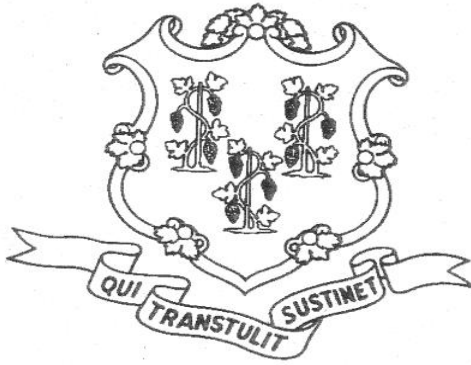


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Apple Rehab Cocomo	
Address (No. & Street, City, State, Zip Code) 33 Cone Ave Meriden, CT 06450	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2074-C	RHNS	(Specify)	Medicare Provider 07-5345
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Medicaid Provider Numbers:	CCNH 20743	RHNS	ICF-IID
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For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

General Information

Name of Facility (as licensed) Apple Rehab Cocomo	License No. 2074-C	Report for Year Ended 9/30/2015	Page 1	of 37
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Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Apple Rehab Cocomo [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, 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) Maria Minkos			Printed Name (Owner) Brian J. Foley		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

State of Connecticut
Department of Social Services
 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Apple Rehab Coccomo		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 33 Cone Ave Meriden, CT 06450				
Report Prepared By Apple Health Care, Inc.		Phone Number (860) 678-9755	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Facility 203-238-1606	Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Apple Rehab Coccom		Address (No. & Street, City, State, Zip) 33 Cone Ave Meriden, CT 06450		
License Numbers:	CCNH 2074-C	RHNS	(Specify)	Medicare Provider No. 07-5345
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Maria Minkos		Nursing Home Administrator's License No.:	1953	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Apple Rehab Cocomo	License No. 2074-C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation Apple Rehab Cocomo	Business Address 33 Cone Ave Meriden, CT 06450	State(s) in Which Incorporated Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	
Ryan Vess	21 Waterville Road Avon, CT 06001	Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	

**General Information and Questionnaire
 Related Parties***

Name of Facility Apple Rehab Cocomo	License No. 2074-C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Brian J. Foley	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Rental	Pg. 22 Line 9	720,000	720,000
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	514,526	514,526
Healthport Services	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg 10/13 schedule	55,933	55,933
Allstar	21 Waterville Road Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>	15%	Therapy Services	Pg. 13 B5/B9/B10	619,428	568,015
Corporate Employee	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	13,988	13,988
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	117,956	117,956
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	18,147	18,147
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	446,425	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	30,187	

* 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 Cocomo		License No. Apple Rehab Cocomo	Report for Year Ended 9/30/2015	Page 4	of 37			
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?		Yes	x	No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.			
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?		x	Yes	No	If "Yes," provide the following information:			
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Unum Life Insurance	PO Box 406946 Atlanta, GA	X			Group Life & Disability	Pg. 15 1a6	13,882	
Marsh	PO Box 19636 Newark, NJ	X			Property, Liability, & Umbrella Insurance	Pg. 27 14a	81,594	
Medstat	41 Northwest Dr. Plainville, CT	X		9%	Pharmacy	Pg. 13B3/Pg. 20 5a2	298,174	286,247
AIG	PO Box 10472 Newark, NJ	X			Worker's Compensation	Pg. 15 1a1	154,825	
Swallowing Diagnostics	21 Waterville Rd. Avon, CT	X		83%	Diagnostic Services	Pg. 20 5f	7,560	5,746
CRS Landscaping	PO Box 491 Simsbury CT	X			Snow removal from roof	Pg, 22 6a	1,659	
Brendan Foley	21 Waterville Rd. Avon, CT	X				##		
Ryan Vess	21 Waterville Rd. Avon, CT		X			##		

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

Coccoma

Sep-15

45022	PIS ESP -RN	Employee	Amount	Hrs
Oct-14		Henry	288.00	8.25
		Migliorati	304.00	8.00
		Indirect	199.07	
Nov-14		Matthews	355.50	8.50
		Indirect	210.99	
Dec-14		Scanzillo	345.75	8.25
		Henry	296.00	8.50
		Plantamuro	642.00	16.50
Jan-15		Indirect		
		Scanzillo	394.50	9.50
		Matthews	730.50	17.50
		Plantamuro	670.50	17.75
		Buchanan	365.50	8.75
		DeCarlo	414.50	12.25
		Schilder	312.00	7.50
Feb-15		Indirect	1,217.00	
		Buchanan	786.00	19.00
		Massarelli	355.50	8.50
Mar-15		Indirect	448.00	
		Matthews	720.75	17.25
Apr-15		Indirect	485.00	
Sep-15		Indirect	1,462.00	

45023	PIS ESP -LPN	Employee	Amount	Hrs
Oct-14	SHR ALLOC	Pierre	480.50	15.50
		yopp	502.50	16.75
		LaCoss	247.50	8.25
		Alicea	534.75	17.25
		harris	261.00	9.00
		Indirect	681.38	
Nov-14		Varrone	280.50	8.50
		Alicea	255.75	8.25
		Indirect	318.26	
Dec-14		Sewell	282.75	9.75
Jan-15		Chapman	534.75	17.25
		Stack	584.00	18.25
		Arshad	255.75	8.25
		Bennett	310.00	10.00
		Thomas	472.75	15.25

	yopp	1,038.00	34.00
	Alicea	674.25	21.75
	Pinamang	532.50	17.75
	Indirect	1,565.00	
Feb-15	Muckenthaler	173.25	5.25
	Parker	297.00	9.00
	Arshad	224.75	7.25
	Alicea	534.75	17.25
	Indirect	648.00	
	Indirect	701.00	
	Indirect	2,115.00	

41001	Administrator	Employee	Facility	Amount	Hrs
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	Minkos			53,514.48	960.00
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41003	Bookkeep	Employee	Facility	Amount	Hrs
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Oct-14	Dimonaco	Westfield	162.75	7.75
Nov-14	Dimonaco	Westfield	42.00	2.00
Nov-14	Hogan	Healthport	1,561.01	63.25
Dec-14	Hogan	Healthport	2,542.04	103.00
Apr-15	Hogan	Healthport	27.77	2.25
	Hogan	Healthport	857.63	34.75
	Hogan	Healthport	610.83	24.75

41004	Soc Service	Employee	Facility	Amount	Hrs
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Oct-14	Wisniowski	Waterbury	(274.46)	(10.75)
	Wisniowski	Chesterfeilds	(76.59)	(3.00)
Nov-14	Wisniowski	Waterbury	(242.54)	(9.50)
Dec-14	Wisniowski	Waterbury	(427.63)	(16.75)
Jan-15	Wisniowski	Guilford	(192.37)	(7.75)
	Wisniowski	Chesterfeilds	(70.21)	(2.75)
	Wisniowski	Guilford	(140.42)	(5.50)
	Wisniowski	Waterbury	(178.71)	(7.00)
Feb-15	Wisniowski	Guilford	(197.86)	(7.75)
	Wisniowski	Guilford	(153.18)	(6.00)
	Wisniowski	Waterbury	(217.01)	(8.50)

45001	RN	Employee	Facility	Amount	Hrs
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Oct-14 SHR ALLOC	Holcombe	Ledgecrest	913.50	32.50
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Nov-14	Holcombe	Ledgecrest	(576.00)	(16.00)
Dec-14	Holcombe	Ledgecrest	(790.50)	(23.50)
Jan-15	Holcombe	Ledgecrest	(280.00)	(8.00)
Feb-15	Holcombe	Ledgecrest	(434.75)	(9.25)
May-15	Gaitsgor	Healthport	9.50	0.50
Jul-15	Annicelli	Healthport	304.00	19.00
Sep-15	Herrick	Healthport	178.50	5.25

45002	LPN	Employee	Facility	Amount	Hrs
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Oct-14	eason	Westfield	(844.00)	(33.25)
	Abdu	Cromwell	(170.00)	(8.50)
Nov-14	Healey	Avon	240.63	8.75
	eason	Westfield	(192.13)	(7.25)
	Holly	Rocky Hill	(360.13)	(16.75)
Dec-14	Antoniou	Harborview	675.26	25.00
	Healey	Avon	510.50	17.75
	Taylor	Watrous	424.00	16.00
	eason	Westfield	(574.50)	(22.50)
Jan-15	Healey	Avon	247.50	9.00
	eason	Westfield	(331.25)	(13.25)
Feb-15	Antoniou	Harborview	25.50	1.00
	Healey	Avon	261.25	9.50
	eason	Westfield	(218.75)	(8.75)
Mar-15	eason	Westfield	(187.50)	(7.50)
Apr-15	Thomas	Healthport	390.85	8.50
May-15	Osinula	Healthport	239.25	8.25
Jul-15	Thomas	Healthport	292.59	5.75

45003	CNA	Employee	Facility	Amount	Hrs
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Oct-14	Alves	Cromwell	113.12	8.00
	Cruz	Cromwell	794.94	63.75
	Irizarrrt	Cromwell	411.11	28.50
	Sibblies	Avon	277.50	14.00
	Torres	Ledgecrest	374.95	25.00
	Howard	Shelton	156.01	8.00
Nov-14	Cruz	Cromwell	217.26	16.25
	Jones	Cromwell	396.00	32.00
	Sibblies	Avon	213.13	15.50
Dec-14	Jones	Cromwell	(188.44)	(15.25)
Jan-15	Ghazal	Kent	(146.72)	(8.00)

		Torres	Ledgecrest	123.17	0.00
Feb-15		Jones	Cromwell	(51.00)	(4.00)
		Guardiola	Ledgecrest	219.36	0.00
Mar-15		Torres	Ledgecrest	337.60	8.00
		Cruz	Cromwell		

45010	Infection	Employee	Facility	Amount	Hrs
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		Rolla	Farm Valley	72.00	2.25
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45017	MDS	Employee	Facility	Amount	Hrs
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Dec-14		Herrick	Healthport	255.00	7.50
Dec-14		Migliori	Healthport	959.50	25.25

50002	Chef	Employee	Facility	Amount	Hrs
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11/30/2014		Green	Laurel	118.27	7.75
12/31/2014		Diggs	Laurel	148.50	8.25
12/31/2014		Green	Laurel	99.82	7.00
2/28/2015		Green	Laurel	254.52	15.75
3/31/2015		Green	Laurel	110.52	7.75

50003	Dietary aide	Employee	Facility	Amount	Hrs
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Oct-14		Green	Laurel	452.76	31.75
Nov-14		Green	Laurel	460.88	23.50
Dec-14		Green	Laurel	445.63	31.25
Jan-15		Green	Laurel	723.70	50.75
Feb-15		Green	Laurel	224.60	15.75

60001	Housekeeping	Employee	Facility	Amount	Hrs
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		Collier	Chester	(270.00)	(22.50)
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65001	Recreation	Employee	Facility	Amount	Hrs
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Feb-15		Gandolfo	Farm Valley	(577.50)	(57.75)
Mar-15		Gandolfo	Farm Valley	(245.00)	(24.50)

70062	Therapy Techs	Employee	Facility	Amount	Hrs
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Oct-14	SHR ALLOC	Waldner	Highview	510.16	35.50
Nov-14	SHR ALLOC	Waldner	Highview	574.82	40.00
Dec-14	SHR ALLOC	Waldner	Highview	61.07	4.25

	Waldner	Highview	653.86	45.50
Jan-15 SHR ALLOC	Waldner	Highview	725.70	50.50
Feb-15 SHR ALLOC	Waldner	Highview	441.88	30.75
Sep-15 CR entry	Waldner	Highview	143.70	10.00

Subtotal

45022 45023 Healthport
Healthport

Apple

Corporate employees
Payroll - 41003
Billing unit - 41003

11,003.06	176.00
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13 11 a 1

14,505.64	274.50
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13 11 b 1

53,514.48 960.00 10 2

204.75 9.75

5,599.28	228.00
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(2,170.98) (85.25)

(1,167.75) (24.25)

492.00 24.75

(493.62) (30.75)

922.69 22.50

3,247.99	191.75
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72.00	2.25
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1,214.50	32.75
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731.63	46.50
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2,307.57	153.00
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(270.00)	(22.50)
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(822.50)	(82.25)
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3,111.19	216.50	10	12 e
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92,001.93	2,093.25		
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25,508.70	450.50		
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8,228.47	308.00		
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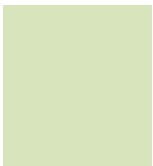
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11,177.00	494.00		
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13,988.00	584.00		
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72,252.76	1,918.75		
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19970177	GONZALES-EAS MADONN	#	Coccoma	#	Westfield	918-45002
19970177	GONZALES-EAS MADONN	#	Coccoma	#	Westfield	918-45002
19970177	GONZALES-EAS MADONN	#	Coccoma	#	Westfield	918-45002
19970177	GONZALES-EAS MADONN	#	Coccoma	#	Westfield	918-45002
19970177	GONZALES-EAS MADONN	#	Coccoma	#	Westfield	918-45002
19970177	GONZALES-EAS MADONN	#	Coccoma	#	Westfield	918-45002

1970409	Healey	Kathryn	1 Avon	#	Coccoma	919-45002
1970409	Healey	Kathryn	1 Avon	#	Coccoma	919-45002
29970792	Edwards	Marcia	# Healthport Srves	#	Coccoma	919-45002
29970243	Green	Lauren	# Healthport Srves	#	Coccoma	919-45002
29970702	Jones	Paula	# Healthport Srves	#	Coccoma	919-45002
29970702	Jones	Paula	# Healthport Srves	#	Coccoma	919-45002
29970702	Jones	Paula	# Healthport Srves	#	Coccoma	919-45002
29970702	Jones	Paula	# Healthport Srves	#	Coccoma	919-45002
29970969	LaCoss	Gail	# Healthport Srves	#	Coccoma	919-45002
29970969	LaCoss	Gail	# Healthport Srves	#	Coccoma	919-45002
29970969	LaCoss	Gail	# Healthport Srves	#	Coccoma	919-45002
29970797	Lucisano	Tracy	# Healthport Srves	#	Coccoma	919-45002
29615288	Lugo	Brenda	# Healthport Srves	#	Coccoma	919-45002
29615288	Lugo	Brenda	# Healthport Srves	#	Coccoma	919-45002
29615288	Lugo	Brenda	# Healthport Srves	#	Coccoma	919-45002
29615288	Lugo	Brenda	# Healthport Srves	#	Coccoma	919-45002
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29615288	Lugo	Brenda	# Healthport Srves	#	Coccoma	919-45002
29970928	Marco	Anastacia	# Healthport Srves	#	Coccoma	919-45002
29970286	Pierre	Andy	# Healthport Srves	#	Coccoma	919-45002
29970307	Sadoski	Aurora	# Healthport Srves	#	Coccoma	919-45002
29970026	Stack	Stacy	# Healthport Srves	#	Coccoma	919-45002
29970288	Thomas	Elizabeth	# Healthport Srves	#	Coccoma	919-45002
29970174	Varrone	Christine	# Healthport Srves	#	Coccoma	919-45002
29970174	Varrone	Christine	# Healthport Srves	#	Coccoma	919-45002

1971987	Hall	Quazinnia	1 Avon	#	Coccoma	919-45003
1971987	Hall	Quazinnia	1 Avon	#	Coccoma	919-45003
1971987	Hall	Quazinnia	1 Avon	#	Coccoma	919-45003
1971987	Hall	Quazinnia	1 Avon	#	Coccoma	919-45003
12976234	JONES	BRITTAN'	# Hewitt	#	Coccoma	919-45003
12976234	JONES	BRITTAN'	# Hewitt	#	Coccoma	919-45003

16977173	ANTENOR	ALBERTA # Shelton Lk	# Cocco	919-45003
18970333	CASTRO	ASHLEY # Westfield	# Cocco	919-45003
18970317	GONZALEZ	MARYAN # Westfield	# Cocco	919-45003
18970317	GONZALEZ	MARYAN # Westfield	# Cocco	919-45003
18970317	GONZALEZ	MARYAN # Westfield	# Cocco	919-45003
18970317	GONZALEZ	MARYAN # Westfield	# Cocco	919-45003
18970317	GONZALEZ	MARYAN # Westfield	# Cocco	919-45003
18970097	GRYCZEWSKI	TERESA # Westfield	# Cocco	919-45003
18970097	GRYCZEWSKI	TERESA # Westfield	# Cocco	919-45003
18970097	GRYCZEWSKI	TERESA # Westfield	# Cocco	919-45003
18970097	GRYCZEWSKI	TERESA # Westfield	# Cocco	919-45003
18970097	GRYCZEWSKI	TERESA # Westfield	# Cocco	919-45003
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18099835	LIBBY	KIMBERL # Westfield	# Cocco	919-45003
18099835	LIBBY	KIMBERL # Westfield	# Cocco	919-45003
18099835	LIBBY	KIMBERL # Westfield	# Cocco	919-45003
18099835	LIBBY	KIMBERL # Westfield	# Cocco	919-45003
18099835	LIBBY	KIMBERL # Westfield	# Cocco	919-45003
18970356	RIDDLE	SHARON # Westfield	# Cocco	919-45003
18970356	RIDDLE	SHARON # Westfield	# Cocco	919-45003
18970356	RIDDLE	SHARON # Westfield	# Cocco	919-45003
18970358	ROSA	JENNIFER # Westfield	# Cocco	919-45003
18970358	ROSA	JENNIFER # Westfield	# Cocco	919-45003
18970358	ROSA	JENNIFER # Westfield	# Cocco	919-45003
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18970358	ROSA	JENNIFER # Westfield	# Cocco	919-45003
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18006184	SALMON	PRISCILL # Westfield	# Cocco	919-45003
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18006184	SALMON	PRISCILL # Westfield	# Cocco	919-45003
23970761	BROWN	MONIQUE # Kent	# Cocco	919-45003
19971176	GONZALEZ	CORRINE # Cocco	# Farmington	920-45003
19971808	MCDONALD	KEISHA # Cocco	# Ledgecrest	921-45003
29000067	Herrick	Holly # Healthport Srvc	# Cocco	919-45017
19970322	CATALANO	JENNIFER # Cocco	# Farmington	920-50001
19970372	LIEBE	MARCUS # Cocco	9 Colchester	909-50002

1,120.00

Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 5/7/2015 (2.00)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 5/14/2015 (2.50)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 6/11/2015 (2.75)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 6/18/2015 (3.25)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 3/19/2015 (2.50)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 3/26/2015 (2.00)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 4/2/2015 (2.00)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 4/9/2015 (2.75)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 4/16/2015 (4.75)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 4/23/2015 (2.25)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 4/30/2015 (1.75)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 5/14/2015 (3.25)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 5/21/2015 (3.25)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 5/28/2015 (3.25)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 6/4/2015 (3.25)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 6/11/2015 (3.00)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 6/25/2015 (3.25)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 7/2/2015 (2.50)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 7/16/2015 (2.75)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 7/23/2015 (3.25)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 7/30/2015 (2.75)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 8/6/2015 (3.00)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 8/13/2015 (6.25)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 8/27/2015 (2.50)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 9/3/2015 (2.25)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 9/10/2015 (2.25)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 9/17/2015 0.25
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 9/24/2015 (2.00)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 7/2/2015 (3.25)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 9/17/2015 3.25
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 9/10/2015 (1.75)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 8/20/2015 (2.50)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 8/27/2015 (2.25)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 9/3/2015 (3.00)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 9/10/2015 (3.25)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 9/17/2015 (2.75)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 9/24/2015 (2.50)
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES 5/7/2015 (0.75)

Salaries - R.N. (CCNH) - JobTitle = RN SNF 8/20/2015 (26.00)
Salaries - R.N. (CCNH) - JobTitle = RN SNF 6/18/2015 (32.00)

Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/30/2015	(2.00)
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/18/2015	(44.00)
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/3/2015	(17.75)
		(121.75)

Salaries - R.N. (CCNH) - JobTitle = RN SNF	3/19/2015	16.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	3/19/2015	27.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	3/26/2015	24.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	3/26/2015	52.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/2/2015	82.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/9/2015	25.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/16/2015	31.25
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/23/2015	24.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/23/2015	22.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/30/2015	29.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/7/2015	60.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/7/2015	25.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/7/2015	24.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/14/2015	24.75
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/14/2015	24.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/4/2015	16.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/11/2015	26.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/2/2015	18.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/16/2015	17.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/16/2015	28.25
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/23/2015	34.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/23/2015	36.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/30/2015	25.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/3/2015	25.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/3/2015	16.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/10/2015	50.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/10/2015	12.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/17/2015	25.00
		824.75

Salaries LPN - JobTitle = LPN SNF	3/19/2015	(36.75)
Salaries LPN - JobTitle = LPN SNF	3/26/2015	(8.25)
Salaries LPN - JobTitle = LPN SNF	4/2/2015	(8.25)
Salaries LPN - JobTitle = LPN SNF	5/21/2015	(7.25)
Salaries LPN - JobTitle = LPN SNF	5/28/2015	(8.00)
Salaries LPN - JobTitle = LPN SNF	6/4/2015	(14.50)
Salaries LPN - JobTitle = LPN SNF	6/18/2015	(9.25)
Salaries LPN - JobTitle = LPN SNF	6/25/2015	(16.25)

Salaries LPN - JobTitle = LPN SNF	7/16/2015	(24.25)
Salaries LPN - JobTitle = LPN SNF	7/23/2015	(8.50)
Salaries LPN - JobTitle = LPN SNF	7/30/2015	(16.75)
Salaries LPN - JobTitle = LPN SNF	8/20/2015	(8.75)
Salaries LPN - JobTitle = LPN SNF	8/27/2015	(23.75)
Salaries LPN - JobTitle = LPN SNF	9/3/2015	(8.25)

Salaries LPN - JobTitle = LPN SNF	3/19/2015	25.00
Salaries LPN - JobTitle = LPN SNF	4/23/2015	28.50
Salaries LPN - JobTitle = LPN SNF	6/18/2015	8.50
Salaries LPN - JobTitle = LPN SNF	6/4/2015	16.00
Salaries LPN - JobTitle = LPN SNF	4/9/2015	3.00
Salaries LPN - JobTitle = LPN SNF	4/16/2015	33.00
Salaries LPN - JobTitle = LPN SNF	4/30/2015	16.50
Salaries LPN - JobTitle = LPN SNF	5/14/2015	32.50
Salaries LPN - JobTitle = LPN SNF	5/21/2015	25.00
Salaries LPN - JobTitle = LPN SNF	7/9/2015	8.25
Salaries LPN - JobTitle = LPN SNF	9/17/2015	9.00
Salaries LPN - JobTitle = LPN SNF	6/18/2015	17.50
Salaries LPN - JobTitle = LPN SNF	5/7/2015	5.00
Salaries LPN - JobTitle = LPN SNF	5/14/2015	25.25
Salaries LPN - JobTitle = LPN SNF	5/28/2015	16.25
Salaries LPN - JobTitle = LPN SNF	6/4/2015	13.00
Salaries LPN - JobTitle = LPN SNF	6/11/2015	16.50
Salaries LPN - JobTitle = LPN SNF	6/18/2015	16.50
Salaries LPN - JobTitle = LPN SNF	6/25/2015	16.50
Salaries LPN - JobTitle = LPN SNF	7/2/2015	16.50
Salaries LPN - JobTitle = LPN SNF	7/9/2015	16.75
Salaries LPN - JobTitle = LPN SNF	7/16/2015	16.50
Salaries LPN - JobTitle = LPN SNF	7/23/2015	7.75
Salaries LPN - JobTitle = LPN SNF	8/13/2015	16.25
Salaries LPN - JobTitle = LPN SNF	9/17/2015	12.25
Salaries LPN - JobTitle = LPN SNF	7/9/2015	16.00
Salaries LPN - JobTitle = LPN SNF	4/2/2015	13.50
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Salaries LPN - JobTitle = LPN SNF	7/2/2015	0.00
Salaries LPN - JobTitle = LPN SNF	4/30/2015	16.50
Salaries LPN - JobTitle = LPN SNF	9/17/2015	16.50

Salaries - Aides - JobTitle = CNA SNF	8/27/2015	63.50
Salaries - Aides - JobTitle = CNA SNF	9/3/2015	24.50
Salaries - Aides - JobTitle = CNA SNF	9/17/2015	24.00
Salaries - Aides - JobTitle = CNA SNF	9/24/2015	79.25
Salaries - Aides - JobTitle = CNA SNF	8/6/2015	38.00
Salaries - Aides - JobTitle = CNA SNF	8/13/2015	48.00

Salaries - Aides - JobTitle = CNA SNF	6/25/2015	8.00
Salaries - Aides - JobTitle = CNA CAREER PATH LEVEL 1	4/2/2015	2.00
Salaries - Aides - JobTitle = CNA CAREER PATH LEVEL 1	4/2/2015	4.00
Salaries - Aides - JobTitle = CNA CAREER PATH LEVEL 1	4/16/2015	4.00
Salaries - Aides - JobTitle = CNA CAREER PATH LEVEL 1	4/23/2015	2.00
Salaries - Aides - JobTitle = CNA CAREER PATH LEVEL 1	4/30/2015	2.00
Salaries - Aides - JobTitle = CNA CAREER PATH LEVEL 1	5/7/2015	1.75
Salaries - Aides - JobTitle = CNA CAREER PATH LEVEL 1	4/2/2015	4.00
Salaries - Aides - JobTitle = CNA CAREER PATH LEVEL 1	4/9/2015	4.00
Salaries - Aides - JobTitle = CNA CAREER PATH LEVEL 1	4/16/2015	4.00
Salaries - Aides - JobTitle = CNA CAREER PATH LEVEL 1	4/23/2015	4.00
Salaries - Aides - JobTitle = CNA CAREER PATH LEVEL 1	4/30/2015	2.00
Salaries - Aides - JobTitle = CNA CAREER PATH LEVEL 1	5/7/2015	4.00
Salaries - Aides - JobTitle = CNA CAREER PATH LEVEL 1	4/2/2015	2.00
Salaries - Aides - JobTitle = CNA CAREER PATH LEVEL 1	4/16/2015	2.00
Salaries - Aides - JobTitle = CNA CAREER PATH LEVEL 1	4/23/2015	2.75
Salaries - Aides - JobTitle = CNA CAREER PATH LEVEL 1	4/30/2015	2.00
Salaries - Aides - JobTitle = CNA CAREER PATH LEVEL 1	5/7/2015	2.75
Salaries - Aides - JobTitle = CNA CAREER PATH LEVEL 1	4/2/2015	4.00
Salaries - Aides - JobTitle = CNA CAREER PATH LEVEL 1	4/9/2015	4.00
Salaries - Aides - JobTitle = CNA CAREER PATH LEVEL 1	4/23/2015	2.25
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Salaries - Aides - JobTitle = CNA CAREER PATH LEVEL 1	4/30/2015	2.00
Salaries - Aides - JobTitle = CNA CAREER PATH LEVEL 1	5/7/2015	4.00
Salaries - Aides - JobTitle = CNA SNF	7/30/2015	32.00
Salaries - Aides - JobTitle = CNA TRAINEE	6/18/2015	(34.00)
Salaries - Aides - JobTitle = CNA SNF	9/24/2015	(16.00)
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	6/11/2015	6.00
Salaries - Dietitians - JobTitle = REGIONAL DIETICIAN	9/3/2015	(5.00)
Salaries - Chefs Cooks - JobTitle = Cook Supervisor	6/4/2015	(17.25)

Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	4/2/2015	7.75
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	4/16/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	4/23/2015	7.75
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	4/30/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	5/7/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	5/21/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	5/28/2015	7.75
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	6/4/2015	7.75
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	6/11/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	6/18/2015	7.50
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	7/2/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	7/9/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	7/16/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	7/23/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	7/30/2015	7.50
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	8/6/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	8/13/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	8/20/2015	4.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	8/27/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	9/3/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	9/10/2015	8.50
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	9/17/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	9/24/2015	8.00

Healthport
Apple

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2543.25 81,887.10

22,196.07

59,691.03 2,543.25 81,887.10

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Apple Rehab Cocomo			License No. 2074-C			Report for Year Ended 9/30/2015		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
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	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" type="radio"/> Yes <input type="radio"/> No	Total ***	

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility Apple Rehab Cocomo	License No. 2074-C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Saslow, Lufkin, & Buggy, LLP 2 Huban & Brazee 3 4	Address (No. & Street, City, State, Zip Code) 10 Tower Lane Avon, CT 06001 35 Wendell Avenue Pittsfield, MA 10202
---	---

Services Provided by This Firm (*describe fully*)

1 Preparation of audited financials (dissallow Pg. 28)	\$ 4,842
2 Preparation of tax returns	\$ 2,025
3	\$
4	\$
	Charge for Services Provided
	\$ 6,867

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

- Yes No Pg. 15 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Law office of Jason DeGenaro LLC 2 Clerk of Superior Court 3 Meriden City Clerk 4 Probate Court 5	Telephone Number 203-453-4101
---	----------------------------------

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

1 29 Water St Branford CT
2 Meriden
3 Meriden
4 Meriden
5

Services Provided by This Firm (*describe fully*)

1 Collection litigation	\$ 2,037
2 Filing Fee	\$ 90
3 Filing Fee	\$ 53
4 Conservator Fee	\$ 150
5	\$
	Charge for Services Provided
	\$ 2,330

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

- Yes No Pg. 15 1e

Schedule of Resident Statistics

Name of Facility Apple Rehab Cocomo			License No. 2074-C			Report for Year Ended 9/30/2015				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	100	100			100	100			100	100		
B. On last day of THIS report period	100	100			100	100			100	100		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	88	88			88	88			87	87		
B. As of midnight of THIS report period	87	87			87	87			87	87		
3. Total Number of Days Care Provided During Period												
A. Medicare	3,608	3,608			2,840	2,840			768	768		
B. Medicaid (Conn.)	22,577	22,577			16,794	16,794			5,783	5,783		
C. Medicaid (other states)												
D. Private Pay	6,323	6,323			5,107	5,107			1,216	1,216		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	32,508	32,508			24,741	24,741			7,767	7,767		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	32,508	32,508			24,741	24,741			7,767	7,767		

Schedule of Resident Statistics (Cont'd)

Name of Facility Apple Rehab Cocomo			License No. 2074-C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	14		62		11								
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	RUGS III		192.00		398.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								3,427	3,427				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								13,611	13,611				
D. Total Physical Therapy Treatments								17,038	17,038				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								1,563	1,563				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								1,648	1,648				
D. Total Speech Therapy Treatments								3,211	3,211				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,916	1,916				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								12,152	12,152				
D. Total Occupational Therapy Treatments								14,068	14,068				

Report of Expenditures - Salaries & Wages

Name of Facility Apple Rehab Coccoma	License No. 2074-C	Report for Year Ended 9/30/2015	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	122,209	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	37,448	2,231				
5. Dietary Service						
a. Head Dietitian	29,352	977				
b. Food Service Supervisor	55,700	2,069				
c. Dietary Workers	304,316	25,055				
6. Housekeeping Service						
a. Head Housekeeper	45,446	2,138				
b. Other Housekeeping Workers	115,716	9,646				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	77,925	4,163				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	81,963	8,919				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	131,044	5,962				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	163,382	4,230				
b. RN						
1. Direct Care	377,475	21,270				
2. Administrative**	151,194	5,231				
c. LPN						
1. Direct Care	705,629	41,567				
2. Administrative**						
d. Aides and Attendants	1,025,223	109,189				
e. Physical Therapists	3,111	217				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	72,721	5,137				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	101,327	4,517				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	3,601,180	254,598				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

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

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Apple Rehab Cocomo				2074-C	9/30/2015			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Apple Rehab Cocomo				2074-C	9/30/2015			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Maria Minkos	122,209				Administrator 10/1/14 - 9/30/15	2,080	A 2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Cocomo	2074-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	11,570	340				
3. Pharmacist	7,976	228				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	277,538	4,260				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	28,000	367				
b. Utilization Review (Title 18 and 19 only) monthly meeting	520	7				
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Middlesex Orthopedic Surgeon PC	46	1				
9. Speech Therapist						
a. Resident Care	118,558	803				
b. Other						
10. Occupational Therapist						
a. Resident Care	223,332	3,517				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	11,003	176				
2. Administrative***						
b. LPN						
1. Direct Care	14,506	275				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	84,100	1,144				
B-13 Total Fees Paid in Lieu of Salaries	777,150	11,117				

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

*** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

Report of Expenditures
Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility Apple Rehab Cocomo		License No. 2074-C	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Allstar Therapy 21 Waterville Rd. Avon, CT	Therapy Services	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Healthport Services 21 Waterville Rd. Avon, CT	Employee Staffing	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Medstat 41 Northwest Dr. Plainville, CT	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Jay Kaplan 816 Broad St Meriden CT	Medical Director - Utilization review	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive One Prestige Dr Meriden CT	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
State of CT Dept of Rehab Hartford CT	Deaf Interpreter	<input type="radio"/>	<input checked="" type="radio"/>		
Harmony Healthcare Topfield, MA	Healthcare Management Consultation	<input type="radio"/>	<input checked="" type="radio"/>		
Middlesex Orthopedic Surgeon PC Middletown CT	Orthopedic	<input type="radio"/>	<input checked="" type="radio"/>		
Pointright	Data Integrity auditor	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Cocomo	2074-C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 154,825	154,825			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 74,104	74,104			
4. Social Security (F.I.C.A.)	\$ 253,445	253,445			
5. Health Insurance	\$ 349,968	349,968			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 12,474	12,474			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 18,147	18,147			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 206,344	206,344			
d. Accounting and Auditing	\$ 6,867	6,867			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 2,330	2,330			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 15,030	15,030			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 18,199	18,199			
2. Cellular Phones	\$ 419	419			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 606,342	606,342			
Subtotal	\$ 1,718,493	1,718,493			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Cocomo	2074-C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		1,718,493	1,718,493		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 5,023	5,023			
2. Holiday Parties for Staff	\$ 6,546	6,546			
3. Gifts to Staff and Residents	\$ 14,731	14,731			
4. Employee Travel	\$ 7,571	7,571			
5. Education Expenses Related to Seminars and Conventions	\$ 2,495	2,495			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 207	207			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 22,592	22,592			
4. Fund-Raising***	\$				
5. Medical Records	\$ 7,944	7,944			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 3,987	3,987			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 6,824	6,824			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 233	233			
9. Subscriptions	\$ 2,432	2,432			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$ 514,526	514,526			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 74,175	74,175			
C-14 Total Administrative & General Expenditures	\$ 2,387,780	2,387,780			

* Do not include Subscriptions, which should go in item 9.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising - Public Relations	\$ 22,592		
Total Other Advertising	\$ 22,592	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 6,824		
Total Dues	\$ 6,824	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Corporate Fees - Non Reimbursable	\$ 40,117		
Licenses & Fees	\$ 8,066		
Pre Employment Screening	\$ 13,251		
Point Click Care Fees	\$ 10,082		
Bank Charges	\$ 71		
Resident Expenses	\$ 643		
Account Write Off	\$ 319		
CMS penalty - Fed	\$ 1,625		
Total Other Administrative and General	\$ 74,175	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Apple Rehab Cocomo	2074-C	9/30/2015	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.	514,526	Accounting & Managerial Services	Pg. 16 m12

* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.

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

Name of Facility Apple Rehab Cocomo	License No. 2074-C	Report for Year Ended 9/30/2015	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 234,343	234,343		
2. Non-Food Supplies	\$ 38,895	38,895		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 1,565	1,565		
c. Management Services**	\$			
d. Other (Specify) _____	\$			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 274,803	274,803		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	267	267		
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility Apple Rehab Cocomo		License No. 2074-C	Report for Year Ended 9/30/2015	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$ 6,674	6,674		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$ 8,548	8,548		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify)		\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$ 15,222	15,222		
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

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

All allocations should add to total recorded in 3E.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Apple Rehab Cocomo	2074-C	9/30/2015	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced	33,656	33,656		
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	20,662	20,662		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced				
	by Personnel				
	Amt. \$				
c. Management Services*	\$				
d. Other (<i>Specify</i>)	\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	20,662	20,662		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Medstat	\$	258,776	258,776		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	205,118	205,118		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	43,641	43,641		
f. X-rays and Related Radiological Procedures***	\$	25,305	25,305		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	15,853	15,853		
i. Recreation	\$	26,443	26,443		
j. Other (Specify)**** See Attached Schedule	\$	44,444	44,444		
5K. Total Resident Care Expenditures (5a - 5j)	\$	619,581	619,581		

* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

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

Name of Facility Apple Rehab Cocco			License No. 2074-C		Report for Year Ended 9/30/2015			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
CWPM	25 Norton Pl Plainville CT	<input type="radio"/>	<input checked="" type="radio"/>		Refuse removal	22,084			22	6 f
Garden Acquisition Holdings	3630 Solution Center Chicago IL	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	16,114			22	6 a
David A Lenz	PO Box 681 Middletown,CT	<input type="radio"/>	<input checked="" type="radio"/>		Snow removal	26,216			22	6 a
Saucier Mechanical	148 Norton St Plantsville CT	<input type="radio"/>	<input checked="" type="radio"/>		Heating \ AC	24,682			22	6 a
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Apple Rehab Cocomo	2074-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 140,046	140,046				
b. Heat	\$ 18,637	18,637				
c. Light & Power	\$ 119,249	119,249				
d. Water	\$ 53,371	53,371				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 24,098	24,098				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 355,401	355,401				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 2,097	2,097				
d. Movable Equipment	\$ 32,439	32,439				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 34,536	34,536				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 62,931	62,931				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 62,931	62,931				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 720,000	720,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 106,518	106,518				
c. Personal property taxes	\$ 6,809	6,809				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 930,794	930,794				

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

Apple Rehab Coccoma
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
2/1/1992	CARNOT REF (ICE MACHINE)	\$ (2,591)	10	
Total deletions for Non-Movable Equipment		\$ (2,591)		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
2/7/2014	BRODA CHAIR MIDLINE (BOSTON ORTHO)	\$ 1,800	ME-10	\$ 160
10/14/2014	WIRELESS CONTROL w/5 AP LIC (JKS)	\$ 2,161	ME-5	\$ 540
11/24/2014	WASHER UNIMAC 60 LB (DANIELS)	\$ 12,846	ME-10	\$ 1,606
3/19/2015	Payroll System Upgrade-Time Clocks	\$ 1,233	ME-10	\$ 42
3/19/2015	Payroll System Upgrade-Time Clocks	\$ 1,196	ME-10	\$ 41
3/27/2015	Countertop Convection Steamer	\$ 4,642	ME-10	\$ 156
4/30/2015	Install Wireless Network Controllers	\$ 442	ME-5	\$ 28
6/4/2015	Install Wireless Network Controllers	\$ 177	ME-5	\$ 10
7/17/2015	Electric Bed-First Choice Medical Supply	\$ 1,050	ME-12	\$ 20
8/6/2015	Patient Lift Repairs-Master Assembly	\$ 2,631	ME-5	\$ 100
8/13/2015	Electric Bed-First Choice Medical Supply	\$ 962	ME-12	\$ 14
Total additions for Movable Equipment		\$ 29,140		\$ 2,717 *
Deletions:				
5/1/1991	EVERGROW (PLANTS)	\$ (1,927)	ME-10	
2/1/1994	Northeast(plain paper fax)	\$ (890)	ME-5	
4/1/1999	Desktop computer(Circuit City)	\$ (864)	ME-5	
8/1/1999	Canon Copier (Ikon)	\$ (6,079)	ME-5	
7/1/2002	install hand scanner (Precision Electric	\$ (700)	ME-10	
6/1/2006	Gestetner copier (Advanced Copy Technolo	\$ (7,574)	ME-5	
Total deletions for Movable Equipment		\$ (18,033)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
7/3/2014	COMPRESSOR AIR CONDITIONING (SAUCIER)	\$ 4,890	LHI-12	\$ 409
7/3/2014	AIR CONDITIONING UNITS REPAIRS(SAUCIER)	\$ 3,001	LHI-12	\$ 251
8/12/2014	COMPRESSOR AIR UNIT UNIT#7 (SAUCIER)	\$ 3,930	LHI-12	\$ 351
3/12/2015	Replace Air Handler Electric Heat	\$ 4,497	LHI-15	\$ 103
3/12/2015	Replace Air Handler Electric Heat	\$ 4,497	LHI-15	\$ 103
4/23/2015	10-Ton Heat Pump System	\$ 5,232	LHI-10	\$ 167
4/23/2015	10-Ton Heat Pump System	\$ 5,232	LHI-10	\$ 167
Total additions for Leasehold Improvement		\$ 31,279		\$ 1,551 *
Deletions:				
3/1/1991	KENTCO (CARPETING)	\$ (2,150)	LHI-5	
5/1/1991	B-G SERVICE (REPAIR A/C)	\$ (3,140)	LHI-15	
7/1/1991	KENTCO (CARPETING)	\$ (320)	LHI-5	
7/1/1991	KENTCO (CARPETING)	\$ (4,119)	LHI-5	
5/1/1992	B-G SERVICE (REPAIR A/C)	\$ (3,021)	LHI-15	
6/1/1992	B-G SERVICE (REPAIR A/C)	\$ (1,321)	LHI-15	
5/1/1997	CUBICLE TRACK\CURTAINS (VICTOR)	\$ (694)	LHI-10	
Total deletions for Leasehold Improvement		\$ (14,766)		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Apple Rehab Cocomo			License No. 2074-C		Report for Year Ended 9/30/2015			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				1,256,031	640,459	A		61,380	
2. Disposals (attach schedule)				(14,766)	(14,766)				
3. Acquired during this report period (attach schedule)				31,279				1,551	
C-4. Subtotal									62,931
D. Total Amortization									62,931

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility Apple Rehab Cocomo	License No. 2074-C	Report for Year Ended 9/30/2015	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	100			
6. Square Footage	33,656			
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed	See Attached			
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

CT Medicaid Cost Report Attachment Page 25

		Original Mortgage
A.	Type of Financing (e.g. fixed, variable)	Fixed
B.	Date of Mortgage Obtained	4/11/2008
C.	Interest Rate For the Cost Year	6.44%
D.	Term of Mortgage (number of years)	7 Yrs.
E.	Amount of Principal Borrowed	119,500,000
F.	Principal Balance Outstanding as of 9/30/15	100,562,320

Note: The following facilities are collateralized by this mortgage.

Connecticut Facilities

Brightview Nursing & Retirement Center, Ltd.
Rose Haven, Ltd.
Mary Elizabeth Nursing Center, Inc.
Fowler Nursing Center, Inc.
Waterbury Extended Care Facility, Inc.
Harbor View Nursing Center, Inc.
Liberty Hall Nursing Center
Orchard Grove Specialty Care
Wolcott Hall Nursing Center, Inc.
Hewitt Health and Rehabilitation Center, Inc.
Watrous Nursing Center
Elm Hill Nursing Center, Inc.
Gardner Heights Health Care Center, Inc.
Shelton lakes Health Care Center, Inc.
Highview Health Care Center, Inc.
Westfield Manor Health Care Center, Inc.
TA Cocomo Memorial
Plainville Health Care Center, Inc.
Ledgestone Health Care Center, Inc.
Ridgeview Health Care Center, Inc.
The Kent, Ltd.
Chesterfields, Ltd.

Out of State Facilities

Watch Hill Manor, Ltd.
The Clipper Home, Inc.

6 Month extension

extension to 10/13/15

2.08%

6 month

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

Name of Facility		License No.	Report for Year Ended		Page	of
Apple Rehab Cocomo		2074-C	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Cocomo	2074-C	9/30/2015	27	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				
12. C. Movable Equipment				
1. Automotive Equipment	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
2. Other (Specify)	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
B. Item	Rate	Amount		
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$			
12. D. Other Interest Expense (Specify)	\$	6,515	6,515	
Value settlement \$3,107 late pmt town bills \$3,408				
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	6,515	6,515	
14. Insurance				
a. Insurance on Property (buildings only)	\$	81,594	81,594	
b. Insurance on Automobiles	\$			
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$			
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$			
14d. Total Insurance Expenditures (14a + b + c)	\$	81,594	81,594	
15. Total All Expenditures (A-13 thru C-14)	\$	9,070,681	9,070,681	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Coccoma				2074-C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 2,024	2,024		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 223,332	223,332		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 206,344	206,344		
10.	15	1d/e	Accounting & Legal	\$ 7,172	7,172		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 22,592	22,592		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 56,115	56,115		
Page 18 - Dietary Expenditures							
24.	30	IV1	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	\$			
Subtotal (Items 1 - 26)				\$ 517,578	517,578		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12m	Social Service/Marketing	\$ 2,024		
Total Other Salaries Adjustment			\$ 2,024	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B8	Medical Director (if no hours to support expense)			
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Corporate Fee - Non Reimburable	\$ 40,117		
16	1.3	Employee Recognition/Gifts/Parties	\$ 14,731		
16	8a	Chamber of Commerce	\$ 233		
16	m13	Bank Charges	\$ 71		
16	m13	Resident Expenses	\$ 643		
16	m13	Account Write Off	\$ 319		
Total Other A&G Adjustments			\$ 56,115	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Cocomo				2074-C	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 517,578	517,578		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 258,776	258,776		
28.	16	L1	Ambulance/Limousine	\$ 5,023	5,023		
29.	20	h	X-rays, etc	\$ 25,305	25,305		
30.	20	f	Laboratory	\$ 15,853	15,853		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 36,862	36,862		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 38,391	38,391		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.	30	IV 8	Vending Machine Revenue	\$ 22	22		
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.	30	IV5	Interest Income on Accounts Rec	\$ 45	45		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 6,735	6,735		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 904,590	904,590		

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

Apple Rehab Cocomo
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ 34,071		
20	5j	Rehab Service Supplies	\$ 4,319		
Total Other Ancillary Costs			\$ 38,391	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
var	var	Outpatient disallowance	\$ 220		
27	12 d	Value settlement \$3,107 late pmt town bills \$3,408	\$ 6,515		
Total Other Adjustments			\$ 6,735	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Cocomo	2074-C	9/30/2015		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 4,393,857	4,393,857			
b. Medicaid Room and Board Contractual Allowance **	\$				
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,446,200	1,446,200			
b. Medicare Room and Board Contractual Allowance **	\$ 479,376	479,376			
4. a. Private-Pay Residents and Other	\$ 2,325,949	2,325,949			
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 145,612	145,612			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (145,618)	(145,618)			
c. Prescription Drugs - Non-Medicare	\$ 119,680	119,680			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (119,680)	(119,680)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 415,488	415,488			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (299,930)	(299,930)			
c. Physical Therapy - Non-Medicare	\$ 180,845	180,845			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (180,425)	(180,425)			
4. a. Speech Therapy - Medicare	\$ 113,356	113,356			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (45,594)	(45,594)			
c. Speech Therapy - Non-Medicare	\$ 31,140	31,140			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (31,140)	(31,140)			
5. a. Occupational Therapy - Medicare	\$ 437,890	437,890			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (354,823)	(354,823)			
c. Occupational Therapy - Non-Medicare	\$ 194,812	194,812			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (195,172)	(195,172)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 8,911,823	8,911,823			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 45	45			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 28,559	28,559			
V. Total Other Revenue (1 thru 8)	\$ 28,604	28,604			
VI. Total All Revenue (III +V)	\$ 8,940,427	8,940,427			

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV5	Interest Income	1,335,565	\$ 45		
Total Interest Income			\$ 45	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Vending machine commision	\$ 22		
30 IV 8	Rebates	\$ 27,567		
30 IV 8	Medical Records	\$ 822		
30 IV 8	Account w/o	\$ 148		
Total Other Revenue		\$ 28,559	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Cocomo	2074-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	102
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,335,565
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	19,842
5. Prepaid Expenses			\$	10,239
a. Prepaid Insurance	8,606			
b. Prepaid Property Tax	1,633			
c. Prepaid Other				
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	
Due Affiliate (Debit Balance)				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,365,748
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,272,544</u>		\$	583,920
	Accum. Depreciation <u>688,624</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>60,280</u>		\$	1,712
	Accum. Depreciation <u>58,568</u>	Net		
6. Movable Equipment	*Historical Cost <u>517,687</u>		\$	146,326
	Accum. Depreciation <u>371,361</u>	Net		
7. Motor Vehicles	*Historical Cost <u>3,658</u>		\$	
	Accum. Depreciation <u>3,658</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	1,127
Construction in Progress	1,127			
Fixed Asset Clearing Account				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	733,084

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Cocomo	2074-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	2,098,832
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	1,875
	Capitalized Refinance Expense	1,875		

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,875
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	2,100,707

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

G. Balance Sheet (cont'd)

Name of Facility Apple Rehab Cocomo	License No. 2074-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount
Total Brought Forward:				1,028,133
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 723,314
Name and Address of Lender	Amount	Loan Date		
Brian J. Foley	723,314	Demand		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
Security Deposit				

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 723,314
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,751,447

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Cocomo	2074-C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	64,742
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	413,772
6. Gain or Loss for Period			\$	(130,254)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	349,260
C. Total Reserves and Net Worth			\$	349,260
D. Total Liabilities, Reserves, and Net Worth			\$	2,100,707

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Cocco	2074-C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	684,734
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	8,940,427
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	9,070,681
D. Net Income or Deficit			\$	(130,254)
E. Balance			\$	554,480
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	205,220
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
Brian Foley		President	5,220	
Brian Foley		President	200,000	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	205,220
H. Balance at End of Period			\$	349,260
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility Apple Rehab Cocomo	License No. 2074-C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Robert Gwizdak				
Address Address			Phone Number	
21 Waterville Road Avon, CT 06001			(860) 470-7535	