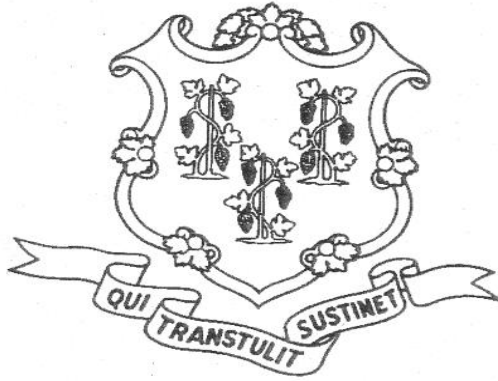


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Apple Rehab Farmington Valley	
Address (No. & Street, City, State, Zip Code) 269 Farmington Ave, Plainville, CT 06062	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2029-C	RHNS	(Specify)	Medicare Provider 07-5044
------------------	----------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 20298	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 Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2018	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 Farmington Valley [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, 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) Robert Fritz			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 Farmington Valley	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 269 Farmington Ave, Plainville, CT 06062				
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 860-747-1637		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Apple Rehab Farmington Valley		Address (No. & Street, City, State, Zip) 269 Farmington Ave, Plainville, CT 06062		
License Numbers:	CCNH 2029-C	RHNS	(Specify)	Medicare Provider No. 07-5044
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 Rob Fritz		Nursing Home Administrator's License No.:	001250	
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 Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2018	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 Farmington Valley	269 Farmington Ave, Plainville, CT 06062	Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	
Ryan Vess	21 Waterville Road Avon, CT 06001	Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	

**General Information and Questionnaire
 Related Parties***

Name of Facility Apple Rehab Farmington Valley		License No. 2029-C		Report for Year Ended 9/30/2018		Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input checked="" type="radio"/> Yes <input type="radio"/> No						If "Yes," provide the following information:		
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Brian J. Foley	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Rental	Pg. 22 Line 9	1,018,862	1,018,862
Apple Health Care	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	526,767	526,767
Corporate Employees	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	147,503	147,503
Employees @ Various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	(91,620)	(91,620)
Apple Health Care	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 Line 1a7	32,373	32,373
Aetna	PO Box 88860 Chicago, IL 60695	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 Line 1a5	592,831	
Delta Dental	PO Box 222 Parsippany, NJ 07054	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 Line 1a5	49,855	
Aetna Ancillary	PO Box 88860 Chicago, IL 60695	<input checked="" type="radio"/>	<input type="radio"/>		Group Life & Disability	Pg. 15 Line 1a6	45,078	
Marsh	PO Box 846015 Dallas, TX 75284	<input checked="" type="radio"/>	<input type="radio"/>		Property, Liability, & Umbrella Insurance	Pg. 27 Line 14a	135,968	

* Use additional sheets if necessary.

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

**General Information and Questionnaire
 Related Parties***

Name of Facility Apple Rehab Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2018	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	%**				
AIG	PO Box 10472 Newark, NJ	✘			Worker's Compensation	Pg. 15 1a1	240,810	
Swallowing Diagnostics	21 Waterville Road Avon, CT	✘		83%	Diagnostic Services	Pg 20 5f	9,360	8,826
Ryan Vess	21 Waterville Road Avon, CT		✘			##		
CRS Landscaping	PO Box 491 Simsbury, CT	✘			Landscaping	Pg. 22/31	10,954	10,954

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Apple Rehab Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2018	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			License No.	Report for Year Ended			Page	of
Apple Rehab Farmington Valley			2029-C	9/30/2018			6	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 Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

1 Preparation of audited financials (disallow Pg. 28)	\$ (6,356)
2 Preparation of tax returns	\$ 2,206
3	\$
4	\$
Charge for Services Provided	
\$ (4,150)	

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 2 3 4 5	Telephone Number
---	------------------

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

Services Provided by This Firm (*describe fully*)

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

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 Farmington Valley			License No. 2029-C		Report for Year Ended 9/30/2018				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	160	160			160	160			160	160			
B. On last day of THIS report period	160	160			160	160			160	160			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	109	109			109	109			105	105			
B. As of midnight of THIS report period	105	105			105	105			105	105			
3. Total Number of Days Care Provided During Period													
A. Medicare	8,182	8,182			6,365	6,365			1,817	1,817			
B. Medicaid (Conn.)	27,783	27,783			20,646	20,646			7,137	7,137			
C. Medicaid (other states)													
D. Private Pay	5,403	5,403			4,057	4,057			1,346	1,346			
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	41,368	41,368			31,068	31,068			10,300	10,300			
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)	41,249	41,368			31,068	31,068			10,300	10,300			

Schedule of Resident Statistics (Cont'd)

Name of Facility Apple Rehab Farmington Valley			License No. 2029-C			Report for Year Ended 9/30/2018			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 (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	7		84		14								
Per Diem Rate													
a. One bed rm.					443.00								
b. Two bed rms.	RUGS III		212.00		417.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									5,128	5,128			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									21,092	21,092			
D. Total Physical Therapy Treatments									26,220	26,220			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									501	501			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									2,216	2,216			
D. Total Speech Therapy Treatments									2,717	2,717			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,914	2,914			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									19,317	19,317			
D. Total Occupational Therapy Treatments									22,231	22,231			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Farmington Valley	2029-C	9/30/2018	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)	137,424	2,392				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	114,562	6,285				
5. Dietary Service						
a. Head Dietitian	76,826	2,114				
b. Food Service Supervisor	85,087	3,634				
c. Dietary Workers	400,153	27,889				
6. Housekeeping Service						
a. Head Housekeeper	22,504	1,164				
b. Other Housekeeping Workers	225,497	16,900				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	94,925	4,345				
8. Laundry Service						
a. Supervisor	22,449	992				
b. Other Laundry Workers	79,414	5,335				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	173,957	6,725				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	154,566	2,981				
b. RN						
1. Direct Care	762,759	18,544				
2. Administrative**	223,812	5,976				
c. LPN						
1. Direct Care	1,052,250	36,076				
2. Administrative**						
d. Aides and Attendants	1,719,268	105,859				
e. Physical Therapists	484,273	13,267				
f. Speech Therapists	94,784	2,302				
g. Occupational Therapists	309,892	8,960				
h. Recreation Workers	99,643	5,390				
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	174,723	7,124				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	6,508,769	284,254				

* 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	\$ 4,762	63				
A&D Fees	\$ 2,341	31				
INTERPRETERS AND TRANSLATORS, INC	\$ 150	2				
Creative Solutions	\$ 41,820	558				
Data Integrity Auditor	\$ 3,300	44				
Total	\$ 52,374	698	\$ -	-	\$ -	-

Annual Report of Long-Term Care Facility

**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 Farmington Valley				2029-C	9/30/2018			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 Farmington Valley				2029-C	9/30/2018			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***										
See Attached Add't Pg 12.	137,424					2,392	A 2			
Section IV - Assistant Administrators										

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

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

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

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 Farmington Valley				2029-C	9/30/2018			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***										
Paul Messier	365					8	A2			
Laura Nelson	95,436					1,619	A2			
Renee Cole	15,908					320	A2			
Robert Fritz	25,714					446	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.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Farmington Valley	2029-C	9/30/2018	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	15,088	201				
3. Pharmacist	1,560	137				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	50,225	108				
b. Utilization Review (Title 18 and 19 only) monthly meeting	774	8				
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) Leonard Glaser	555	7				
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	14,545	194				
2. Administrative***						
b. LPN						
1. Direct Care	5,873	98				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	52,374	698				
B-13 Total Fees Paid in Lieu of Salaries	140,993	1,452				

* 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 Farmington Valley		License No. 2029-C	Report for Year Ended 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Health Drive Dental 85 Barns Rd. Wallingford, Ct 06492	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
West River Pharmacy 41 Northwest Dr. Plainville, CT 06062	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Craig Bogdanski 55 Meriden Ave., Southington, CT 06489	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Leonard Glazer 360-3 North Main St. Southington CT, 06032	Medical Director & utilization review	<input type="radio"/>	<input checked="" type="radio"/>		
the Nurse Network	Nursing Pools	<input type="radio"/>	<input checked="" type="radio"/>		
CT Purchasing Consultant 88 Ryders Lane Stratford, CT 06607	Purchasing Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Interpretrs and Translators, Inc. 232 Williams St. E. Glastonbury, CT 06033	Interpreter	<input type="radio"/>	<input checked="" type="radio"/>		
Patientping	A & D Fees	<input type="radio"/>	<input checked="" type="radio"/>		
Creative Solutions	Conflict resolution and Union avoidance	<input type="radio"/>	<input checked="" type="radio"/>		
Pointright	Data Integrity Auditor	<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 Farmington Valley	2029-C	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 240,810	240,810		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 113,302	113,302		
4. Social Security (F.I.C.A.)	\$ 479,608	479,608		
5. Health Insurance	\$ 498,755	498,755		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 45,078	45,078		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 32,373	32,373		
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*	\$ 405,309	405,309		
d. Accounting and Auditing	\$ (4,150)	(4,150)		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 18,559	18,559		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 21,681	21,681		
2. Cellular Phones	\$			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 694,376	694,376		
Subtotal	\$ 2,545,702	2,545,702		

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

(Carry Subtotals forward to next page)

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

Apple Rehab Farmington Valley
9/30/2018

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 Year Ended	Page	of	
Apple Rehab Farmington Valley	2029-C	9/30/2018	16	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		2,545,702	2,545,702		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$	40,442	40,442		
2. Holiday Parties for Staff	\$	830	830		
3. Gifts to Staff and Residents	\$	24,008	24,008		
4. Employee Travel	\$	5,481	5,481		
5. Education Expenses Related to Seminars and Conventions	\$	8,348	8,348		
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>)	\$	329	329		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	17,098	17,098		
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	6,239	6,239		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	11,581	11,581		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	460	460		
9. Subscriptions	\$	7,257	7,257		
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**	\$	526,767	526,767		
13. Other (<i>Specify</i>) See Attached Schedule	\$	162,758	162,758		
C-14 Total Administrative & General Expenditures	\$	3,357,301	3,357,301		

* 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	\$ 17,098		
Total Other Advertising	\$ 17,098	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Better Business Bureau	\$ 707		
CAHCF	\$ 10,874		
Total Dues	\$ 11,581	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Corporate Fees Non Reimbursable	\$ 80,825		
Licenses & Fees	\$ 6,012		
Pre Employment Screenings	\$ 15,408		
Point Click Care Fees	\$ 20,327		
Bank Charges, Penalties, Fees	\$ 23,038		
Legal Fees - Collections, Probate, Conservator	\$ 1,249		
Resident Expenses	\$ 7,900		
Settlements	\$ 8,000		
Total Other Administrative and General	\$ 162,758	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Apple Rehab Farmington Valley	2029-C	9/30/2018	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.	526,767	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	License No.	Report for Year Ended	Page	of
Apple Rehab Farmington Valley	2029-C	9/30/2018	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 285,591	285,591		
2. Non-Food Supplies	\$ 45,220	45,220		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 1,382	1,382		
c. Other (Specify) _____	\$ _____			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 332,192	332,192		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	341	341		
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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 Farmington Valley		2029-C	9/30/2018	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. \$	10,214	10,214	
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. \$	18,904	18,904	
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)		\$	29,118	29,118	
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

*** 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 Farmington Valley		2029-C	9/30/2018		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.	\$ 42,361	42,361	42,361		
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)		\$ 42,361	42,361	42,361		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from West River/Neighborcare		\$ 450,615	450,615	450,615		
b. Medicine Cabinet Drugs		\$				
c. Medical and Therapeutic Supplies		\$ 275,158	275,158	275,158		
d. Ambulance/Limousine***		\$				
e. Oxygen						
1. For Emergency Use		\$ 24,174	24,174	24,174		
2. Other***		\$ 38,700	38,700	38,700		
f. X-rays and Related Radiological Procedures***		\$ 35,552	35,552	35,552		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$				
h. Laboratory***		\$ 34,289	34,289	34,289		
i. Recreation		\$ 32,269	32,269	32,269		
j. Direct Management Services*		\$				
k. Indirect Management Services*		\$				
l. Other (Specify)**** See Attached Schedule		\$ 70,301	70,301	70,301		
5M. Total Resident Care Expenditures (5a - 5j)		\$ 961,057	961,057	961,057		

* 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	\$ 9,404		
Rehab Service Supplies	\$ 31,074		
IV Therapy	\$ 29,823		
Total Other Resident Care	\$ 70,301	\$ -	\$ -

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

Name of Facility Apple Rehab Farmington Valley			License No. 2029-C	Report for Year Ended 9/30/2018	Page 21	of 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
BRIAN CAMERON DBA CAMERON LAWN CARE	115 TRUMBULL AVE, PLAINVILLE, CT	<input type="radio"/>	<input checked="" type="radio"/>		LANDSCAPE & SNOW REMOVAL	20,189			22	6a
PERFECTEMP HEATING & AIR CONDITIONING	RD. PLANTSVILLE, CT	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	13,454			22	6a
C W P M	25 NORTON PL. PLAINVILLE, CT	<input type="radio"/>	<input checked="" type="radio"/>		REFUSE REMOVAL	28,704			22	6f
		<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).

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

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Farmington Valley	2029-C	9/30/2018		22	37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 134,577	134,577			
b. Heat	\$ 53,928	53,928			
c. Light & Power	\$ 114,155	114,155			
d. Water	\$ 76,674	76,674			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$				
f. Other (<i>itemize</i>)	\$ 35,627	35,627			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 414,962	414,962			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$				
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$ 45,288	45,288			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 45,288	45,288			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$ 125,677	125,677			
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$ 125,677	125,677			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,018,862	1,018,862			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 162,487	162,487			
c. Personal property taxes	\$ 5,919	5,919			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,358,232	1,358,232			

* 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	\$ 35,627		
Total Other Repairs and Maintenance	\$ 35,627	\$ -	\$ -

Depreciation Schedule

Name of Facility Apple Rehab Farmington Valley				License No. 2029-C			Report for Year Ended 9/30/2018			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				30,461		30,461	30,461	S/L	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. Dodge Ram												
	X		11	1	6,823			6,823	SL	4 Yrs		
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period												
					296,691		296,691	155,029	S/L	VAR	34,191	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)												
					67,357						11,097	
D-3. Subtotal												
											45,288	
E. Total Depreciation												
											45,288	

Apple Rehab Farmington Valley
9/30/2018

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/9/2017	Adjustable Dining Table	\$ 513	ME-15	\$ 43
10/12/2017	Bed Set 1/12	\$ 144	ME-15	\$ 12
10/17/2017	Extra Generator Materials	\$ 44	ME-5	\$ 11
10/27/2017	Extra Generator Material	\$ 1,720	ME-5	\$ 430
10/27/2017	Extra Generator Materials	\$ 2	ME-5	\$ 1
11/9/2017	Generator Balance	\$ 8,162	ME-5	\$ 2,041
11/9/2017	Extra Generator Expenses	\$ 1,340	ME-5	\$ 335
11/14/2017	Extra Generator Materials	\$ 55	ME-5	\$ 14
11/16/2017	Extra Generator Materials	\$ 11	ME-5	\$ 3
12/8/2017	Bed Set 11/12	\$ 1,324	ME-15	\$ 110
12/15/2017	Extra Generator Equipement	\$ 34	ME-5	\$ 9
12/15/2017	Extra Generator Equipement	\$ 41	ME-5	\$ 10
12/15/2017	Extra Generator Equipement	\$ 70	ME-5	\$ 17
12/18/2017	Extra Generator Equipement	\$ 22	ME-5	\$ 6
12/18/2017	Extra Generator Equipement	\$ 32	ME-5	\$ 8
12/18/2017	Extra Generator Equipement	\$ 5	ME-5	\$ 1
12/22/2017	Generator Exhaust Replacement	\$ 3,403	ME-5	\$ 851
12/27/2017	Extra Generator Equipement	\$ 6	ME-5	\$ 2
1/16/2018	Dryer Motor Repair	\$ 890	ME-5	\$ 66
1/29/2018	15 Chairs	\$ 7,737	ME-10	\$ 282
2/4/2018	Boiler Leak Repair	\$ 934	ME-10	\$ 34
2/9/2018	Generator Repair	\$ 968	ME-5	\$ 70
2/13/2018	Boiler Parts	\$ 1,958	ME-10	\$ 70
2/26/2018	New stove	\$ 8,178	ME-10	\$ 288
3/8/2018	Pump Seal & Gasket	\$ 1,192	ME-5	\$ 83
4/24/2018	Stove Installation	\$ 1,240	ME-10	\$ 39
7/2/2018	6 Wireless AP Units	\$ 2,845	ME-5	\$ 141
8/29/2017	Replacement generator and materials	\$ 24,487	ME-5	\$ 6,122
Total additions for Movable Equipment		\$ 67,357		\$ 11,097 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/5/2017	Elevator Room Work	\$ 292	LHI-10	\$ 37
10/5/2017	Elevator Room Work	\$ 28	LHI-10	\$ 3
10/12/2017	Tree Planting & Removal	\$ 8,614	LHI-10	\$ 1,077
10/17/2017	Elevator Materials	\$ 62	LHI-10	\$ 8
10/25/2017	Elevator Materials	\$ 588	LHI-10	\$ 73
11/1/2017	Paving Repairs	\$ 8,551	LHI-8	\$ 1,336
11/3/2017	Elevator Materials	\$ 62	LHI-10	\$ 8
11/6/2017	Automatic Door Opener	\$ 4,148	LHI-10	\$ 518
11/29/2017	Elevator Work	\$ 851	LHI-10	\$ 106
1/9/2018	Deposit	\$ 6,753	LHI-15	\$ 168
1/10/2018	Extra Material for Door Opener Project	\$ 14	LHI-10	\$ 1
1/12/2018	Balance Due Ramp Project	\$ 6,753	LHI-15	\$ 167
1/12/2018	Circulation Pump	\$ 985	LHI-10	\$ 37
2/2/2018	Door Openers	\$ 792	LHI-10	\$ 29
2/2/2018	Additional Door Work	\$ 771	LHI-10	\$ 28
3/21/2018	More Additional Office Work	\$ 45	LHI-5	\$ 3
3/22/2018	Mold Remediation	\$ 4,232	LHI-5	\$ 287
3/26/2018	Additional Supervisor Office work	\$ 88	LHI-5	\$ 6
4/11/2018	Additional Office Work	\$ 61	LHI-5	\$ 4
4/12/2018	Supervisor Office Work	\$ 51	LHI-5	\$ 3

7/20/2018	Pipe Repairs	\$ 4,337	LHI-12	\$ 80
7/23/2018	Pump Extras	\$ 1,046	LHI-12	\$ 19
7/27/2018	Compressor Gym Deposit	\$ 2,240	LHI-15	\$ 31
7/27/2018	Balance Gym Compressor	\$ 2,240	LHI-15	\$ 31
8/7/2018	Annex Compressor Deposit	\$ 2,125	LHI-15	\$ 27
8/7/2018	Annex Compressor Balance	\$ 2,125	LHI-15	\$ 27
9/6/2018	Fire Doors	\$ 9,476	LHI-20	\$ 52
12/5/2016	Emergency Generator Repairs-Fuel Lines	\$ 1,400	LHI-10	\$ 210
8/31/2016	3 Season Addition	\$ 2,016	LHI-15	\$ 302
1/1/2017	Sidewalk Installation	\$ 3,191	LHI-10	\$ 479
10/17/2019	Sidewalk Installation	\$ 2,340	LHI-10	\$ 351
8/1/2018	Roofing Installation - Asphalt Shingles	\$ 33,500	LHI-10	\$ 1,675
Total additions for Leasehold Improvement		\$ 109,776		\$ 7,182 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Apple Rehab Farmington Valley			License No. 2029-C		Report for Year Ended 9/30/2018			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	*2017			2,707,000	2,000,191	A		118,495	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				109,776				7,182	
C-4. Subtotal									125,677
D. Total Amortization									125,677

* 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 Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2018	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		160		
6. Square Footage		54,995		
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)		Fixed		
b. Date Mortgage Obtained		12/07/16		
c. Interest Rate for the Cost Year		3.51%		
d. Term of Mortgage (number of years)		30		
e. Amount of Principal Borrowed		9,061,100		
f. Principal balance outstanding as of _____		8,768,343		
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 Farmington Valley		License No. 2029-C	Report for Year Ended 9/30/2018		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		License No.		Report for Year Ended		Page	of
Apple Rehab Farmington Valley		2029-C		9/30/2018		27	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)				\$	32,886	32,886	
Gemino loan interest							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	32,886	32,886	
14. Insurance							
a. Insurance on Property (buildings only)				\$	135,968	135,968	
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)				\$	135,968	135,968	
15. Total All Expenditures (A-13 thru C-14)				\$	13,313,840	13,313,840	

D. Adjustments to Statement of Expenditures

Name of Facility Apple Rehab Farmington Valley				License No. 2029-C	Report for Year Ended 9/30/2018	Page 28	of 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	\$ 309,892	309,892		
4.			Other - See attached Schedule	\$ 21,324	21,324		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 405,309	405,309		
10.	15/16	1d/m	Accounting	\$ (5,106)	(5,106)		
10a.			Legal	\$			
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 *	\$ 17,098	17,098		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 144,443	144,443		
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 481	481		
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)				\$ 893,441	893,441		

* 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)
VAR	VAR	Social Services/Marketing	\$ 21,324		
Total Other Salaries Adjustment			\$ 21,324	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Corp Fee- Non-reimbursable	\$ 80,825		
16	1.3	Employee Recognition/Gifts/Parties	\$ 24,008		
16	8a	Chamber of Commerce	\$ 460		
16	m13	Bank Charges, penalties, fines	\$ 23,038		
16	m13	Resident Expenses	\$ 7,900		
16	m13	Account W/O	\$ 8,000		
30	IV8	Account W/O	\$ 205		
30	IV8	Settlement	\$ 7		
Total Other A&G Adjustments			\$ 144,443	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Apple Rehab Farmington Valley			2029-C	9/30/2018	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 893,441	893,441		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 433,755	433,755		
28.	16	L1	Ambulance/Limousine	\$ 40,442	40,442		
29.	20	h	X-rays, etc	\$ 35,552	35,552		
30.	20	f	Laboratory	\$ 34,289	34,289		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 40,708	40,708		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 60,897	60,897		
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	IV5	Interest Income on Account Rec.	\$ 138	138		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 33,832	33,832		
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)				\$ 1,573,052	1,573,052		

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

Apple Rehab Farmington Valley
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ 29,823		
20	5j	Rehab Service Supplies	\$ 31,074		
Total Other Ancillary Costs			\$ 60,897	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12D	Interest	\$ 32,886		
30	IV4	Television/Cable	\$ 600		
VAR	VAR	Outpatient	\$ 345		
Total Other Adjustments			\$ 33,832	\$ -	\$ -

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 Farmington Valley	2029-C	9/30/2018			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 5,796,793	5,796,793				
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>)	\$ 3,338,189	3,338,189				
b. Medicare Room and Board Contractual Allowance **	\$ 646,424	646,424				
4. a. Private-Pay Residents and Other	\$ 2,266,111	2,266,111				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 175,510	175,510				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (175,510)	(175,510)				
c. Prescription Drugs - Non-Medicare	\$ 236,574	236,574				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (236,574)	(236,574)				
2. a. Medical Supplies - Medicare	\$ 69	69				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (69)	(69)				
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 559,059	559,059				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (403,456)	(403,456)				
c. Physical Therapy - Non-Medicare	\$ 379,185	379,185				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (356,860)	(356,860)				
4. a. Speech Therapy - Medicare	\$ 71,327	71,327				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (51,780)	(51,780)				
c. Speech Therapy - Non-Medicare	\$ 52,470	52,470				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (50,940)	(50,940)				
5. a. Occupational Therapy - Medicare	\$ 593,598	593,598				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (479,912)	(479,912)				
c. Occupational Therapy - Non-Medicare	\$ 421,965	421,965				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (406,800)	(406,800)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 12,375,373	12,375,373				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 481	481				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$ 600	600				
5. Interest Income (<i>Specify</i>)	\$ 138	138				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 4,933	4,933				
V. Total Other Revenue (1 thru 8)	\$ 6,152	6,152				
VI. Total All Revenue (III +V)	\$ 12,381,525	12,381,525				

* 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)
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30	Interest on Accounts Receivable	1,990,420	\$ 138		
Total Interest Income			\$ 138	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Account W/O	\$ 205		
30 IV 8	Rehabcare Settlement	\$ 7		
30 IV 8	Optum Divident	\$ 4,230		
30 IV 8	Medical Records	\$ 491		
Total Other Revenue		\$ 4,933	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Farmington Valley	2029-C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,218
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,990,420
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	5,030
4 Inventories			\$	25,608
5. Prepaid Expenses			\$	8,424
a. _____				
b. _____				
c. _____				
d. See Schedule	8,424			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	30,099

See Schedule	30,099			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,060,799
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>2,816,776</u>		\$	690,908
	Accum. Depreciation <u>2,125,868</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>30,461</u>		\$	
	Accum. Depreciation <u>30,461</u>	Net		
6. Movable Equipment	*Historical Cost <u>364,048</u>		\$	163,732
	Accum. Depreciation <u>200,316</u>	Net		
7. Motor Vehicles	*Historical Cost <u>6,823</u>		\$	0
	Accum. Depreciation <u>6,823</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	5,588

See Schedule	5,588			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	860,228

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Apple Rehab Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2018	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 2,921,027	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
	*Historical Cost	_____	Net	
	Accum. Depreciation	_____	Net	\$
3. Buildings			\$	
	*Historical Cost	_____	Net	
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment			\$	
	*Historical Cost	_____	Net	
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment			\$	
	*Historical Cost	_____	Net	
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles			\$	
	*Historical Cost	_____	Net	
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
	*Historical Cost	_____	Net	
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$ 45,577	

See Schedule			45,577	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 45,577	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 2,966,604	

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Insurance	\$ (0)
31	A5	Prepaid Property Tax	\$ -
31	A5	Prepaid Other	\$ 8,424
Total Prepaid Expenses			\$ 8,424

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

Page Ref	Line Ref	Description	
31	A8	Due Affiliate -Corporate	\$ 15,441
31	A8	Payroll Deducted Life Insurance	\$ 14,657
Total Other Current Assets (Itemize)			\$ 30,099

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

Page Ref	Line Ref	Description	
31	B9	Fixed Asset Clearing Account	\$ 5,588
31	B9	Construction in Progress	\$ -
Total Other Other Fixed Assets (Itemize)			\$ 5,588

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Loans Rec. - Officers/Owners	\$ -
		Capitalized Refinance	\$ 45,577
		Leasehold Deposits	\$ -
Total Other Assets			\$ 45,577

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	\$ 202,681
33	A12	Accrued Pension	\$ 1,459
33	A12	Accrued Worker's Comp	\$ 151,116
33	A12	Accrued Expense Other	\$ 456,082
33	A12	Accrued Professional Fees	\$ 3,819
33	A12	Payroll W/H	\$ 10,988
33	A12	Due Affiliate (Credit Balance)	
33	A12	Gemino Revolving Loan	\$ 507,146
33	A12	Exchange	\$ 48,901
Total Other Current Liabilities (Itemize)			\$ 1,382,192

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

Page Ref	Line Ref	Description	
34	B4	A/P Other	\$ 1,606,943
Total Other Current Liabilities (Itemize)			\$ 1,606,943

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Apple Rehab Farmington Valley		2029-C	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	768,871
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>)				\$	133,892
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	23,655
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>)				\$	1,382,192

See Schedule					1,382,192
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,308,610

* 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 Farmington Valley		License No. 2029-C	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
				Total Brought Forward:	
				2,308,610	
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>)				\$ 1,606,943	

See Schedule				1,606,943	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,606,943	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,915,554	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Farmington Valley	2029-C	9/30/2018	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	2,242,933
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,260,568)
6. Gain or Loss for Period			\$	(932,315)
	10/1/2017	thru	9/30/2018	
7. Total Net Worth			\$	(948,950)
C. Total Reserves and Net Worth			\$	(948,950)
D. Total Liabilities, Reserves, and Net Worth			\$	2,966,604

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Farmington Valley	2029-C	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	(8,446)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	12,381,525
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	13,313,840
D. Net Income or Deficit			\$	(932,315)
E. Balance			\$	(940,761)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	8,189
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
Brian Foley		President	8,189	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	8,189
H. <i>Balance at End of Period</i>			\$	(948,950)
				09/30/18

I. Preparer's/Reviewer's Certification

Name of Facility Apple Rehab Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Robert Gwizdak				
Address Address			Phone Number	
21 Waterville Road Avon, CT 06001			(860) 678-9755	
Annual Report Contact			Phone Number	
Susan Southey			(860) 470-7542	
Annual Report Contact Email Address				
ssouthey@apple-rehab.com				