 13130	0012 0010 0010 0010 0010	PHYSICS (SAC PROCESC) Replace For Peop Base For Peop Repair Replace For Peop Base For Peop Repair Replace For Peop Base For Peop Repair Install Peop Continued Control Based Generator Installation of City Peoplace Specifies	13 1 1966 8 16 2068 8 16 2068 8 16 2068 3 16 2066 11 26 2066	\$2,000.00 \$40,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$4,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,00	131.00 31.00 641.64 173.00	13,621,28 8,686,27 2,816,7 4,866,30	2.5 2.5 2.5 460	
-en 10		m and Mylletic Cash Report Adjustments	11 04 2000	UNCHER	(III)	economic and the second	14000	
		A/Cont		(3,91.4) (34,984.6)			5000	