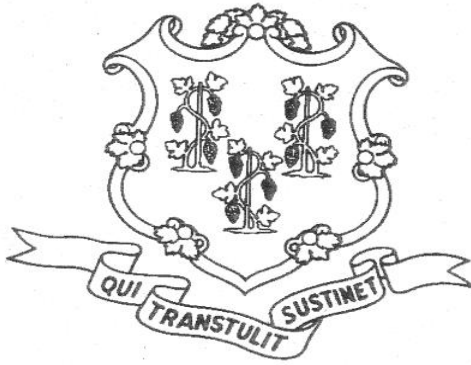


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Apple Rehab Farmington Valley	
Address (No. & Street, City, State, Zip Code) 269 Farmington Ave, Plainville, CT 06062	
Type of Facility <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 2029-C	RHNS	(Specify)	Medicare Provider 07-5044
------------------	----------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 20298	RHNS	ICF-IID
----------------------------	---------------	------	---------

**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 Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2015	Page 1	of 37
---	-----------------------	------------------------------------	-----------	----------

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

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Apple Rehab Farmington Valley [facility name], for the cost report period beginning October 1, 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) Pam Miller			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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Apple Rehab Farmington Valley		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 269 Farmington Ave, Plainville, CT 06062				
Report Prepared By Apple Health Care, Inc.		Phone Number (860) 678-9755	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 860-747-1637		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Apple Rehab Farmington Valley			Address (No. & Street, City, State, Zip) 269 Farmington Ave, Plainville, CT 06062		
License Numbers:	CCNH 2029-C	RHNS	(Specify)	Medicare Provider No. 07-5044	
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.	
<b>Administrator</b>					
Name of Administrator Pam Miller			Nursing Home Administrator's License No.:	001102	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		



**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility Apple Rehab Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation Apple Rehab Farmington Valley	Business Address 269 Farmington Ave, Plainville, CT 06062	State(s) in Which Incorporated Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Brian 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 Farmington Valley	License No. 2029-C	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  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	560,004	560,004
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	668,886	668,886
Healthport Services	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10/13 Schedule	71,558	71,558
Allstar	21 Waterville Road Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>	15%	Therapy Services	Pg. 13 B5/B9/B10	1,122,346	1,029,191
Corporate Employee	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	18,632	18,632
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	110,494	110,494
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	22,918	22,918
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	525,419	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	49,826	

\* Use additional sheets if necessary.

\*\* Provide the percentage amount of revenue received from non-related parties.

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

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

Name of Facility Apple Rehab Farmington Valley		License No. 2029-C	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	18,467	
Marsh	PO Box 19636 Newark, NJ	X			Property, Liability, & Umbrella Insurance	Pg. 27 14a	133,669	
Medstat	41 Northwest Dr. Plainville, CT	X		9%	Pharmacy	Pg. 13B3/Pg. 20 5a2	689,013	640,093
AIG	PO Box 10472 Newark, NJ	X			Worker's Compensation	Pg. 15 1a1	168,989	
Swallowing Diagnostics	21 Waterville Rd. Avon, CT	X		83%	Diagnostic Services	Pg. 20 5f	1,800	1,697
Bendan 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

Apple Rehab Avon-Plainville

Shared Employees  
Cost Year 2 0 1 5

**October 2014 - September 2015**

**41001- Salaries Administrator**

Source	Facility	Employee
AHC Allocation	AHC	Terri Golec Pam Miller

**41002 CLERICAL**

Source	Facility	Employee
Oct 2014 Shared	Laurel Woods	Pericas
Feb 2015 Shared	Ledgecrest	Rivera

**41003 BOOKKEEPING**

Source	Facility	Employee
Oct 2014 Shared	Brightview	Gonzalez
Jan 2015 Shared	Ledgecrest	Fontanez
April 2015 Shared	Healthport	Hogan
April 2015 Shared	Healthport	Hogan
Aug 2015 Shared	Healthport	Hogan
Sept 2015 Shared	Healthport	Hogan

**41004 SOCIAL SERVICES**

Source	Facility	Employee
Oct 2014 Shared	Brightview	Warkoski
Oct 2014 Shared	Waterbury	Tomaszewski
Nov 2014 Shared	Brightview	Warkoski
Dec 2014 Shared	Brightview	Warkoski
Dec 2014 Shared	Waterbury	Tomaszewski
Feb 2015 Shared	Ridgeview	Warkoski

**41006- Maintenance**

Source	Facility	Employee
Nov 2014 Shared	Hewitt	Tonyan
Dec 2014 Shared	Ridgeview	Scheyd
Jan 2015 Shared	Ridgeview	Scheyd
Feb 2015 Shared	Westfield	Sakowski
Mar 2015 Shared	Ridgeview	Scheyd

#### 41007 - SALARIES PROJECTS

Source	Facility	Employee
Dec 2014 Shared	Westfield	Sakowski
Jan 2015 Shared	Westfield	Sakowski
Feb 2015 Shared	Westfield	Sakowski
Mar 2015 Shared	Westfield	Sakowski

#### 45001 - Salaries RN

Source	Facility	Employee
Oct 2014 Shared	Kent	Smikle-Russell
Oct 2014 Shared	Waterbury	Smikle-Russell
Nov 2014 Shared	Chesterfields	Smikle-Russell
Nov 2014 Shared	Laurel Woods	Smikle-Russell
Dec 2014 Shared	Brightview	Marquis
Dec 2014 Shared	Laurel Woods	Senior-Hazel
Dec 2014 Shared	Laurel Woods	Smikle-Russell
Jan 2015 Shared	Chesterfields	Smikle-Russell
Jan 2015 Shared	Healthport	Migliorati
Feb 2015 Shared	Brightview	Dailey
Mar 2015 Shared	Healthport	Massarelli
Apr 2015 Shared	Healthport	Massarelli
May 2015 Shared	Healthport	Herrick
May 2015 Shared	Healthport	Massarelli
Sept 2015 Shared	Healthport	Migliorati

#### 45002 - Salaries LPN

Source	Facility	Employee
Dec 2014 Shared	Ridgeview	Behm

Dec 2014 Shared	Elm Hill	Mankus
Jan 2015 Shared	Ridgeview	DiMauro
June 2015 Shared	Healthport	Osingna

**45003 - Salaries AIDES**

Source	Facility	Employee
Oct 2014 Shared	Westfield	Fuqua
Oct 2014 Shared	Kent	Hoffman
Oct 2014 Shared	Kent	Zoccano
Oct 2014 Shared	Ridgeview	Rivera
Nov 2014 Shared	Brightview	Jalbert
Nov 2014 Shared	Westfield	Edwards
Nov 2014 Shared	Kent	Hoffman
Nov 2014 Shared	Kent	Zoccano
Nov 2014 Shared	Ledgecrest	Clarke
Nov 2014 Shared	Laurel Woods	Torres
Nov 2014 Shared	Laurel Woods	Senior-Hazel
Nov 2014 Shared	Laurel Woods	Pelletier
Nov 2014 Shared	Shelton	T. Williams
Nov 2014 Shared	Shelton	B. Williams
Dec 2014 Shared	Brightview	Jalbert
Dec 2014 Shared	Kent	Williams
Dec 2014 Shared	Kent	Stephenson
Dec 2014 Shared	Westfield	Edwards
Dec 2014 Shared	Ridgeview	Rivera
Dec 2014 Shared	Ledgecrest	Clarke
Dec 2014 Shared	Shelton	T. Williams
Dec 2014 Shared	Shelton	B. Williams
Dec 2014 Shared	Laurel Woods	Torres
Dec 2014 Shared	Laurel Woods	Pelletier
Jan 2015 Shared	Ledgecrest	Rivera
Jan 2015 Shared	Shelton	Perez
Jan 2015 Shared	Shelton	Vega
Jan 2015 Shared	Shelton	Mattei
Jan 2015 Shared	Shelton	A. Williams
Jan 2015 Shared	Shelton	Kennebrew
Jan 2015 Shared	Brightview	Rivera
Jan 2015 Shared	Brightview	Pelletier
Feb 2015 Shared	Shelton	Vega
Feb 2015 Shared	Shelton	mattei
Feb 2015 Shared	Shelton	S. Williams
Feb 2015 Shared	Shelton	Tenor

Feb 2015 Shared	Shelton	Green
Feb 2015 Shared	Shelton	Mattison
Feb 2015 Shared	Ledgecrest	Rivera
Mar 2015 Shared	Shelton	Tenor
Mar 2015 Shared	Shelton	Camervil
Mar 2015 Shared	Shelton	Reyes
Mar 2015 Shared	Shelton	Green
Mar 2015 Shared	Shelton	mattison
Mar 2015 Shared	Brightview	Pelletier

#### 45010 - Salaries INFECTION CONTROL

Source	Facility	Employee
Oct 2014 Shared	Coccoma	Rolla
Feb 2015 Shared	Brightview	Rolla
Feb 2015 Shared	Brightview	Dailey
March 2015 Shared	Brightview	Dailey

#### 45017 - Salaries MDS COORDINATOR

Source	Facility	Employee
Nov 2014 Shared	Healthport	Migliorati
Dec 2014 Shared	Healthport not in file	
Jan 2015 Shared	Healthport	Herrick
Jan 2015 Shared	Healthport	Migliorati
Feb 2015 Shared	Wolcott Hall	Jedd
Feb 2015 Shared	Healthport	Herrick
Feb 2015 Shared	Healthport	Migliorati

#### 50001 - Salaries - Dieticians

Source	Facility	Employee
Oct 2014 Shared	Ledgecrest	Bighinatti
Oct 2014 Shared	Westfield	Bighinatti
Nov 2014 Shared	Ledgecrest	Bighinatti
Nov 2014 Shared	Westfield	Bighinatti
Nov 2014 Shared	Rose Haven	Leonetti

Dec 2014 Shared	Ledgecrest	Bighinatti
Dec 2014 Shared	Westfield	Bighinatti
Dec 2014 Shared	Rose Haven	Leonetti
Dec 2014 Shared	Rose Haven	Leonetti
Jan 2015 Shared	Westfield	Bighinatti
Jan 2015 Shared	Ledgecrest	Bighinatti
Jan 2015 Shared	Rose Haven	Leonetti
Feb 2015 Shared	Ledgecrest	Bighinatti
Feb 2015 Shared	Ledgecrest	Bighinatti
Mar 2015 Shared	Ledgecrest	Bighinatti
Mar 2015 Shared	Ledgecrest	Bighinatti

#### **50004 - Salaries - FOOD SVC SUPERVISOR**

Source	Facility	Employee
Dec 2014 Shared	Hewitt	Nadeau

#### **60001 - Salaries - HOUSEKEEPING**

Source	Facility	Employee
Feb 2015 Shared	Shelton	Perez

#### **65001 - Salaries - RECREATION**

Source	Facility	Employee
Feb 2015 Shared	Coccoma	Gandolfo
Mar 2015 Shared	Coccoma	Gandolfo

#### **70062 Salaries - THERAPY TECHNICIANS**

Source	Facility	Employee
--------	----------	----------

Oct 2014 Shared	Ridgeview	Stabach
Nov 2014 Shared	Ridgeview	Stabach
Dec 2014 Shared	Ridgeview	Stabach
Jan 2015 Shared	Ridgeview	Stabach
Feb 2015 Shared	Ridgeview	Stabach
Mar 2015 Shared	Ridgeview	Stabach

---



---

**Total Shared Employee**

---



---

**Healthport Services**

**45022- Purch Service RN - HEALTHPORT**

Source	Facility	Employee
Oct 2014 Shared	Healthport	Migliorati
Oct 2014 Shared	Healthport Indirect	
Nov 2014 Shared	Healthport Indirect	
Jan 2015 Shared	Healthport	Poole
<b>Jan 2015 Shared</b>	Healthport Indirect	
<b>Feb 2015 Shared</b>	Healthport	Poole
<b>Feb 2015 Shared</b>	Healthport Indirect	
<b>Mar 2015 Shared</b>	Healthport	Poole
<b>April 2015 Shared</b>	Healthport Indirect	
<b>Sept 2015 Shared</b>	Healthport Indirect	

**Healthport Services**

**45023- Purch Service LPN - HEALTHPORT**

Source	Facility	Employee
Oct 2014 Shared	Healthport	Suprynowicz
Oct 2014 Shared	Healthport	Alicea
Oct 2014 Shared	Healthport	Green
Oct 2014 Shared	Healthport Indirect	
Nov 2014 Shared	Healthport	Green
Nov 2014 Shared	Healthport	Suprynowicz
Nov 2014 Shared	Healthport	Suprynowicz
Nov 2014 Shared	Healthport	Pinamang
Nov 2014 Shared	Healthport Indirect	



Dec 2014 Shared	Healthport	Alicea
Jan 2015 Shared	Healthport	Alicea
Jan 2015 Shared	Healthport Indirect	
Feb 2015 Shared	Healthport	Stack,Sewell,Massarelli
Feb 2015 Shared	Healthport Indirect	
April 2015 Shared	Healthport Indirect	
Sept 2015 Shared	Healthport Indirect	

**Total HEALTHPORT**

Corporate Allocation

41003- Salaries

Source	Facility	Employee
	AHC	BILLING UNIT
	AHC	PAYROLL
		Total

**Total Corporate**

	<u>Apple</u>	<u>Corporate</u>
	120,118.67	18,632.00
<b>Total Shared</b>		<u><u>171,981.51</u></u>

Amount	Hours
109,659.03	2,154.06
6,226.92	80.00
<u>115,885.95</u>	<u>2,234.06</u>

Amount	Hours
193.50	21.50
224.81	16.50
<u>418.31</u>	<u>38.00</u>

Amount	Hours
33.00	3.00
(137.92)	(8.00)
592.32	24.00
185.10	7.50
459.67	19.75
1,499.31	60.75
<u>2,631.48</u>	<u>107.00</u>

Amount	Hours
(381.25)	(15.25)
(346.96)	(22.25)
(362.50)	(14.50)
(662.50)	(26.50)
(216.56)	(13.75)
(900.00)	(36.00)
<u>(2,869.77)</u>	<u>(128.25)</u>

Amount	Hours
(198.01)	(8.00)
176.00	16.00
280.50	25.50
701.25	63.75
77.00	7.00
<hr/>	
1,036.74	104.25
<hr/>	

Amount	Hours
488.19	26.75
1,179.09	64.50
939.87	51.50
50.19	2.75
<hr/>	
2,657.34	145.50
<hr/>	

Amount	Hours
(560.00)	(16.00)
(315.00)	(9.00)
(210.00)	(6.00)
(568.75)	(16.25)
(173.25)	(5.25)
(126.10)	(9.00)
(315.00)	(9.00)
(280.00)	(8.00)
323.00	8.50
(705.00)	(23.50)
375.00	26.00
(375.00)	(26.00)
204.00	6.00
9.75	0.25
342.00	9.00
<hr/>	
(2,374.35)	(78.25)
<hr/>	

Amount	Hours
(210.00)	(8.00)

(91.77)	(3.50)
(189.75)	(8.25)
268.25	9.25

---

(223.27)	(10.50)
----------	---------

---

Amount	Hours
206.64	23.75
391.57	44.75
391.57	44.75
(297.06)	(24.25)
234.06	26.75
232.73	26.75
456.63	51.50
456.63	51.50
282.00	24.00
(106.94)	(8.50)
(227.66)	(16.25)
(187.88)	(12.50)
245.25	27.25
245.25	27.25
753.82	85.25
271.06	30.25
271.06	30.25
843.93	97.00
(107.25)	(8.25)
94.00	8.00
654.25	72.00
575.50	63.25
(107.13)	(8.50)
(176.61)	(11.75)
(30.00)	(2.00)
1,078.25	97.25
818.28	88.50
697.83	75.50
715.98	78.25
624.88	67.50
(150.00)	(8.00)
(164.24)	(8.00)
180.72	19.75
164.71	18.00
260.77	28.50
82.35	9.00

247.05	27.00
82.35	9.00
4.13	0.00
226.47	24.75
215.02	23.50
217.31	23.75
226.47	24.75
226.47	24.75
134.00	8.00

---



---

11,254.22	1,274.00
-----------	----------

Amount	Hours
(72.00)	(2.25)
(240.00)	(7.50)
(1,397.52)	(56.00)
(727.00)	(24.25)

---



---

(2,436.52)	(90.00)
------------	---------

Amount	Hours
1,045.00	27.50
306.00	
187.00	5.50
1,406.00	37.00
203.31	6.75
204.00	6.00
1,805.00	47.50

---



---

5,156.31	130.25
----------	--------

Amount	Hours
(780.00)	(26.00)
(1,320.00)	(44.00)
(495.00)	(16.50)
(915.00)	(30.50)
112.00	4.00

(570.00)	(19.00)
(1,020.00)	(34.00)
112.00	4.00
112.00	4.00
(1,260.00)	(48.00)
(540.00)	(22.00)
196.00	7.00
(1,020.00)	(34.00)
(480.00)	(16.00)
(390.00)	(13.00)
(600.00)	(20.00)

<u>(8,858.00)</u>	<u>(304.00)</u>
-------------------	-----------------

<u>Amount</u>	<u>Hours</u>
(197.84)	(8.00)

<u>(197.84)</u>	<u>(8.00)</u>
-----------------	---------------

<u>Amount</u>	<u>Hours</u>
242.00	22.00

<u>242.00</u>	<u>22.00</u>
---------------	--------------

<u>Amount</u>	<u>Hours</u>
577.50	57.75
245.00	24.50

<u>822.50</u>	<u>82.25</u>
---------------	--------------

<u>Amount</u>	<u>Hours</u>
---------------	--------------

(706.86)	(59.50)
(561.33)	(47.25)
(463.32)	(39.00)
(501.93)	(54.50)
(582.12)	(49.00)
(210.87)	(7.03)

---

(3,026.43)	(256.28)
------------	----------

---

120,118.67	3,262.03
------------	----------

---



---

Amount	Hours
959.50	25.25
322.63	
0.03	
705.00	29.75
303.00	
2,298.75	55.22
856.00	
606.75	14.58
927.00	
2,795.00	
9,773.66	124.80

---

Amount	Hours
999.00	37.00
4,200.50	135.50
751.75	24.25
2,001.25	
503.75	16.25
2,875.25	92.75
1,211.00	43.50
262.50	8.75
2,879.93	

542.50	17.50
511.50	39.50
220.00	
2,172.25	52.18
809.00	
876.00	
2,641.00	

---

23,457.18	467.18
-----------	--------

---

---

33,230.84	591.98
-----------	--------

---

---

---

Amount	Hours
14,530.00	642.00
4,102.00	131.00

---

18,632.00	773.00
-----------	--------

18,632.00	773.00
-----------	--------

---

---

---

Healthport
33,230.84



Apple Shared Employee Report

Reporting Period: From

3/8/2015 to

9/19/2015

Emp Nu

LastName	FirstName	HomeFcltyC Home Facility	WorkedFclty Worked Facility
Hogan	Janice	29 Healthport Srves	20 Farmington
Hogan	Janice	29 Healthport Srves	20 Farmington
Hogan	Janice	29 Healthport Srves	20 Farmington
PINNEY	JAMIE	20 Farmington	22 Cromwell
PINNEY	JAMIE	20 Farmington	22 Cromwell
Massarelli	Roxanne	29 Healthport Srves	20 Farmington
Massarelli	Roxanne	29 Healthport Srves	20 Farmington
Poole	Lynn	29 Healthport Srves	20 Farmington
Schilder	Maureen	29 Healthport Srves	20 Farmington
Bassett	Elaine	29 Healthport Srves	20 Farmington
Poole	Lynn	29 Healthport Srves	20 Farmington
Bassett	Elaine	29 Healthport Srves	20 Farmington
Massarelli	Roxanne	29 Healthport Srves	20 Farmington
Schilder	Maureen	29 Healthport Srves	20 Farmington
Poole	Lynn	29 Healthport Srves	20 Farmington
Feola	Christen	29 Healthport Srves	20 Farmington
Kuofie	Juliana	29 Healthport Srves	20 Farmington
Poole	Lynn	29 Healthport Srves	20 Farmington
Lamer	Nicolas	20 Farmington	16 Shelton Lk
Morin	Brittany	20 Farmington	16 Shelton Lk
Daigle	Kerry	20 Farmington	1 Avon
POINTER	THOMAS	5 Mystic	20 Farmington
LaCoss	Gail	29 Healthport Srves	20 Farmington
Alicea	Rosemary	29 Healthport Srves	20 Farmington
LaCoss	Gail	29 Healthport Srves	20 Farmington
Swanson	Tracey	29 Healthport Srves	20 Farmington
Jones	Paula	29 Healthport Srves	20 Farmington
Alicea	Rosemary	29 Healthport Srves	20 Farmington
Alicea	Rosemary	29 Healthport Srves	20 Farmington
Tweneboa-Kodua	Gloria	29 Healthport Srves	20 Farmington

Alicea	Rosemary	29 Healthport Srves	20 Farmington
Jones	Paula	29 Healthport Srves	20 Farmington
Jones	Paula	29 Healthport Srves	20 Farmington
Osinuga	Akinola	29 Healthport Srves	20 Farmington
Spencer	Beverly	29 Healthport Srves	20 Farmington
Stack	Stacy	29 Healthport Srves	20 Farmington
Swanson	Tracey	29 Healthport Srves	20 Farmington
Jones	Paula	29 Healthport Srves	20 Farmington
Osinuga	Akinola	29 Healthport Srves	20 Farmington
Suazo	Marcia	29 Healthport Srves	20 Farmington
Green	Lauren	29 Healthport Srves	20 Farmington
Jones	Paula	29 Healthport Srves	20 Farmington
LaCoss	Gail	29 Healthport Srves	20 Farmington
Osinuga	Akinola	29 Healthport Srves	20 Farmington
Suazo	Marcia	29 Healthport Srves	20 Farmington
Tweneboa-Kodua	Gloria	29 Healthport Srves	20 Farmington
Jones	Paula	29 Healthport Srves	20 Farmington
LaCoss	Gail	29 Healthport Srves	20 Farmington
Osinuga	Akinola	29 Healthport Srves	20 Farmington
Pierre	Andy	29 Healthport Srves	20 Farmington
Suazo	Marcia	29 Healthport Srves	20 Farmington
Green	Lauren	29 Healthport Srves	20 Farmington
Osinuga	Akinola	29 Healthport Srves	20 Farmington
Pierre	Andy	29 Healthport Srves	20 Farmington
Suazo	Marcia	29 Healthport Srves	20 Farmington
Osinuga	Akinola	29 Healthport Srves	20 Farmington
Pierre	Andy	29 Healthport Srves	20 Farmington
Pierre	Andy	29 Healthport Srves	20 Farmington
Gunther	Samantha	29 Healthport Srves	20 Farmington
Suazo	Marcia	29 Healthport Srves	20 Farmington
Green	Lauren	29 Healthport Srves	20 Farmington
Osinuga	Akinola	29 Healthport Srves	20 Farmington
Pierre	Andy	29 Healthport Srves	20 Farmington
Arshad	Mohamed	29 Healthport Srves	20 Farmington
Parker	Charmayne	29 Healthport Srves	20 Farmington
LaCoss	Gail	29 Healthport Srves	20 Farmington
Marco	Anastacia	29 Healthport Srves	20 Farmington
Kearns	Maureen	29 Healthport Srves	20 Farmington
Spencer	Beverly	29 Healthport Srves	20 Farmington

Pelletier	Vicky	1 Avon	20 Farmington
TAHIRI	DIANA	16 Shelton Lk	20 Farmington
TAHIRI	DIANA	16 Shelton Lk	20 Farmington



Tomaszewski	Marlena	20 Farmington	7 Watertown
Tomaszewski	Marlena	20 Farmington	7 Watertown

Herrick	Holly	29 Healthport Srves	20 Farmington
Herrick	Holly	29 Healthport Srves	20 Farmington
DUGGAN-YOELSON	MARY	2 Rose Haven	20 Farmington
Herrick	Holly	29 Healthport Srves	20 Farmington
Migliorati	Sandra	29 Healthport Srves	20 Farmington
Herrick	Holly	29 Healthport Srves	20 Farmington
Migliorati	Sandra	29 Healthport Srves	20 Farmington
Herrick	Holly	29 Healthport Srves	20 Farmington
DUGGAN-YOELSON	MARY	2 Rose Haven	20 Farmington
Herrick	Holly	29 Healthport Srves	20 Farmington
Herrick	Holly	29 Healthport Srves	20 Farmington
Herrick	Holly	29 Healthport Srves	20 Farmington
Herrick	Holly	29 Healthport Srves	20 Farmington
Migliorati	Sandra	29 Healthport Srves	20 Farmington
Migliorati	Sandra	29 Healthport Srves	20 Farmington
Migliorati	Sandra	29 Healthport Srves	20 Farmington
Migliorati	Sandra	29 Healthport Srves	20 Farmington

CATALANO	JENNIFER	19 Cocomo	20 Farmington
----------	----------	-----------	---------------

Report Date

GL Code	GL Description	PayDate	Hours	Dollars
920-41003	Salaries - Accounting - JobTitle = A/P Coordinator	9/3/2015	16.25	401.05
920-41003	Salaries - Accounting - JobTitle = A/P Coordinator	9/10/2015	25.75	635.51
920-41003	Salaries - Accounting - JobTitle = A/P Coordinator	9/24/2015	16.75	413.39
922-41003	Salaries - Accounting - JobTitle = A/P Coordinator	7/23/2015	(9.50)	(161.35)
922-41003	Salaries - Accounting - JobTitle = A/P Coordinator	7/30/2015	(43.50)	(767.27)
		<b>Total</b>	<b>5.75</b>	<b>521.33</b>

920-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	3/19/2015	26.00	375.00
920-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/9/2015	25.00	355.50
920-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/9/2015	22.50	323.25
920-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/16/2015	25.00	355.50
920-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/23/2015	33.00	495.00
920-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/23/2015	21.75	312.75
920-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/30/2015	17.75	497.00
920-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/7/2015	17.50	341.25
920-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/18/2015	62.25	953.19
920-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/30/2015	24.00	352.50
920-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/6/2015	18.50	277.50
920-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/17/2015	16.25	601.25
920-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/24/2015	22.00	313.50
916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/25/2015	0.00	(100.00)
916-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/25/2015	(25.50)	(365.50)
901-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/3/2015	(30.25)	(587.50)
		<b>Total</b>	<b>275.75</b>	<b>4,500.19</b>

920-45002	Salaries LPN - JobTitle = LPN SNF	4/9/2015	2.00	44.50
920-45002	Salaries LPN - JobTitle = LPN SNF	4/9/2015	7.00	210.00
920-45002	Salaries LPN - JobTitle = LPN SNF	4/23/2015	9.25	286.75
920-45002	Salaries LPN - JobTitle = LPN SNF	4/23/2015	9.25	277.50
920-45002	Salaries LPN - JobTitle = LPN SNF	4/23/2015	8.75	245.00
920-45002	Salaries LPN - JobTitle = LPN SNF	4/30/2015	21.00	336.00
920-45002	Salaries LPN - JobTitle = LPN SNF	5/7/2015	38.00	1,123.75
920-45002	Salaries LPN - JobTitle = LPN SNF	5/14/2015	52.25	1,389.50
920-45002	Salaries LPN - JobTitle = LPN SNF	5/14/2015	1.75	54.25

920-45002	Salaries LPN - JobTitle = LPN SNF	5/21/2015	8.50	263.50
920-45002	Salaries LPN - JobTitle = LPN SNF	5/21/2015	35.00	560.00
920-45002	Salaries LPN - JobTitle = LPN SNF	5/28/2015	19.00	304.00
920-45002	Salaries LPN - JobTitle = LPN SNF	5/28/2015	4.00	116.00
920-45002	Salaries LPN - JobTitle = LPN SNF	5/28/2015	12.00	360.00
920-45002	Salaries LPN - JobTitle = LPN SNF	5/28/2015	18.00	288.00
920-45002	Salaries LPN - JobTitle = LPN SNF	5/28/2015	16.50	247.50
920-45002	Salaries LPN - JobTitle = LPN SNF	6/4/2015	16.50	264.00
920-45002	Salaries LPN - JobTitle = LPN SNF	6/4/2015	37.25	641.50
920-45002	Salaries LPN - JobTitle = LPN SNF	6/4/2015	9.75	263.25
920-45002	Salaries LPN - JobTitle = LPN SNF	6/11/2015	20.75	447.50
920-45002	Salaries LPN - JobTitle = LPN SNF	6/11/2015	17.00	272.00
920-45002	Salaries LPN - JobTitle = LPN SNF	6/11/2015	8.25	247.50
920-45002	Salaries LPN - JobTitle = LPN SNF	6/11/2015	35.00	542.50
920-45002	Salaries LPN - JobTitle = LPN SNF	6/11/2015	9.25	249.75
920-45002	Salaries LPN - JobTitle = LPN SNF	6/11/2015	16.50	272.25
920-45002	Salaries LPN - JobTitle = LPN SNF	6/18/2015	16.50	264.00
920-45002	Salaries LPN - JobTitle = LPN SNF	6/18/2015	9.00	270.00
920-45002	Salaries LPN - JobTitle = LPN SNF	6/18/2015	38.50	826.25
920-45002	Salaries LPN - JobTitle = LPN SNF	6/18/2015	15.00	232.50
920-45002	Salaries LPN - JobTitle = LPN SNF	6/18/2015	8.75	236.25
920-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	18.00	539.50
920-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	12.00	294.00
920-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	16.00	248.00
920-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	17.50	472.50
920-45002	Salaries LPN - JobTitle = LPN SNF	7/2/2015	4.00	116.00
920-45002	Salaries LPN - JobTitle = LPN SNF	7/2/2015	15.50	240.25
920-45002	Salaries LPN - JobTitle = LPN SNF	7/9/2015	7.75	224.75
920-45002	Salaries LPN - JobTitle = LPN SNF	7/16/2015	16.50	247.50
920-45002	Salaries LPN - JobTitle = LPN SNF	7/23/2015	8.25	222.75
920-45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015	8.75	271.25
920-45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015	16.00	248.00
920-45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015	16.00	248.00
920-45002	Salaries LPN - JobTitle = LPN SNF	8/13/2015	20.00	310.00
920-45002	Salaries LPN - JobTitle = LPN SNF	8/13/2015	36.75	639.00
920-45002	Salaries LPN - JobTitle = LPN SNF	9/17/2015	8.25	247.50
920-45002	Salaries LPN - JobTitle = LPN SNF	9/17/2015	16.00	264.00
920-45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	9.50	294.50
920-45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	17.50	280.00

<b>Total</b>	<b>784.50</b>	<b>16,543.00</b>
--------------	---------------	------------------

920-45003	Salaries - Aides - JobTitle = CNA SNF	3/19/2015	16.75	140.08
920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	4/2/2015	29.00	253.00
920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	4/23/2015	32.50	251.00

920-45003	Salaries - Aides - JobTitle = CNA SNF	4/30/2015	20.25	168.71
920-45003	Salaries - Aides - JobTitle = CNA SNF	5/7/2015	16.50	138.19
920-45003	Salaries - Aides - JobTitle = CNA SNF	5/14/2015	16.25	109.13
920-45003	Salaries - Aides - JobTitle = CNA SNF	5/21/2015	16.00	106.00
920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	6/11/2015	18.00	164.70
920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	6/11/2015	22.00	167.70
920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	6/18/2015	27.00	247.05
920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	6/18/2015	39.00	251.86
920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	6/18/2015	34.00	168.30
920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	6/25/2015	24.75	226.46
920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	6/25/2015	24.25	221.89
920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	7/2/2015	25.25	237.61
920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	7/2/2015	24.00	219.60
920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	7/9/2015	23.00	210.45
920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	7/9/2015	22.75	208.16
920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	7/23/2015	27.25	249.34
920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	7/30/2015	27.75	253.91
920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	8/6/2015	24.75	226.46
920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	8/13/2015	25.00	228.75
920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	8/20/2015	22.25	203.59
920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	9/10/2015	27.50	251.63
920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	9/17/2015	27.75	253.91
920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	9/24/2015	24.00	219.60
918-45003	Salaries - Aides - JobTitle = CNA SNF	6/25/2015	(32.00)	(216.00)
918-45003	Salaries - Aides - JobTitle = CNA SNF	7/2/2015	(66.00)	(334.13)
918-45003	Salaries - Aides - JobTitle = CNA SNF	7/9/2015	(48.75)	(223.44)
918-45003	Salaries - Aides - JobTitle = CNA SNF	7/16/2015	(16.50)	(107.25)
918-45003	Salaries - Aides - JobTitle = CNA SNF	7/23/2015	(40.00)	(214.00)
918-45003	Salaries - Aides - JobTitle = CNA SNF	7/30/2015	(57.25)	(324.70)
918-45003	Salaries - Aides - JobTitle = CNA SNF	8/6/2015	(32.50)	(211.25)
918-45003	Salaries - Aides - JobTitle = CNA SNF	9/17/2015	(40.75)	(217.44)
918-45003	Salaries - Aides - JobTitle = CNA SNF	9/24/2015	(40.75)	(217.44)
901-45003	Salaries - Aides - JobTitle = CNA SNF	5/14/2015	(32.75)	(208.32)
901-45003	Salaries - Aides - JobTitle = CNA SNF	5/14/2015	(56.25)	(274.06)
901-45003	Salaries - Aides - JobTitle = CNA SNF	8/27/2015	(24.00)	(124.00)
901-45003	Salaries - Aides - JobTitle = CNA SNF	9/10/2015	(7.00)	(85.75)
<b>Total</b>			<b>143.00</b>	<b>2,619.30</b>

907-45011	Salaries - Nursing Administration - JobTitle = NUR	4/23/2015	(4.50)	(70.88)
907-45011	Salaries - Nursing Administration - JobTitle = NUR	4/30/2015	(8.25)	(129.94)
907-45011	Salaries - Nursing Administration - JobTitle = NUR	6/18/2015	(15.50)	(244.13)
907-45011	Salaries - Nursing Administration - JobTitle = NUR	7/2/2015	(16.00)	(252.00)
907-45011	Salaries - Nursing Administration - JobTitle = NUR	7/9/2015	(33.50)	(527.63)
907-45011	Salaries - Nursing Administration - JobTitle = NUR	7/16/2015	(25.75)	(405.56)

907-45011	Salaries - Nursing Administration - JobTitle = NUR	9/3/2015	(9.25)	(145.69)
907-45011	Salaries - Nursing Administration - JobTitle = NUR	9/24/2015	(8.50)	(133.88)
<b>Total</b>			<b>(121.25)</b>	<b>(1,909.71)</b>

920-45017	Salaries - MDS Coordinator - JobTitle = MDS COO	3/19/2015	26.75	909.50
920-45017	Salaries - MDS Coordinator - JobTitle = MDS COO	4/2/2015	6.75	229.50
920-45017	Salaries - MDS Coordinator - JobTitle = MDS COO	4/9/2015	7.50	255.00
920-45017	Salaries - MDS Coordinator - JobTitle = MDS COO	4/16/2015	12.75	433.50
920-45017	Salaries - MDS Coordinator - JobTitle = MDS COO	4/16/2015	25.50	969.00
920-45017	Salaries - MDS Coordinator - JobTitle = MDS COO	4/23/2015	11.00	374.00
920-45017	Salaries - MDS Coordinator - JobTitle = MDS COO	4/23/2015	8.50	323.00
920-45017	Salaries - MDS Coordinator - JobTitle = MDS COO	4/30/2015	7.00	238.00
920-45017	Salaries - MDS Coordinator - JobTitle = MDS COO	5/7/2015	1.00	34.00
920-45017	Salaries - MDS Coordinator - JobTitle = MDS COO	5/14/2015	6.00	204.00
920-45017	Salaries - MDS Coordinator - JobTitle = MDS COO	7/23/2015	11.50	391.00
920-45017	Salaries - MDS Coordinator - JobTitle = MDS COO	7/30/2015	5.75	195.50
920-45017	Salaries - MDS Coordinator - JobTitle = MDS COO	8/13/2015	6.50	221.00
920-45017	Salaries - MDS Coordinator - JobTitle = MDS COO	9/3/2015	13.50	513.00
920-45017	Salaries - MDS Coordinator - JobTitle = MDS COO	9/10/2015	8.25	313.50
920-45017	Salaries - MDS Coordinator - JobTitle = MDS COO	9/17/2015	8.25	313.50
920-45017	Salaries - MDS Coordinator - JobTitle = MDS COO	9/24/2015	9.50	361.00
<b>Total</b>			<b>176.00</b>	<b>6,278.00</b>

920-50001	Salaries - Dietitians - JobTitle = REGIONAL DIETI	9/3/2015	5.00	150.00
<b>Total</b>			<b>5.00</b>	<b>150.00</b>

1268.75 28,702.11



## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Apple Rehab Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2015	Page 5	of 37
---	-----------------------	------------------------------------	-----------	----------

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required?       Yes       No      If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.  
 The costs incurred by Apple Health Care, inc. (a related party), to provide Accounting and Managerial services to each facility owned by Brian J. Foley, are allocated on a per bed basis.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes       No      If "No," explain fully why such allocation was not made.

N/A

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

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

Name of Facility Apple Rehab Farmington Valley			License No. 2029-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"/>							
	<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"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Total ***</b>	

\* 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 Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2015	Page 7	of 37
---	-----------------------	------------------------------------	-----------	----------

The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 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)	\$ 7,747
2 Preparation of tax returns	\$ 2,025
3	\$
4	\$
	Charge for Services Provided
	\$ 9,772

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 Offices of Jason G. DeGenaro 2 Probate Court 3 Clerk of the Superior Court 4 Summa & Ryan 5	Telephone Number 203-453-4101 860-584-6230 860-515-5185 203-755-0390
---	--

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

1 29 Water St., Guilford, CT
2 111 N. Main St. Bristol, CT
3 20 Franklin Square, New Britain CT
4 21 Holmes Ave. Waterbury Ct
5

Services Provided by This Firm (*describe fully*)

1 Collections	\$ 700
2 Conservator App	\$ 650
3 Filing Fees	\$ 1,456
4 Legal Services	\$ 33,497
5	\$
	Charge for Services Provided
	\$ 36,303

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 Farmington Valley			License No. 2029-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	160	160			160	160			160	160		
B. On last day of THIS report period	160	160			160	160			160	160		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	117	117			117	117			117	117		
B. As of midnight of THIS report period	112	112			112	112			112	112		
3. Total Number of Days Care Provided During Period												
A. Medicare	7,569	7,569			6,140	6,140			1,429	1,429		
B. Medicaid (Conn.)	26,826	26,826			19,524	19,524			7,302	7,302		
C. Medicaid (other states)												
D. Private Pay	8,528	8,528			6,399	6,399			2,129	2,129		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	42,923	42,923			32,063	32,063			10,860	10,860		
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. <b>Total Resident Days (3G + 4A + 4B)</b>	42,923	42,923			32,063	32,063			10,860	10,860		

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

Name of Facility Apple Rehab Farmington Valley			License No. 2029-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 checked="" 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	15		68		29								
Per Diem Rate													
a. One bed rm.					443.00								
b. Two bed rms.	RUGS III		212.20		417.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								4,472	4,472				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								32,706	32,706				
D. <b>Total Physical Therapy Treatments</b>								37,178	37,178				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								353	353				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								1,698	1,698				
D. <b>Total Speech Therapy Treatments</b>								2,051	2,051				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								2,249	2,249				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								30,506	30,506				
D. <b>Total Occupational Therapy Treatments</b>								32,755	32,755				

### Report of Expenditures - Salaries & Wages

Name of Facility Apple Rehab Farmington Valley	License No. 2029-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
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	116,546	2,234				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	148,808	7,474				
5. Dietary Service						
a. Head Dietitian	55,683	3,420				
b. Food Service Supervisor	44,541	2,033				
c. Dietary Workers	372,973	36,644				
6. Housekeeping Service						
a. Head Housekeeper	9,608	489				
b. Other Housekeeping Workers	160,683	15,910				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	98,580	5,279				
8. Laundry Service						
a. Supervisor	32,635	1,721				
b. Other Laundry Workers	66,342	5,980				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	139,517	5,206				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	199,485	4,518				
b. RN						
1. Direct Care	881,769	42,345				
2. Administrative**	261,412	8,378				
c. LPN						
1. Direct Care	861,657	50,063				
2. Administrative**						
d. Aides and Attendants	1,681,395	168,365				
e. Physical Therapists	17,086	1,424				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	91,347	5,218				
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	160,992	8,556				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	5,401,058	375,256				

\* 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 Farmington Valley				2029-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)							
<b>Section I - Operators/Owners</b>										
<b>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).</b>										

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

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



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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Apple Rehab Farmington Valley				2029-C	9/30/2015			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)							
<b>Section III - Administrators***</b>										
Terri Golec	109,659				Administrator 10/1/2014 - 9/11/2015	2,154	A 2			
Pam Miller	6,887				Administrator 9/12/2015 - 9/30/2015	80	A 2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Farmington Valley	2029-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	13,884	158				
3. Pharmacist	11,518	110				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	558,396	9,295				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	42,000	222				
b. Utilization Review (Title 18 and 19 only) monthly meeting	600	6				
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	75,141	513				
b. Other						
10. Occupational Therapist						
a. Resident Care	488,808	8,189				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	9,774	125				
2. Administrative***						
b. LPN						
1. Direct Care	23,457	467				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	66,391	663				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,289,970</b>	<b>19,747</b>				

\* 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.



**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Farmington Valley	2029-C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
<b>1. Administrative and General</b>					
<b>a. Employee Health &amp; Welfare Benefits</b>					
1. Workmen's Compensation	\$ 168,989	168,989			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 150,510	150,510			
4. Social Security (F.I.C.A.)	\$ 385,235	385,235			
5. Health Insurance	\$ 575,244	575,244			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 18,467	18,467			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 22,918	22,918			
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> ) See Attached Schedule	\$				
<b>b. Personal Retirement Plans, Pensions, and         Profit Sharing Plans for Owners and         Operators (Discriminatory)*</b>	\$				
<b>c. Bad Debts*</b>	\$ 146,539	146,539			
<b>d. Accounting and Auditing</b>	\$ 9,772	9,772			
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$ 36,303	36,303			
<b>f. Insurance on Lives of Owners and         Operators (<i>Specify</i>)*</b>	\$				
<b>g. Office Supplies</b>	\$ 21,870	21,870			
<b>h. Telephone and Cellular Phones</b>					
1. Telephone & Pagers	\$ 22,078	22,078			
2. Cellular Phones	\$				
<b>i. Appraisal (<i>Specify purpose and         attach copy</i>)*</b>	\$				
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$				
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 743,519	743,519			
<b>Subtotal</b>	\$ 2,301,445	2,301,445			

\* 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 Farmington Valley	2029-C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>					
	2,301,445	2,301,445			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 9,487	9,487			
2. Holiday Parties for Staff	\$ 3,563	3,563			
3. Gifts to Staff and Residents	\$ 16,056	16,056			
4. Employee Travel	\$ 3,830	3,830			
5. Education Expenses Related to Seminars and Conventions	\$ 9,918	9,918			
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> )	\$ 545	545			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 14,914	14,914			
4. Fund-Raising***	\$				
5. Medical Records	\$ 2,243	2,243			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 7,095	7,095			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 11,187	11,187			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 460	460			
9. Subscriptions	\$ 3,921	3,921			
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**	\$ 668,886	668,886			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 99,187	99,187			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,152,735	3,152,735			

\* 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)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Advertising - Public Relations	\$ 14,914		
<b>Total Other Advertising</b>	\$ 14,914	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
Better Business Bureau	\$ 660		
CAHCF	\$ 10,174		
INCA - Jonathan Rolla	\$ 38		
ACHCA - Terri Golec	\$ 315		
<b>Total Dues</b>	\$ 11,187	\$ -	\$ -

**Schedule of Contributions**

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

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Corporate Fees - Non Reimbursable	\$ 52,152		
Licenses & Fees	\$ 7,737		
Pre Employment Screening	\$ 15,425		
Point Click Care Fees	\$ 16,707		
Bank Charges	\$ 2,199		
Resident Expenses	\$ 2,867		
Account Write Off	\$ -		
Healthcare Documentation	\$ 2,048		
User Fee Audit	\$ 53		
<b>Total Other Administrative and General</b>	\$ 99,187	\$ -	\$ -

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

Name of Facility Apple Rehab Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2015	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Apple Health Care, Inc.	668,886	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 Farmington Valley	License No. 2029-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	\$ 333,876	333,876		
2. Non-Food Supplies	\$ 50,412	50,412		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 1,542	1,542		
c. Management Services**	\$			
d. Other (Specify) _____	\$			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 385,830</b>	<b>385,830</b>		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	353	353		
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 Farmington Valley		License No. 2029-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. \$	18,780	18,780	
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. \$	14,911	14,911	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify)		\$			
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	<b>33,692</b>	<b>33,692</b>	
<b>3F. Laundry Questionnaire</b>					
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 Farmington Valley	2029-C	9/30/2015	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	38,983	38,983		
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> )	\$				
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>	\$	38,983	38,983		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Medstat	\$	677,496	677,496		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	327,699	327,699		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	50,915	50,915		
f. X-rays and Related Radiological Procedures***	\$	23,413	23,413		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	23,502	23,502		
i. Recreation	\$	31,513	31,513		
j. Other (Specify)**** See Attached Schedule	\$	64,457	64,457		
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>	\$	1,198,995	1,198,995		

\* 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 Farmington Valley			License No. 2029-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
BRIAN CAMERON DBA CAMERON LAWCARE	115 TRUMBULL AVE, PLAINVILLE, CT	<input type="radio"/>	<input checked="" type="radio"/>		LANDSCAPE & SNOW REMOVAL	16,786			22	6a
PERFECTEMP HEATING & AIR CONDITIONING	RD. PLANTSVILLE, CT	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	26,854			22	6a
C W P M	25 NORTON PL. PLAINVILLE, CT	<input type="radio"/>	<input checked="" type="radio"/>		REFUSE REMOVAL	27,005			22	6f
		<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 Farmington Valley	2029-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 147,729	147,729				
b. Heat	\$ 53,002	53,002				
c. Light & Power	\$ 95,588	95,588				
d. Water	\$ 59,003	59,003				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$ 34,396	34,396				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 389,718</b>	<b>389,718</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 1,271	1,271				
d. Movable Equipment	\$ 38,838	38,838				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 40,109</b>	<b>40,109</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 122,914	122,914				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 122,914</b>	<b>122,914</b>				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 560,004	560,004				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 105,423	105,423				
c. Personal property taxes	\$ 7,398	7,398				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 835,848</b>	<b>835,848</b>				

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







Apple Rehab Farmington Valley  
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

\*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
<b>Additions:</b>				
<b>Total additions for Building Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
7/25/2014	Arm Chairs Wood Grain & Fabric (BSD Care)	2,515	15	173.86
9/4/2014	Printer Badge (Higgins)	1,506	5	341.74
10/18/2014	Patients Lifts Repair (Vital Signs Med)	6,309	10	788.56
11/18/2014	Kyocera Printer (Act Grp Advanced Copy)	1,087	5	271.77
12/1/2014	Patient Lifts (2) (Degiulio, Beni & Asso)	6,100	10	762.47
12/16/2014	Bladder Scanner Probe (Medline)	3,720	5	930.01
1/16,2015	Food Steamer (Direct)	5,087	15	125.36
1/21,2015	9 @ Thin Clients & Monitors (CDW-G)	4,051	5	298.10
3/3/2015	21 Kisoks Tablets PT of Care (Careworx)	30,039	5	2,096.87
3/19/2015	Payroll System Upgrade-Time Clocks	1,233	10	42.04
3/19/2015	Payroll System Upgrade-Time Clocks	1,196	10	40.76
<b>Total additions for Movable Equipment</b>		\$ 62,842		\$ 5,872 *
<b>Deletions:</b>				
	See Attached	\$ (63,369)		
<b>Total deletions for Movable Equipment</b>		\$ (63,369)		\$ - **

\*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
<b>Additions:</b>				
2/26/2014	Condensate Tank (Perfectemp)	\$ 3,212	10	\$ 289
5/16/2014	West Wing Heat-A/C Unit (Perfectemp)	\$ 4,118	15	\$ 261
10/27/2014	Heat & A/C Unit (Perfectemp)	4118	15	343.19
11/1/2014	Excavate Asphalt for Electrical (CRS)	5370.68	15	447.58
1/8/2015	Demo Rebuild Wall Carpentry (Thkeifer)	1064.84	15	26.41
3/13/2015	Condensate Tank - Remaining Balance	3212	10	110.5
<b>Total additions for Leasehold Improvement</b>		\$ 21,096		\$ 1,477 *
<b>Deletions:</b>				
	See Attached	\$ (7,621)		
<b>Total deletions for Leasehold Improvement</b>		\$ (7,621)		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

Date Added	Asset Class	IE	Asset ID	Asset Description	Place in Service Date	Cost Basis
5/17/2010	ME-5		2009009	QUALITY BUS PROD (Copier)	1/1/1989	\$5,651.22
5/17/2010	ME-10		2009062	HUDSON MEDICAL (DRYER)	9/1/1991	\$2,231.00
5/17/2010	ME-5		2009012	NORTHEAST (COPIER)	1/1/1992	\$6,681.78
5/17/2010	ME-10		2009064	UNITED REST (MIXER)	12/1/1992	\$2,467.15
5/17/2010	ME-5		2009013	COPIER MAINT (NORTHEAST COPY)	8/1/1996	\$3,114.28
5/17/2010	ME-5		2009015	Mita DC-4090 copier (Northeast)	5/1/1998	\$7,185.74
5/17/2010	ME-5		2009020	Mita copier (Advanced Copy Technologies,	2/1/2002	\$15,788.70
5/17/2010	ME-5		2009021	7 cubicle curtains	9/1/2002	\$310.32
5/17/2010	ME-5		2009022	Kyocera Mita copier (Advanced Copy Techn	2/1/2005	\$8,054.94
5/17/2010	ME-5		2009044	photocopier (Advanced Copy)	10/1/2009	\$11,448.00
1/30/2014	ME-5		2013034A	1 AP ADDER LICS WIRELESS CRL	1/30/2014	\$170.45
7/25/2014	ME-15		2014037	FRIEGHT CHAIRS (BSD CARE)	7/25/2014	\$265.00
						<b>\$63,368.58</b>

Date Added	Asset Class	IE	Asset ID	Asset Description	Place in Service Date	Cost Basis
5/17/2010	LHI-5		2009174	KENTCO CORP (CARPET)	3/1/1991	\$2,300.00
5/17/2010	LHI-5		2009175	KENTCO CORP. (CARPET)	6/1/1991	\$4,526.03
5/17/2010	LHI-10		2009281	Costol Energy (Roofing)	10/1/1992	\$795.00
						<b>\$7,621.03</b>

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

**Amortization Schedule\***

Name of Facility Apple Rehab Farmington Valley			License No. 2029-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							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period				2,607,689	1,645,763	A		121,437	
2. Disposals (attach schedule)				(7,621)	(7,621)				
3. Acquired during this report period (attach schedule)				21,096				1,477	
C-4. Subtotal									122,914
<b>D. Total Amortization</b>									122,914

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

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

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

Name of Facility Apple Rehab Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2015	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
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 <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	160			
6. Square Footage	54,995			
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>	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 _____				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
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				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
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	6 Month extension
A. Type of Financing (e.g. fixed, variable)	Fixed	
B. Date of Mortgage Obtained	4/11/2008	extension to 10/13/15
C. Interest Rate For the Cost Year	6.44%	2.08%
D. Term of Mortgage (number of years)	7 Yrs.	6 month
E. Amount of Principal Borrowed	119,500,000	
F. Principal Balance Outstanding as of 9/30/	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 Coccomo Memorial

Plainville Health Care Center, Inc.

Ledgecrest 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.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Apple Rehab Farmington Valley		2029-C	9/30/2015		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. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$			

*(Carry Subtotals forward to next page)*

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

Name of Facility		License No.		Report for Year Ended		Page	of
Apple Rehab Farmington Valley		2029-C		9/30/2015		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)				\$	9,690	9,690	
Interest on Value Note/Tax Collector							
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$	9,690	9,690	
14. Insurance							
a. Insurance on Property (buildings only)				\$	133,669	133,669	
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. <b>Total Insurance Expenditures</b> (14a + b + c)				\$	133,669	133,669	
15. <b>Total All Expenditures</b> (A-13 thru C-14)				\$	12,870,188	12,870,188	



### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Farmington Valley				2029-C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 488,808	488,808		
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 146,539	146,539		
10.	15	1d/e	Accounting & Legal	\$ 10,553	10,553		
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 *	\$ 14,914	14,914		
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	\$ 73,734	73,734		
<b>Page 18 - Dietary Expenditures</b>							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 734,548	734,548		

\* 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			
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**Schedule of Fees Adjustments**

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

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Corporate Fee - Non Reimburable	\$ 52,152		
16	1.3	Employee Recognition/Gifts/Parties	\$ 16,056		
16	8a	Chamber of Commerce	\$ 460		
16	m13	Bank Charges	\$ 2,199		
16	m13	Resident Expenses	\$ 2,867		
16	m13	Account Write Off	\$ -		
<b>Total Other A&amp;G Adjustments</b>			\$ 73,734	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Apple Rehab Farmington Valley			2029-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 734,548	734,548		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 643,807	643,807		
28.	16	L1	Ambulance/Limousine	\$ 9,487	9,487		
29.	20	h	X-rays, etc	\$ 23,413	23,413		
30.	20	f	Laboratory	\$ 23,502	23,502		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 34,495	34,495		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 48,902	48,902		
<b>Page 22 - Maintenance and Property</b>							
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	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.	30	IV4	Radio and Television Revenue	\$ 8,155	8,155		
44.			Vending Machine Revenue	\$			
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	\$ 51	51		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 10,030	10,030		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 1,536,392	1,536,392		

\*\*\* 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 Farmington Valley  
9/30/2015

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ 48,902		
20	5j	Rehab Service Supplies	\$ -		
<b>Total Other Ancillary Costs</b>			\$ 48,902	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	D12	Plainville Sewer Fund	\$ 925		
27	D12	Interest on Property Tax	\$ 4,883		
27	D12	Interest on Value Note	\$ 3,882		
Var	Var	Outpatient Therapy	\$ 341		
<b>Total Other Adjustments</b>			\$ 10,030	\$ -	\$ -

Schedule of Unallowable Building Interest

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

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Apple Rehab Farmington Valley	2029-C	9/30/2015			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 5,723,630	5,723,630				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 3,130,642	3,130,642				
b. Medicare Room and Board Contractual Allowance **	\$ 770,914	770,914				
4. a. Private-Pay Residents and Other	\$ 3,496,298	3,496,298				
b. Private-Pay Room and Board Contractual Allowance **	\$					
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 457,902	457,902				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (457,902)	(457,902)				
c. Prescription Drugs - Non-Medicare	\$ 238,467	238,467				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (238,467)	(238,467)				
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	\$ 870,812	870,812				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (738,797)	(738,797)				
c. Physical Therapy - Non-Medicare	\$ 430,430	430,430				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (415,975)	(415,975)				
4. a. Speech Therapy - Medicare	\$ 59,357	59,357				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (45,958)	(45,958)				
c. Speech Therapy - Non-Medicare	\$ 32,940	32,940				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (27,945)	(27,945)				
5. a. Occupational Therapy - Medicare	\$ 967,323	967,323				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (881,967)	(881,967)				
c. Occupational Therapy - Non-Medicare	\$ 506,655	506,655				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (488,430)	(488,430)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$					
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 13,389,930	13,389,930				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$ 8,155	8,155				
5. Interest Income ( <i>Specify</i> )	\$ 51	51				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 6,730	6,730				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 14,936	14,936				
<b>VI. Total All Revenue</b> (III +V)	\$ 13,404,866	13,404,866				

\* 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)
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

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

Related Exp

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

**Interest Income**

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV 5	Interest Income	1,638,315	\$ 51		
<b>Total Interest Income</b>			\$ 51	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Rebates/Bank Error	\$ 3		
30 IV 8	Medical Records	\$ 576		
30 IV 8	Retired Assets	\$ 26		
30 IV 8	Insurance Proceeds	\$ 6,125		
<b>Total Other Revenue</b>		\$ 6,730	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Farmington Valley	2029-C	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	1,000
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,638,315
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	26,014
5. Prepaid Expenses			\$	41,398
a. Prepaid Insurance	8,937			
b. Prepaid Property Tax	28,350			
c. Prepaid Other	4,110			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	589,856
Due Affiliate (Debit Balance)	589,856			
A-9. <b>Total Current Assets</b> (Lines A1 thru 8)			\$	2,296,583
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>2,621,163</u>		\$	860,107
	Accum. Depreciation <u>1,761,056</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>30,461</u>		\$	1,871
	Accum. Depreciation <u>28,590</u>	Net		
6. Movable Equipment	*Historical Cost <u>828,061</u>		\$	211,015
	Accum. Depreciation <u>617,046</u>	Net		
7. Motor Vehicles	*Historical Cost <u>6,823</u>		\$	0
	Accum. Depreciation <u>6,823</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	7,540
Construction in Progress	7,540			
Fixed Asset Clearing Account				
B-10. <b>Total Fixed Assets</b> (Lines B1 thru 9)			\$	1,080,533

\* 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 Farmington Valley	2029-C	9/30/2015	32	37
<b>Account</b>			<b>Amount</b>	
Total Brought Forward:			\$	3,377,116
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
<b>D. Investment and Other Assets</b>				
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> )			\$	1,600
	Capitalized Finance Fees	1,600		
_____				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	1,600
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	3,378,716

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



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

Name of Facility Apple Rehab Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2015		Page 34	of 37
Account				Amount	
Total Brought Forward:				1,515,244	
<b>Liabilities (cont'd)</b>					
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> )				\$ 1,327,462	
Name and Address of Lender	Amount	Loan Date			
Brian J. Foley	1,327,462	Demand			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	
Security Deposit					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 1,327,462	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 2,842,707	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Farmington Valley	2029-C	9/30/2015	35	37
Account			Amount	
<b>A. Reserves</b>				
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>B. Net Worth</b>				
1. Owner's Capital			\$	3,242,933
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(3,242,603)
6. Gain or Loss for Period			\$	534,679
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	536,009
<b>C. Total Reserves and Net Worth</b>			\$	536,009
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	3,378,716

### H. Changes in Total Net Worth

Name of Facility Apple Rehab Farmington Valley	License No. 2029-C	Report for Year Ended 9/30/2015	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(181,884)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	13,404,866
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	12,870,188
D. Net Income or Deficit			\$	534,679
E. Balance			\$	352,795
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Brian Foley	190,000			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	190,000
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	6,786
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
BrianJ Foley	President	6,786		
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	6,786
H. <b>Balance at End of Period</b>			\$	536,009
				09/30/15

### I. Preparer's/Reviewer's Certification

Name of Facility Apple Rehab Farmington Valley	License No. 2029-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)		
<b>Preparer/Reviewer Certification</b>				
<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		