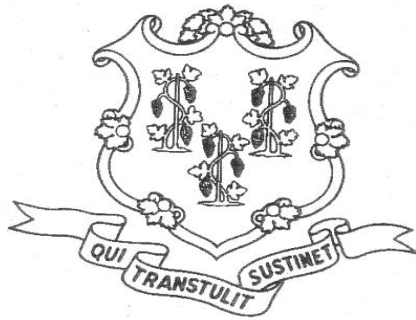


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

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 <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 2029-C	(Specify)	(Specify)	Medicare Provider 07-5044
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Medicaid Provider Numbers:	CCNH / RHNS 20298	(Specify)	(Specify)
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General Information

Name of Facility (as licensed) Apple Rehab Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2023	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, 2022 and ending September 30, 2023, 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) Rob Fritz			Printed Name (Owner) Brian 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 10/1/2022	To 9/30/2023
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)	(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 9/30/2023	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 / RHNS 2029-C	(Specify)	(Specify)	Medicare Provider No. 07-5044
Type of Facility (Check appropriate box(es)) Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box) <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> 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 Robert 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 9/30/2023	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation Apple Rehab Farmington Valley	Business Address 269 Farmington Ave, Plainville, CT 06062	State(s) in Which Incorporated 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
 Related Parties***

Name of Facility Apple Rehab Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2023	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Brian J. Foley	21 Waterville Rd. Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Rental	Pg. 22 Line 9	854,719	854,719
Apple Health Care	21 Waterville Rd. Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	547,322	547,322
Corporate Employees	21 Waterville Rd. Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	174,236	174,236
Healthport	21 Waterville Rd. Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule		
Employees @ various Apple facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	10,368	10,368
Apple Health Care	21 Waterville Rd. Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 Line 1a7	175,652	175,652
Lucent	424 Church St. Nashville, TN 37219	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 Line 1a5	297,768	
Delta Dental	148 Eastern Blvd Glastonbury, CT 06033	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 Line 1a5	36,108	
USI	PO Box 62937 Virginia Beach, VA 23466	<input checked="" type="radio"/>	<input type="radio"/>		Property, Liability, & Umbrella Insurance	Pg. 27 Line 14a	256,675	

* 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 9/30/2023		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	%**				
Reliance Standard	2001 Market St. Philadelphia, PA	✗			Group Life & Disability	Pg. 15 1a6	6,625	
AIG	PO Box 10472 Newark, NJ	✗			Worker's Compensation	Pg. 15 1a1	312,243	
Swallowing Diagnostics	21 Waterville Road Avon, CT	✗		83%	Diagnostic Services	Pg 20 5f	3,600	3,395
Staffon Tap	76 Hartford Rd. Simsbury, CT		✗		Employee Staffing	Pg. 13 Line 11a1	10,834	10,834
CRS	P.O.Box 491 Simsbury, CT	✗			Landscaping/Snow Removal	Pg. 22 6a	25,205	25,205
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 Hyypa	21 Waterville Road Avon, CT		✗			##		
Reino Hyypa	21 Waterville Road Avon, CT		✗			##		
Robert Wooley	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 Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2023	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
Other Lines of Business

Name of Facility Apple Rehab Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		54,995		
Outpatient Therapy				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
Square footage of therapy space.				
Meals on Wheels				
Does the facility provide Meals on Wheels?		No		
<i>If yes, please complete the following:</i>				
Square footage of kitchen				
Number of meals served per week				
No	Are meals included in meals served on page 18 of the Annual Report?			
No	Are direct costs included in the Annual Report?			
<i>If yes, please state where costs are reported.</i>				
No	Are drivers for the program included in the facility's payroll?			
<i>If yes, please complete the following:</i>				
Amount Reported				
Annual Report page and line				
Please state the salary amounts of specific cooks and/or dietary aides				
Please state where the cooks and/or dietary aides are reported in the Annual Report				
Apartments, Independent Living, Assisted Living				
Does the facility have apartments, independent living, and/or assisted living?		No		
<i>If yes, please complete the following:</i>				
Square footage of apartments				
Square footage of independent living				
Square footage of assisted living				
Please identify the services provided:				

General Information and Questionnaire
Other Lines of Business (Continued)

Name of Facility Apple Rehab Farming	License No. 2029-C	Report for Year Ended 9/30/2023	Page 7	of 37
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Child Day Care

Does the Facility provide Child Day Care? No

If yes, please complete the following:

	Square footage of child day care space.
	Average number of daily participants.
	Number of meals per day provided to child day care.
	Nature of services provided:

Adult Day Care

Does the Facility provide Adult Day Care? No

If yes, please complete the following:

	Square footage of adult day care space.
	Please state where it is located in relation to the facility.
	Average number of daily participants.
	Number of meals per day provided to adult day care.
	Nature of services provided:

Schedule of Resident Statistics

Name of Facility Apple Rehab Farmington Valley			License No. 2029-C		Report for Year Ended 9/30/2023				Page 8	of 37		
	Total All Levels	Total CCNH / RHNS Level	Total (Specify)	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	160	160			160	160						
B. On last day of THIS report period	160	160							160	160		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	99	99			99	99						
B. As of midnight of THIS report period	111	111							111	111		
3. Total Number of Days Care Provided During Period												
A. Medicare	8,913	8,913			7,106	7,106			1,807	1,807		
B. Medicaid (Conn.)	26,928	26,928			19,824	19,824			7,104	7,104		
C. Medicaid (other states)												
D. Private Pay	4,488	4,488			3,348	3,348			1,140	1,140		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	40,329	40,329			30,278	30,278			10,051	10,051		
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)	40,329	40,329			30,278	30,278			10,051	10,051		

Schedule of Resident Statistics (Cont'd)

Name of Facility Apple Rehab Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2023	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)	(Specify)	Lost			Gained			CCNH / RHNS	(Specify)	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH / RHNS	(Specify)	(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 (Specify)	CCNH / RHNS	(Specify)	(Specify)	R.C.H.	ICF-MR
No. of Residents	20	76	15				
Per Diem Rate							
a. One bed rm.			460.00				
b. Two bed rms.	Various rugs	258.90	440.00				
c. Three or more bed rms.							

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	2,548	2,548			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	40,260	40,260			
D. Total Physical Therapy Treatments	42,808	42,808			

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	252	252			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	3,962	3,962			
D. Total Speech Therapy Treatments	4,214	4,214			

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	1,279	1,279			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	29,441	29,441			
D. Total Occupational Therapy Treatments	30,720	30,720			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility Apple Rehab Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2023	Page 10	of 37
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Are time records maintained by all individuals receiving compensation? Yes No

Item	Total Cost and Hours									
	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	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)	132,134		2,086							
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)										
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	154,650		6,758							
5. Dietary Service										
a. Head Dietitian	82,086		1,871							
b. Food Service Supervisor	76,000		2,308							
c. Dietary Workers	482,581		22,163							
6. Housekeeping Service										
a. Head Housekeeper	53,865		2,038							
b. Other Housekeeping Workers	229,110		13,218							
7. Repairs & Maintenance Services										
a. Engineer or Chief of Maintenance										
b. Other Maintenance Workers	123,244		4,680							
8. Laundry Service										
a. Supervisor										
b. Other Laundry Workers	99,116		5,102							
9. Barber and Beautician Services										
10. Protective Services										
11. Accounting Services										
a. Head Accountant										
b. Other Accountants	184,438		4,694							
12. Professional Care of Residents										
a. Directors and Assistant Director of Nurses	279,947		3,755							
b. RN										
1. Direct Care	831,769		14,126							
2. Administrative**	328,468		6,183							
c. LPN										
1. Direct Care	1,205,788		31,013							
2. Administrative**										
d. Aides and Attendants	2,163,429		95,075							
e. Physical Therapists	443,445		10,195							
f. Speech Therapists	106,447		1,929							
g. Occupational Therapists	349,972	(349,972)	8,601							
h. Recreation Workers	120,280		5,132							
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	174,176	(20,509)	5,001							
n. Marketing										
o. Other (Specify) See Attached Schedule										
A-13. Total Salary Expenditures	7,620,947	(370,481)	245,928							

* 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 in the Adjustment column.

Schedule of Other Salaries and Wages (Page 10)

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

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Bamboo Health Inc	\$ 2,036		21						
Total	\$ 2,036	\$ -	21	\$ -	\$ -	-	\$ -	\$ -	-

**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	9/30/2023			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)	(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	9/30/2023			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)	(Specify)							
Section III - Administrators***										
Robert Fritz	56,930				Administrator 10/1/22-3/13/23	926				
Don Davanzo	2,100				Adminimistrator 3/14/23-3/19/23	40		Middltwn,Cromwell,Ches terfiel,Saybrook	998	86,928
Keith Brown	73,104				Administrator 3/20/23-9/30/23	1,120		Rocky Hill	960	61,598
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	9/30/2023						13	37
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	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	13,990		147						
3. Pharmacist	20,891		261						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care									
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	54,400	(54,400)							
b. Utilization Review (Title 18 and 19 only) monthly meeting	1,029		10						
c. Resident Care**									
d. Administrative Services facility									
1. Infection Control Committee (Quarterly meetings)									
2. Pharmaceutical Committee (Quarterly meetings)									
3. Staff Development Committee (Once annually)									
e. Other (Specify) Detail needed									
9. Speech Therapist									
a. Resident Care	3,995		40						
b. Other									
10. Occupational Therapist									
a. Resident Care									
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	10,834		144						
2. Administrative***									
b. LPN									
1. Direct Care									
2. Administrative***									
c. Aides									
d. Other									
12. Other (Specify) See Attached Schedule	2,036		21						
B-13 Total Fees Paid in Lieu of Salaries	107,175	(54,400)	623						

* 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 in the Adjustment column.

*** 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 9/30/2023	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Alec H Jaret DMD PO Box 22010 New York, NY	Dentist	<input type="radio"/>	<input checked="" type="radio"/>			
Neighborcare PO Box 78000 Detroit, MI	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>			
Craig bogdanski 825 Meriden-Waterbury Turnpike, Southington, CT 06489	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Swallowing Diagnostics 21 Waterville Rd Avon, CT 06001	Speech Consultant	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure pg 4		
Staffon Tap LLC 76 Hartford Rd, Simsbury, CT 06070	Employee Staffing	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure pg 4		
Bamboo Health, INC 10 Post Office Square Boston, MA	Admission/Discharge Fee	<input type="radio"/>	<input checked="" type="radio"/>			
Amor C Lomibao 6 Frey Drive Canton, CT 06019	Staff/URC Meetings	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

* 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	9/30/2023					15	37
Item	Total Including Adjustment	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
I. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 312,243	312,243						
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 55,952	56,384	(432)					
4. Social Security (F.I.C.A.)	\$ 555,200	555,200						
5. Health Insurance	\$ 228,103	228,103						
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 6,625	6,625						
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 175,652	175,652						
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*	\$ 0	99,832	(99,832)					
d. Accounting and Auditing	\$ 4,157	6,890	(2,733)					
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$							
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 22,665	22,943	(278)					
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 97,796	97,796						
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*	\$ 28,452	28,452						
2. Other (<i>Specify</i>) See Attached Schedule	\$							
3. Resident Day User Fee	\$ 659,208	659,208						
Subtotal	\$ 2,146,054	2,249,329	(103,275)					

* Facility should self-disallow the expense in the Adjustment column.

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

General Information and Questionnaire

Accounting Basis

Name of Facility Apple Rehab Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2023	Page 15b	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
 If "No," explain.
 No

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	\$ 2,733
2 Preparation of Tax Returns	\$ 3,181
3 Audit 401K	\$ 975
4	\$
	Charge for Services Provided
	\$ 6,889

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*)

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

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	9/30/2023				16	37
Item	Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:	2,146,054	2,249,329	(103,275)				
i. Travel and Entertainment							
1. Resident Travel and Entertainment	\$ 0	29,149	(29,149)				
2. Holiday Parties for Staff	\$ 1,729	1,729					
3. Gifts to Staff and Residents	\$ 179	16,674	(16,495)				
4. Employee Travel	\$ 2,268	2,268					
5. Education Expenses Related to Seminars and Conventions	\$ 3,814	3,814					
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>)	\$ 694	694					
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$						
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ (0)	12,747	(12,747)				
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	\$ 4,259	4,259					
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 11,372	11,372					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	300	(300)				
9. Subscriptions	\$ 605	605					
10. Contributions*** See Attached Schedule	\$	2,500	(2,500)				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$						
12. Administrative Management Services**	\$ 547,322	547,322					
13. Other (<i>Specify</i>) See Attached Schedule	\$ 71,606	232,865	(161,259)				
C-14 Total Administrative & General Expenditures	\$ 2,789,901	3,115,626	(325,725)				

* 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 in the Adjustment column.

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Advertising - Public Relations	\$ 12,747	\$ (12,747)				
Total Other Advertising	\$ 12,747	\$ (12,747)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
CAHCF	\$ 11,372					
Total Dues	\$ 11,372	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Donation to Bristol Hospital	\$ 2,500	\$ (2,500)				
Total Contributions	\$ 2,500	\$ (2,500)	\$ -	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Corporate Fees - Non Reimbursable	\$ 108,308	\$ (108,308)				
Licenses & Fees	\$ 2,726					
Pre Employment Screenings	\$ 4,146					
System License & Subscription Fees	\$ 63,367					
Bank Service Charges	\$ 42,494	\$ (42,494)				
Legal Fees - Collection/Probate	\$ 155	\$ (155)				
IT Service Fees	\$ -					
Resident Expenses	\$ 980	\$ (980)				
Survey Fines & Citations	\$ 9,322	\$ (9,322)				
Healthport Indirect	\$ -					
Prior Period Adj/Acct W/O	\$ 925	\$ (925)				
User Fee Audit Expense	\$ 243					
Donation to Governor Ball	\$ 200	\$ (200)				
Total Other Administrative and General	\$ 232,865	\$ (161,259)	\$ -	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Apple Rehab Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2023	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Apple Health Care, Inc.	547,322	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
Apple Rehab Farmington Valley		2029-C	9/30/2023				18	37
Item	Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 295,774	295,774						
2. Non-Food Supplies	\$ 43,720	43,720						
3. Other (Specify) _____	\$							
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 4,298	4,298						
c. Other (Specify) _____	\$							
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 343,792	343,792						
2E. Dietary Questionnaire		Total	CCNH / RHNS		(Specify)	(Specify)		
F. Resident Meals:	Total no. of meals served per day:*	331	331					
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 Farmington Valley		License No. 2029-C	Report for Year Ended 9/30/2023				Page 19	of 37
Item		Including Adjustment s	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
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. \$	14,014	14,014				
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. \$	24,033	24,033				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	1,241	1,241				
c. Other (Specify)		\$						
3D. Total Laundry Expenditures (3a + b + c)		\$	39,288	39,288				
3E. Laundry Questionnaire								
F. Is cost of employee laundry included in 3D?		<input type="radio"/> Yes		<input checked="" type="radio"/> No		If yes, specify cost.		
G. Did you receive revenue from employees?		<input type="radio"/> Yes		<input checked="" type="radio"/> No		If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report? (Page/Line Item)								
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?		<input type="radio"/> Yes		<input checked="" type="radio"/> No		If yes, specify cost.		
J. Did you receive revenue from these people?		<input type="radio"/> Yes		<input checked="" type="radio"/> No		If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report? (Page/Line Item)								

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended				Page	of	
Apple Rehab Farmington Valley		2029-C	9/30/2023				20	37	
Item			Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping	Sq. Ft. Serviced by Personnel	54,995	54,995					
a.	In-House Care								
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	50,447	50,447					
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. \$	124	124					
	C. Other (<i>Specify</i>)	\$							
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	50,571	50,571					
5.	Resident Care (Supplies)**								
a.	Prescription Drugs***								
	1. Own Pharmacy	\$							
	2. Purchased from Neighborcare	\$	21,326	342,516	(321,189)				
b.	Medicine Cabinet Drugs	\$							
c.	Medical and Therapeutic Supplies	\$	310,749	310,749					
d.	Ambulance/Limousine***	\$							
e.	Oxygen								
	1. For Emergency Use	\$							
	2. Other***	\$	26,378	43,683	(17,305)				
f.	X-rays and Related Radiological Procedures***	\$	0	24,901	(24,901)				
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$							
h.	Laboratory***	\$	(0)	35,551	(35,551)				
i.	Recreation	\$	11,267	11,267					
j.	Direct Management Services*	\$							
k.	Indirect Management Services*	\$							
l.	Cable TV	\$	23,119	23,119					
m.	Other (Specify)**** See Attached Schedule	\$	(0)	35,780	(35,780)				
n.	Physical Therapy Expense	\$							
o.	Speech Therapy Expense	\$							
5P.	Total Resident Care Expenditures (5a - 5o)	\$	392,839	827,565	(434,726)				

* 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 in the Adjustment column.
 **** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Nursing Station Supplies	\$ -					
IV Therapy	\$ 9,029	\$ (9,029)				
Rehab Service & Supplies	\$ 26,751	\$ (26,751)				
Total Other Resident Care	\$ 35,780	\$ (35,780)	\$ -	\$ -	\$ -	\$ -

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 9/30/2023				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH / RHNS	(Specify)	(Specify)	Pg	Line
Mountain View Landscape LLC	1100 Corporate Row Cromwell, CT 06416	<input type="radio"/>	<input checked="" type="radio"/>		LANDSCAPE & SNOW REMOVAL	34,697			22	6a
Saucier Mechanical	Plantsville, CT 06479-0000	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	25,239			22	6a
West State Mechanical INC	300 South Main Street PO Box 1045	<input type="radio"/>	<input checked="" type="radio"/>		Plumbing	15,728			22	6a
CWPM, LLC	415, Plainville, CT 06062-0000	<input type="radio"/>	<input checked="" type="radio"/>		Refuse Removal	23,327			22	6a
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended				Page	of
Apple Rehab Farmington Valley	2029-C	9/30/2023				22	37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)
6. Maintenance & Operation of Plant							
a. Repairs & Maintenance	\$	200,361	200,361				
b. Heat	\$	86,868	86,868				
c. Light & Power	\$	94,755	94,755				
d. Water	\$	117,939	117,939				
e. Equipment Lease (<i>Provide detail on page 22b</i>)	\$						
f. Other (<i>itemize</i>)	\$	32,804	32,804				
See Attached Schedule							
6g. Total Maint. & Operating Expense (6a - 6f)	\$	532,726	532,726				
7. Depreciation (<i>complete schedule page 23*</i>)							
a. Land Improvements	\$						
b. Building & Building Improvements	\$						
c. Non-Movable Equipment	\$	638	638				
d. Movable Equipment	\$	21,193	21,193				
*7e. Total Depreciation Costs (7a + b + c + d)	\$	21,831	21,831				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)							
a. Organization Expense	\$						
b. Mortgage Expense	\$						
c. Leasehold Improvements	\$	104,379	104,379				
d. Other (<i>Specify</i>)	\$						
*8e. Total Amortization Costs (8a + b + c + d)	\$	104,379	104,379				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	854,719	854,719				
10. Property Taxes							
a. Real estate taxes paid by owner	\$						
b. Real estate taxes paid by lessor	\$	108,257	108,257				
c. Personal property taxes	\$	5,994	5,994				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,095,180	1,095,180				

* 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	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Refuse Removal	\$ 32,804					
Total Other Repairs and Maintenance	\$ 32,804	\$ -	\$ -	\$ -	\$ -	\$ -

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Apple Rehab Farmington Valley			License No. 2029-C			Report for Year Ended 9/30/2023		Page 22b	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input checked="" type="radio"/>	<input 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"/>							
							Total ***		

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes No

* 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.

Depreciation Schedule

Name of Facility Apple Rehab Farmington Valley			License No. 2029-C		Report for Year Ended 9/30/2023			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			35,566		35,566	33,878		Various	638				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										638			
		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	2011	6,823	6,823	6,823	SL	4 years		
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period							398,434	398,434	336,484	SL	Various	20,341	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative							12,296					852	
d. Standard Resident													
e. Specialized Resident													
Total Acquired during this report period							12,296					852	
D-3. Subtotal													21,193
E. Total Depreciation													21,831

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	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
2/8/2023	Ubiquiti UAP-AC-Pro	Administrative	\$ 2,834	3	\$ 341
3/16/2023	Ubiquiti Networks USW	Administrative	\$ 3,064	3	\$ 350
6/8/2023	Conveyor Toaster	Administrative	\$ 1,485	10	\$ 41
7/5/2023	Ice Machine	Administrative	\$ 4,913	10	\$ 120
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 12,296		\$ 852 *
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
11/1/2022	Replace Therapy Furnace	\$ 6,460	15	\$ 395
9/1/2022	Replace Boiler	\$ 18,536	20	\$ 1,517
10/1/2022	Replace Boiler	\$ 18,536	20	\$ 1,517
6/1/2023	Parking Lot Paving	\$ 47,445	8	\$ 1,694
7/1/2023	Parking Lot Paving	\$ 47,445	8	\$ 1,483
8/1/2023	Parking Lot Paving	\$ 5,087	8	\$ 159
9/1/2023	Parking Lot Paving	\$ 62,937	8	\$ 983
9/1/2023	Parking Lot Paving	\$ 11,869	8	\$ 185
6/1/2023	Excavation	\$ 9,997	10	\$ 500
6/1/2023	Excavation	\$ 9,784	10	\$ 489
5/1/2023	Replace Condense	\$ 5,245	10	\$ 328
Total additions for Leasehold Improvement		\$ 243,341		\$ 9,250 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility Apple Rehab Farmington Valley			License No. 2029-C		Report for Year Ended 9/30/2023			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				3,139,469	2,493,718	A		95,130	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				243,341		A		9,250	
C-4. Subtotal									104,379
D. Total Amortization									104,379

* 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 9/30/2023	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		12/17/16		
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 _____		7,780,106		
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				Page	of
Apple Rehab Farmington Valley		2029-C	9/30/2023				26	37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
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		9/30/2023				27	37
Item				Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(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) Interest on Gemino Loan Advances				\$ 69,532	69,532				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 69,532	69,532				
14. Insurance									
a. Insurance on Property (buildings only)				\$ 256,675	256,675				
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)				\$ 256,675	256,675				
15. Total All Expenditures (A-13 thru C-14)				\$ 12,873,746	14,059,078	(1,185,332)			

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Farmington Valley	2029-C	9/30/2023		30	37
Item	Total	CCNH / RHNS	(Specify)	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 7,007,501	7,007,501			
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>)	\$ 3,968,945	3,968,945			
b. Medicare Room and Board Contractual Allowance **	\$ 1,105,657	1,105,657			
4. a. Private-Pay Residents and Other	\$ 2,284,431	2,284,431			
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 280,723	280,723			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (279,543)	(279,543)			
c. Prescription Drugs - Non-Medicare	\$ 31,794	31,794			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (31,794)	(31,794)			
2. a. Medical Supplies - Medicare	\$ 1,054	1,054			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (1,054)	(1,054)			
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 1,237,400	1,237,400			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (1,093,611)	(1,093,611)			
c. Physical Therapy - Non-Medicare	\$ 260,865	260,865			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (186,175)	(186,175)			
4. a. Speech Therapy - Medicare	\$ 142,680	142,680			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (124,386)	(124,386)			
c. Speech Therapy - Non-Medicare	\$ 42,570	42,570			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (27,225)	(27,225)			
5. a. Occupational Therapy - Medicare	\$ 1,120,310	1,120,310			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (1,027,493)	(1,027,493)			
c. Occupational Therapy - Non-Medicare	\$ 262,085	262,085			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (163,355)	(163,355)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,811,380	14,811,380			
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>)	\$ 605	605			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 101,452	101,452			
V. Total Other Revenue (1 thru 8)	\$ 102,058	102,058			
VI. Total All Revenue (III +V)	\$ 14,913,437	14,913,437			

* 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)	(Specify)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
Pg 30 IV5	Interest on A/R	2,292,736	\$ 605		
Total Interest Income			\$ 605	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
30 IV8	Settlements- West River	\$ 56,037		
30 IV8	Rebates	\$ 41,836		
30 IV8	Covid Grant-Air Purifier	\$ 2,868		
30 IV8	Tax Refunds	\$ 432		
30 IV8	Medical Records	\$ 278		
30 IV8	Prior Period adj	\$ 0		
Total Other Revenue		\$ 101,452	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Farmington Valley	2029-C	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	6,156
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,292,736
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	24,951
4. Inventories			\$	44,720
5. Prepaid Expenses			\$	7,974
a. _____				
b. _____				
c. _____				
d. See Schedule		7,974		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	1,356,865

See Schedule		1,356,865		
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,733,402
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>3,382,811</u>		\$	784,713
	Accum. Depreciation <u>2,598,097</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>35,566</u>		\$	1,050
	Accum. Depreciation <u>34,516</u>	Net		
6. Movable Equipment	*Historical Cost <u>410,730</u>		\$	53,053
	Accum. Depreciation <u>357,677</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>)			\$	0

See Schedule		0		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	838,816

* 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 Propert Tax	\$ -
31	A5	Other Prepaid Expenses	\$ 7,974
31	A5	Prepaid Income Tax	\$ -
Total Prepaid Expenses			\$ 7,974

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

Page Ref	Line Ref	Description	
		Exchange Accounts (10401 - 10403) (Debit Balance)	
31	A8	Due Affiliate (Debit Balance)	\$ 1,302,057
31	A8	Genino Revolving AR Loan	\$ 43,133
31	A8	AP Patient Exchange	\$ 11,675
Total Other Current Assets (Itemize)			\$ 1,356,865

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

Page Ref	Line Ref	Description	
31	B9	Fixed Asset Clearing Account	\$ -
31	B9	Capitalized Refinance Expense	\$ 0
31	B9	Construction in Progress	\$ -
Total Other Other Fixed Assets (Itemize)			\$ 0

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Leasehold Deposits	\$ -
32	D7	Deferred Tax Asset	\$ 78,883
Total Other Assets			\$ 78,883

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	
		Due Affiliate (Credit Balance)	
		Exchange Accounts (10401-10403) (Credit Balance)	
33	A12	Accrued PTO	\$ 251,307
33	A12	Pavroll W/H	\$ 37,234
33	A12	Accrued Professional Fees	\$ 12,378
33	A12	AP Patient Exchange	
33	A12	Accrued Worker's Comp	\$ 171,703
33	A12	Accrued Group Insurance	\$ 15,050
33	A12	Accrued Other Expense	\$ 521,007
Total Other Current Liabilities (Itemize)			\$ 1,008,680

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

Page Ref	Line Ref	Description	
		A/P Other (Intercompany)	\$ 1,708,572
		Dostie Note	\$ -
		Marlin Capital Lease	\$ -
		Loan Payable Officer	\$ -
		Security Deposit/Deferred Revenue	\$ -
		Deferred Income Tax Payable	\$ -
		State Income Tax Payable	\$ 82,577
		L/T Accrued Other Expenses	\$ -
Total Other Current Liabilities (Itemize)			\$ 1,791,149

G. Balance Sheet (cont'd)

Name of Facility Apple Rehab Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2023	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 4,572,217	
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>)			\$ 78,883	

See Schedule			78,883	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 78,883	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 4,651,100	

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

G. Balance Sheet (cont'd)

Name of Facility Apple Rehab Farmington Valley		License No. 2029-C	Report for Year Ended 9/30/2023	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	666,093
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>)				\$	132,912
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	14,255
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>)				\$	1,008,680

See Schedule					1,008,680
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,821,940

* 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 9/30/2023		Page 34	of 37
Account				Amount	
Total Brought Forward:				1,821,940	
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>)				\$ 1,791,149	
See Schedule		1,791,149			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,791,149	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,613,089	

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	9/30/2023	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			\$	2,827,933
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(3,830,614)
6. Gain or Loss for Period			\$	2,039,691
	10/1/2022	thru	9/30/2023	
7. Total Net Worth			\$	1,038,011
C. Total Reserves and Net Worth			\$	1,038,011
D. Total Liabilities, Reserves, and Net Worth			\$	4,651,100

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Farmington Valley	2029-C	9/30/2023	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	(991,110)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	14,913,437
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	12,873,746
D. Net Income or Deficit			\$	2,039,691
E. Balance			\$	1,048,581
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>)			\$	10,570
Name and Address (<i>No., City, State, Zip</i>)	Title	Amount		
Brian Foley	President	10,570		
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	10,570
H. Balance at End of Period			\$	1,038,011
09/30/23				

I. Preparer's/Reviewer's Certification

Name of Facility Apple Rehab Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
Chronic and Convalescent Nursing <input checked="" type="checkbox"/> Home (CCNH) & RHNS Combined	<input type="checkbox"/> (Specify)	<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		
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number		
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