

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Apple Rehab Middletown	
Address (No. & Street, City, State, Zip Code) 600 Highland Ave Middletown CT 06457	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2017-C	RHNS	(Specify)	Medicare Provider 07-5089
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Medicaid Provider Numbers:	CCNH 220172	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) Apple Rehab Middletown	License No. 2017-C	Report for Year Ended 9/30/2019	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Apple Rehab Middletown [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, 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) Keith Brown			Printed Name (Owner) Brian J. Foley		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Apple Rehab Middletown		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 600 Highland Ave Middletown CT 06457				
Report Prepared By Apple Health Care, Inc.		Phone Number (860) 678-9755	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-347-3315		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Apple Rehab Middletown		Address (No. & Street, City, State, Zip) 600 Highland Ave Middletown CT 06457		
License Numbers:	CCNH 2017-C	RHNS	(Specify)	Medicare Provider No. 07-5089
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Keith Brown		Nursing Home Administrator's License No.:	1914	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Apple Rehab Middletown	License No. 2017-C	Report for Year Ended 9/30/2019	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Apple Rehab Middletown	600 Highland Ave Middletown CT 06457	Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	
Ryan Vess	21 Waterville Road Avon, CT 06001	Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	

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CSP-4 Rev. 10/2005

General Information and Questionnaire Related Parties*

Name of Facility Apple Rehab Middletown	License No. 2017-C	Report for Year Ended 9/30/2019	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Brian J. Foley	21 Waterville Rd. Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Rental	Pg. 22 Line 9	492,000	492,000
Apple Heath Care	21 Waterville Rd. Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	260,720	260,720
Corporate Employees	21 Waterville Rd. Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	109,851	109,851
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	111,613	111,613
Apple Heath Care	21 Waterville Rd. Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 Line 1a7	26,250	26,250
Aetna	PO Box 88860 Chicago, IL 60695	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 Line 1a5	298,638	
Delta Dental	PO Box 222 Parsippany, NJ 07054	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	6,201	
Metlife	PO Box 360229 Pittsburgh, PA 15251	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	16,131	
USI	PO Box 62937 Virginia Beach, VA 23466	<input checked="" type="radio"/>	<input type="radio"/>		Property, Liability, & Umbrella Insurance	Pg. 27 Line 14a	79,648	

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Apple Rehab Middletown	License No. 2017-C	Report for Year Ended 9/30/2019	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

The costs incurred by Apple Health Care, Inc. (a related party) to provide accounting and managerial services to each facility owned by Brian J. Foley are allocated on a per bed basis.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

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

N/A

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Apple Rehab Middletown			License No. 2017-C	Report for Year Ended 9/30/2019			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?			<input checked="" type="radio"/> Yes	<input type="radio"/> No	Total ***			

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

General Information and Questionnaire
Accounting Basis

Name of Facility Apple Rehab Middletown	License No. 2017-C	Report for Year Ended 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

1 Preparation of audited financials (disallow Pg. 28)	\$ 8,579
2 Preparation of tax returns	\$ 2,394
3 Audit - 401K	\$ 636
4	\$
	Charge for Services Provided
	\$ 11,608

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

- Yes No Pg. 15 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Garrison, Levin	
2 Rogin Naussau LLC	
3 Summa & Ryan	
4	
5	

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

- 1 405 Orange St New Haven CT 06511
- 2 City Place 1 22nd fl Hartford CT 06103
- 3 288 Meadow St Waterbury CT 06710
- 4
- 5

Services Provided by This Firm (*describe fully*)

1 Attn fees relating to employee wrongfull discharge	\$ 16,666
2 HUD financing legal advise	\$ 455
3 Attn fees relating to employee wrongfull discharge	\$ 9,626
4	\$
5	\$
	Charge for Services Provided
	\$ 26,747

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

- Yes No Pg. 15 1e

Schedule of Resident Statistics

Name of Facility Apple Rehab Middletown		License No. 2017-C			Report for Year Ended 9/30/2019				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	70	70			70	70			70	70		
B. On last day of THIS report period	70	70			70	70			70	70		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	69	69			69	69			60	60		
B. As of midnight of THIS report period	60	60			60	60			60	60		
3. Total Number of Days Care Provided During Period												
A. Medicare	3,969	3,969			2,979	2,979			990	990		
B. Medicaid (Conn.)	14,458	14,458			10,658	10,658			3,800	3,800		
C. Medicaid (other states)												
D. Private Pay	4,290	4,290			3,322	3,322			968	968		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	22,717	22,717			16,959	16,959			5,758	5,758		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	22,717	22,717			16,959	16,959			5,758	5,758		

Schedule of Resident Statistics (Cont'd)

Name of Facility Apple Rehab Middletown			License No. 2017-C			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare	Medicaid		Self-Pay			Other State Assisted						
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR					
No. of Residents	11	40		9									
Per Diem Rate													
a. One bed rm.				421.00									
b. Two bed rms.	RUGS III	214.53		395.00									
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									1,690	1,690			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									10,151	10,151			
D. Total Physical Therapy Treatments									11,841	11,841			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									380	380			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									1,206	1,206			
D. Total Speech Therapy Treatments									1,586	1,586			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,002	2,002			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									10,507	10,507			
D. Total Occupational Therapy Treatments									12,509	12,509			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Middletown	2017-C	9/30/2019	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	99,594	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	48,537	2,852				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	64,517	2,243				
c. Dietary Workers	251,806	17,010				
6. Housekeeping Service						
a. Head Housekeeper	28,742	1,544				
b. Other Housekeeping Workers	92,098	7,091				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	83,780	3,665				
8. Laundry Service						
a. Supervisor	9,885	539				
b. Other Laundry Workers	40,514	2,738				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	127,988	4,583				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	100,562	1,987				
b. RN						
1. Direct Care	523,236	11,992				
2. Administrative**	157,156	4,135				
c. LPN						
1. Direct Care	495,901	16,828				
2. Administrative**						
d. Aides and Attendants	839,684	51,348				
e. Physical Therapists	273,721	5,819				
f. Speech Therapists	48,620	1,371				
g. Occupational Therapists	207,514	5,194				
h. Recreation Workers	67,446	3,167				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	99,058	3,901				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	3,660,358	150,093				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Purchasing Consultant	\$ 2,000	40				
Data Integrity Auditor	\$ 1,650	33				
A&D Fee	\$ 2,193	44				
Total	\$ 5,843	117	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended				Page	of
Apple Rehab Middletown				2017-C	9/30/2019				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Apple Rehab Middletown				2017-C	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Keith Brown	99,594				Administrator 10/1/18 - 9/30/19	2,086	A2			
Section IV - Assistant Administrators										

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

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

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

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Middletown	2017-C	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	7,980	106				
3. Pharmacist	8,111	106				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	31,200					
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Detail listed on coded TB	4,589	106				
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	4,861	135				
2. Administrative***						
b. LPN						
1. Direct Care	2,425	81				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	5,843	117				
B-13 Total Fees Paid in Lieu of Salaries	65,009	652				

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

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

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

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

Name of Facility Apple Rehab Middletown		License No. 2017-C	Report for Year Ended 9/30/2019	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Healthdrive Dental 888 Worcester St Wellesly MA	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Neighborcare Pharmacy Detroit MI	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Dr Matthew Raider 91 Fairway Dr Portland CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Nurse Network 405 Park Ave NY	Nurse pool	<input type="radio"/>	<input checked="" type="radio"/>		
PatientPing 10 Post Office Square Boston, MA	Admissions/Discharge Fee	<input type="radio"/>	<input checked="" type="radio"/>		
Pointright 150 Cambridge Pd Dr Cambridge MA	Data Integrity Auditor	<input type="radio"/>	<input checked="" type="radio"/>		
CT Purchasing Consultants 88 Ryders Lane Stratford, CT	Purchasing Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
CT Oncology 200 Kennedy Dr Torrington CT	Oncology	<input type="radio"/>	<input checked="" type="radio"/>		
Orthopedic Associates 512 Saybrook Rd Middletown CT	Orthopedics	<input type="radio"/>	<input checked="" type="radio"/>		
Middlesex Ortho 410 Saybrook Rd Middletown CT	Orthopedics	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Middletown	2017-C	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 89,533	89,533		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 52,450	52,450		
4. Social Security (F.I.C.A.)	\$ 257,398	257,398		
5. Health Insurance	\$ 222,152	222,152		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 21,633	21,633		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 26,250	26,250		
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*	\$ 233,315	233,315		
d. Accounting and Auditing	\$ 11,608	11,608		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 26,747	26,747		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 13,296	13,296		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 26,147	26,147		
2. Cellular Phones	\$			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$ (51,509)	(51,509)		
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 386,012	386,012		
Subtotal	\$ 1,315,033	1,315,033		

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Middletown	2017-C	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		1,315,033	1,315,033		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 7,055	7,055			
2. Holiday Parties for Staff	\$ 2,990	2,990			
3. Gifts to Staff and Residents	\$ 8,684	8,684			
4. Employee Travel	\$ 6,119	6,119			
5. Education Expenses Related to Seminars and Conventions	\$ 1,534	1,534			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 875	875			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 18,615	18,615			
4. Fund-Raising***	\$				
5. Medical Records	\$ 46	46			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 2,344	2,344			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 5,127	5,127			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 692	692			
9. Subscriptions	\$ 565	565			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$ 260,720	260,720			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 149,740	149,740			
C-14 Total Administrative & General Expenditures	\$ 1,780,138	1,780,138			

* 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	\$ 18,615		
Total Other Advertising	\$ 18,615	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 5,127		
Total Dues	\$ 5,127	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Corporate Fees Non Reimburable	\$ 39,013		
Licenses & Fees	\$ 3,443		
Pre Employment Screenings	\$ 15,246		
System License & Subscription Fee	\$ 22,690		
Bank Service Charges	\$ 11,600		
Legal Fees - Collections, Probate, Conservator	\$ 805		
Account W/O	\$ 8,182		
Resident Expenses	\$ 2,484		
Settlement - Employee wrongful termination	\$ 16,666		
Survey Fines & Citations	\$ 15,000		
Internet & Cable/Satellite TV	\$ 9,567		
IT Service Fee	\$ 5,045		
Total Other Administrative and General	\$ 149,740	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Apple Rehab Middletown	License No. 2017-C	Report for Year Ended 9/30/2019	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Apple Health Care, Inc.	260,720	Accounting & Management Services	Pg. 16 m12

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

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

Name of Facility Apple Rehab Middletown		License No. 2017-C	Report for Year Ended 9/30/2019	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food \$	142,255	142,255		
2.	Non-Food Supplies \$	20,307	20,307		
3.	Other (Specify) _____ \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) \$		1,264	1,264		
c. Other (Specify) _____ \$					
2D. Total Dietary Expenditures (2a + b + c + d) \$		163,825	163,825		
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F.	Resident Meals: Total no. of meals served per day:*	187	187		
G.	Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H.	Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
K.	Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N.	Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Middletown	2017-C	9/30/2019	19	37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$ 7,487	7,487		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$ 6,596	6,596		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify)	\$			
3D. Total Laundry Expenditures (3a + b + c)	\$ 14,083	14,083		
3E. Laundry Questionnaire				
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3D.
 *** 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 Middletown	2017-C	9/30/2019	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	15,731	15,731		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
	Amt. \$				
c. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	15,731	15,731		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Neighborcare	\$	157,496	157,496		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	104,212	104,212		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	6,272	6,272		
f. X-rays and Related Radiological Procedures***	\$	5,613	5,613		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	11,031	11,031		
i. Recreation	\$	13,768	13,768		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	17,391	17,391		
5M. Total Resident Care Expenditures (5a - 5j)	\$	315,783	315,783		

* 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	\$ 1,032		
Rehab Service Supplies	\$ 7,840		
IV Therapy	\$ 8,151		
Supplies -Social Services	\$ 368		
Total Other Resident Care	\$ 17,391	\$ -	\$ -

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

Name of Facility Apple Rehab Middletown			License No. 2017-C		Report for Year Ended 9/30/2019				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
CWPM	25 Norton Place Plainville CT	<input type="radio"/>	<input checked="" type="radio"/>		Refuse removal	13,898			22	6 f
Matthew Gilbert	838 Beckley Rd Berlin CT	<input type="radio"/>	<input checked="" type="radio"/>		Lawn care - Snow removal	33,713			22	6 a
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Apple Rehab Middletown	2017-C	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 91,208	91,208				
b. Heat	\$ 58,136	58,136				
c. Light & Power	\$ 59,846	59,846				
d. Water	\$ 42,811	42,811				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 14,061	14,061				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 266,063	266,063				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 18,958	18,958				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 18,958	18,958				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 62,313	62,313				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 62,313	62,313				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 492,000	492,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 67,631	67,631				
c. Personal property taxes	\$ 4,775	4,775				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 645,677	645,677				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Refuse Removal	\$ 14,061		
Total Other Repairs and Maintenance	\$ 14,061	\$ -	\$ -

Depreciation Schedule

Name of Facility Apple Rehab Middletown			License No. 2017-C			Report for Year Ended 9/30/2019			Page 23	of 37			
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
C. Non-Movable Equipment													
1. Acquired prior to this report period			48,838		48,838	48,838	SL	Var					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. Van		x		12	99	2,299		2,299	2,299	S\L	4 yrs		
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						267,242		267,242	228,798	S\L	Var	18,429	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						4,239		4,239		S\L	Var	530	
D-3. Subtotal													18,958
E. Total Depreciation													18,958

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
9/28/2018	Broda Recliner	\$ 2,707	ME-10	\$ 338
10/26/2018	Food Processor	\$ 1,532	ME-10	\$ 192
Total additions for Movable Equipmen		\$ 4,239		\$ 530 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/1/2017	Deposit Tank Removal	\$ 3,164	LHI-20	\$ 356
10/20/2017	Balance Due Tank Removal	\$ 3,164	LHI-20	\$ 356
4/5/2018	Oil Tank Piping Installation	\$ 5,117	LHI-10	\$ 640
7/25/2019	Replace Cartridge on Compressor	\$ 1,572	LHI-10	\$ 33
Total additions for Leasehold Improvemen		\$ 13,017		\$ 1,385 *
Deletions:				
Total deletions for Leasehold Improvemen		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Apple Rehab Middletown			2017-C		9/30/2019			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				1,646,080	1,251,056	A		60,928	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				13,017				1,385	
C-4. Subtotal									62,313
D. Total Amortization									62,313

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Apple Rehab Middletown	License No. 2017-C	Report for Year Ended 9/30/2019	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		70		
6. Square Footage		16,395		
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Variable		
b. Date Mortgage Obtained		12/07/16		
c. Interest Rate for the Cost Year		4.48%		
d. Term of Mortgage (number of years)		5		
e. Amount of Principal Borrowed		4,518,701		
f. Principal balance outstanding as of _____		4,199,164		
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility Apple Rehab Middletown		License No. 2017-C	Report for Year Ended 9/30/2019		Page 26	of 37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility Apple Rehab Middletown		License No. 2017-C		Report for Year Ended 9/30/2019		Page 27	of 37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 79,648	79,648		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 79,648	79,648		
15. Total All Expenditures (A-13 thru C-14)				\$ 7,006,315	7,006,315		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Middletown				2017-C	9/30/2019	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 207,514	207,514		
4.			Other - See attached Schedule	\$ 9,905	9,905		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 31,200	31,200		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 233,315	233,315		
10.	15	1d	Accounting	\$ 8,579	8,579		
10a.			Legal	\$ 805	805		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 18,615	18,615		
19.	15	k1	Income Tax / Corporate Business Tax	\$ (51,509)	(51,509)		
20.	16	m10	Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 103,869	103,869		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 562,293	562,293		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A12m	Social Services - Marketing	\$ 9,905		
Total Other Salaries Adjustment			\$ 9,905	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B 8a	Medical Director	\$ 31,200		
Total Other Fees Adjustments			\$ 31,200	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Corp Fees Nonreimbursable	\$ 39,013		
16	1.3	Employee Recognition/Gifts/Parties	\$ 8,684		
16	8a	Chamber of Commerce	\$ 692		
16	m13	Bank Charges	\$ 11,600		
16	m13	Resident Reimbursements	\$ 2,484		
16	m13	Prior Period Adj/Account W/O	\$ 8,182		
16	m13	Settlement	\$ 16,666		
16	m13	State Penalty	\$ 15,000		
30	IV 8	Account W/O	\$ 1,095		
30	IV 8	Medical Supply refund	\$ 262		
30	IV 8	Settlement	\$ 191		
Total Other A&G Adjustments			\$ 103,869	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Middletown				2017-C	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 562,293	562,293		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 155,928	155,928		
28.	16	L1	Ambulance/Limousine	\$ 7,055	7,055		
29.	20	h	X-rays, etc	\$ 5,613	5,613		
30.	20	f	Laboratory	\$ 11,031	11,031		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 3,292	3,292		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 15,990	15,990		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.	30	IV 5	Interest Income on Account Rec.	\$ 197	197		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 761,399	761,399		

*** 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.

Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

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

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Apple Rehab Middletown	2017-C	9/30/2019			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 3,054,999	3,054,999				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents(<i>all inclusive</i>)	\$ 1,726,154	1,726,154				
b. Medicare Room and Board Contractual Allowance **	\$ 423,403	423,403				
4. a. Private-Pay Residents and Other	\$ 1,643,678	1,643,678				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 171,843	171,843				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (165,217)	(165,217)				
c. Prescription Drugs - Non-Medicare	\$ (25,673)	(25,673)				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ 25,673	25,673				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 471,561	471,561				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (421,117)	(421,117)				
c. Physical Therapy - Non-Medicare	\$ (57,120)	(57,120)				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ 55,265	55,265				
4. a. Speech Therapy - Medicare	\$ 74,701	74,701				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (60,119)	(60,119)				
c. Speech Therapy - Non-Medicare	\$ (2,160)	(2,160)				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ 3,330	3,330				
5. a. Occupational Therapy - Medicare	\$ 637,696	637,696				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (560,874)	(560,874)				
c. Occupational Therapy - Non-Medicare	\$ (65,750)	(65,750)				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ 74,745	74,745				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 140	140				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 7,005,156	7,005,156				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 197	197				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 10,542	10,542				
V. Total Other Revenue (1 thru 8)	\$ 10,740	10,740				
VI. Total All Revenue (III +V)	\$ 7,015,896	7,015,896				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30	Private x-ray	\$ 140		
Total Other Resident Revenue		\$ 140	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30	Interest Income	1,060,010	\$ 197		
Total Interest Income			\$ 197	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30	Account W/O	\$ 1,095		
30	Medical Supply refund	\$ 262		
30	Rebates	\$ 8,958		
30	Medical Records	\$ 37		
30	Settlement	\$ 191		
Total Other Revenue		\$ 10,542	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Middletown	2017-C	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,060,010
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	17,717
5. Prepaid Expenses			\$	23,221
a. _____				
b. _____				
c. _____				
d. See Schedule		23,221		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	913

See Schedule		913		
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,101,861
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,659,097</u>		\$	345,728
	Accum. Depreciation <u>1,313,369</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>48,838</u>		\$	
	Accum. Depreciation <u>48,838</u>	Net		
6. Movable Equipment	*Historical Cost <u>271,481</u>		\$	23,724
	Accum. Depreciation <u>247,757</u>	Net		
7. Motor Vehicles	*Historical Cost <u>2,299</u>		\$	
	Accum. Depreciation <u>2,299</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	156,383

See Schedule		156,383		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	525,835

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Insurance	\$ -
31	A5	Prepaid Property Tax	\$ 23,221
31	A5	Prepaid Other	\$ -
Total Prepaid Expenses			\$ 23,221

Schedule of Other Current Assets (itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
31	A8	Due Affiliate (Debit Balance)	
31	A8	AP Patient exchange	\$ 913
Total Other Current Assets (Itemize)			\$ 913

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
31	B9	Fixed Asset Clearing Account	\$ 2,305
31	B9	Construction in Progress	\$ -
31	B9	Capitalized Refinance Expenses	\$ -
31	B9	Step up equipment	\$ 154,078
Total Other Other Fixed Assets (Itemize)			\$ 156,383

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Leasehold Deposits	\$ -
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
33	A12	Accrued PTO	\$ 112,416
33	A12	Accrued Pension	\$ 273
33	A12	Accrued Worker's Comp	\$ 22,976
33	A12	Accrued Professional Fees	\$ 10,887
33	A12	Accrued Expense Other	\$ 249,847
33	A12	Accrued Group Insurance	\$ 4,316
33	A12	Payroll W/H	\$ 9,676
33	A12	A/P Patient Exchange	
33	A12	Due Affiliate (Credit Balance)	\$ 892,582
33	A12	Exchange	\$ 69
33	A12	Marlin Capital Lease S/T	\$ -
33	A12	State Income Tax	\$ -
33	A12	Dostie Note S/T	\$ -
Total Other Current Liabilities (Itemize)			\$ 1,303,041

Schedule of Other Long-Term Liabilities (Itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
34	B4	Dostie Note L/T	\$ -
34	B4	AP Other (Intercompany)	\$ 403,154
Total Other Current Liabilities (Itemize)			\$ 403,154

G. Balance Sheet (cont'd)

Name of Facility Apple Rehab Middletown	License No. 2017-C	Report for Year Ended 9/30/2019	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 1,627,696	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
	*Historical Cost _____	Net	\$	
	Accum. Depreciation _____		\$	
3. Buildings			\$	
	*Historical Cost _____	Net	\$	
	Accum. Depreciation _____		\$	
4. Non-Movable Equipment			\$	
	*Historical Cost _____	Net	\$	
	Accum. Depreciation _____		\$	
5. Movable Equipment			\$	
	*Historical Cost _____	Net	\$	
	Accum. Depreciation _____		\$	
6. Motor Vehicles			\$	
	*Historical Cost _____	Net	\$	
	Accum. Depreciation _____		\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
	*Historical Cost _____	Net	\$	
	Accum. Depreciation _____		\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

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

See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 1,627,696	

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

G. Balance Sheet (cont'd)

Name of Facility Apple Rehab Middletown	License No. 2017-C	Report for Year Ended 9/30/2019	Page 33	of 37
Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 396,986
2. Notes Payable (<i>itemize</i>)				\$

See Schedule				
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$ 87,553
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$
6. Accrued Payroll Taxes Payable				\$ 14,516
7. Medicare Final Settlement Payable				\$
8. Medicare Current Financing Payable				\$
9. Mortgage Payable (<i>Current Portion</i>)				\$
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$
11. Accrued Income Taxes*				\$
12. Other Current Liabilities (<i>itemize</i>)				\$ 1,303,041

See Schedule				
1,303,041				
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 1,802,096

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Apple Rehab Middletown	License No. 2017-C	Report for Year Ended 9/30/2019	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,802,096	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				
				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				
				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				
				\$ 403,154
See Schedule				403,154
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 403,154
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,205,250

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Middletown	2017-C	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	1,545,836
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,133,972)
6. Gain or Loss for Period			\$	9,581
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	(577,555)
C. Total Reserves and Net Worth			\$	(577,555)
D. Total Liabilities, Reserves, and Net Worth			\$	1,627,696

H. Changes in Total Net Worth

Name of Facility Apple Rehab Middletown	License No. 2017-C	Report for Year Ended 9/30/2019	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	(707,718)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	7,015,896
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	7,006,315
D. Net Income or Deficit			\$	9,581
E. Balance			\$	(698,137)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Brian Foley	125,000			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	125,000
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	4,418
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
Brian Foley		President	4,418	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	4,418
H. <i>Balance at End of Period</i>		09/30/19	\$	(577,555)

I. Preparer's/Reviewer's Certification

Name of Facility Apple Rehab Middletown	License No. 2017-C	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Robert Gwizdak				
Address Address		Phone Number		
21 Waterville Rd. Avon, CT 06001		(860) 678-9755		
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number		
Susan Southey		(860) 470-7542		
Contact Email Address				
ssouthey@apple-rehab.com				