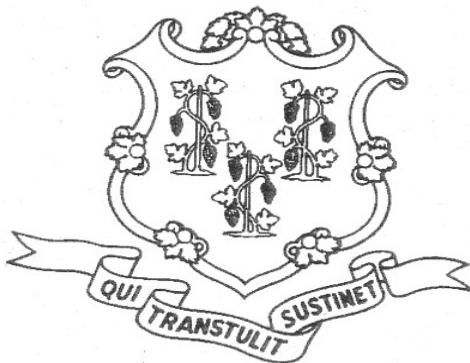


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Apple Rehab Cromwell	
Address (No. & Street, City, State, Zip Code) 156 Berlin Rd Cromwell CT 06416	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2122-C	RHNS	(Specify)	Medicare Provider 07-5380
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Medicaid Provider Numbers:	CCNH 9333	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 Cromwell	License No. 2122-C	Report for Year Ended 9/30/2022	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 Cromwell [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, 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) Ashley Frame		Printed Name (Owner) Brian Foley		
Subscribed and Sworn to before me:	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 Cromwell	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 156 Berlin Rd Cromwell CT 06416				
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	Report for Year Ended	Page	of
860-635-1010	9/30/2022	2	37

Name of Facility (as shown on license) Apple Rehab Cromwell		Address (No. & Street, City, State, Zip) 156 Berlin Rd Cromwell CT 06416		
License Numbers: CCNH 2122-C	RHNS	(Specify)	Medicare Provider No. 07-5380	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> 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 Ashley Frame	Nursing Home Administrator's License No.: 2169
---------------------------------------	---

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:

General Information and Questionnaire Partners/Members

General Information and Questionnaire
Corporate Owners

Name of Facility Apple Rehab Cromwell	License No. 2122-C	Report for Year Ended 9/30/2022	Page of 3A 37
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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 Cromwell	156 Berlin Rd Cromwell CT 06416	Connecticut

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Brian Foley	21 Waterville Rd. Avon, CT 06001	President	100
Ryan Vess	21 Waterville Rd. Avon, CT 06001	Secretary	

Names of Stockholders Owning at Least 10% of Shares

Brian Foley	21 Waterville Rd. Avon, CT 06001	President	100

General Information and Questionnaire

Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Cromwell	2122-C	9/30/2022	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

General Information and Questionnaire

Related Parties*

Name of Facility Apple Rehab Cromwell		License No. 2122-C	Report for Year Ended 9/30/2022			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?				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	420,000	420,000
Apple Health Care	21 Waterville Rd. Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	393,155	393,155
Corporate Employees	21 Waterville Rd. Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	148,087	148,087
Healthport	21 Waterville Rd. Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	88,687	88,687
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	(5,867)	(5,867)
Apple Health Care	21 Waterville Rd. Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 Line 1a7	37,313	37,313
Lucent Health Solutions	424 Church St. Nashville, TN 37219	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 Line 1a5	179,703	
MetLife	PO Box 360229 Pittsburgh, PA 15251	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 Line 1a5	3,423	
Delta Dental of CT	148 Eastern Blvd Glastonbury, CT 06033	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 Line 1a5	14,004	

* 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 Cromwell	License No. 2122-C	Report for Year Ended 9/30/2022	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	%**				
USI	PO Box 62937 Virginia Beach, VA 23466	✗			Property, Liability, & Umbrella Insurance	Pg. 27 Line 14a	144,705	
Reliance Standard	2001 Market St. Philadelphia, PA	✗			Group Life & Disability	Pg. 15 1a6	16,876	
AIG	PO Box 10472 Newark, NJ	✗			Worker's Compensation	Pg. 15 1a1	242,385	
Swallowing Diagnostics	21 Waterville Road Avon, CT	✗		83%	Diagnostic Services	Pg 20 5f	720	679
Staffon Tap	76 Hartford Rd. Simsbury, CT		✗		Employee Staffing	Pg. 13 Line 11a1	57,800	57,800
Ryan Vess	21 Waterville Road Avon, CT		✗			##		
Tarah Foley	21 Waterville Road Avon, CT		✗			##		
Paula Meunier	21 Waterville Road Avon, CT		✗			##		
Kayla Foley	21 Waterville Road Avon, CT		✗			##		
Patricia Hyppa	21 Waterville Road Avon, CT		✗			##		
Reino Hyppa	21 Waterville Road Avon, CT		✗			##		

* 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 Cromwell	License No. 2122-C	Report for Year Ended 9/30/2022	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.

Is a Mileage Log Book Maintained for All Leased Vehicles ?

⊕ Yes

○ No

Total ***

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire

Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Cromwell	2122-C	9/30/2022	7	37

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 Clifton Larson Allen LLP (CLA)	29 South Main Street West Hartford, CT 06127
2 Brazee & Huban	35 Wendell Ave. Pittsfield, MA 10202
3 Clifton Larson Allen LLP (CLA)	29 South Main Street West Hartford, CT 06127
4	

Services Provided by This Firm (*describe fully*)

1	Preparation of audited financials	\$	7,609
2	Preparation of Tax Returns	\$	2,863
3	Audit 401K	\$	802
4		\$	
		Charge for Services Provided	
		\$	11,274

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

Yes No Pg. 15 Line 1d

Legal Services Information

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

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

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
5	\$

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

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Schedule of Resident Statistics

Name of Facility Apple Rehab Cromwell			License No. 2122-C			Report for Year Ended 9/30/2022				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					85	85						
A. On last day of PREVIOUS report period	85	85										
B. On last day of THIS report period	85	85							85	85		
2. Number of Residents					65	65						
A. As of midnight of PREVIOUS report period	65	65										
B. As of midnight of THIS report period	59	59							59	59		
3. Total Number of Days Care Provided During Period					2,693	2,693				1,043	1,043	
A. Medicare	3,736	3,736										
B. Medicaid (Conn.)	16,207	16,207			12,058	12,058				4,149	4,149	
C. Medicaid (other states)												
D. Private Pay	4,048	4,048			3,132	3,132				916	916	
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	23,991	23,991			17,883	17,883				6,108	6,108	
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)	23,991	23,991			17,883	17,883				6,108	6,108	

Schedule of Resident Statistics (Cont'd)

Name of Facility Apple Rehab Cromwell	License No. 2122-C	Report for Year Ended 9/30/2022	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH	RHNS	(Specify)	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.

1st change	Change in Resident Days			CCNH	RHNS	(Specify)
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	4	43		12				
Per Diem Rate								
a. One bed rm.				475.00				
b. Two bed rms.	RUGS	243.59		425.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

- A. Medicare - Part B
- B. Medicaid (Exclusive of Part B)
 - 1. Maintenance Treatments
 - 2. Restorative Treatments
- C. Other
- D. **Total Physical Therapy Treatments**

TOTAL CCNH RHNS (Specify)

906 906

8. Total Number of Speech Therapy Treatments

- A. Medicare - Part B
- B. Medicaid (Exclusive of Part B)
 - 1. Maintenance Treatments
 - 2. Restorative Treatments
- C. Other
- D. **Total Speech Therapy Treatments**

207 207

9. Total Number of Occupational Therapy Treatments

- A. Medicare - Part B
- B. Medicaid (Exclusive of Part B)
 - 1. Maintenance Treatments
 - 2. Restorative Treatments
- C. Other
- D. **Total Occupational Therapy Treatments**

770 770

12,296 12,296

13,066 13,066

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		2122-C	9/30/2022	10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
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)	131,027	2,079			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	72,025	4,044			
5. Dietary Service					
a. Head Dietitian	52,141	1,529			
b. Food Service Supervisor	67,054	2,156			
c. Dietary Workers	231,309	13,968			
6. Housekeeping Service					
a. Head Housekeeper	36,367	1,770			
b. Other Housekeeping Workers	123,924	8,431			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance					
b. Other Maintenance Workers	152,919	5,764			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	70,369	4,517			
9. Barber and Beautician Services					
10. Protective Services					
11. Accounting Services					
a. Head Accountant					
b. Other Accountants	155,161	4,104			
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	53,963	614			
b. RN					
1. Direct Care	753,591	12,869			
2. Administrative**	152,609	3,309			
c. LPN					
1. Direct Care	394,457	11,611			
2. Administrative**					
d. Aides and Attendants	1,097,540	55,489			
e. Physical Therapists	175,429	4,695			
f. Speech Therapists	52,532	1,012			
g. Occupational Therapists	138,374	3,702			
h. Recreation Workers	55,526	2,435			
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	126,642	3,809			
n. Marketing					
o. Other (Specify)					
See Attached Schedule					
A-13. Total Salary Expenditures	4,092,958	147,907			

* 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)

Schedule of Other Fees (Page 13)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility Apple Rehab Cromwell				License No. 2122-C		Report for Year Ended 9/30/2022			Page 11	of 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.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Apple Rehab Cromwell				2122-C		9/30/2022			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 Bishins	99,393				Administrator 10/1/21-6/23/22	1,558		Chesterfields	418	27,105
Renee Cole	1,485				Administrator 6/24/22-6/30/22	34		Avon/Watrous/Chesterfields	744 / 318.7	40,533.90 / 13,3
Ashley Frame	30,149				Administrator 7/1/22-9/30/22	488				
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 Apple Rehab Cromwell	License No. 2122-C	Report for Year Ended 9/30/2022		Page 13	of 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	6,965	93			
3. Pharmacist	9,586	128			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care					
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	52,300				
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) Need Description					
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	57,800	884			
2. Administrative***					
b. LPN					
1. Direct Care					
2. Administrative***					
c. Aides					
d. Other					
12. Other (Specify) See Attached Schedule	2,855	38			
B-13 Total Fees Paid in Lieu of Salaries	129,506	1,143			

* 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*

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Apple Rehab Cromwell	License No. 2122-C	Report for Year Ended 9/30/2022		Page 15	of 37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	242,385	242,385		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	52,400	52,400		
4. Social Security (F.I.C.A.)	\$	281,487	281,487		
5. Health Insurance	\$	137,960	137,960		
6. Life Insurance (employees only) (not-owners and not-operators)	\$	16,876	16,876		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$	37,313	37,313		
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*	\$	98,147	98,147		
d. Accounting and Auditing	\$	11,274	11,274		
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	\$	9,372	9,372		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	22,573	22,573		
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*	\$	25,506	25,506		
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$	425,214	425,214		
Subtotal	\$	1,360,507	1,360,507		

* 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**

Attachment Page 15

Schedule of Other Employee Benefits

Schedule of Other Taxes

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

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

Name of Facility Apple Rehab Cromwell	License No. 2122-C	Report for Year Ended 9/30/2022		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>		1,360,507	1,360,507		
I. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 85	85			
2. Holiday Parties for Staff	\$ 3,064	3,064			
3. Gifts to Staff and Residents	\$ 10,301	10,301			
4. Employee Travel	\$ 4,222	4,222			
5. Education Expenses Related to Seminars and Conventions	\$ 1,939	1,939			
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>)	\$ 574	574			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 4,473	4,473			
4. Fund-Raising***	\$				
5. Medical Records	\$ 113	113			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 4,669	4,669			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 7,200	7,200			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 358	358			
9. Subscriptions	\$ 432	432			
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**	\$ 393,155	393,155			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 183,394	183,394			
C-14 Total Administrative & General Expenditures	\$ 1,974,488	1,974,488			

* 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	\$ 4,473		
Total Other Advertising	\$ 4,473	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
American Health Care Association/CAHCF/Town of Cromwell	\$ 7,200		
Total Dues	\$ 7,200	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Corporate Fees - Non Reimbursable	\$ 77,154		
Licenses & Fees	\$ 3,320		
Pre Employment Screenings	\$ 21,467		
System License & Subscription Fees	\$ 35,834		
Bank Service Charges	\$ 5,082		
Legal Fees - Collection/Probate	\$ 1,372		
IT Service Fees	\$ 222		
Internet & Cable/Satellite TV	\$ 10,709		
Survey Fines & Citations	\$ 16,273		
Healthport Indirect	\$ 11,771		
Resident Expenses	\$ -		
Prior Period Expenses/Account W/O	\$ 190		
	\$ 183,394	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Apple Rehab Cromwell	2122-C	9/30/2022	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.	393,155	Accounting and Management Services	Pg. 16 Line 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
	2122-C	9/30/2022		18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 160,664	160,664		
2. Non-Food Supplies	\$ 16,060	16,060		
3. Other (Specify) _____	\$			
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 2,362	2,362		
c. Other (Specify) _____	\$			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 179,087	179,087		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*	197	197		
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 Apple Rehab Cromwell	License No. 2122-C	Report for Year Ended 9/30/2022		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	6,154	6,154		
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. \$	3,636	3,636		
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$				
c. Other (Specify)	\$				
3D. Total Laundry Expenditures (3a + b + c)	\$	9,790	9,790		
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 Apple Rehab Cromwell	License No. 2122-C	Report for Year Ended 9/30/2022		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel	25,451	25,451		
a. In-House Care	Amt. \$	24,616	24,616		
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
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)	\$	24,616	24,616		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Neighborhood	\$	157,859	157,859		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	193,256	193,256		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	10,432	10,432		
f. X-rays and Related Radiological Procedures***	\$	5,971	5,971		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	27,244	27,244		
i. Recreation	\$	8,351	8,351		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	15,699	15,699		
5M. Total Resident Care Expenditures (5a - 5j)	\$	418,814	418,814		

* 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

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

* 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 Apple Rehab Cromwell	License No. 2122-C	Report for Year Ended 9/30/2022			Page 22 37
Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 255,427	255,427			
b. Heat	\$ 46,628	46,628			
c. Light & Power	\$ 46,417	46,417			
d. Water	\$ 37,078	37,078			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$				
f. Other (<i>itemize</i>)	\$ 22,604	22,604			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 408,154	408,154			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$				
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$ 921	921	921		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 921	921	921		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$ 57,697	57,697	57,697		
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$ 57,697	57,697	57,697		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 420,000	420,000	420,000		
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 75,031	75,031	75,031		
c. Personal property taxes	\$ 5,506	5,506	5,506		
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 559,156	559,156	559,156		

* 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

Depreciation Schedule

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

*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	Pick One	Useful Life		Depreciation
		Movable Category	Cost	Life	
Additions:					
7/21/2022	Replace Window Air Conditioners	Administrative	\$ 3,084	ME-5	\$ 136
8/12/2022	Window A/C's for East Wing	Administrative	\$ 1,733	ME-5	\$ 61
8/12/2022	Window A/C's for East Wing	Administrative	\$ 1,201	ME-5	\$ 43
8/12/2022	Window A/C's for East Wing	Administrative	\$ 1,281	ME-5	\$ 45
8/12/2022	Window A/C's for East Wing	Administrative	\$ 4,485	ME-5	\$ 159
Total additions for Movable Equipment			\$ 11,783		\$ 444 *
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	Useful		
		Cost	Life	Depreciation
Additions:				
8/25/2021	Replace Condensing Unit	\$ 5,594	LHI-10	\$ 699
9/23/2021	Sink/Shower Repair	\$ 5,839	LHI-20	\$ 219
7/14/2022	Replace circ pump motor for boiler	\$ 2,664	LHI-10	\$ 62
Total additions for Leasehold Improvement		\$ 14,097		\$ 980 *
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 Cromwell			License No. 2122-C		Report for Year Ended 9/30/2022			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				1,607,453	1,190,498	A		56,717	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				14,097				980	
C-4. Subtotal									57,697
D. Total Amortization									57,697

* 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 Cromwell	License No. 2122-C	Report for Year Ended 9/30/2022	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.	
<small>*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.</small>					
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		85			
6. Square Footage		25,451			
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		Fixed			
b. Date Mortgage Obtained		04/21/22			
c. Interest Rate for the Cost Year		4.50%			
d. Term of Mortgage (number of years)		25			
e. Amount of Principal Borrowed		3,722,957			
f. Principal balance outstanding as of		3,691,378			
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	License No.	Report for Year Ended 9/30/2022			Page of 26 37
Item		Total	CCNH	RHNS	(Specify)
12. Interest					
A. Building, Land Improvement & Non-Movable Equipment					
1. First Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
2. Second Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
3. Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount	\$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$				

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended 9/30/2022			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)		\$	3,144	3,144		
Sewer						
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	3,144	3,144		
14. Insurance						
a. Insurance on Property (buildings only)		\$	144,705	144,705		
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as specified above)						
1. Umbrella (<i>Blanket Coverage</i>)		\$				
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. Total Insurance Expenditures (14a + b + c)		\$	144,705	144,705		
15. Total All Expenditures (A-13 thru C-14)		\$	7,944,415	7,944,415		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended		Page of
Item No.	Page No.	Line No.	Item Description	2122-C	9/30/2022		28 37
					Total Amount of Decrease	CCNH	RHNS (Specify)
<i>Page 10 - Salaries and Wages</i>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$	138,374	138,374	
4.			Other - See attached Schedule	\$	15,083	15,083	
<i>Page 13 - Professional Fees</i>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$	52,300	52,300	
<i>Pages 15 & 16 - Administrative and General</i>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$	98,147	98,147	
10.	15	1d	Accounting	\$	7,609	7,609	
10a.			Legal	\$	1,372	1,372	
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	m 2/3	Unallowable Advertising *	\$	4,473	4,473	
19.	15	k1	Income Tax / Corporate Business Tax	\$	6,159	6,159	
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$	146,014	146,014	
<i>Page 18 - Dietary Expenditures</i>							
24.			Meals to employees, guests and others who are not residents	\$			
<i>Page 19 - Laundry Expenditures</i>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<i>Page 20 - Housekeeping Expenditures</i>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$	469,532	469,532	

* 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 Service - Marketing	\$ 15,083		
Total Other Salaries Adjustment			\$ 15,083	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B8a	Medical Director	\$ 52,300		
Total Other Fees Adjustments			\$ 52,300	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Corporate Fees Non Reimbursable	\$ 77,154		
16	1.3	Employee Recognition/Gifts/Parties	\$ 10,301		
16	m13	Bank Charges	\$ 5,082		
16	8a	Chamber of Commerce	\$ 358		
16	m13	Survey Fines & Citations	\$ 16,273		
16	m13	Resident Expenses	\$ -		
16	m13	Prior Period Expenses/Account W/O	\$ 190		
30	IV8	Account Write Off	\$ 36,657		
Total Other A&G Adjustments			\$ 146,014	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

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

Name of Facility Apple Rehab Cromwell				License No. 2122-C	Report for Year Ended 9/30/2022		Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)	
Subtotals Brought Forward				\$ 469,532	469,532			
Page 20 - Resident Care Supplies***								
27.	20	5a2	Prescription Drugs	\$ 154,037	154,037			
28.	16	L1	Ambulance/Limousine	\$ 85	85			
29.	20	h	X-rays, etc	\$ 5,971	5,971			
30.	20	f	Laboratory	\$ 27,244	27,244			
31.			Medical Supplies	\$				
32.	20	5e2	Oxygen (non emergency)	\$ 7,308	7,308			
33.			Occupational Therapy	\$				
34.			Other - See Attached Schedule	\$ 5,443	5,443			
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.	\$ 479	479			
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)				\$ 670,100	670,100			

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

Schedule of Other Ancillary Costs

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

Attachment Page 29

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 30	of 37
		Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$	3,879,506	3,879,506			
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>)	\$	1,598,250	1,598,250			
b. Medicare Room and Board Contractual Allowance **	\$	367,734	367,734			
4. a. Private-Pay Residents and Other	\$	1,958,149	1,958,149			
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$	131,980	131,980			
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(130,107)	(130,107)			
c. Prescription Drugs - Non-Medicare	\$	12,348	12,348			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(12,348)	(12,348)			
2. a. Medical Supplies - Medicare	\$	1,408	1,408			
b. Medical Supplies - Medicare Contractual Allowance **	\$	(1,408)	(1,408)			
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$	478,087	478,087			
b. Physical Therapy - Medicare Contractual Allowance **	\$	(488,387)	(488,387)			
c. Physical Therapy - Non-Medicare	\$	82,832	82,832			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(47,700)	(47,700)			
4. a. Speech Therapy - Medicare	\$	66,745	66,745			
b. Speech Therapy - Medicare Contractual Allowance **	\$	(69,777)	(69,777)			
c. Speech Therapy - Non-Medicare	\$	20,460	20,460			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(9,730)	(9,730)			
5. a. Occupational Therapy - Medicare	\$	474,857	474,857			
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(486,113)	(486,113)			
c. Occupational Therapy - Non-Medicare	\$	113,115	113,115			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(50,650)	(50,650)			
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$	7,889,251	7,889,251			
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>)	\$	479	479			
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$	142,894	142,894			
V. Total Other Revenue (1 thru 8)	\$	143,373	143,373			
VI. Total All Revenue (III +V)	\$	8,032,624	8,032,624			

* 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)
Pg 30 IV5	Interest Income	1,072,228	\$ 479		
Total Interest Income			\$ 479	\$ -	\$ -

Schedule of Other Revenue

G. Balance Sheet

Name of Facility Apple Rehab Cromwell	License No. 2122-C	Report for Year Ended 9/30/2022	Page 31	of 37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$ 725	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 1,072,228	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$ 1,609	
4. Inventories			\$ 16,160	
5. Prepaid Expenses			\$ 459,878	
a. _____				
b. _____				
c. _____				
d. See Schedule		459,878		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$ 3,535	

See Schedule		3,535		
A-9. Total Current Assets (Lines A1 thru 8)			\$ 1,554,135	
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	1,621,550	\$	373,355
	Accum. Depreciation	1,248,195	Net	
5. Non-Movable Equipment	*Historical Cost	25,887	\$	
	Accum. Depreciation	25,887	Net	
6. Movable Equipment	*Historical Cost	417,559	\$	13,878
	Accum. Depreciation	403,681	Net	
7. Motor Vehicles	*Historical Cost	14,174	\$	
	Accum. Depreciation	14,174	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	387,233

* 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	\$ 426,658
31	A5	Other Prepaid Expenses	\$ 33,220
Total Prepaid Expenses			\$ 459,878

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

Page Ref	Line Ref	Description	
		Exchange Accounts (10401 - 10403) (Debit Balance)	
		Due Affiliate (Debit Balance)	
31	A8	AP Patient Exchange	\$ 2,461
31	A8	Accrued Group Insurance	\$ 1,074
Total Other Current Assets (Itemize)			\$ 3,535

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9c

Page Ref	Line Ref	Description	
	31 B9	Fixed Asset Clearing Account	\$ -
	31 B9	Capitalized Refinance Expense	\$ -
	31 B9	Construction in Progress	\$ -
Total Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Leasehold Deposits	\$ -
32	D7	Deferred Tax Asset	\$ 11,373
32	D7	Goodwill	\$ -
Total Other Assets			\$ 11,373

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

Page Ref	Line Ref	Description	
33	A12	Due Affiliate (Credit Balance)	\$ 921,244
33	A12	Exchange Accounts (10401-10403) (Credit Balance)	
33	A12	Accrued PTO	\$ 149,612
33	A12	Payroll W/H	\$ 591
33	A12	Accrued Professional Fees	\$ 13,091
33	A12	Accrued Worker's Comp	\$ 152,693
33	A12	Accrued Other Expense	\$ 377,886
33	A12	Prepaid Income Tax	\$ 1,755
Total Other Current Liabilities (Itemize)			\$ 1,616,872

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
Apple Rehab Cromwell	2122-C	9/30/2022	32 37
Account			Amount
Total Brought Forward:			\$ 1,941,368
C. Leasehold or like property recorded for Equity Purposes.			
1. Land			\$
2. Land Improvements	*Historical Cost	Accum. Depreciation	Net \$
3. Buildings	*Historical Cost	Accum. Depreciation	Net \$
4. Non-Movable Equipment	*Historical Cost	Accum. Depreciation	Net \$
5. Movable Equipment	*Historical Cost	Accum. Depreciation	Net \$
6. Motor Vehicles	*Historical Cost	Accum. Depreciation	Net \$
7. Minor Equipment-Not Depreciable			\$
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$
D. Investment and Other Assets			
1. Deferred Deposits			\$
2. Escrow Deposits			\$
3. Organization Expense	*Historical Cost	Accum. Depreciation	Net \$
4. Goodwill (Purchased Only)			\$
5. Investments Related to Resident Care (<i>itemize</i>)			\$
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$
Name and Address	Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$ 11,373
See Schedule	11,373		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 11,373
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 1,952,741

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
Apple Rehab Cromwell	2122-C	9/30/2022	33 37
Account			Amount
Liabilities			
A. Current Liabilities			
1. Trade Accounts Payable			\$ 142,689
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>)			\$ 71,057
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$
6. Accrued Payroll Taxes Payable			\$ 12,773
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>)			\$ 1,616,872
See Schedule			1,616,872
A-13. Total Current Liabilities (Lines A1 thru 12)			\$ 1,843,391

* 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 Cromwell	License No. 2122-C	Report for Year Ended 9/30/2022	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,843,391	
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>)				\$ 223,464
See Schedule	223,464			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 223,464
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,066,856

G. Balance Sheet (cont'd)

Reserves and Net Worth

Name of Facility Apple Rehab Cromwell	License No. 2122-C	Report for Year Ended 9/30/2022	Page 35	of 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			\$	1,773,932
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,977,255)
6. Gain or Loss for Period	10/1/2021	thru	9/30/2022	\$ 88,208
7. Total Net Worth			\$	(114,115)
C. Total Reserves and Net Worth			\$	(114,115)
D. Total Liabilities, Reserves, and Net Worth			\$	1,952,741

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Cromwell	2122-C	9/30/2022	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$ (196,399)		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 8,032,624		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 7,944,415		
D. Net Income or Deficit				\$ 88,208		
E. Balance				\$ (108,191)		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
2. Other (<i>itemize</i>)						
F-3. Total Additions				\$		
G. Deductions						
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$ 5,924		
Name and Address (No., City, State, Zip)		Title	Amount			
Brian Foley		President	5,924			
2. Other Withdrawings (<i>Specify</i>)				\$		
Purpose		Amount				
3. Total Deductions				\$ 5,924		
H. Balance at End of Period				\$ (114,115)		
09/30/22						

I. Preparer's/Reviewer's Certification

Name of Facility Apple Rehab Cromwell	License No. 2122-C	Report for Year Ended 9/30/2022	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

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.

Signature of Preparer	Title	Date Signed
Printed Name of Preparer		
Robert Gwizdak		
Address Address 21 Waterville Road Avon, CT 06001	Phone Number (860) 678-9755	
Contacted Person Regarding Additional Information Needed Regarding This Report Susan Southey	Phone Number (860) 470-7542	
Contact Email Address ssouthey@apple-rehab.com		