# **State of Connecticut**



# **Annual Report of Long-Term Care Facility**

Cost Year 2021

Apple Rehab Watertown Address (No. & Street, City, State, Zip C	la da)						
Address (No. & Street, City, State, Zip C	1. d. 1						
	loue)						
35 Bunker Hill Road, Watertown, CT 06	5795						
Type of Facility							
Chronic and Convalescent		Rest Home with	h Nursing				
✓ Nursing Home only		Supervision on	ly		(Specify)		
(CCNH)		(RHNS)					
Report for Year Beginning		Report for Year	r Ending				
10/1/2020		9/30/2021					
	CCNH 082-C	RHNS (Specify) Medicare Pro 07-5181			licare Provider 07-5181		
Medicaid Provider Numbers:	CC	CNH	RH	HNS		ICF-IID	
	210827						
For Department Use Only	<u> </u>					1	
	Date eceived	Sequence N		Signed a	nd Notarize	d	Date Received
Assigned Notarized Re	Assign	ed					

#### **General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Apple Rehab Watertown	1082-C	9/30/2021	1	37

#### Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT 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 Watertown [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, 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)			Printed Name (Owner)			
Valerie Romano			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 Adjus	Page	of			
	1A	37			
Name of Facility	Period Covered:		From	То	
Apple Rehab Watertown			10/1/2020	9/30/2021	
Address of Facility					
35 Bunker Hill Road, Watertown, CT 06795	1		1		
Report Prepared By	Phone Nun		Date		
Apple Health Care, Inc.	(860) 678-9	755			
Item	Total	CCNH	RHNS	(Specify)	
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.** 

# **General Information and Questionnaire Type of Facility - Organization Structure**

				•	Report for Y	ear Ended	Page	of
N CE 'P' ( 1 P' )			45-7034		9/30/2021	7:	2	37
Name of Facility (as shown on license) Apple Rehab Watertown					Street, City, S oad, Waterto		5705	
Apple Kenao Watertown	CCNH		RHNS	IIII K	(Specify)	wii, CT 00		Provider No.
License Numbers:	1082-C		MINS		(Specify)		07-5181	TOVILLET INO.
Type of Facility (Check appropriate box(es)							07 3101	
Chronic and Convoluceant	,	Dact L	Home with N	Murci	nα			
Nursing Home only (CCNH)			vision only		- 1	l (Specify)	)	
	\	Buper	vision only	(1111)	110)			
Type of Ownership (Check appropriate box)	)							
O Proprietorship O LLC O	Partnership	<b>O</b> F	Profit Corp.	0	Non-Profit C	orp. O	Government	O Trust
				Date	Opened	Date Clo	sed	
If this facility opened or closed during repor	t year provide	e:						
Has there been any change in ownership								
or operation during this report year?		0 1	<i>l</i> es	<u> </u>	No	If "Yes,"	explain full	у.
Administrator								
Name of Administrator					Nursing F	Iome		
Valerie Romano					Administr		2004	
v arche ixomano					License		2004	
Other Operators/Owners who are assistant a	dministrators	(full o	r nart time)	of th		110		
Name		(Tun o	r part time)	01 111	License	No.:		

# **General Information and Questionnaire Partners/Members**

Name of Facility Apple Rehab Watertown		License No. 1082-C	Report for Y 9/30/2021	ear Ended	Page of 3
Legal Name of Parts	nership/LLC	Business A	State(s) and/		or Town(s) in egistered
Name of Partners/Members	Business Ac	ldress	7	Γitle	% Owned

# **General Information and Questionnaire Corporate Owners**

Name of Facility	License No.	e No. Report for Year Ended				
Apple Rehab Watertown	1082-C	3A 37				
If this facility is owned or operated as a corp	ooration, provide th	ne following informa	ation:			
Legal Name of Corporation	Busines	ss Address		ch Incorporated		
Apple Rehab Watertown	35 Bunker Hill R CT 06795	oad, Watertown,	Connecticut			
Name of Directors, Officers	Busines	ss Address	Title	No. Shares Held by Each		
Brian Foley	21 Waterville Rd	. Avon, CT 06001	President	100		
Ryan Vess	21 Waterville Rd	. Avon, CT 06001	Secretary			
Names of Stockholders Owning at Least 10% of Shares						
Brian Foley	21 Waterville Rd	. Avon, CT 06001	President	100		

## General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Watertown	1082-C	9/30/2021	3B	37
If this facility is owned or operated as an individua	l proprietorship, p	rovide the following informati	on:	
	ner(s) of Facility	5		
	•			

## **General Information and Questionnaire Related Parties\***

Name of Facility		License	e No.		Report for Year Ended		Page	of
Apple Rehab Watertown	n		1082-C	,	9/30/2021		4	37
•	eiving compensation from the fa	•		•		If "Yes," provide th		
marriage, ability to cont	rol, ownership, family or busine	ess assoc	ciation?	0	Yes O No	complete the inform	nation on Pa	ge 11 of the report.
<u> </u>	ompanies which provide goods							
	roperty or the loaning of funds		•					
	ssociation, common ownership,			iness	⊙ Yes ○ No			
association to any of the	owners, operators, or officials	of this f	acility?			If "Yes," provide th	e following	information:
			so Provi			Indicate Where		
			ds/Servi			Costs are Included		
Name of Related	Business		Related 1		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
Brian J. Foley	21 Waterville Rd. Avon, CT 06001	0	•		Real Estate Rental	Pg. 22 Line 9	888,024	888,024
Apple Health Care	21 Waterville Rd. Avon, CT 06001	0	•		Management & Accounting Services	Pg. 16 Line m12	380,866	380,866
Corporate Employees	21 Waterville Rd. Avon, CT 06001	0	•		Employee Staffing	Pg. 10 Schedule	132,453	132,453
Healthport	21 Waterville Rd. Avon, CT 06001	0	•		Employee Staffing	Pg. 10 Schedule	42,667	42,667
Employees @ various Apple Facilities		0	•		Employee Staffing	Pg. 10 Schedule	(37,868)	(37,868)
Apple Health Care	21 Waterville Rd. Avon, CT 06001	0	•		Pension Plan (401K)	Pg. 15 Line 1a7	62,043	62,043
Aetna	PO Box 88860 Chicago, IL 60695	•	0		. ,		•	02,043
Acuia	424 Church St. Nashville, TN	_			Group Medical	Pg. 15 Line 1a5	74,340	
Lucent Health Solutions	37219	•	0		Group Medical	Pg. 15 Line 1a5	20,807	
MetLife	PO Box 360229 Pittsburgh, PA 15251	•	0		Group Dental	Pg. 15 Line 1a5	11,688	

<sup>\*</sup> 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 Watertown		License	e No. 1082-C		Report for Year Ended 9/30/2021		Page 4	of 37
	iving compensation from the factor, ownership, family or busine				Yes ⊙ No	If "Yes," provide the complete the inform		
including the rental of prelated through family as	ompanies which provide goods roperty or the loaning of funds to ssociation, common ownership, owners, operators, or officials of	o this fa control,	cility, or busi	ness	⊙ Yes ○ No	If "Yes," provide th	ne following	information:
Name of Related Individual or Company	Business Address	Good	so Provi ls/Servic Related l	ces to	Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
USI	PO Box 62937 Virginia Beach, VA 23466	¥			Property, Liability, & Umbrella Insurance	Pg. 22 Line 9	171,042	-
Reliance Standard	2001 Market St. Philadelphia, PA	¥			Group Life & Disability	Pg. 15 1a6	24,050	
AIG	PO Box 10472 Newark, NJ	¥			Worker's Compensation	Pg. 15 1a1	(99,415)	
Swallowing Diagnotics	21 Waterville Road Avon, CT	¥		83%	Diagnostic Services	Pg 20 5f	4,680	4,413
Ryan Vess	21 Waterville Road Avon, CT		¥			##		
Tara Foley	21 Waterville Road Avon, CT		¥			##		

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Provide the percentage amount of revenue received from non-related parties.

<sup>##</sup> Related expense has been disallowed on Pg. 28 Line 23

# **General Information and Questionnaire Basis for Allocation of Costs**

Name of Facility	License No.	•	Report for Year Ended	Page	of		
Apple Rehab Watertown	1082-C	-C 9/30/2021 5			37		
If the facility is licensed as CDH and/or RCH of	r provides A	des AIDS or TBI services with special Medicaid rates, costs					
must be allocated to CCNH and RHNS as follow	ws:						
Item			Method of Allocation				
Dietary		Number of	meals served to residents				
Laundry		Number of	pounds processed				
Housekeeping Number of square feet serviced							
		Number of	hours of routine care provided	by EAG	CH		
Nursing		employee c	classification, i.e., Director (or	Charge	Nurse),		
		Registered	Nurses, Licensed Practical Nur	rses, Ai	des and		
		Attendants					
Direct Resident Care Consultants		Number of	hours of resident care provided	d by EA	.CH		
			(See listing page 13)	•			
Maintenance and operation of plant		Square feet					
Property costs (depreciation)		Square feet					
Employee health and welfare	(	Gross salar	ries				
Management services		Appropriat	e cost center involved				
All other General Administrative expenses	,	Total of Di	rect and Allocated Costs				
The preparer of this report must answer the following	owing questi	ons applica	able to the cost information pro	vided.			
1. In the preparation of this Report, were all			If "No," explain fully why such		tion was		
costs allocated as required?	• Yes	O No	not made.				
1							
2. Explain the allocation of related company ex	nenses and a	attach copy	of appropriate supporting data				
The costs incurred by Apple Health Care, Inc. (	_				s to each		
facility owned by Brian J. Foley are allocated or	_		ace decounting and manageriar	BCI VICCI	o to caen		
lacinty owned by Brian v. 1 orey are unocated of	n a per oca o	asis.					
3. Did the Facility appropriately allocate and se	lf_disallow o	direct and i	ndirect costs to non-nursing ho	me cost	centers?		
(e.g., Assisted Living, Home Health, Output			_	ine cost	centers:		
(e.g., Assisted Living, Home Hearth, Output	ient bei vices	, Mauri Da					
O Yes O No If "No," explain fully why such allocation was not made.							
N/A							

## **General Information and Questionnaire Leases (Excluding Real Property)**

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

Name of Facility			License No.	Report for Y	ear Ended		Page	of
Apple Rehab Watertown			1082-C	9/30/2021			6	37
	Relate Owr Opera Offi	ators,		Date of	Term of	Annual Amount	Am	ount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clai	imed
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
s a Mileage Log Book Maintained for A	ll Leased V	ehicles	? O Yes	•	No	Total ***		

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

<sup>\*\*</sup> Attach copies of newly acquired leases.

<sup>\*\*\*</sup> Amount should agree to Page 22, Line 6e.

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## General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Watertown	1082-C	9/30/2021		7	37
The records of this facility for the p	eriod covered by this report	were maintained on the following basis:			
Accrual O Cash O	Modified Cash				
Is the accounting basis for this					
_	Yes	If "No," explain.			
previous period?	No				
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Clifton Larson Allen LLP (CLA	A)	29 South Main Street West Hartford, CT	06127		
2 Brazee & Huban		35 Wendell Ave. Pittsfield, MA 10202			
3 Clifton Larson Allen LLP (CLA	A)	29 South Main Street West Hartford, CT	06127		
4	•1 0 11				
Services Provided by This Firm (de	scribe fully )				
1 Preparation of audited financials			\$	2,616	
2 Preparation of Tax Returns			\$	2,384	
3 Audit 401K			\$	806	
4			\$		
			Charge for	Services Pro	ovided
			\$	5,806	
Are These Charges Reflected in the Expen	nditure Portion of This Report? If	Yes, Specify Expense Classification and Line No.	Ψ	3,000	
	Pg. 15 Line 1d	, ~,			
Legal Services Information	<u>,                                    </u>				
Name of Legal Firm or Independent	t Attorney		Telephone 1	Number	
1 Summa & Ryan					
2					
3					
4					
5					
Address (No. & Street, City, State, 2	_				
1 1921 Holmes Ave., Waterbury,	, CT 06702				
2					
3					
5					
Services Provided by This Firm ( <i>de</i>	escribe fully)				
<u> </u>	<i>3 7 7</i>		Ф.	1.012	
1 Litigation			\$	1,813	
2			Ф		
ر م			\$		
4			\$		
5			\$	<del>~ -</del>	
			Charge for		ovided
			\$	1,813	
Are These Charges Reflected in the Expen	=	Yes, Specify Expense Classification and Line No.			
⊙ Yes O No	Pg. 15 1e				

# **Schedule of Resident Statistics**

Name of Facility	•						-	r Year Ende	d		Page	of
Apple Rehab Watertown	1		10	82-C			9/30/2021				8	37
						Period 10	1 Thru 6/1	30		Period 7/	1 Thru 9/3	0
	TD 4 1 A 11	Total	Total	TD 4 1								
	Total All Levels	CCNH Level	RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
Certified Bed Capacity	<u> Levels</u>	<u> </u>	Bever	(Specify)	Total	001111	THI 15	(Specify)	Total	001111	THING	(Specify)
A. On last day of PREVIOUS report period	110	110			110	110						
B. On last day of THIS report period	110	110							110	110		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	92	92			92	92						
B. As of midnight of THIS report period	90	90							90	90		
3. Total Number of Days Care Provided During Period												
A. Medicare	5,718	5,718			4,470	4,470			1,248	1,248		
B. Medicaid (Conn.)	21,541	21,541			15,500	15,500			6,041	6,041		
C. Medicaid (other states)												
D. Private Pay	5,159	5,159			3,689	3,689			1,470	1,470		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	32,418	32,418			23,659	23,659			8,759	8,759		
<ol> <li>Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days</li> </ol>												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	32,418	32,418			23,659	23,659			8,759	8,759		

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# **Schedule of Resident Statistics (Cont'd)**

Apple Rehab Watertown   1082-C   9-302021   9   37	Name of Faci	lity			License No. Repor						Report for Year Ended Page of				
T "YES"   provide the following information:	Apple Rehab	Waterto	wn		10	082-C					9/30/202	21		9	37
Place of Change		•	•			pacity du	ring t	he repo	ort yea	ır?	0	Yes	•	No	
Date of CNH RHNS	If "YES"	', provid	le the fo	llowing informa	tion:									T	
Change			Place of	f Change		Cl	nange	in Bed	S		Ca	pacity Afte	er Change		
Contemporary   Cont	Date of	CCNH	RHNS	(Specify)		Lost		(	Gaine	d					
Contemporary   Cont	Change														
RESIDENT DAYS for 90 days following the change.   CCNH   RHNS   (Specify)	Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason f	or Change
RESIDENT DAYS for 90 days following the change.   CCNH   RHNS   (Specify)															
RESIDENT DAYS for 90 days following the change.   CCNH   RHNS   (Specify)															
RESIDENT DAYS for 90 days following the change.   CCNH   RHNS   (Specify)		-													
Self-Pay		•	_		-		the r	eport y	ear (as	s report	ted in iten	n 4 above)	provide the nur	mber of	
2nd change	Change in Resident Days CCNI									CNH	RHNS	(Spe	ecify)		
3rd change   4th change   6   Number of Residents and Rates on September 30 of Cost Year															
Ath change   Medicare   Medicar		-													
Medicare															
Medicare   Medicaid   Self-Pay   Other State Assisted		_	danta an	d Datas on Conts	mak an	20 of Co	at Va								
Item	6. Number	or Resid	dents an		mber			ar			Se	lf_Pay		Other Sta	te Assisted
No. of Residents				Wicdicarc		Wicui	Caru					III-I ay		Other Sta	ic Assisted
No. of Residents															
No. of Residents		Item		CCNH		CNH	RI	ZINH	C	TNH	DI.	ZNE	(Specify)	RСН	ICE-MR
Per Diem Rate	No. of R		3	9			IXI	1110				1145	(Бреспу)	K.C.II.	ICI -IVIIC
a. One bed rm.   455.00   5. Two bed rms.   Various   257.54   370.00   5. Two bed rms.   Various   257.54   370.00   5. Three or more bed rms.   5. Total Number of Physical Therapy Treatments   5. Restorative Treatments   5			,	,		70									
c. Three or more bed rms.       Contract       CONH       RHNS       (Specify)         7. Total Number of Physical Therapy Treatments       2,255       2,255       2,255         B. Medicaid (Exclusive of Part B)       2,255       2,255       2,255         B. Medicaid (Exclusive of Part B)       2,252       25,925       2,259         C. Other       25,925       25,925       2,8180       28,180         8. Total Number of Speech Therapy Treatments       484       484       484       484         B. Medicaid (Exclusive of Part B)       484										455.00					
Total Number of Physical Therapy Treatments	b. Two	bed rms		Various		257.54				370.00					
7. Total Number of Physical Therapy Treatments A. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments 2. Restorative Treatments 2. Restorative Treatments 3. Total Physical Therapy Treatments 4. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 4. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments 4. Restorative Treatments 5. Other 7. Total Speech Therapy Treatments 8. Total Number of Occupational Therapy Treatments 9. Total Number of Occupational Therapy Treatments A. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 4. Jeff de	c. Three	or more	e												
A. Medicare - Part B  B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments  2. Restorative Treatments  C. Other  D. Total Physical Therapy Treatments  A. Medicare - Part B  B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments  A. Medicare - Part B  B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments  C. Other  C. Other  D. Total Speech Therapy Treatments  A. Medicare - Part B  B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments  C. Other  D. Total Speech Therapy Treatments  A. Medicare - Part B  D. Total Speech Therapy Treatments  A. Medicare - Part B  D. Total Speech Therapy Treatments  A. Medicare - Part B  D. Total Speech Therapy Treatments  A. Medicare - Part B  D. Total Number of Occupational Therapy Treatments  A. Medicare - Part B  D. Medicaid (Exclusive of Part B)  D. Maintenance Treatments  D. Restorative Treatments	bed 1	rms.													
B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments  2. Restorative Treatments  C. Other  25,925  D. Total Physical Therapy Treatments  8. Total Number of Speech Therapy Treatments  A. Medicare - Part B  B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments  2. Restorative Treatments  C. Other  3,762  3,762  D. Total Speech Therapy Treatments  4,246  9. Total Number of Occupational Therapy Treatments  A. Medicare - Part B  B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments  2. Restorative Treatments  4,246  9. Total Number of Occupational Therapy Treatments  A. Medicare - Part B  B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments  2. Restorative Treatments					ments	3			_		ТО			RHNS	(Specify)
2. Restorative Treatments       25,925       25,925         C. Other       25,925       25,925         D. Total Physical Therapy Treatments       28,180       28,180         8. Total Number of Speech Therapy Treatments       484       484         A. Medicare - Part B       484       484         B. Medicaid (Exclusive of Part B)       3,762       3,762         1. Maintenance Treatments       3,762       3,762         D. Total Speech Therapy Treatments       4,246       4,246         9. Total Number of Occupational Therapy Treatments       697       697         B. Medicaid (Exclusive of Part B)       697       697         B. Medicaid (Exclusive of Part B)       697       697         1. Maintenance Treatments       2. Restorative Treatments       19,952       19,952	B.	Medica	aid (Exc	lusive of Part B)											
C. Other       25,925       25,925         D. Total Physical Therapy Treatments       28,180       28,180         8. Total Number of Speech Therapy Treatments       484       484         A. Medicare - Part B       484       484         B. Medicaid (Exclusive of Part B)       3,762       3,762         1. Maintenance Treatments       3,762       3,762         D. Total Speech Therapy Treatments       4,246       4,246         9. Total Number of Occupational Therapy Treatments       697       697         B. Medicaid (Exclusive of Part B)       697       697         B. Medicaid (Exclusive Treatments       1, Maintenance Treatments       1, Maintenance Treatments         C. Other       19,952       19,952															
D. Total Physical Therapy Treatments       28,180       28,180         8. Total Number of Speech Therapy Treatments       484       484         A. Medicare - Part B       484       484         B. Medicaid (Exclusive of Part B)       1. Maintenance Treatments       1. Maintenance Treatments         C. Other       3,762       3,762         D. Total Speech Therapy Treatments       4,246       4,246         9. Total Number of Occupational Therapy Treatments       697       697         A. Medicare - Part B       697       697         B. Medicaid (Exclusive of Part B)       697       697         1. Maintenance Treatments       1. Maintenance Treatments       19,952       19,952         C. Other       19,952       19,952       19,952			torative	Treatments											
8. Total Number of Speech Therapy Treatments       484       484         A. Medicare - Part B       484       484         B. Medicaid (Exclusive of Part B)       5       5         1. Maintenance Treatments       1       5         2. Restorative Treatments       1       5         C. Other       3,762       3,762       3,762         D. Total Speech Therapy Treatments       4,246       4,246       4,246         9. Total Number of Occupational Therapy Treatments       697       697       697         B. Medicaid (Exclusive of Part B)       697       697       697         B. Medicaid (Exclusive of Part B)       697       697       697         1. Maintenance Treatments       1       19,952       19,952         2. Restorative Treatments       19,952       19,952				m m											
A. Medicare - Part B  B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments  2. Restorative Treatments  C. Other  3,762  3,762  D. Total Speech Therapy Treatments  4,246  9. Total Number of Occupational Therapy Treatments  A. Medicare - Part B  B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments  2. Restorative Treatments  C. Other  19,952												28,180	28,180		
B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments 3,762 3,762 D. Total Speech Therapy Treatments 4,246 4,246 9. Total Number of Occupational Therapy Treatments A. Medicare - Part B 697 697 B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments C. Other					nents							494	494		
1. Maintenance Treatments       9. Total Speech Therapy Treatments       3,762         A. Medicare - Part B       697       697         B. Medicaid (Exclusive of Part B)       1. Maintenance Treatments       1. Maintenance Treatments         2. Restorative Treatments       19,952       19,952												404	404		
2. Restorative Treatments       3,762         C. Other       3,762         D. Total Speech Therapy Treatments       4,246         9. Total Number of Occupational Therapy Treatments       697         A. Medicare - Part B       697         B. Medicaid (Exclusive of Part B)       697         1. Maintenance Treatments       7         2. Restorative Treatments       7         C. Other       19,952	<b>D</b> .														
C. Other       3,762       3,762         D. Total Speech Therapy Treatments       4,246       4,246         9. Total Number of Occupational Therapy Treatments       697       697         A. Medicare - Part B       697       697         B. Medicaid (Exclusive of Part B)       697       697         1. Maintenance Treatments       7       7         2. Restorative Treatments       7       19,952       19,952															
9. Total Number of Occupational Therapy Treatments A. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments C. Other 19,952 19,952	C.											3,762	3,762		
A. Medicare - Part B 697 697  B. Medicaid (Exclusive of Part B)			Speech T	Therapy Treatmo	ents							4,246	4,246		
B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments  2. Restorative Treatments  C. Other  19,952  19,952	9. Total Nu	ımber o	f Occupa	ational Therapy	Treatı	nents									
1. Maintenance Treatments       2. Restorative Treatments         2. Other       19,952         19,952       19,952												697	697		
2. Restorative Treatments       19,952         C. Other       19,952	B.		•												
C. Other 19,952 19,952															
			torative	1 reatments								10.053	10.055		
			Occupat	ional Therapy T	roatu	ents									

CSP-10 Rev. 9/2002

# Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Yea		Page	of
Apple Rehab Watertown	1082-C		9/30/2021		10	37
Are time records maintained by all individuals receiving con	npensation?	•	Yes		No	
	<del>-</del>		Total Cost	and Hours		l
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I						
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	111,666	2,120		_		
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1) 4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	88,568	4,626				
5. Dietary Service	00,500	7,020				
a. Head Dietitian	49,443	1,436				
b. Food Service Supervisor	69,699	2,069				
c. Dietary Workers	350,292	19,719				
6. Housekeeping Service						
a. Head Housekeeper	162.750	9,100				
<ul><li>b. Other Housekeeping Workers</li><li>7. Repairs &amp; Maintenance Services</li></ul>	163,750	9,100				
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	48,368	2,713				
8. Laundry Service						
a. Supervisor	59,414	1,952				
b. Other Laundry Workers	120,588	6,970				
9. Barber and Beautician Services						
10. Protective Services 11. Accounting Services						
a. Head Accountant						
b. Other Accountants	134,700	4,073				
12. Professional Care of Residents						
<ul> <li>a. Directors and Assistant Director of Nurses</li> </ul>	124,601	3,686				
b. RN						
Direct Care	479,772	9,926				
2. Administrative**	226,838	5,870				
c. LPN 1. Direct Care	1,082,880	22 411				
2. Administrative**	1,062,660	33,411				
d. Aides and Attendants	1,295,970	64,682				
e. Physical Therapists	416,998	10,227				
f. Speech Therapists	102,934	2,069				
g. Occupational Therapists	249,431	6,013				
h. Recreation Workers	72,650	3,983				
i. Physicians						
Medical Director     Utilization Review						
3. Resident Care***						
4. Other (Specify)						
· • • • • • • • • • • • • • • • • • • •						
j. Dentists						
k. Pharmacists						
1. Podiatrists	100.051	4 7 1 2				
m. Social Workers/Case Management n. Marketing	139,851	4,716				
o. Other (Specify)						
See Attached Schedule						
A-13. Total Salary Expenditures	5,388,415	199,363				

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

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

### $Schedule\ of\ Other\ Salaries\ and\ Wages\ (Page\ 10)$

	CC	NH	RH	INS	(Specify)		
Position	\$	Hours	\$	Hours	\$	Hours	
Total	\$ -	-	\$ -	-	\$ -	-	

## Schedule of Other Fees (Page 13)

	CC	NH	RI	INS	(Spe	cify)
Service	\$	Hours	\$	Hours	\$	Hours
Admissions & Discharge Fee	\$ 2,024	16				
Mary B. Jordan -Employee Relations Consultant	\$ 500	4				
Total	\$ 2,524	20	\$ -	-	\$ -	-

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CSP-11 Rev. 10/2005

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

Name of Facility Apple Rehab Watertown				License No. 1082-C		Report for 9/30/2021	Year Ended		Page 11	of 37
Apple Renau Watertown	l	Calama Dai		1082-C		9/30/2021	<u> </u>		11	37
Name	CCNH	Salary Pai	(Specify)	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
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).										

<sup>\*</sup> No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

<sup>\*\*</sup> Include **all** employment worked during the cost year.

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

Name of Facility (as licensed)				License No.		Report for Y	Year Ended		Page	of
Apple Rehab Watertown				1082-C		9/30/2021			12	37
		Salary Pai		Fringe Benefits and/or Other Payments	Full Description of	Total Hours		Name and Address of All	Total Hours	Compensation
Name	CCNH	RHNS	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***										
Valarie Romano	111,666				Administrator 10/01/20 - 9/30/21	2,120	A.2.			
Section IV - Assistant Administrators										

<sup>\*</sup>No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

<sup>\*\*</sup> Include <u>all</u> other employment worked during the cost year.

<sup>\*\*\*</sup> If more than one Administrator is reported, include dates of employment for each.

CSP-13 Rev. 9/2002

**B.** Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Y		Page	of
Apple Rehab Watertown	1082	2-C	9/30/2021	cui Liidea	13	37
11		_	Total Cost	and Hours		
			Total Cost			
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee						
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	6,853	36				
3. Pharmacist	15,303	140				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	42,040					
b. Utilization Review						
(Title 18 and 19 only) monthly meeting	600	5				
c. Resident Care**						
d. Administrative Services facility						
<ol> <li>Infection Control Committee         (Quarterly meetings)</li> </ol>						
2. Pharmaceutical Committee						
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	2.524	20				
	2,524	20				
B-13 Total Fees Paid in Lieu of Salaries	67,320	201				

<sup>\*</sup> 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.

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

<sup>\*\*\*</sup> 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	License No.	Report for Y	ear Ended	Page	of	
Apple Rehab Watertown	1082-C	T_	9/30/2021		14	37
Name & Address of Individual	Full Explanation of Service	Operato	* to Owners, rs, Officers	Expla	nation of Rela	tionship
		Yes	No			
Dr. Hector Pun, MD 134 Grandview Avenue, Waterbury, CT	Medical Director	0	•			
John Moschello, 594 Mt. Fair Drive, Watertown CT 06795	Utilization Review	0	•			
Alec H. Jaret, DMD, PC 888 Worcester St., 130, Wellesley, Ma 02482	Dentist	0	•			
Neighborcare PO Box 78000 Detroit, MI	Pharmacist	0	•			
Patientping, Inc., 10 Post Office Square, Boston, MA 02109	Adm & Discharge Fee	0	•			
Mary B. Jordan 75 High Farms Rd, West Hartford, CT. 06107	Employee Relations Consultant	0	•			
		0	•			
		0	•			
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		0	•			
		0	•			

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

# C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.		Report for Ye	ear Ended	Page	of
Apple Rehab Watertown	1082-C		9/30/2021		15	37
	<u>'</u>	T				
Item			Total	CCNH	RHNS	(Specify)
Administrative and General		٦				
a. Employee Health & Welfare Benefits		-1				
1. Workmen's Compensation		\$	(99,415)	(99,415)		
2. Disability Insurance		\$				
3. Unemployment Insurance		\$	57,933	57,933		
4. Social Security (F.I.C.A.)		\$	396,944	396,944		
5. Health Insurance		\$	484,969	484,969		
6. Life Insurance (employees only)		П				
(not-owners and not-operators)		\$	24,050	24,050		
7. Pensions (Non-Discriminatory)		\$	62,043	62,043		
(not-owners and not-operators)						
8. Uniform Allowance		\$				
9. Other ( <i>Specify</i> )		\$				
See Attached Schedule						
b. Personal Retirement Plans, Pensions, and	1	\$				
Profit Sharing Plans for Owners and		-1				
Operators (Discriminatory)*		-1				
		╝				
c. Bad Debts*		\$	261,192	261,192		
d. Accounting and Auditing		\$	5,806	5,806		
e. Legal (Services should be fully described	on Page 7)	\$	1,813	1,813		
f. Insurance on Lives of Owners and		\$				
Operators (Specify)*		╛				
g. Office Supplies		\$	14,276	14,276		
h. Telephone and Cellular Phones		J				
1. Telephone & Pagers		\$	32,392	32,392		
2. Cellular Phones		\$				
i. Appraisal (Specify purpose and		\$				
attach copy )*						
		Ц				
j. Corporation Business Taxes (franchise to		\$				
k. Other Taxes (Not related to property - Se	ee Page 22)					
1. Income*		\$	121,724	121,724		
2. Other ( <i>Specify</i> )		\$				
See Attached Schedule		[				
3. Resident Day User Fee		\$	528,719	528,719		
Subtotal		\$	1,892,446	1,892,446		

<sup>\*</sup> Facility should self-disallow the expense on Page 28 of the Cost Report.

(Carry Subtotals forward to next page)

Attachment Page 15

### **Schedule of Other Employee Benefits**

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

\_\_\_\_\_

#### **Schedule of Other Taxes**

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

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

Name of Facility	License No.	Report for Y	Year Ended	Page	of
Apple Rehab Watertown 1082-		9/30/2021		16	37
Item		Total	CCNH	RHNS	(Specify)
Subtotal	s Brought Forward:	1,892,446	1,892,446		
Travel and Entertainment					
Resident Travel and Entertainment	\$	3,315	3,315		
2. Holiday Parties for Staff	\$	1,000	1,000		
Gifts to Staff and Residents	\$	11,112	11,112		
4. Employee Travel	\$	4,886	4,886		
5. Education Expenses Related to Seminars and	d Conventions \$	397	397		
6. Automobile Expense (not purchase or depre	eciation) \$				
7. Other ( <i>Specify</i> )	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses	\$ )	451	451		
2. Advertising Telephone Directory (all such e.	xpenses )*** \$				
3. Advertising Other ( <i>Specify</i> )***	\$	7,914	7,914		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service i	s supplied \$				
directly and not by contract or fee for service	2)***				
7. Postage	\$	4,327	4,327		
* 8. Dues and Membership Fees to Professional	\$	9,041	9,041		
Associations (Specify)					
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-A		1,212	1,212		
9. Subscriptions	\$	3,246	3,246		
10. Contributions***	\$				
See Attached Schedule					
11. Services Provided by Contract (Specify and	=				
Schedule C-2, Page 21 for each firm or indi					
12. Administrative Management Services**	\$	380,866	380,866		
13. Other (Specify)	\$	266,160	266,160		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	2,586,374	2,586,374		

<sup>\*</sup> Do not include Subscriptions, which should go in item 9.

<sup>\*\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

<sup>\*\*\*</sup> Facility should self-disallow the expense on Page 28 of the Cost Report.

### **Schedule of Other Travel and Entertainment**

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

### **Schedule of Other Advertising**

Description	C	CNH	RHNS	(Specify)
Advertising - Public Relations	\$	7,914		
<b>Total Other Advertising</b>	\$	7,914	\$ -	\$ -

\_\_\_\_

#### **Schedule of Dues**

Description	(	CCNH	RHNS	(Specify)
AHCA	\$	1,100		
ALTCFM	\$	85		
CAHCF	\$	7,856		
Total Dues	\$	9,041	\$ -	\$ -

**Schedule of Contributions** 

Description	CCNH	RHNS	(Specify)
<b>Total Contributions</b>	\$ -	\$ -	\$ -

### Schedule of Other Administrative and General

Description	(	CCNH	RHNS	(Specify)
Corporate Fees - Non Reimbursable	\$	97,886		
Licenses & Fees	\$	3,143		
Pre Employment Screenings	\$	21,282		
System License & Subscription Fees	\$	42,916		
Bank Service Charges	\$	43,157		
Legal Fees - Collection/Probate	\$	225		
IT Service Fees	\$	1,308		
Internet & Cable/Satellite TV	\$	26,847		
Gemino Finance Expense	\$	7,232		
Healthport Indirect	\$	2,117		
Resident Expenses	\$	7,412		
Prior Period/Account W/O	\$	12,634		
Total Other Administrative and General	\$	266,160	\$ -	\$ -

\_\_\_\_\_

# **Schedule C-1 - Management Services\***

Name of Facility Apple Rehab Watertown	License No. 1082-C	Report for Year Ended 9/30/2021	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.	380,866	Accounting and Management Services	Pg. 16 Line m12

<sup>\*</sup> 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)

I. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of meals provided to persons other  J. than employees or residents (i.e., Board O Yes O No Members, Guests) included in 2D?  If yes, specify cost.	3 T			i i age 3)	ID . C 77		Th	
Item Total CCNH RHNS (Specify)  2. Dietary a. In-House Preparation & Service 1. Raw Food \$ 215,197 215,197 2 2. Non-Food Supplies \$ 32,701 32,701 3 3. Other (Specify) \$ \$ 32,701 32,701 \$ 3. Other (Specify) \$ \$ \$ 1,505 1,505 \$  than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify) \$ \$ \$ 249,404 249,404 \$  2D. Total Dietary Expenditures (2a+b+c+d) \$ 249,404 249,404 \$  2E. Dietary Questionnaire Total CCNH RHNS (Specify)  F. Resident Meals: Total no. of meals served per day:* 266 266 \$  G. Is cost of employee meals included in 2D? O Yes O No  H. Did you receive revenue from employees? O Yes O No If yes, specify amt.  Is cost of meals provided to persons other than employees or residents (i.e., Board O Yes Members, Guests) included in 2D?  K. Is any revenue collected from these people? O Yes O No If yes, specify amt.  Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees? O Yes O No If yes, specify cost.  M. meetings) provided to employees? O Yes O No If yes, specify cost.  M. Is any revenue collected from employees? O Yes O No If yes, specify cost.  M. meetings) provided to employees included in 2D?  N. Is any revenue collected from employees? O Yes O No If yes, specify cost.		•			_	ear Ended		
2. Dietary a. In-House Preparation & Service 1. Raw Food S 215,197 215,197 2. Non-Food Supplies S 32,701 32,701 3. Other (Specify) S 32,701 32,701  b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify) S 5  2D. Total Dietary Expenditures (2a + b + c + d) S 249,404 249,404  2E. Dietary Questionnaire Total CCNH RHNS (Specify) F. Resident Meals: Total no. of meals served per day: 266 266 G. Is cost of employee meals included in 2D? Yes No  H. Did you receive revenue from employees? O Yes No If yes, specify amt.  I. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other than employees or residents (i.e., Board O Yes No If yes, specify cost.  K. Is any revenue collected from these people? O Yes No If yes, specify amt.  Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?  N. Is any revenue collected from employees? O Yes No If yes, specify cost.  If yes, specify cost.  If yes, specify cost.  If yes, specify amt.	App	le Rehab Watertown		1082-C	9/30/2021	9/30/2021		37
a. In-House Preparation & Service  1. Raw Food \$ 215,197 215,197  2. Non-Food Supplies \$ 32,701 32,701  3. Other (Specify) \$ \$ 1,505 1,505  b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)  c. Other (Specify) \$ \$ 249,404 249,404  2D. Total Dietary Expenditures (2a+b+c+d) \$ 249,404 249,404  2E. Dietary Questionnaire Total CCNH RHNS (Specify)  F. Resident Meals: Total no. of meals served per day:* 266 266  G. Is cost of employee meals included in 2D? O Yes O No  H. Did you receive revenue from employees? O Yes O No  If yes, specify amt.  Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?  K. Is any revenue collected from these people? O Yes O No  If yes, specify cost.  L. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?  N. Is any revenue collected from employees? O Yes O No  If yes, specify cost.  If yes, specify cost.				Total	CCNH	RHNS	(S	pecify)
2. Non-Food Supplies 3. Other (Specify) \$ 32,701 32,701  b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify) \$ 1,505  2D. Total Dietary Expenditures (2a + b + c + d) \$ 249,404  2E. Dietary Questionnaire Total CCNH RHNS (Specify)  F. Resident Meals: Total no. of meals served per day:* 266 266  G. Is cost of employee meals included in 2D? O Yes O No  H. Did you receive revenue from employees? O Yes O No  If yes, specify amt.  Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?  K. Is any revenue collected from these people? O Yes O No  If yes, specify amt.  Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?  N. Is any revenue collected from employees? O Yes O No  If yes, specify cost.  If yes, specify cost.	2.	a. In-House Preparation & Service	¢	215 107	215 105			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify)  2D. Total Dietary Expenditures (2a + b + c + d) \$ 249,404 249,404  2E. Dietary Questionnaire  Total  CCNH  RHNS  (Specify)  F. Resident Meals: Total no. of meals served per day:* 266 266  G. Is cost of employee meals included in 2D? O Yes O No  H. Did you receive revenue from employees? O Yes O No  If yes, specify amt.  I. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?  K. Is any revenue collected from these people? O Yes O No  If yes, specify cost.  L. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?  N. Is any revenue collected from employees? O Yes O No  If yes, specify cost.  If yes, specify cost.  If yes, specify cost.								
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify)  2D. Total Dietary Expenditures (2a + b + c + d) \$ 249,404 249,404  2E. Dietary Questionnaire F. Resident Meals: Total no. of meals served per day:* 266 266 G. Is cost of employee meals included in 2D? O Yes O No  H. Did you receive revenue from employees? O Yes No If yes, specify amt.  I. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?  K. Is any revenue collected from these people? O Yes O No If yes, specify amt.  L. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?  N. Is any revenue collected from employees? O Yes O No If yes, specify cost.  If yes, specify cost.  If yes, specify cost.  If yes, specify cost.		11		32,701	32,701			
than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify) \$  2D. Total Dietary Expenditures (2a + b + c + d) \$  249,404 249,404  2E. Dietary Questionnaire Total CCNH RHNS (Specify)  F. Resident Meals: Total no. of meals served per day:* 266 266  G. Is cost of employee meals included in 2D? O Yes O No  H. Did you receive revenue from employees? O Yes O No  If yes, specify amt.  I. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?  K. Is any revenue collected from these people? O Yes O No  If yes, specify cost.  L. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?  N. Is any revenue collected from employees? O Yes O No  If yes, specify cost.  If yes, specify cost.  If yes, specify cost.  If yes, specify cost.		5. Other (Specify)	_					
Complete Schedule C-2 att. Page 21)  c. Other (Specify) \$ 249,404 249,		b. Purchased Services (by contract other	\$	1,505	1,505			
2E. Dietary Questionnaire  Total CCNH RHNS (Specify)  Exessident Meals: Total no. of meals served per day:*  Construction of employee meals included in 2D?  Exessident Meals: Total no. of meals served per day:*  Construction of employee meals included in 2D?  Exessident Meals: Total no. of meals served per day:*  Construction of employee meals included in 2D?  Exessident Meals: Total no. of meals served per day:*  Construction of employee meals included in 2D?  Exessident Meals: Total no. of meals served per day:*  Construction of employee meals included in 2D?  Exession of employee meals included in 2D?  Exession of meals provided to persons other of the cost Report? (Page/Line Item)  Exession of meals provided to persons other of the employees or residents (i.e., Board of No of No of Seep of No of No of Seep of No of Seep of No of		,						
2E. Dietary Questionnaire  F. Resident Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals per day:*  Consider Meals: Total no. of no. of meals per day:*  Consider Meals: Total no. of no. of meals per day:*  Consider Meals: Total no. of no.		c. Other (Specify)	_ \$					
2E. Dietary Questionnaire  F. Resident Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals served per day:*  Consider Meals: Total no. of meals per day:*  Consider Meals: Total no. of no. of meals per day:*  Consider Meals: Total no. of no. of meals per day:*  Consider Meals: Total no. of no.								
F. Resident Meals: Total no. of meals served per day:*  G. Is cost of employee meals included in 2D? O Yes O No  H. Did you receive revenue from employees? O Yes No If yes, specify amt.  I. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?  K. Is any revenue collected from these people? O Yes O No If yes, specify amt.  L. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?  N. Is any revenue collected from employees? O Yes O No If yes, specify cost.  If yes, specify cost.  If yes, specify cost.	2D.	<b>Total Dietary Expenditures</b> $(2a + b + c + d)$	\$	249,404	249,404			
G. Is cost of employee meals included in 2D? O Yes O No  H. Did you receive revenue from employees? O Yes O No  If yes, specify amt.  I. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of meals provided to persons other  J. than employees or residents (i.e., Board O Yes O No  Members, Guests) included in 2D?  K. Is any revenue collected from these people? O Yes O No  If yes, specify cost.  L. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?  N. Is any revenue collected from employees? O Yes O No  If yes, specify cost.  If yes, specify cost.	2E.	Dietary Questionnaire		Total	CCNH	RHNS	(S	pecify)
G. Is cost of employee meals included in 2D? O Yes O No  H. Did you receive revenue from employees? O Yes O No  If yes, specify amt.  I. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of meals provided to persons other  J. than employees or residents (i.e., Board O Yes O No  Members, Guests) included in 2D?  K. Is any revenue collected from these people? O Yes O No  If yes, specify cost.  L. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?  N. Is any revenue collected from employees? O Yes O No  If yes, specify cost.  If yes, specify cost.	F.	Resident Meals: Total no. of meals served per da	v:*	266	266			
H. Did you receive revenue from employees? O Yes amt.  I. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of meals provided to persons other J. than employees or residents (i.e., Board O Yes O No Members, Guests) included in 2D?  K. Is any revenue collected from these people? O Yes O No If yes, specify amt.  L. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?  N. Is any revenue collected from employees? O Yes O No If yes, specify cost.  If yes, specify cost.		•		•	No	!	ļ	
Is cost of meals provided to persons other  J. than employees or residents (i.e., Board O Yes O No Members, Guests) included in 2D?  K. Is any revenue collected from these people? O Yes O No If yes, specify amt.  L. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?  N. Is any revenue collected from employees? O Yes O No If yes, specify cost.  If yes, specify cost.	H.	Did you receive revenue from employees? O	Yes	•	No			
J. than employees or residents (i.e., Board Members, Guests) included in 2D?  K. Is any revenue collected from these people? O Yes No If yes, specify amt.  L. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?  N. Is any revenue collected from employees? O Yes No If yes, specify cost.  If yes, specify cost.	I.	Where is the revenue received reported in the Co	st Report	? (Page/Line l	(tem)			
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?  No If yes, specify cost.  If yes, specify amt.	J.	than employees or residents (i.e., Board O	Yes	•	No			
Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?  N. Is any revenue collected from employees?  O Yes  O No  If yes, specify cost.  If yes, specify amt.	K.	Is any revenue collected from these people? O	Yes	•	No			
<ul> <li>M. snacks at monthly staff meetings, board meetings) provided to employees included in 2D?</li> <li>N. Is any revenue collected from employees?</li> <li>O Yes</li> <li>O No</li> <li>If yes, specify cost.</li> <li>If yes, specify amt.</li> </ul>	L.	Where is the revenue received reported in the Co	st Report	? (Page/Line l	Item)			
N. Is any revenue collected from employees? O Yes O No amt.	M.	snacks at monthly staff meetings, board meetings) provided to employees included	Yes	•	No	• •		
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)	N.	Is any revenue collected from employees?	Yes	•	No	• •		
	O.	Where is the revenue received reported in the Co	st Report	? (Page/Line )	Item)			

<sup>\*</sup> 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)

·		License		Report for Y 9/30/2021	ear Ended	Page of
Apple Rehab Watertown			1082-C		1	19   37
	Item		Total	CCNH	RHNS	(Specify)
3.	Laundry  a. In-House Processing*  1. Bed linens, cubicle curtains, draperies, gowns and other resident care items	Lbs.	11,979	11,979		
	washed, ironed, and/or processed.***  2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.				
	processed.***	Amt. \$				
	3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs. Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs.				
		Amt. \$	9,199	9,199		
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
	c. Other (Specify)	\$				
3D.	Total Laundry Expenditures (3a + b + c)	\$	21,178	21,178		
3E. F.	Laundry Questionnaire  Is cost of employee laundry included in 3D? O	Yes	•	No	If yes, specify cost.	
G.	Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.	
H.	Where is the revenue received reported in the Cost	Report?		(Page/Line		
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	Yes	•	No	If yes, specify cost.	
J.	Did you receive revenue from these people? O	Yes	•	No	If yes, specify amt.	
K.	Where is the revenue received reported in the Cost	Report?		(Page/Line	Item)	

<sup>\*</sup> 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.

<sup>\*\*\*</sup> 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)

· · · · · · · · · · · · · · · · · · ·		License No.	Repo	ort for Year E	nded	Page	of
App	Apple Rehab Watertown			9/30/2021		20	37
	Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning ( <i>Mops</i> ,	Amt.	\$	32,378	32,378		
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$	30,826	30,826		
	Page 21)						
	C. Other ( <i>Specify</i> )		\$				
4D.	Total Housekeeping Expenditures (4a +	(b+c)	\$	63,204	63,204		
5.	Resident Care (Supplies)**		- 1				
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$	132,571	132,571		
	Neighborcare						
	b. Medicine Cabinet Drugs		\$				
	c. Medical and Therapeutic Supplies		\$	246,247	246,247		
	d. Ambulance/Limousine***		\$				
	e. Oxygen						
	1. For Emergency Use		\$				
	2. Other***		\$				
	f. X-rays and Related Radiological		\$	12,385	12,385		
	Procedures***						
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)						
	h. Laboratory***		\$	48,634	48,634		
	i. Recreation		\$	9,346	9,346		
	j. Direct Management Services*		\$				
	k. Indirect Management Services*		\$				
	1. Other (Specify)****		\$	81,827	81,827		
	See Attached Schedule						
5M.	Total Resident Care Expenditures (5a - 5	5j)	\$	531,010	531,010		

<sup>\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

<sup>\*\*</sup> Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

<sup>\*\*\*</sup> Facility should self-disallow the expense on Page 29 of the Cost Report.

<sup>\*\*\*\*</sup> ICFMR's should provide a detailed schedule of all Day Program Costs.

#### **Schedule of Other Resident Care**

Description	CCNH	RHNS	(Specify)
Nursing Station Supplies	\$ -		
IV Therapy	\$ 64,482		
Rehab Service & Supplies	\$ 17,345		
<b>Total Other Resident Care</b>	\$ 81,827	\$ -	\$ -

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

Name of Facility Apple Rehab Watertown				License No. 1082-C	Report for Year Ended 9/30/2021					of 37
		Related ** Operators	,				Total Cost	/Page Ref.**	*	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
CWPM, LLC	25 Norton Place, Plainville, CT 06062	0	•		Refuse Removal	25,277				6f
West State Mechanical Inc	10 West State Dr, Litchfield, CT 06759 ROAD, WATERTOWN,	0	•		Conditioning, & Refrigeration	11,515			22	6a
CT Snow Management	CT, 06795  Watertown, CT, 06795-	0	•		Snow Removal	13,304			22	ба
MJ Lawncare, LLC	1533	0	•		Lawncare	27,416			22	6a
		0	•							
	_	0	•							
	_	0	•							
		0	•							
		0	•							
		0	•							
		0	•							
		0	•							
		0	•							_
		0	•							

<sup>\*</sup> List all contracted services over \$10,000. Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

<sup>\*\*\*</sup> 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 Y	ear Ended		Page	of
Apple Rehab Watertown	1082-C	9/30/2021			22	37
Item		Total	CCNH	RHNS	(Spec	cify)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	97,425	97,425			
b. Heat	\$	44,151	44,151			
c. Light & Power	\$	66,770	66,770			
d. Water	\$	35,925	35,925			
e. Equipment Lease (Provide detail on p	page 6) \$					
f. Other (itemize)	\$	25,703	25,703			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a	- 6f) \$	269,973	269,973			
7. Depreciation (complete schedule page 23	3*)					
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$	1,880	1,880			
d. Movable Equipment	\$	10,255	10,255			
*7e. Total Depreciation Costs $(7a + b + c + c)$	d) \$	12,135	12,135			
8. Amortization (Complete att. Schedule Po	age 24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	60,505	60,505			
d. Other ( <i>Specify</i> )	\$					
*8e. Total Amortization Costs (8a + b + c + c	d) \$	60,505	60,505			
9. Rental payments on leased real property	less					
real estate taxes included in item 10b	\$	888,024	888,024			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	129,845	129,845			
c. Personal property taxes	\$	8,502	8,502			
11. <i>Total Property Expenses</i> (7e + 8e + 9 +	10) \$	1,099,011	1,099,011			

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

### **Schedule of Other Repairs and Maintenance**

Description	CCNH	RHNS	(Specify)
Refuse Removal	\$ 25,703		
Total Other Repairs and Maintenance	\$ 25,703	\$ -	\$ -

\_\_\_\_\_\_

CSP-23 Rev. 10/2006

**Depreciation Schedule** 

						iation Sc		7			•	
Name of Facility					License No.			Report for Year Ended			Page	of
Apple Rehab Watertown					1082	2-C		9/30/2021			23	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	1	1			
1. Acquired prior to this report period												
Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)										
A-4. Subtotal												
B. Building and Building Improvements												
Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)										
B-4. Subtotal												
C. Non-Movable Equipment												
Acquired prior to this report period					50,904		50,904	43,420	S/L	Various	1,880	
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)										
C-4. Subtotal												1,880
	logł	iileage oook ained?	Dat	e of isition	Historical Cost Exclusive of	Less Salvage	Cost to Be	Accumulated Depreciation to Beginning of	Method of Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment  1. Motor Vehicles (Specify name, model and year of each vehicle)  a.  b.  c.												
d.												
<ul> <li>2. Movable Equipment</li> <li>a. Acquired prior to this report period</li> <li>b. Disposals (attach schedule)</li> <li>c. Acquired during this report period</li> </ul>			Var	Var	707,366		707,366	686,745	S/L	Various	9,418	
(attach schedule)			Var	Var	13,985		13,985		S/L	Various	837	
D-3. Subtotal E. Total Depreciation												10,255 12,135

#### Schedule of Land Improvements Acquired during this report period

		Useful	
Description of Item	Cost	Life	Depreciation
provements	\$ -		\$ -
provements	\$ -		\$ -
	provements	provements \$ -	Description of Item Cost Life

<sup>\*</sup>Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

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

<sup>\*</sup>Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

			Useful		
<b>Acquisition Date</b>	Description of Item	Cost	Life	Depreciation	
Additions:					7
					1
					1
					1
					1
					+
T-4-1 - 11'4' C	N. M. Ll. E	, do		Φ.	
	Non-Movable Equipment	\$ -		\$ -	^
<b>Deletions:</b>					
					1
					4
T 4 1 1 1 4' 6	N. M. H. E	Φ.		th.	
1 otal deletions for	Non-Movable Equipment	- \$		\$ -	1

<sup>\*</sup>Ties to Page 23, Line C3

<sup>\*\*</sup>Ties to Page 23, Line A2

<sup>\*\*</sup>Ties to Page 23, Line B2

<sup>\*\*</sup>Ties to Page 23, Line C2

				Useful		
<b>Acquisition Date</b>	<b>Description of Item</b>		Cost	Life	Dep	reciation
Additions:						
12/29/2020	Temp Screening with Stand	\$	1,483	ME-5	\$	371
4/23/2021	NuStep Bike for Rehab	\$	4,845	ME-10	\$	154
7/30/2021	6 Wall Kiosks (Careworx)		7657.21	ME-5		312.14
Total additions for	Mayabla Fayinmant	\$	12.005		Φ.	837
	Movable Equipment	Þ	13,985		\$	837
<b>Deletions:</b>						
					_	
Total deletions for	Movable Equipment	\$	-		\$	- ;

<sup>\*</sup>Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

#### Useful **Acquisition Date Description** of Item **Depreciation** Cost Life **Additions:** 1/1/2021 Replace Rails for Sewage Pit Pumps 3,892 389 \$ \$ 3/1/2021 Replace storage heater tank \$ \$ 587 11,746 Total additions for Leasehold Improvement 15,639 977 **Deletions: Total deletions for Leasehold Improvement**

<sup>\*\*</sup>Ties to Page 23, Line D2b

<sup>\*</sup>Ties to Page 24, Line C3

<sup>\*\*</sup>Ties to Page 24, Line C2

CSP-24 Rev. 10/2006

#### **Amortization Schedule\***

Nam	e of Facility			License No.		Report for Yea	r Ended		Page	of
Appl	e Rehab Watertown			1082	2-C	9/30/2021			24	37
						Accumulated				
		Date	e of			Amort. to				
		Acqui	sition			Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing		Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									
	1.									
	2.									
	3.									
	Subtotal									
B.	Mortgage Expense									
	1.									
	2.									
	3.									
B-4.	Subtotal									
C.	<b>Leasehold Improvements and Other</b>									
	1 1 1	Var	Var		1,341,312	932,903	A		59,528	
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
	(attach schedule)	Var	Var		15,639		A		977	
C-4.	Subtotal									60,505
D.	Total Amortization									60,505

<sup>\*</sup> Straight-line method must be 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.

<sup>\*\*</sup> Specify which of the following bases were used:

CSP-25 Rev. 9/2002

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

	me of Facility  pple Rehab Watertown  License No.  1082-C				Report for Year En 9/30/2021	ided		Page 25	of 37
			1062-C		9/30/2021			23	31
11.		operty Questionnaire							
		rt A	D 111					TC 11 T 1	
		the property either owned by th leased from a Related Party?*	e Facility	•	Yes	0	No	If "Yes," complet If "No," complete	
	OI	*If any owner or operator of this fac	vility is related by f	amily m	arriage ownershin ahi	lity to control or		ii No, complet	e ran C.
		business association to any person of	•	-	-	•			
		a related party transaction.							
		Description			Total				
	1.	Date Land Purchased							
	2.	Date Structure Completed  If NOT Original Owner, Date	of Dynahaga						
	3. 4.	If <b>NOT</b> Original Owner, Date Date of Initial Licensure	of Purchase						
	<del>4.</del> 5.	Total Licensed Bed Capacity			110				
	6.	Square Footage			49,137				
	7.				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		a. Land							
		b. Building							
	Pa	rt B - Owner and Related Pa	rties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	age
	1.	Financing							
		a. Type of Financing (e.g., fi	xed, variable)						
		b. Date Mortgage Obtained			12/07/16				
		c. Interest Rate for the Cost			3.51%				
		d. Term of Mortgage (number			10.012.700				
		<ul><li>e. Amount of Principal Borro</li><li>f. Principal balance outstand</li></ul>			10,913,700 9,872,076				
		Complete if Mortgage was I			7,872,070				
		During Current Cost Ye							
		g. Type of Financing (e.g., fi							
		h. Date of Refinancing	, ,						
		i. New Interest Rate							
		j. Term of Mortgage (number	er of years)						
		k. Amount of Principal Borro							
		1. Principal Outstanding on I							
		Part C - Arms-Length Lease					· -	r	
		Name and Address of Lesson	r	Prop	perty 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 Ye	ar Ended		Page of
Apple Rehab Watertown	1082-C		9/30/2021			26   37
Itaan			Total	CONII	DIING	(Specify)
Item 12. Interest			Total	CCNH	RHNS	(Specify)
A. Building, Land Improve	ment & Non-Movah	ole				
Equipment	1110111 00 1 (011 1/10 (40					
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		<u>. I</u>				
4. Fourth Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Informati	on					
1. Original Loan Amou	nt	\$				
2. Loan Origination Da	te					
3. Interest Rate %						
4. Term						
5. CHEFA Interest Exp	ense					
12 B7. Total Building Interest Exp		() \$				
			· (Cam	v Subtotals f	formuland to m	

(Carry Subtotals forward to next page)

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

Name of Facility	License N	O.		Report for Y	ear Ended		Page of
Apple Rehab Watertown	1082			9/30/2021			27   37
TT							
	Item			Total	CCNH	RHNS	(Specify)
		otals Bro	ught Forward:				\ 1 3/
12. C. Movable Equipmen			8				
1. Automotive Equ			\$				
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other ( <i>Specify</i> )	т		\$				
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender			<u> </u>				
Address of Lender							
12. C. 3. Total Movable F	Equipment Intere	est					
Expense (C1 + 2			\$				
12. D. Other Interest Expe	nse (Specify)		\$	15	15		
Gemino Loan Intere	est						
12 Total All Interest Euro	maa (12D7 + 120	72 + 12D	<u>,                                    </u>	1.5	1.5		
13. Total All Interest Exper	112D/ + 12C	J3 + 12D	) \$	15	15		
14. Insurance	rty (huildings	157)	φ	171 042	171 042		
<ul><li>a. Insurance on Prope</li><li>b. Insurance on Auton</li></ul>		пу)	<u> </u>		171,042		+
c. Insurance other than		necified a	-				
1. Umbrella ( <i>Blank</i>		occinicu a	\$				
2. Fire and Extende			\$				
3. Other ( <i>Specify</i> )			<u> </u>				1
J. Galor (speedy)			Ψ				
14d. Total Insurance Expen	ditures (14a + b	(c)	\$	171,042	171,042		
15. Total All Expenditures			\$		10,446,946		

## D. Adjustments to Statement of Expenditures

Item   Page   Line   No.   N		e of Fa	•	tertown	Lic	ense No. 1082-C	Report for Yea 9/30/2021	r Ended	Page of 28   37
Page 10 - Salaries and Wages	Item	Page	Line			Total Amount of		DIING	
1.   Outpatient Service Costs   S				1		Decrease	CCNH	KHNS	(Specify)
2.   Salaries not related to Resident Care   \$   3.   10   A12g Occupational Therapy   \$   249,431   249,431   4.   Other - See attached Schedule   \$   16,421   16		10 - S	aiar i e		Φ				
3.   10   A12g  Occupational Therapy   \$   249,431   249,431   4.   Other - See attached Schedule   \$   16,421   16,421   Page 13 - Professional Fees   \$   \$   16,421   16,421   Page 13 - Professional Therapy   \$   5				<u> </u>			+		
4   Other - See attached Schedule   \$   16,421     16,421		10	A 12~			240 421	240 421		
Page 13 - Professional Fees		10	A12g				· · · · · · · · · · · · · · · · · · ·		
S.   Resident Care Physicians **   S		12 1	Profes		Ф	10,421	10,421		
Cocupational Therapy	-	13 <b>-</b> 1			•				
7.	_						+		
Pages 15 & 16 - Administrative and General						42.040	42.040		
8.		. 15 P	16		•	42,040	42,040	_	
9.   15   1c   Bad Debts   \$   261,192   261,192       10.   15   1d   Accounting   \$   2,616   2,616       10a.   Legal   \$   2,038   2,038       11.   Telephone   \$       12.   Cellular Telephone   \$       13.   Life insurance premiums on the life of Owners, Partners, Operators   \$       14.   Gifts, flowers and coffee shops   \$       15.   Education expenditures to colleges or universities for universities for tuition and related costs for owners and employees   \$       16.   Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative   \$       17.   Automobile Expense (e.g. personal use)   \$       18.   16   m2/3 Unallowable Advertising   \$         19.   15   k1   Income Tax / Corporate Business Tax   \$         19.   15   k1   Income Tax / Corporate Business Tax   \$         12.   Unallowable Management Fees   \$       21.   Unallowable Management Fees   \$       22.   Barber and Beauty   \$       23.   Other - See attached Schedule   \$		S 13 &	_		¢				
10.   15   Id   Accounting		1.5		•		261 102	261 102		
10a.   Legal   \$ 2,038   2,038   11.   Telephone   \$					Φ		1		
11. Telephone \$   12. Cellular Telephone \$   13. Life insurance premiums on the life of Owners, Partners, Operators \$   14. Gifts, flowers and coffee shops \$   15. Education expenditures to colleges or universities for tuition and related costs for owners and employees \$   16. Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative \$   17. Automobile Expense (e.g. personal use) \$   7.914   7.914   19. 15   k1   Income Tax / Corporate Business Tax \$   121,724   121,724   121,724   20. Fund Raising / Contributions \$   21. Unallowable Advertising \$   22. Barber and Beauty \$   23.   Other - See attached Schedule \$   192,196	-	15	10		<u>\$</u>		· · · · · · · · · · · · · · · · · · ·		
12. Cellular Telephone \$ 13. Life insurance premiums on the life of Owners, Partners, Operators \$ 14. Gifts, flowers and coffee shops \$ 15. Education expenditures to colleges or universities for tuition and related costs for owners and employees \$ 16. Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative \$ 17. Automobile Expense (e.g. personal use) \$ 18. 16 m2/3 Unallowable Advertising * \$ 7.914 7.914 19. 15 kl Income Tax / Corporate Business Tax \$ 121,724 121,724 19. 19. 15 kl Income Tax / Corporate Business Tax \$ 121,724 121,724 19. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 192,196 192,1				•		2,038	2,038		
13. Life insurance premiums on the life of Owners, Partners, Operators \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				1					
Of Owners, Partners, Operators   S   Cifts, flowers and coffee shops   S					\$				
14. Gifts, flowers and coffee shops  15. Education expenditures to colleges or universities for tuition and related costs for owners and employees  16. Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative  17. Automobile Expense (e.g. personal use)  18. 16 m2/3 Unallowable Advertising * \$ 7,914 7,914  19. 15 k1 Income Tax / Corporate Business Tax \$ 121,724 121,724  20. Fund Raising / Contributions \$ 21. Unallowable Management Fees  22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 192,196 192	13.				ф				
Education expenditures to colleges or universities for tuition and related costs for owners and employees \$	1.4			<u>*</u>					
universities for tuition and related costs for owners and employees  16. Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative  17. Automobile Expense (e.g. personal use)  18. 16 m2/3 Unallowable Advertising * \$ 7,914 7,914  19. 15 k1 Income Tax / Corporate Business Tax \$ 121,724 121,724  20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 9  22. Barber and Beauty \$ 9  23. Other - See attached Schedule \$ 192,196 192,196  Page 18 - Dietary Expenditures  24. Meals to employees, guests and others who are not residents \$ 9  Page 19 - Laundry Expenditures  25. Laundry services to employees, guests and others who are not residents \$ 9  Page 20 - Housekeeping Expenditures  26. Housekeeping Expenditures  27. Housekeeping services to employees, guests and others who are not residents \$ 9  Page 20 - Housekeeping Expenditures  28. Housekeeping Expenditures  29. Housekeeping services to employees, guests and others who are not residents \$ 9  Page 20 - Housekeeping Expenditures  29. Housekeeping services to employees, guests and others who are not residents \$ 9  Page 20 - Housekeeping Expenditures  29. Housekeeping services to employees, guests and others who are not residents \$ 9				•	\$				
for owners and employees \$	15.			1					
16. Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative \$ 17. Automobile Expense (e.g. personal use) \$ 18. 16 m2/3 Unallowable Advertising * \$ 7,914 7,914 19. 15 k1 Income Tax / Corporate Business Tax \$ 121,724 121,724 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 192,196 192,196 Page 18 - Dietary Expenditures  24. Meals to employees, guests and others who are not residents \$ Page 19 - Laundry Expenditures  25. Laundry services to employees, guests and others who are not residents \$ Page 20 - Housekeeping Expenditures  26. Housekeeping services to employees, guests and others who are not residents \$ \$ 192,196 192,19					Φ.				
conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative \$  17. Automobile Expense (e.g. personal use) \$  18. 16 m2/3 Unallowable Advertising * \$ 7,914 7,914 \$  19. 15 k1 Income Tax / Corporate Business Tax \$ 121,724 121,724 \$  20. Fund Raising / Contributions \$ 121,724 1	1.0				\$				
continental U.S. Other out-of-state travel in excess of one representative \$  17.	16.								
travel in excess of one representative \$   17.									
17. Automobile Expense (e.g. personal use) \$ 18. 16 m2/3 Unallowable Advertising * \$ 7,914 7,914 19. 15 k1 Income Tax / Corporate Business Tax \$ 121,724 121,724 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 192,196 192,196 Page 18 - Dietary Expenditures  24. Meals to employees, guests and others who are not residents \$ Page 19 - Laundry Expenditures  25. Laundry services to employees, guests and others who are not residents \$ Page 20 - Housekeeping Expenditures  26. Housekeeping services to employees, guests and others who are not residents \$ 192,196 192,19									
18. 16 m2/3 Unallowable Advertising * \$ 7,914 7,914  19. 15 k1 Income Tax / Corporate Business Tax \$ 121,724 121,724  20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 192,196 192,196  Page 18 - Dietary Expenditures  24. Meals to employees, guests and others who are not residents \$ \$ 25. Laundry services to employees, guests and others who are not residents \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$									
19. 15 k1 Income Tax / Corporate Business Tax \$ 121,724 121,724 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 192,196 192,196 23. Other - See attached Schedule \$ 192,196 192,196 24. Meals to employees, guests and others who are not residents \$ Page 19 - Laundry Expenditures  25. Laundry services to employees, guests and others \$ 25. Laundry services to employees, guests and others \$ 26. Housekeeping Expenditures \$ 36. Housekeeping services to employees, guests and others who are not residents \$ 36. Housekeeping services to employees, guests and others who are not residents \$ 36. Housekeeping services to employees, guests and others who are not residents \$ 36. Housekeeping services to employees, guests and others who are not residents \$ 36. Housekeeping services to employees, guests and others who are not residents \$ 36. Housekeeping services to employees, guests and others who are not residents \$ 36. Housekeeping services to employees, guests and others who are not residents \$ 36. Housekeeping services to employees, guests and others who are not residents \$ 36. Housekeeping services to employees, guests and others who are not residents \$ 36. Housekeeping services to employees, guests and others who are not residents \$ 36. Housekeeping services to employees, guests and others who are not residents \$ 36. Housekeeping services to employees, guests and others who are not residents \$ 36. Housekeeping services to employees, guests and others who are not residents \$ 36. Housekeeping services to employees, guests and others who are not residents \$ 36. Housekeeping services to employees, guests and others who are not residents \$ 36. Housekeeping services to employees, guests and others who are not residents \$ 36. Housekeeping services to employees, guests and others who are not residents \$ 36. Housekeeping services to employees, guests and others \$ 36. Housekeeping services to employees, guests \$ 36. Housekeeping services to employees, guests \$ 36. Housekeeping services to									
20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 192,196 192,196    Page 18 - Dietary Expenditures \$ 24. Meals to employees, guests and others who are not residents \$ \$ 25. Laundry Expenditures \$ 26. Housekeeping Expenditures \$ 4									
21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 192,196 192,196    Page 18 - Dietary Expenditures \$ 24. Meals to employees, guests and others who are not residents \$ 25. Laundry Expenditures \$ 25. Laundry services to employees, guests and others who are not residents \$ \$ 26. Housekeeping Expenditures \$ 4 26. Housekeeping services to employees, guests and others who are not residents \$ 4 26. Housekeeping services to employees, guests and others who are not residents \$ 4 26. Housekeeping services to employees, guests and others who are not residents \$ 4 26. Housekeeping services to employees, guests and others who are not residents \$ 4 26. Housekeeping services to employees, guests and others who are not residents \$ 4 26. Housekeeping services to employees, guests and others who are not residents \$ 4 26. Housekeeping services to employees, guests and others who are not residents		15	k1			121,724	121,724		
22. Barber and Beauty \$ 192,196 192,196    Page 18 - Dietary Expenditures									
Other - See attached Schedule   \$ 192,196   192,196     Page 18 - Dietary Expenditures				· ·					
Page 18 - Dietary Expenditures  24. Meals to employees, guests and others who are not residents  Page 19 - Laundry Expenditures  25. Laundry services to employees, guests and others who are not residents  Page 20 - Housekeeping Expenditures  26. Housekeeping services to employees, guests and others who are not residents  \$   Dietary Expenditures   Dietary Expenditu				•					
24. Meals to employees, guests and others who are not residents \$  Page 19 - Laundry Expenditures  25. Laundry services to employees, guests and others who are not residents \$  Page 20 - Housekeeping Expenditures  26. Housekeeping services to employees, guests and others who are not residents \$  In the service of the se					\$	192,196	192,196		
who are not residents \$  Page 19 - Laundry Expenditures  25. Laundry services to employees, guests and others who are not residents \$  Page 20 - Housekeeping Expenditures  26. Housekeeping services to employees, guests and others who are not residents \$  and others who are not residents \$		18 - I							
Page 19 - Laundry Expenditures  25. Laundry services to employees, guests and others who are not residents \$  Page 20 - Housekeeping Expenditures  26. Housekeeping services to employees, guests and others who are not residents \$	24.								
25. Laundry services to employees, guests and others who are not residents \$  Page 20 - Housekeeping Expenditures  26. Housekeeping services to employees, guests and others who are not residents \$  and others who are not residents \$					\$				
and others who are not residents \$  Page 20 - Housekeeping Expenditures  26. Housekeeping services to employees, guests and others who are not residents \$		19 - 1		• •					
Page 20 - Housekeeping Expenditures  26. Housekeeping services to employees, guests and others who are not residents \$	25.								
26. Housekeeping services to employees, guests and others who are not residents \$					\$				
and others who are not residents \$	Page	20 - I							
	26.								
Subtotal (Items 1 - 26) \$ 895,572 895,572				and others who are not residents					
				Subtotal (Items 1 - 26)	\$	895,572	895,572		

<sup>\*</sup> All except "Help Wanted".

<sup>(</sup>Carry Subtotal forward to next page)

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

#### **Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	(	CCNH	RHNS	(Specify)
10	A12m	Social Service - Marketing	\$	16,421		
<b>Total Othe</b>	r Salaries	Adjustment	\$	16,421	\$ -	\$ -

#### **Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	C	CNH	RHNS	(Specify)
13	B8a	Medical Director	\$	42,040		
<b>Total Othe</b>	r Fees Adji	ıstments	\$	42,040	\$ -	\$ -

#### $\ \, \textbf{Schedule of Other A\&G Adjustments} \\$

Page Ref	Line Ref	Description	(	CCNH	RHNS	(Specify)
16	m13	Corporate Fees Non Reimbursable	\$	97,886		
16	1.3	Employee Recognition/Gifts/Parties	\$	11,112		
16	m13	Bank Charges	\$	43,157		
16	8a	Chamber of Commerce	\$	1,212		
16	m13	Survey Fines & Citations	\$	7,232		
16	m13	Resident Expenses	\$	7,412		
16	m13	Prior Period Expenses/Account W/O	\$	15,261		
30	IV8	Refunds	\$	1,691		
16	m13	Gemino Finance Expense	\$	7,232		
<b>Total Othe</b>	r A&G Ad	justments	\$	192,196	\$ -	\$ -

CSP-29 Rev. 9/2018

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

Name	of Fa	cility	D. Aujustinents to Statemen		ense No.	Report for Y		Page	of
		•	itertown		1082-C	9/30/2021		29	37
		<u> </u>			Total				
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Sı	pecify)
1101	1101	1,0,	Subtotals Brought Forward	\$	895,572	895,572	111111	(~]	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Page	20 - K	Reside	int Care Supplies***	Ψ	0,3,312	0,5,512			
27.			Prescription Drugs	\$	132,571	132,571			
28.		L1	Ambulance/Limousine	\$	3,315	3,315			
29.		h	X-rays, etc	\$	12,385	12,385			
30.		f	Laboratory	\$	48,634	48,634			
31.			Medical Supplies	\$	,	.0,00			
32.	20	5e2	Oxygen (non emergency)	\$					
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$	81,827	81,827			
	22 - N	<u>I</u> ainte	enance and Property	Ť	- ,				
<i>35</i> .			Excess Movable Equipment Depreciation	╗					
			See Attached Schedule	\$					
36.			Depreciation on Unallowable	Ė					
			Motor Vehicles	\$					
37.			Unallowable Property and Real	Ė					
			Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$					
Page	27 - I	nsura	ince						
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
Other	r - Mis	scella	neous						
42.			Other - Indirect	\$	15	15			
43.	30	IV5	Interest Income on Account Rec.	\$	31	31			
44.			Other - Miscellaneous Administrative	\$					
45.			Management Fees Direct	\$					
46.			Management Fees Indirect	\$					
47.			Other - Direct	\$					
Not F	or Pr	ofit P	roviders Only						
48.			Building/Non Movable Eq. Depreciation	ᅦ					
			Unallowable Building Interest -						
			See Attached Schedule	\$					
49.	Total	Amo	unt of Decrease (Items 1 - 48)	\$	1,174,350	1,174,350			

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

#### **Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	C	CNH	RHNS	(Specify)
20	5j	IV Therapy	\$	64,482		
20	5j	Rehab Service Supplies	\$	17,345		
29	49	Outpatient Services				
<b>Total Othe</b>	r Ancillary	Costs	\$	81,827	\$ -	\$ -

.....

#### **Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Exce</b>	ss Movable	<b>Equipment Depreciation</b>	\$ -	\$ -	\$ -

#### **Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Othe</b>	r Property	Adjustments	\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	(	CCNH	RHNS	(Specify)
27	12D	Interest	\$	15		
<b>Total Othe</b>	r Adjustme	nts	\$	15	\$ -	\$ -

.....

#### **Schedule of Other - Miscellaneous Administrative Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Othe</b>	r Adjustme	ents	\$ -	\$ -	\$ -

#### **Schedule of Other - Direct Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Othe</b>	r Adjustme	ents	\$ -	\$ -	\$ -

\_\_\_\_\_\_

#### **Schedule of Unallowable Building Interest**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Unal</b>	lowable Bu	ilding Interest	\$ -	\$ -	\$ -

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## F. Statement of Revenue

Name of Facility Apple Rehab Watertown	License No. 1082-C		Report for Y 9/30/2021	ear Ended		Page of 30   37
	•					
	Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & R						
1. <u>a. Medicaid Residents (C</u>	• -	\$	5,049,135	5,049,135		
b. Medicaid Room and E	Board Contractual Allowance **	\$				
2. <u>a. Medicaid (All other st</u>	tates)	\$				
b. Other States Room an	d Board Contractual Allowance **	\$				
3. <u>a. Medicare Residents (a</u>	all inclusive)	\$	2,946,346	2,946,346		
b. Medicare Room and E	Board Contractual Allowance **	\$	943,651	943,651		
4. a. Private-Pay Residents	and Other	\$	2,050,549	2,050,549		
b. Private-Pay Room and	d Board Contractual Allowance **	\$				
II. Other Resident Revenue						
1. a. Prescription Drugs - N	Medicare	\$	173,571	173,571		
b. Prescription Drugs - N	Medicare Contractual Allowance **	\$	(173,571)	(173,571)		
c. Prescription Drugs - N	Non-Medicare	\$	8,186	8,186		
	Non-Medicare Contractual Allowance **	\$	(8,186)	(8,186)		
2. a. Medical Supplies - Medical		\$				
	edicare Contractual Allowance **	\$				
c. Medical Supplies - No		\$				
	on-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Mo		\$	860,135	860,135		
	edicare Contractual Allowance **	\$	(827,147)	(827,147)		
c. Physical Therapy - No		\$	126,163	126,163		
	on-Medicare Contractual Allowance **	\$	(88,830)	(88,830)		
4. a. Speech Therapy - Med		\$	163,310	163,310		
	dicare Contractual Allowance **	\$	(154,214)	(154,214)		
c. Speech Therapy - Nor		\$	26,095	26,095		
	n-Medicare Contractual Allowance **	\$	(20,320)	(20,320)		
5. a. Occupational Therapy		\$	810,820	810,820		
	y - Medicare Contractual Allowance **	\$	(797,716)	(797,716)		
c. Occupational Therapy		\$	118,385	118,385		
	y - Non-Medicare Contractual Allowance **	\$	(90,290)	(90,290)		
6. a. Other (Specify) - Med		\$	(50,250)	(50,250)		
b. Other (Specify) - Non		\$				
III. Total Resident Revenue (S		\$	11,116,072	11,116,072		
IV. Other Revenue*	section 1. that section 11.)	Ψ	11,110,072	11,110,072		
	alarvaas & athans	¢				
1. Meals sold to guests, emp	•	\$				
2. Rental of rooms to non-re	esidents	\$				
3. Telephone	C-L1- Sami-	\$				
4. Rental of Television and		\$				
5. Interest Income (Specify)		\$	31	31		
6. Private Duty Nurses' Fee		\$				
7. Barber, Coffee, Beauty and	nd Gift shops	\$	<b>F</b> -0	F-0		
8. Other ( <i>Specify</i> )	0)	\$	768,194	768,194		
V. Total Other Revenue (1 thr	u 8)	\$	768,225	768,225		
VI. Total All Revenue (III +V)		\$	11,884,296	11,884,296		

<sup>\*</sup> Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

<sup>\*\*</sup> Facility should report all contractual allowances and/or payer discounts.

#### **Schedule of Other Resident Revenue - Medicare**

#### **Related Exp**

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
<b>Total Oth</b>	er Resident Revenue	\$ -	\$ -	\$ -

\_\_\_\_\_\_

## **Interest Income**

#### Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV5	Interest Income	2,107,110	\$ 31		
<b>Total Inte</b>	rest Income		\$ 31	\$ -	\$ -

**Schedule of Other Revenue** 

Page Ref	Description	(	CCNH	RHNS	(Specify)
30 IV 8	Refunds	\$	1,691		
30 IV 8	Medical Records	\$	125		
30 IV 8	Covid Relief	\$	740,587		
30 IV 4	Account W/O	\$	859		
30 IV 8	Rebates	\$	22,145		
30 IV 8	941 Refunds	\$	1,020		
31 IV 8	Prior Period Adjustment	\$	1,768		
<b>Total Othe</b>	er Revenue	\$	768,194	\$ -	\$ -

## **G.** Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Watertown	1082-C	9/30/2021	31	37
	Account			Amount
Assets				
A. Current Assets				
1. Cash (on hand and in b	anks)		\$	285
2. Resident Accounts Rec	eivable (Less Allowance	for Bad Debts)	\$	2,107,110
3. Other Accounts Receiv	able (Excluding Owners	or Related Parties)	\$	49,795
4 Inventories			\$	33,141
5. Prepaid Expenses			\$	37,920
a				
b				
c				
d. See Schedule		37,920		
6. Interest Receivable			\$	
7. Medicare Final Settlem			\$	
8. Other Current Assets (i	temize)		\$	3,083,499
See Schedule		3,083,499		
A-9. Total Current Assets (Line	es A1 thru 8)		\$	5,311,750
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciat	tion Net		
3. Buildings	*Historical Cost		\$	
	Accum. Depreciat			
4. Leasehold Improvemen		1,356,951	\$	363,543
	Accum. Depreciat			
5. Non-Movable Equipme		50,904	\$	5,605
	Accum. Depreciat	· · · · · · · · · · · · · · · · · · ·	ф	24.25
6. Movable Equipment	*Historical Cost	721,351	\$	24,35
7	Accum. Depreciat	tion 697,000 Net	d d	
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciat	tion Net	ф	
8. Minor Equipment-Not l	Depreciable		\$	
9. Other Fixed Assets (iter	mize)		\$	3,233
See Schedule		3,233	-	
B-10. Total Fixed Assets (Lin	nes B1 thru 9)		\$	396,731

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

#### Schedule of Prepaid Expenses Page 31 Line A5

31 A5 Prepaid Insurance 31 A5 Prepaid Property Tax 31 A5 Other Prepaid Expenses	\$ \$	(0) 6,612
	\$	6,612
31 A5 Other Prepaid Expenses	¢	
	2	6,619
31 A5 Prepaid Income Tax	\$	24,690
Total Prepaid Expenses	\$	37,920

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

Page Ref	Line Ref	<b>Description</b>

	Exchange Accounts (10401 - 10403) (Debit Balance)		
	Accrued Group Insurance	\$	4,849
	A/P Patient Exchange	\$	2,308
	Due Affiliate -Corporate	\$	1,899,765
	Gemino Revolving A/R Loan	\$	1,176,577
Total Other Current Assets (Itemize)			3,083,499

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

Page Ref Line Ref Description

31	B9	Fixed Asset Clearing Account	\$	3,233
31	B9	Capitalized Refinance Expense	\$	-
31	B9	Construction in Progress	\$	-
Total Other Other Fixed Assets (Itemize)				3,233

#### Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

32	D7	Leasehold Deposits	\$	-
32	D7	Deferred Tax Asset	\$	74,800
32	D7	Goodwill	\$	-
Total Other Assets				

# Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

Total Notes Payable			
•			

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

Page Ref Line Ref Description

I uge Rei	Bille Itel	Description	
		Due Affiliate (Credit Balance	
		Exchange Accounts (10401-10403) (Credit Balance)	
		Accrued PTO	\$ 142,445
		Payroll W/H	\$ 47,666
		Accrued Professional Fees	\$ 6,392
		Accrued Pension	\$ -
		Accrued Worker's Comp	\$ 280,228
		Cash - Patient Personal Need	\$ 400
		Accrued Other Expense	\$ 1,026,365
<b>Total Othe</b>	r Current	Liabilities (Itemize)	\$ 1,503,496

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

Page Ref Line Ref Description

A/P Other (Intercompany)	\$ 198,936
Dostie Note	\$ -
Marlin Capital Lease	\$ -
Loan Payable Officer	\$ -
Security Deposit/Deferred Revenue	\$ 378,721
Deferred Income Tax Payable	\$ -
State Income Tax Payable	\$ 129,812
L/T Accrued Other Expenses	\$ -
Total Other Current Liabilities (Itemize)	\$ 707,469

## G. Balance Sheet (cont'd)

		f Facility	License No.	Report for Year Ended		Page		of
Apple Rehab Watertown			1082-C	9/30/2021		32		37
			Account			Amo	ount	
				Total Brought Forward	d:  \$		5,708,4	81
C.		asehold or like property record	ded for Equity Purpose	es.				
-		Land			\$			
	2.	Land Improvements	*Historical Cost		_			
-		5.11.11	Accum. Depreciation	n Net	\$			
	3.	Buildings	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	4.	Non-Movable Equipment	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	5.	Movable Equipment	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	6.	Motor Vehicles	*Historical Cost					
			Accum. Depreciation	n Net	\$			
		Minor Equipment-Not Depre			\$			
C-8		tal Leasehold or Like Proper	ties (C1 thru 7)		\$			
D.	Inv	vestment and Other Assets						
	1.	Deferred Deposits			\$			
		Escrow Deposits			\$			
	3.	Organization Expense	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	4.	Goodwill (Purchased Only)			\$			
	5.	Investments Related to Resid	lent Care (itemize)		\$			
					411			
-	6.	Loans to Owners or Related	Parties (itamiza)	<u> </u>	\$			
	0.	Name and Address	Amount	Loan Date	Ψ			
		Name and Address	Allount	Loan Date	-11			
	7.	Other Assets (itemize)	<u>'</u>		\$		74,8	00
		See Schedule		74,800				
	D-8. Total Investments and Other Assets (Lines D1 thru 7)						74,8	00
D-9.	To	tal All Assets (Lines A9 + B1	0 + C8 + D8		\$		5,783,2	81

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

# **G.** Balance Sheet (cont'd)

Name of Facility			License No.	Report for Year	Ended	Page	of
Apple Rehal	b Wat	ertown	1082-C	9/30/2021		33	37
			Account			Aı	nount
Liabilities							
A.		rrent Liabilities					
	1.	Trade Accounts Payable				\$	247,366
	2.	Notes Payable (itemize)				\$	
		See Schedule					
	3.	Loans Payable for Equipa	ment (Current portion	n)(itemize)		\$	
		Name of Lender	Purpose	Amount	Date Due	Ψ	
		11,000001	T wip osc	1 11110 0111			
		15 11/5 1				Φ.	
	<u>4.</u>	Accrued Payroll (Exclusi				\$	65,416
	5.	Accrued Payroll (Owners		only)		\$	(50.011)
	6.	Accrued Payroll Taxes Pa				\$	(68,211)
	7.	Medicare Final Settlemer				\$	
	8.	Medicare Current Finance				\$	
		Mortgage Payable (Curre		) 1 . ID .: )		\$	
		Interest Payable (Exclusive	ve of Owner and/or R	Related Parties)		\$	
		Accrued Income Taxes*	(;,;)			\$	1 502 406
	12.	Other Current Liabilities	(itemize)			\$	1,503,496
				See Schedule	1,503,496		
A-13	To	tal Current Liabilities (Li	nes A1 thru 12)	See Schedule		\$	1,748,068
7113	•		/			٣	1,7 10,000

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

# **G.** Balance Sheet (cont'd)

Apple Rehab Watertown	Name of Facility	License No.	Report for Year	r Ended	Page	of
Liabilities (cont'd) B. Long-Term Liabilities 1. Loans Payable-Equipment (itemize)  Name of Lender  Purpose  Amount  Date Due  2. Mortgages Payable 3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  707,469	Apple Rehab Watertown	1082-C	9/30/2021		34	37
Liabilities (cont'd)  B. Long-Term Liabilities  1. Loans Payable-Equipment (itemize)  Name of Lender  Purpose  Amount  Date Due  2. Mortgages Payable  3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  707,469	1	Account			Amo	
B. Long-Term Liabilities 1. Loans Payable-Equipment (itemize)  Name of Lender  Purpose  Amount  Date Due  2. Mortgages Payable  3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  707,469			Total Broug	tht Forward:		1,748,068
1. Loans Payable-Equipment (itemize) \$ Name of Lender Purpose Amount Date Due  2. Mortgages Payable \$ 3. Loans from Owners or Related Parties (itemize) \$ Name and Address of Lender Amount Loan Date  4. Other Long-Term Liabilities (itemize) \$ See Schedule 707,469						
Name of Lender Purpose Amount Date Due  2. Mortgages Payable 3. Loans from Owners or Related Parties (itemize) \$  Name and Address of Lender Amount Loan Date  4. Other Long-Term Liabilities (itemize) \$  See Schedule 707,469						
2. Mortgages Payable 3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  707,469			<u> </u>			
3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  707,469	Name of Lender	Purpose	Amount	Date Due		
3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  707,469						
3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  707,469						
3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  707,469						
3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  707,469						
3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  707,469						
3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  707,469						
3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  707,469						
3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  707,469						
3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  707,469				_		
3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  707,469	2. Mortgages Payable	<u>1</u>		\$		
4. Other Long-Term Liabilities (itemize) \$ 707,469  See Schedule 707,469		ated Parties (itemize	)	\$		
See Schedule 707,469		I	Ī	Date		
See Schedule 707,469						
See Schedule 707,469				_		
See Schedule 707,469				_		
See Schedule 707,469				_		
See Schedule 707,469				_		
See Schedule 707,469				_		
See Schedule 707,469				_		
See Schedule 707,469				_		
See Schedule 707,469				_		
See Schedule 707,469				_		
See Schedule 707,469	4 Other Long-Term Liabilitie	es (itemize)		<b>Q</b>		707.460
,	T. Other Long Term Encountes (nemice)					707,707
,	-					
,	-					
,	See Schedule	_				
		,				
C. <i>Total All Liabilities</i> (Lines A-13 + B-5) \$ 2,455,537	_					•

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

	ne of Facility	License No.	-	Year Ended	Pag	
App	le Rehab Watertown	Account	9/30/2021		35	'
A.	Reserves		Amount			
A.						
	1. Reserve for value of leased	land			\$	
	2. Reserve for depreciation va	lue of leased buildi	ings and appur	tenances		
	to be amortized				\$	
	3. Reserve for depreciation va	lue of leased perso	nal property (I	Equity)	\$	
	4. Reserve for leasehold real p	properties on which	fair rental val	ue is based	\$	
	5. Reserve for funds set aside	as donor restricted			\$	
	6. Total Reserves				\$	
B.	Net Worth					
	1. Owner's Capital				\$	(1,073,578)
	2. Capital Stock				\$	1,000
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	2,962,971
	6. Gain or Loss for Period	10/1/20	20 thru	9/30/2021	\$	1,437,350
	7. Total Net Worth				\$	3,327,744
C.	Total Reserves and Net Worth				\$	3,327,744
D.	Total Liabilities, Reserves, and	Net Worth			\$	5,783,281

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# **H.** Changes in Total Net Worth

	ame of Facility License No. Report for Year Ended					2	10
Appl	Rehab Watertown 1082-C 9/30/2021			36		37	
		Account				Amount	
A.	A. Balance at End of Prior Period as shown on Report of 09/30/2020						98,312
B.	Total Revenue (From Statement of	Revenue Page 30)			\$	11,8	84,296
C.	Total Expenditures (From Statemen	nt of Expenditures P	age 27)		\$	10,4	46,946
D.	Net Income or Deficit				\$	1,4	37,350
E.	Balance				\$	3,3	35,662
F.	Additions						
	1. Additional Capital Contributed	(itemize)					
	The state of the s	(***					
	2 Other (it						
	2. Other ( <i>itemize</i> )						
F-3.	Total Additions				\$		
G.	Deductions						
	1. Drawings of Owners/Operators	/Partners (Specify)			\$		7,918
	Name and Address (No., City,	State, Zip)	Title	Amount			
Briar	n Foley		President	7,918			
	•						
	2. Other Withdrawings (Specify)				\$		
	Purpose		Amou	ınt	4		
	1 urpose		7 Milot				
					\$		
	3. Total Deductions						7,918
H.	Balance at End of Period 09/30/21				\$	3,3	27,744

# I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended   Page of					
Apple Rehab Watertown	1082-C	9/30/2021 37 37					
Check appropriate category							
☐ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)							
]	Preparer/Reviewer Certifica	tion					
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.							
Signature of Preparer	Title	Date Signed					
Printed Name of Preparer							
Robert Gwizdak							
Addres Address		Phone Number					
21 Waterville Rd. Avon, CT 06001	(860) 678-9755						
Contacted Person Regarding Additional Infor	Phone Number						
Susan Southey	(860) 470-7542						
Contact Email Address	ontact Email Address						
ssouthey@apple-rehab.com							