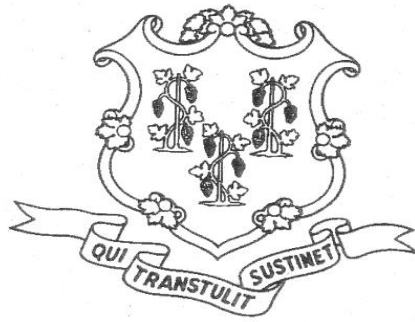


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Apple Rehab Shelton Lakes	
Address (No. & Street, City, State, Zip Code) 5 Lake Road, Shelton, CT 06484	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 2298-C	(Specify)	Residential Care Home	Medicare Provider 07-5300
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Medicaid Provider Numbers:	CCNH / RHNS 10173	(Specify)	Residential Care Home
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General Information

Name of Facility (as licensed) Apple Rehab Shelton Lakes	License No. 2298-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 Shelton Lakes [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) Meghan Nonamaker			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 Shelton Lakes		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 5 Lake Road, Shelton, CT 06484				
Report Prepared By Apple Health Care, Inc.		Phone Number (860) 678-9755	Date	
Item	Total	CCNH / RHNS	(Specify)	Residential Care Home
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 (203) 924-2635		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Apple Rehab Shelton Lakes		Address (No. & Street, City, State, Zip) 5 Lake Road, Shelton, CT 06484		
License Numbers:	CCNH / RHNS 2298-C	(Specify)	Residential Care Home	Medicare Provider No. 07-5300
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"/> Residential Care Home				
Type of Ownership (Check appropriate box) <input checked="" type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input checked="" type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input checked="" 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 Meghan Nonamaker		Nursing Home Administrator's License No.:	002098	
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 Shelton Lakes	License No. 2298-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 Shelton Lakes	Business Address 5 Lake Road, Shelton, CT 06484	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 Shelton Lakes	License No. 2298-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	600,000	600,000
Apple Health Care	21 Waterville Rd. Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	376,996	376,996
Corporate Employees	21 Waterville Rd. Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	147,662	147,662
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	(72,562)	(72,562)
Apple Health Care	21 Waterville Rd. Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 Line 1a7	137,579	137,579
Lucent	424 Church St. Nashville, TN 37219	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 Line 1a5	244,458	
Delta Dental	148 Eastern Blvd Glastonbury, CT 06033	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 Line 1a5	18,886	
USI	PO Box 62937 Virginia Beach, VA 23466	<input checked="" type="radio"/>	<input type="radio"/>		Property, Liability, & Umbrella Insurance	Pg. 27 Line 14a	184,718	

* 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 Shelton Lakes		License No. 2298-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 associatio <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	3,902	
AIG	PO Box 10472 Newark, NJ	✗			Worker's Compensation	Pg. 15 1a1	202,961	
Swallowing Diagnostics	21 Waterville Road Avon, CT	✗		83%	Diagnostic Services	Pg 20 5f	2,880	2,716
Staffon Tap	76 Hartford Rd. Simsbury, CT		✗		Employee Staffing	Pg. 13 Line 11a1	503	503
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 Shelton Lakes	License No. 2298-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 Shelton Lakes	License No. 2298-C	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		34,571		
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 Shelton	License No. 2298-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 Shelton Lakes			License No. 2298-C		Report for Year Ended 9/30/2023				Page 8		of 37	
	Total All Levels	Total CCNH / RHNS Level	Total (Specify)	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	(Specify)	Residential Care Home	Total	CCNH / RHNS	(Specify)	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	109	108		1	109	108		1				
B. On last day of THIS report period	109	107		2					109	107		2
2. Number of Residents												
A. As of midnight of PREVIOUS report period	96	95		1	96	95		1				
B. As of midnight of THIS report period	97	95		2					97	95		2
3. Total Number of Days Care Provided During Period												
A. Medicare	4,579	4,579			3,636	3,636			943	943		
B. Medicaid (Conn.)	26,176	26,176			19,287	19,287			6,889	6,889		
C. Medicaid (other states)												
D. Private Pay	4,081	4,081			2,957	2,957			1,124	1,124		
E. State SSI for RCH												
F. Other (Specify) Home for the Aged	726			726	542			542	184			184
G. Total Care Days During Period (3A thru F)	35,562	34,836		726	26,422	25,880		542	9,140	8,956		184
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)	35,562	34,836		726	26,422	25,880		542	9,140	8,956		184

Schedule of Resident Statistics (Cont'd)

Name of Facility Apple Rehab Shelton Lakes	License No. 2298-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)	Residential Care Home	Lost			Gained			CCNH / RHNS	(Specify)	Residential Care Home		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(Specify)	(Specify)			
10/1/2022	X		X	1						1	107		2	RCH Admission

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)	Residential Care Home
1st change	8,488		180
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)	Residential Care Home	R.C.H.	ICF-MR
No. of Residents	12	73		12				
Per Diem Rate								
a. One bed rm.				480.00				
b. Two bed rms.	Rugs	#####		450.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	Residential Care Home
A. Medicare - Part B	4,300	4,300			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	23,213	23,213			
D. Total Physical Therapy Treatments	27,513	27,513			

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	Residential Care Home
A. Medicare - Part B	914	914			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	5,170	5,170			
D. Total Speech Therapy Treatments	6,084	6,084			

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	Residential Care Home
A. Medicare - Part B	1,211	1,211			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	15,662	15,662			
D. Total Occupational Therapy Treatments	16,873	16,873			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility Apple Rehab Shelton Lakes	License No. 2298-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	Residential Care Home	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)	121,235	(1,154)	2,086						
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)									
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	118,816	(1,131)	5,985						
5. Dietary Service									
a. Head Dietitian	57,892	(579)	1,473						
b. Food Service Supervisor	63,678	(637)							
c. Dietary Workers	393,954	(3,940)	23,158						
6. Housekeeping Service									
a. Head Housekeeper	43,694	(437)	1,657						
b. Other Housekeeping Workers	183,035	(1,830)	9,773						
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance									
b. Other Maintenance Workers	104,049	(1,040)	4,289						
8. Laundry Service									
a. Supervisor									
b. Other Laundry Workers	50,543	(505)	2,403						
9. Barber and Beautician Services									
10. Protective Services									
11. Accounting Services									
a. Head Accountant									
b. Other Accountants	189,421	(1,803)	4,803						
12. Professional Care of Residents									
a. Directors and Assistant Director of Nurses	213,811	(2,726)	3,283						
b. RN									
1. Direct Care	632,526		10,687						
2. Administrative**	249,409	(2,494)	5,006						
c. LPN									
1. Direct Care	1,281,174		34,363						
2. Administrative**									
d. Aides and Attendants	1,932,070	(19,321)	87,980						
e. Physical Therapists	442,734		9,908						
f. Speech Therapists	86,814		2,038						
g. Occupational Therapists	195,943	(195,943)	4,378						
h. Recreation Workers	96,423	(964)	4,124						
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	109,678	(15,137)	3,332						
n. Marketing									
o. Other (Specify) See Attached Schedule									
<i>A-13. Total Salary Expenditures</i>	6,566,899	(249,643)	220,725						

* 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)			Residential Care Home		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Total	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			(Specify)			Residential Care Home		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Adm & Discharge Fee-Bamboo Health, Inc	\$ 2,036	\$ (20)	27						
Employee Relations Specialist- Mary B. Jordan	\$ 500	\$ (5)	7						
Total	\$ 2,536	\$ (25)	34	\$ -	\$ -	-	\$ -	\$ -	-

**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 Shelton Lakes				2298-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)	Residential Care Home							
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 Shelton Lakes				2298-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)	Residential Care Home							
Section III - Administrators***										
Michael Latina	12,408				Administrator 10/1/22-11/11/22	206	A2			
Linda Urbanski	7,212				Administrator 11/12/22-11/27/22	120	A2	AR Uncasville	46	2,747
Meghan Nonamaker	101,615				Administrator 11/28/22-9/30/23	1,760	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended					Page	of	
Apple Rehab Shelton Lakes	2298-C	9/30/2023					13	37	
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	Residential Care Home	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	8,904		119						
3. Pharmacist	18,396		245						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care									
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	36,000		226						
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)									
9. Speech Therapist									
a. Resident Care	3,634		37						
b. Other									
10. Occupational Therapist									
a. Resident Care									
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	503		6						
2. Administrative***									
b. LPN									
1. Direct Care									
2. Administrative***									
c. Aides									
d. Other									
12. Other (Specify)									
See Attached Schedule	2,536	(25)	34						
B-13 Total Fees Paid in Lieu of Salaries	69,973	(25)	666						

* 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 Shelton Lakes		License No. 2298-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			
Dr. Garumini A. Desilva 15 Aldo Drive Woodbridge, CT 06525	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
CT Dental Partners, LLC 300 Church St, Suite 203 Wallingford CT 06492	Dentist	<input type="radio"/>	<input checked="" type="radio"/>			
Swallowing Diagnostics, LLC 21 Waterville Road, Avon CT 06001	Speech Consultant	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg 4		
Neighborcare Pharmacy Services, Inc/Omnicare of CT Dept 781668 PO Box 78000 Detroit, MI	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>			
Masstex Imaging, LLC 3 Electronics Ave #201, Danvers, MA 01923	Mobile Dysphagia Consultants (Speech Consultant)	<input type="radio"/>	<input checked="" type="radio"/>			
PatientPing/Bamboo Health, Inc 9901 Linn Station, Ste 500 Luisville, KY 40223	Adm & Discharge Fee	<input type="radio"/>	<input checked="" type="radio"/>			
Mary B. Jordan 75 High Farms Road West Hartford, CT 06107	Employee Relations Specialist	<input type="radio"/>	<input checked="" 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"/>			

* 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 Shelton Lakes	2298-C	9/30/2023					15	37
Item	Total Including Adjustment	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment	
1. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 200,932	202,961	(2,030)					
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 75,011	76,042	(1,030)					
4. Social Security (F.I.C.A.)	\$ 485,622	490,528	(4,905)					
5. Health Insurance	\$ 213,471	215,627	(2,156)					
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 3,863	3,902	(39)					
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 136,203	137,579	(1,376)					
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*	\$	90,663	(90,663)					
d. Accounting and Auditing	\$ 3,755	14,843	(11,088)					
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	\$ 11,064	11,746	(682)					
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 41,137	41,759	(622)					
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*	\$	70,795	(70,795)					
2. Other (<i>Specify</i>) See Attached Schedule	\$							
3. Resident Day User Fee	\$ 631,544	631,544						
Subtotal	\$ 1,802,602	1,987,989	(185,387)					

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

(Carry Subtotals forward to next page)

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

General Information and Questionnaire

Accounting Basis

Name of Facility Apple Rehab Shelton Lakes	License No. 2298-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 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	\$ 10,687
2 Preparation of Tax Returns	\$ 3,181
3 Audit 401K	\$ 975
4	\$
Charge for Services Provided	
\$ 14,843	

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 Shelton Lakes	2298-C	9/30/2023					16	37
Item	Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment	
Subtotals Brought Forward:	1,802,602	1,987,989	(185,387)					
l. Travel and Entertainment								
1. Resident Travel and Entertainment	\$ 0	10,029	(10,029)					
2. Holiday Parties for Staff	\$ 1,932	1,932						
3. Gifts to Staff and Residents	\$ 0	17,941	(17,941)					
4. Employee Travel	\$ 2,716	2,757	(41)					
5. Education Expenses Related to Seminars and Conventions	\$ 4,321	4,386	(65)					
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>)	\$ 412	418	(6)					
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$							
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ (0)	7,622	(7,622)					
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	\$ 3,685	3,741	(56)					
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 7,993	8,123	(130)					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	600	(600)					
9. Subscriptions	\$ 1,859	1,888	(29)					
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**	\$ 371,379	376,996	(5,617)					
13. Other (<i>Specify</i>) See Attached Schedule	\$ 57,795	155,538	(97,743)					
C-14 Total Administrative & General Expenditures	\$ 2,254,696	2,579,962	(325,266)					

* 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	Residential Care Home	Adjustment
Total Other Travel and Entertainment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
Advertising - Public Relations	\$ 7,622	\$ (7,622)				
Total Other Advertising	\$ 7,622	\$ (7,622)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
CAHCF	\$ 8,038	\$ (130)				
ALTCFM	\$ 85					
Total Dues	\$ 8,123	\$ (130)	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
	\$ -					
Total Contributions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
Corporate Fees - Non Reimbursable	\$ 90,811	\$ (90,811)				
Licenses & Fees	\$ 2,449	\$ (36)				
Pre Employment Screenings	\$ 6,542	\$ (97)				
System License & Subscription Fees	\$ 46,172	\$ (688)				
Bank Service Charges	\$ 3,524	\$ (3,524)				
Legal Fees - Collection/Probate	\$ 1,474	\$ (1,474)				
IT Service Fees	\$ -					
Resident Expenses	\$ 912	\$ (912)				
Survey Fines & Citations	\$ -					
User Fee Audit Expense	\$ 3,455					
Governor's Ball - Donation	\$ 200	\$ (200)				
Total Other Administrative and General	\$ 155,538	\$ (97,743)	\$ -	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Apple Rehab Shelton Lakes	License No. 2298-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.	376,996	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 Shelton Lakes		2298-C	9/30/2023				18	37
Item	Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 264,008	266,723	(2,715)					
2. Non-Food Supplies	\$ 26,217	26,434	(217)					
3. Other (Specify) _____	\$							
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 7,146	7,218	(72)					
c. Other (Specify) _____	\$							
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 297,371	300,375	(3,004)					
2E. Dietary Questionnaire		Total	CCNH / RHNS		(Specify)	Residential Care Home		
F. Resident Meals:	Total no. of meals served per day:*	292	292					
G. Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes <input type="radio"/> No							
H. Did you receive revenue from employees?	<input checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input type="radio"/> No	If yes, specify cost.						
K. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input type="radio"/> No	If yes, specify cost.						
N. Is any revenue collected from employees?	<input checked="" type="radio"/> Yes <input 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 Shelton Lakes		License No. 2298-C	Report for Year Ended 9/30/2023				Page 19	of 37
Item		Including Adjustment s	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	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. \$	4,171	4,213	(42)			
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. \$	550	556	(6)			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	112,510	113,647	(1,136)			
c. Other (Specify)		\$						
3D. Total Laundry Expenditures (3a + b + c)		\$	117,231	118,416	(1,184)			
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 Shelton Lakes		2298-C	9/30/2023				20	37	
Item			Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
4.	Housekeeping	Sq. Ft. Serviced by Personnel	34,571	34,571					
	a. In-House Care								
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	37,806	38,188	(382)				
	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	34,571	34,571					
		Amt. \$							
	C. Other (<i>Specify</i>)	\$							
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	37,806	38,188	(382)				
5.	Resident Care (Supplies)**								
	a. Prescription Drugs***								
	1. Own Pharmacy	\$							
	2. Purchased from Neighborcare	\$	15,691	182,793	(167,102)				
	b. Medicine Cabinet Drugs	\$							
	c. Medical and Therapeutic Supplies	\$	219,987	222,209	(2,222)				
	d. Ambulance/Limousine***	\$							
	e. Oxygen								
	1. For Emergency Use	\$							
	2. Other***	\$	20,315	41,080	(20,764)				
	f. X-rays and Related Radiological Procedures***	\$	(0)	10,412	(10,412)				
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$							
	h. Laboratory***	\$	0	24,253	(24,253)				
	i. Recreation	\$	27,285	27,561	(276)				
	j. Direct Management Services*	\$							
	k. Indirect Management Services*	\$							
	l. Cable TV	\$	26,882	27,299	(418)				
	m. Other (Specify)**** See Attached Schedule	\$	18	49,891	(49,873)				
	n. Physical Therapy Expense	\$							
	o. Speech Therapy Expense	\$							
5P.	Total Resident Care Expenditures (5a - 5o)	\$	310,177	585,497	(275,320)				

* 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	Residential Care Home	Adjustment
Nursing Station Supplies	\$ 17	\$ (0)				
IV Therapy	\$ 28,559	\$ (28,559)				
Rehab Service & Supplies	\$ 21,314	\$ (21,314)				
Total Other Resident Care	\$ 49,891	\$ (49,873)	\$ -	\$ -	\$ -	\$ -

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

Name of Facility Apple Rehab Shelton Lakes			License No. 2298-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)	Residential Care Home	Pg	Line
Facilities Compliance Fire Protection LLC	Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance Services	12,147			22	6a
Saucier Mechanical Services	148 Norton Place, Plantsville CT	<input type="radio"/>	<input checked="" type="radio"/>		HVAC & Electrical	33,854			22	6a
Susan Fernandes-Miguel (Miguel & Sons, LLC)	39 Knorr Road, Monroe CT	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping Services	25,099			22	6a
CWPM, LLC	25 Norton Place, Plantsville CT	<input type="radio"/>	<input checked="" type="radio"/>		Refuse Removal	21,840			22	6f
Unitex Textile Rental Svc	161 South Macquesten Pkwy Mt. Vernon, NY	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	113,647			19	3b
		<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 Shelton Lakes	2298-C	9/30/2023					22	37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$	142,695	143,511	(816)				
b. Heat	\$	56,524	57,095	(571)				
c. Light & Power	\$	107,252	108,335	(1,083)				
d. Water	\$	21,378	21,594	(216)				
e. Equipment Lease (Provide detail on page 22b)	\$							
f. Other (itemize)	\$	26,966	27,239	(272)				
See Attached Schedule								
6g. Total Maint. & Operating Expense (6a - 6f)	\$	354,814	357,773	(2,959)				
7. Depreciation (complete schedule page 23*)								
a. Land Improvements	\$							
b. Building & Building Improvements	\$							
c. Non-Movable Equipment	\$	181	183	(2)				
d. Movable Equipment	\$	17,138	17,405	(266)				
*7e. Total Depreciation Costs (7a + b + c + d)	\$	17,319	17,588	(268)				
8. Amortization (Complete att. Schedule Page 24*)								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$	95,613	96,579	(966)				
d. Other (Specify)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$	95,613	96,579	(966)				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	594,000	600,000	(6,000)				
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$	46,244	46,711	(467)				
c. Personal property taxes	\$	2,693	2,721	(27)				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	755,870	763,598	(7,728)				

* 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	Residential Care Home	Adjustment
Refuse Removal	\$ 27,239	\$ (272)				
Total Other Repairs and Maintenance	\$ 27,239	\$ (272)	\$ -	\$ -	\$ -	\$ -

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 Shelton Lakes			License No. 2298-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 checked="" type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input checked="" 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"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?								<input checked="" type="radio"/> Yes	<input type="radio"/> No
Total ***									

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

** Attach copies of newly acquired leases.

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

Depreciation Schedule

Name of Facility Apple Rehab Shelton Lakes			License No. 2298-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			13,764		13,764	11,928			183				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										183			
		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.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period					Var	Var	675,381	675,381	616,971	SL	Various	14,631	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative					Var	Var	17,162	17,162		SL	Various	2,774	
d. Standard Resident													
e. Specialized Resident													
Total Acquired during this report period							17,162	17,162				2,774	
D-3. Subtotal													17,405
E. Total Depreciation													17,588

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:					
4/2/2022	Replace Kiosks	Administrative	\$ 7,856	5	\$ 1,441
4/2/2022	Replace Kiosks	Administrative	\$ 6,608	5	\$ 1,212
7/19/2023	AC Unit	Administrative	\$ 2,698	5	\$ 120
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 17,162		\$ 2,774 *
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
9/22/2022	Water Source Heat Pumps	\$ 21,452	10	\$ 2,584
10/14/2022	Water Source Heat Pumps	\$ 12,306	10	\$ 2,154
10/17/2022	Fire Alarm Horn Strobes	\$ 3,264	10	\$ 408
11/14/2022	Circulator Pump in Boiler Room	\$ 1,939	10	\$ 242
11/17/2022	Fire Sprinkler	\$ 15,893	12	\$ 1,656
12/14/2022	Water Source Heat Pumps	\$ 12,306	10	\$ 1,538
1/17/2023	Resident Water Source Heat Pumps	\$ 3,068	10	\$ 113
2/4/2023	2 Sprinkler Heads	\$ 2,217	10	\$ 80
2/10/2023	Heater Exchanger on Kitchen Unit	\$ 5,210	15	\$ 125
4/3/2023	Hot Water Heater Circulator Pump	\$ 2,623	10	\$ 87
7/14/2023	Replace Pump Motor	\$ 1,878	10	\$ 43
8/30/2023	Replace Boiler Gasket	\$ 5,225	10	\$ 68
Total additions for Leasehold Improvement		\$ 87,382		\$ 9,099 *
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 Shelton Lakes			License No. 2298-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	Var	Var		1,934,330	1,334,622			87,480	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var	Var		87,382				9,099	
C-4. Subtotal									96,579
D. Total Amortization									96,579

* 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 Shelton Lakes	License No. 2298-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	109				
6. Square Footage	34,571				
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 years				
e. Amount of Principal Borrowed	9,715,144				
f. Principal balance outstanding as of _____	9,366,468				
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 Shelton Lakes		2298-C	9/30/2023				26	37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	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 Shelton Lakes		2298-C		9/30/2023				27	37	
Item				Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
Subtotals Brought Forward:										
12. C. Movable Equipment										
1. Automotive Equipment				\$						
A. Item		Rate	Amount							
Lender										
Address of Lender										
2. Other (Specify)				\$						
A. Item		Rate	Amount							
Lender										
Address of Lender										
B. Item		Rate	Amount							
Lender										
Address of Lender										
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$						
12. D. Other Interest Expense (Specify)				\$						
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$						
14. Insurance										
a. Insurance on Property (buildings only)				\$ 181,892	184,718	(2,826)				
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)				\$ 181,892	184,718	(2,826)				
15. Total All Expenditures (A-13 thru C-14)				\$ 10,697,062	11,565,399	(868,337)				

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Shelton Lakes	2298-C	9/30/2023		30	37
Item	Total	CCNH / RHNS	(Specify)	Residential Care Home	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 6,503,601	6,503,601			
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>)	\$ 2,035,888	2,035,888			
b. Medicare Room and Board Contractual Allowance **	\$ 708,497	708,497			
4. a. Private-Pay Residents and Other	\$ 2,448,833	2,448,833			
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 131,426	131,426			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (129,662)	(129,662)			
c. Prescription Drugs - Non-Medicare	\$ 10,397	10,397			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (10,397)	(10,397)			
2. a. Medical Supplies - Medicare	\$ 3,060	3,060			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (3,060)	(3,060)			
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 704,137	704,137			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (740,975)	(740,975)			
c. Physical Therapy - Non-Medicare	\$ 258,820	258,820			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (98,550)	(98,550)			
4. a. Speech Therapy - Medicare	\$ 211,280	211,280			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (221,345)	(221,345)			
c. Speech Therapy - Non-Medicare	\$ 53,595	53,595			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (22,500)	(22,500)			
5. a. Occupational Therapy - Medicare	\$ 595,130	595,130			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (608,470)	(608,470)			
c. Occupational Therapy - Non-Medicare	\$ 163,050	163,050			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (77,865)	(77,865)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 114	114			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,915,004	11,915,004			
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>)	\$ 1	1			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 53,966	53,966			
V. Total Other Revenue (1 thru 8)	\$ 53,967	53,967			
VI. Total All Revenue (III +V)	\$ 11,968,971	11,968,971			

* 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)	Residential Care Home
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	Residential Care Home
30 II6b	Oxygen Revenue	\$ 114		
Total Other Resident Revenue		\$ 114	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	Residential Care Home
Pg 30 IV5	Interest on A/R	2,390,758	\$ 1		
Total Interest Income			\$ 1	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	Residential Care Home
Pg. 30 IV8	Rebate	\$ 19,684		
Pg. 30 IV8	West River Settlement	\$ 23,207		
Pg. 30 IV8	Medical Records	\$ 307		
Pg. 30 IV8	Tax Refund	\$ 270		
Pg. 30 IV8	Covid Grant - Air Purifier	\$ 2,868		
Pg. 30 IV8	Dividend	\$ 7,630		
Total Other Revenue		\$ 53,966	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Shelton Lakes	2298-C	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,558
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,390,758
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	1,000
4. Inventories			\$	36,468
5. Prepaid Expenses			\$	9,268
a. _____				
b. _____				
c. _____				
d. See Schedule		9,268		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	2,480,609

See Schedule		2,480,609		
A-9. Total Current Assets (Lines A1 thru 8)			\$	4,919,661
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>2,021,713</u>		\$	590,512
	Accum. Depreciation <u>1,431,201</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>13,764</u>		\$	1,653
	Accum. Depreciation <u>12,111</u>	Net		
6. Movable Equipment	*Historical Cost <u>692,544</u>		\$	58,168
	Accum. Depreciation <u>634,376</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	6,660

See Schedule		6,660		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	656,993

* 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	\$ 18,329
31	A5	Other Prepaid Expenses	\$ -
31	A5	Prepaid Income Tax	\$ (9,061)
		Total Prepaid Expenses	\$ 9,268

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

Page Ref	Line Ref	Description	
		Exchange Accounts (10401 - 10403) (Debit Balance)	
		Due Affiliate (Debit Balance)	\$ 2,480,609
		Total Other Current Assets (Itemize)	\$ 2,480,609

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

Page Ref	Line Ref	Description	
31	B9	Fixed Asset Clearing Account	\$ 6,660
31	B9	Capitalized Refinance Expense	\$ -
31	B9	Construction in Progress	\$ -
		Total Other Other Fixed Assets (Itemize)	\$ 6,660

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Leasehold Deposits	\$ -
32	D7	Deferred Tax Asset	\$ 46,188
		Total Other Assets	\$ 46,188

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)	\$ 12,887
		Accrued PTO	\$ 215,708
		Payroll W/H	\$ 27,400
		Accrued Professional Fees	\$ 26,518
		AP Patient Exchange	\$ (25,826)
		Accrued Worker's Comp	\$ 139,113
		Accrued Group Insurance	\$ 31,108
		Accrued Other Expense	\$ 478,856
		Total Other Current Liabilities (Itemize)	\$ 905,765

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

Page Ref	Line Ref	Description	
		A/P Other (Intercompany)	\$ 295,655
		Dostie Note	\$ -
		Marlin Capital Lease	\$ -
		Loan Payable Officer	\$ -
		Security Deposit/Deferred Revenue	\$ (5,100)
		Deferred Income Tax Payable	\$ -
		State Income Tax Payable	\$ 268,425
		L/T Accrued Other Expenses	\$ -
		Total Other Current Liabilities (Itemize)	\$ 558,980

G. Balance Sheet (cont'd)

Name of Facility Apple Rehab Shelton Lakes	License No. 2298-C	Report for Year Ended 9/30/2023	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	5,576,653
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>)			\$	46,188

See Schedule			46,188	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	46,188
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	5,622,841

* 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 Shelton Lakes		License No. 2298-C	Report for Year Ended 9/30/2023	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	599,381
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>)				\$	121,439
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	14,520
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>)				\$	905,765

See Schedule					905,765
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,641,105

* 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 Shelton Lakes	License No. 2298-C	Report for Year Ended 9/30/2023		Page 34	of 37
Account				Amount	
Total Brought Forward:				1,641,105	
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>)				\$ 558,980	
See Schedule		558,980			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 558,980	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,200,085	

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Apple Rehab Shelton Lakes	2298-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			\$	(2,714,000)	
2. Capital Stock			\$	1,000	
3. Paid-in Surplus			\$		
4. Treasury Stock			\$		
5. Cumulated Earnings			\$	5,732,184	
6. Gain or Loss for Period					
	10/1/2022	thru	9/30/2023	\$	403,572
7. Total Net Worth			\$	3,422,756	
C. Total Reserves and Net Worth			\$	3,422,756	
D. Total Liabilities, Reserves, and Net Worth			\$	5,622,841	

H. Changes in Total Net Worth

Name of Facility Apple Rehab Shelton Lakes	License No. 2298-C	Report for Year Ended 9/30/2023	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	3,028,046
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	11,968,971
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	11,565,399
D. Net Income or Deficit			\$	403,572
E. Balance			\$	3,431,618
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	8,862
Name and Address (<i>No., City, State, Zip</i>)	Title	Amount		
Brian Foley	President	8,862		
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose	Amount			
3. Total Deductions			\$	8,862
H. Balance at End of Period			\$	3,422,756
				09/30/23

I. Preparer's/Reviewer's Certification

Name of Facility Apple Rehab Shelton Lakes	License No. 2298-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"/> Residential Care Home		
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				
Address Address			Phone Number	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Contact Email Address				