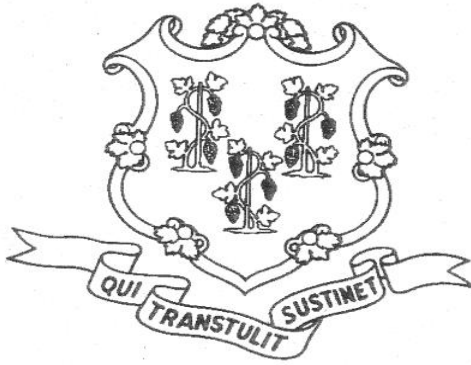


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Apple Rehab Colchester	
Address (No. & Street, City, State, Zip Code) 36 Broadway Colchester CT 06415	
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 1090 - C	RHNS	(Specify)	Medicare Provider 07-5231
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Medicaid Provider Numbers:	CCNH 10090	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Apple Rehab Colchester	License No. 1090 - C	Report for Year Ended 9/30/2015	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Apple Rehab Colchester [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) Lisa Ryan			Printed Name (Owner) Brian J. Foley		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Apple Rehab Colchester		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 36 Broadway Colchester CT 06415				
Report Prepared By Apple Health Care, Inc.		Phone Number (860) 678-9755	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Facility 860-537-4606	Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Apple Rehab Colchester		Address (No. & Street, City, State, Zip) 36 Broadway Colchester CT 06415		
License Numbers:	CCNH 1090 - C	RHNS	(Specify)	Medicare Provider No. 07-5231
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Lisa Ryan		Nursing Home Administrator's License No.:	1191	
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 Colchester	License No. 1090 - 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 Colchester	Business Address 36 Broadway Colchester CT 06415	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 Colchester	License No. 1090 - C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Brian J. Foley	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Rental	Pg. 22 Line 9	300,000	300,000
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	308,716	308,716
Healthport Services	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg 10/13 schedule	82,624	82,624
Allstar	21 Waterville Road Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>	15%	Therapy Services	Pg. 13 B5/B9/B10	391,585	359,083
Corporate Employee	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	9,138	9,138
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	98,271	98,271
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	10,927	10,927
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	347,940	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	27,320	

* Use additional sheets if necessary.

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

**General Information and Questionnaire
 Related Parties***

Name of Facility Apple Rehab Colchester		License No. 1090 - 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	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	9,400	
Marsh	PO Box 19636 Newark, NJ	X			Property, Liability, & Umbrella Insurance	Pg. 27 14a	50,802	
Medstat	41 Northwest Dr. Plainville, CT	X		9%	Pharmacy	Pg. 13B3/Pg. 20 5a2	204,056	195,894
AIG	PO Box 10472 Newark, NJ	X			Worker's Compensation	Pg. 15 1a1	76,152	
Swallowing Diagnostics	21 Waterville Rd. Avon, CT	X		83%	Diagnostic Services	Pg. 20 5f	1,080	821
Brendan Foley	21 Waterville Rd. Avon, CT	X				##		
Ryan Vess	21 Waterville Rd. Avon, CT		X			##		

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

45022	P\S ESP -RN	Employee	Amount	Hrs
Dec-14		Brine	378.00	9.00
45023	P\S ESP -LPN	Employee	Amount	Hrs
Oct-14		stack	4,032.00	126.00
		patsas	552.75	16.75
		Muckenthaler	2,054.25	62.25
		Parker	264.00	8
		arshad	534.75	17.25
		Pierre	372.00	12.00
		Indirect	2,626.22	
Nov-14		Chapman	248.00	8.00
		Stack	2,216.00	69.25
		patsas	2,153.25	65.25
		Muckenthaler	1,848.00	56.00
		Urgo	272.25	8.25
		Shea	1,282.50	42.75
		Indirect	4,759.83	
Dec-14		Stack	864.00	27.00
		patsas	1,097.25	33.25
		Muckenthaler	2,524.50	71.75
		arshad	511.50	16.50
		Pierre	472.75	15.25
		Lawal	787.50	26.25
		LaCoss	1,035.00	34.50
		Suprynovicz	462.00	16.50
		Pinamang	240.00	8.00
		Indirect		
Jan-15		Stack	544.00	17.00
		patsas	239.25	7.25
		Muckenthaler	528.00	16.00
		Urgo	264.00	8.00
		Pierre	465.00	15.00
		Lawal	525.00	17.50
		Indirect	991.00	
Feb-15		stack	224.00	7.00
		Muckenthaler	849.75	25.75
		Indirect	381.00	
Mar-15		stack	280.00	8.75
		Muckenthaler	707.75	21.75
		Pierre	224.75	7.75
Apr-15		Indirect	413.00	
Sep-15		Indirect	1,245.00	

41001		Admin	Employee	Facility	Amount	Hrs
			Ryan	Apple	42,507.60	960.00
41003		Bookkeep	Employee	Facility	Amount	Hrs
Oct-14			Coney	Watch Hill	(239.88)	(9.50)
			Coney	Clipper	(290.38)	(11.50)
Nov-14			Coney	Watch Hill	(643.88)	(25.50)
			Coney	Watch Hill	(132.56)	(5.25)
Dec-14			Coney	Ledgecrest	(681.75)	(27.00)
Jan-15			Coney	Ledgecrest	(795.38)	(31.50)
Feb-15			Coney	Ledgecrest	(808.00)	(32.00)
Mar-15			Coney	Ledgecrest	(101.00)	(4.00)
41006		Maint	Employee	Facility	Amount	Hrs
Oct-14			Thompson	Watch	(60.94)	(3.25)
45002		LPN	Employee	Facility	Amount	Hrs
1-Apr	Healthport	Chapman			280.50	8.50
	Healthport	Stack			256.00	8.00
	Healthport	Muckenthaler			288.75	8.75
1-May	Healthport	Muckenthaler			31.50	9.50
	Healthport	Urgo			132.00	4.00
1-Jun	Healthport	Chapman			148.50	4.50
	Healthport	Muckenthaler			38.75	1.25
	Healthport	Patsas			272.25	8.25
	Healthport	Thomas			279.00	9.00
1-Aug	Healthport	Muckenthaler			8.25	0.50
	Healthport	Thomas			7.25	0.25
50001		Dietician	Employee	Facility	Amount	Hrs
Jan-15			Pollack	Rocky Hill	270.00	9.00
Nov-14			Pollack	Rocky Hill	810.00	27.00
Oct-14			Pollack	Rocky Hill	1,110.00	37.00
Dec-14			Pollack	Rocky Hill	1,485.00	49.50
Mar-15			Pollack	Rocky Hill	270.00	9.00
Feb-15			Pollack	Rocky Hill	270.00	9.00
50002		Cooks	Employee	Facility	Amount	Hrs
Oct-14			Liebe	Westfield	(40.25)	(3.50)

		Liebe	Westfield	203.00	18.00
Nov-14		Veillette	Guilford	(88.40)	(6.50)
Feb-15		Johnson	Orchard	(111.52)	(7.75)

50003	Dietary Aids	Employee	Facility	Amount	Hrs
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Oct-14		Liebe	Westfield	(22.00)	(2.00)
Nov-14		Veillette	Guilford	(149.60)	(11.00)
Feb-15		Johnson	Orchard	(115.12)	(8.00)
Mar-15		Johnson	Orchard	(118.72)	(8.25)
		Gavaza	Orchard	(192.00)	(20.00)

55001	Laundry	Employee	Facility	Amount	Hrs
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Oct-14		Potter	Mary E	456.77	29.00
Nov-14		Potter	Mary E	354.39	22.50
Dec-14		Potter	Mary E	775.79	45.75
Jan-15		Potter	Mary E	590.65	37.50
Feb-15		Potter	Mary E	358.32	22.75
Mar-15		Potter	Mary E	110.25	7.00

Total

Healthport

Apple

Corporate employees
Billing unit - 41003
Payroll dept - 41003

Total Apple

Page **Line**

378.00	9.00
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13 11 a 1

39,091.80	892.50
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13 11 b 1

42,507.60	960.00	10	2
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(3,692.83)	(146.25)	10	11b
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(60.94)	(3.25)	10	7b
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1,742.75	62.50		
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4,215.00	140.50	10	A5a
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(37.17) 0.25

(597.44) (49.25)

2,646.17 164.50 10 A7b

86,192.94 2,030.50

41,212.55 964.00

44,980.39 1,066.50

7,315.00 380.00 10 11 b

1,823.00 58.00 10 11 b

9,138.00 438.00

54,118.39 1,504.50

- 290.38 Coney 11.5 hr 9 - 25 41003
- 643.88 Coney 25.5 hr 9-4 41003
- 681.75 Coney 27 hr 9-21 41003
- 795.38 Coney 31.5 hr 9 - 21 41003
- 808.00 Coney 32 hr 9 - 21 41003
- 101.00 Coney 4 hr 9 - 21 41003
- 132.56 Coney 5.25 hr 9-4 41003

- Pollack 9hrs 14=>9 50001

- Pollak 27Hrs 14=>9 50001
- Pollak 37Hr 14=>9 50001
- Pollak 49.50Hrs 14=>9 50001
- Pollak 9hr 14=>9 50001
- Pollak 9hrs 14=>9 50001

- PAYROLL SHARED EMP 01312015
- PAYROLL SHARED EMP 02282015
- PAYROLL SHARED EMP 03312015
- PAYROLL SHARED EMP 10312014
- PAYROLL SHARED EMP 11302014
- PAYROLL SHARED EMP 12312014
- Potter 7.5 hr 05-09 sb 55001

Apple Share

Reporting Period 3/8/2015 to 9/19/2015

Emp Num	LastName	FirstName	HomeFcltyCode	Home Facility	WorkedFcltyCode
	Ryan	Lisa			
9970205	CONEY	CECILIA	9	Colchester	8
9970205	CONEY	CECILIA	9	Colchester	10
19002555	WISNIOWSKI	Jamie	24	Chesterfields	9
19002555	WISNIOWSKI	Jamie	24	Chesterfields	9
19002555	WISNIOWSKI	Jamie	24	Chesterfields	9
19002555	WISNIOWSKI	Jamie	24	Chesterfields	9
19002555	WISNIOWSKI	Jamie	24	Chesterfields	9
19002555	WISNIOWSKI	Jamie	24	Chesterfields	9
19002555	WISNIOWSKI	Mohamed	29	Healthport Srvc	9
19002555	WISNIOWSKI	Maura	29	Healthport Srvc	9
19002555	WISNIOWSKI	Maura	29	Healthport Srvc	9
19002555	WISNIOWSKI	Maura	29	Healthport Srvc	9
19002555	WISNIOWSKI	Maura	29	Healthport Srvc	9
19002555	WISNIOWSKI	Paula	29	Healthport Srvc	9
19002555	WISNIOWSKI	Paula	29	Healthport Srvc	9
19002555	WISNIOWSKI	Paula	29	Healthport Srvc	9
19002555	WISNIOWSKI	Paula	29	Healthport Srvc	9
19002555	WISNIOWSKI	Paula	29	Healthport Srvc	9
19002555	WISNIOWSKI	Paula	29	Healthport Srvc	9
19002555	WISNIOWSKI	Paula	29	Healthport Srvc	9
19002555	WISNIOWSKI	Paula	29	Healthport Srvc	9
19002555	WISNIOWSKI	Paula	29	Healthport Srvc	9
19002555	WISNIOWSKI	Paula	29	Healthport Srvc	9
19002555	WISNIOWSKI	Paula	29	Healthport Srvc	9
19002555	WISNIOWSKI	Maureen	29	Healthport Srvc	9
19002555	WISNIOWSKI	Maureen	29	Healthport Srvc	9
20970584	Carroll	Maureen	29	Healthport Srvc	9
20970584	Carroll	Maureen	29	Healthport Srvc	9
20971378	Daigle	Maureen	29	Healthport Srvc	9
20970572	Lamer	Maureen	29	Healthport Srvc	9
20970936	Miles	Maureen	29	Healthport Srvc	9
20970936	Miles	Gail	29	Healthport Srvc	9

20970640 Morin	Gail	29 Healthport Srvc	9
20970632 PINNEY	Gail	29 Healthport Srvc	9
20970632 PINNEY	Gail	29 Healthport Srvc	9
20970690 Rivera	Gail	29 Healthport Srvc	9
20970690 Rivera	Gail	29 Healthport Srvc	9
20970690 Rivera	Rhonda	29 Healthport Srvc	9
20970690 Rivera	Rhonda	29 Healthport Srvc	9
20970690 Rivera	Rhonda	29 Healthport Srvc	9
20970690 Rivera	Rhonda	29 Healthport Srvc	9
20970690 Rivera	Rhonda	29 Healthport Srvc	9
20970690 Rivera	Rhonda	29 Healthport Srvc	9
20970690 Rivera	Consuelo	29 Healthport Srvc	9
20970483 Tomaszewski	Consuelo	29 Healthport Srvc	9
20970483 Tomaszewski	Consuelo	29 Healthport Srvc	9
20970483 Tomaszewski	Consuelo	29 Healthport Srvc	9
20970483 Tomaszewski	Consuelo	29 Healthport Srvc	9
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20970483 Tomaszewski	Consuelo	29 Healthport Srvc	9
20970483 Tomaszewski	Consuelo	29 Healthport Srvc	9
21970195 LATRONICA	Consuelo	29 Healthport Srvc	9
21970195 LATRONICA	Consuelo	29 Healthport Srvc	9
21970195 LATRONICA	Consuelo	29 Healthport Srvc	9
21970195 LATRONICA	TERENIA	29 Healthport Srvc	9
21970154 PERAULT	Jane	29 Healthport Srvc	9
21970314 RIVERA	Jane	29 Healthport Srvc	9
21970314 RIVERA	Jane	29 Healthport Srvc	9
21970314 RIVERA	Jane	29 Healthport Srvc	9
21970314 RIVERA	Jane	29 Healthport Srvc	9
21970314 RIVERA	Jane	29 Healthport Srvc	9
21970314 RIVERA	Jane	29 Healthport Srvc	9
21970314 RIVERA	Jane	29 Healthport Srvc	9
21970314 RIVERA	Jane	29 Healthport Srvc	9
21970314 RIVERA	Jane	29 Healthport Srvc	9
22970508 RICKETTS	Jane	29 Healthport Srvc	9
22970508 RICKETTS	Jane	29 Healthport Srvc	9
22970508 RICKETTS	Jane	29 Healthport Srvc	9
22970372 THOMPSON-BROV	Jane	29 Healthport Srvc	9
22970372 THOMPSON-BROV	Andy	29 Healthport Srvc	9
22970372 THOMPSON-BROV	Andy	29 Healthport Srvc	9
22970372 THOMPSON-BROV	KerryAnn	29 Healthport Srvc	9
23970761 BROWN	Stacy	29 Healthport Srvc	9
23970760 CALDWELL	Stacy	29 Healthport Srvc	9
23970760 CALDWELL	Stacy	29 Healthport Srvc	9
24970400 FRANCIS	Stacy	29 Healthport Srvc	9
24970400 FRANCIS	Stacy	29 Healthport Srvc	9

24970400 FRANCIS	Stacy	29 Healthport Srvc	9
24970400 FRANCIS	Stacy	29 Healthport Srvc	9
24970277 FROST	Stacy	29 Healthport Srvc	9
24971532 GAUTHIER	Stacy	29 Healthport Srvc	9
24971532 GAUTHIER	Stacy	29 Healthport Srvc	9
24971532 GAUTHIER	Stacy	29 Healthport Srvc	9
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24971532 GAUTHIER	Stacy	29 Healthport Srvc	9
24971532 GAUTHIER	Stacy	29 Healthport Srvc	9
24970433 PERRON-WARZEC	Charlene	29 Healthport Srvc	9
24970433 PERRON-WARZEC	Charlene	29 Healthport Srvc	9
24970433 PERRON-WARZEC	Charlene	29 Healthport Srvc	9
24970432 Velez	Charlene	29 Healthport Srvc	9
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24970432 Velez	Charlene	29 Healthport Srvc	9
25970416 CASWELL	Charlene	29 Healthport Srvc	9
25970362 GRANDE	Charlene	29 Healthport Srvc	9
26970982 BRANTLEY	Charlene	29 Healthport Srvc	9
26970982 BRANTLEY	Charlene	29 Healthport Srvc	9
9970742 KEARNEY	ALICIA	9 Colchester	20
9970742 KEARNEY	ALICIA	9 Colchester	20
9970742 KEARNEY	ALICIA	9 Colchester	20
9970742 KEARNEY	ALICIA	9 Colchester	20
9970742 KEARNEY	ALICIA	9 Colchester	20
19002555 WISNIOWSKI	MARCUS	19 Cocomo	9
19002555 WISNIOWSKI	Jacob	27 Saybrook	9
19002555 WISNIOWSKI	Jacob	27 Saybrook	9
19002555 WISNIOWSKI	Jacob	27 Saybrook	9
19002555 WISNIOWSKI	Jacob	27 Saybrook	9
19002555 WISNIOWSKI	Jacob	27 Saybrook	9
19970177 GONZALES-EASO	ANDREA	5 Mystic	9
19970177 GONZALES-EASO	ANDREA	5 Mystic	9
19971176 GONZALEZ	ANDREA	5 Mystic	9
19970349 HOLCOMBE	ANDREA	5 Mystic	9

Worked Facility	GL Code	GL Description	PayDate	Hours
	41001	Admin		1,120.00
West Haven	908-41003	Salaries - Accounting - JobTitle = A/R Coordinatc	5/21/2015	(8.25)
Orchard Grove	910-41003	Salaries - Accounting - JobTitle = A/R Coordinatc	6/11/2015	(8.00)
				<u>(16.25)</u>
Colchester	909-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/23/2015	60.75
Colchester	909-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/30/2015	55.50
Colchester	909-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/7/2015	61.50
Colchester	909-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/14/2015	34.25
Colchester	909-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/21/2015	12.75
Colchester	909-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/28/2015	25.50
				<u>250.25</u>
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	7/16/2015	32.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	6/4/2015	33.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	9.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	8/27/2015	8.25
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	9/17/2015	8.25
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	4/23/2015	49.25
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	4/30/2015	19.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	5/7/2015	33.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	5/21/2015	34.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	5/28/2015	36.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	6/4/2015	34.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	6/18/2015	22.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	7/9/2015	34.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	7/16/2015	16.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015	32.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	8/13/2015	36.75
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	9/3/2015	16.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	9/10/2015	12.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	16.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	7/9/2015	33.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	7/23/2015	16.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015	8.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	8/6/2015	26.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	8/13/2015	33.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	8/20/2015	16.25
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	9/3/2015	8.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	5/28/2015	8.25

Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	6/18/2015	10.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	8.25
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015	8.25
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	8/13/2015	16.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	9/17/2015	8.25
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	3/19/2015	17.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	4/23/2015	16.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	5/14/2015	17.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	7/2/2015	17.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	7/16/2015	16.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	7/23/2015	16.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	3/19/2015	32.75
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	4/2/2015	18.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	4/9/2015	18.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	4/30/2015	26.25
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	5/7/2015	17.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	6/11/2015	26.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	6/18/2015	8.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	8.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	7/2/2015	32.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	7/23/2015	35.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015	16.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	8/27/2015	49.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	4/23/2015	15.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	3/26/2015	34.25
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	4/9/2015	15.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	4/16/2015	13.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	5/28/2015	8.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	6/4/2015	16.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	7/23/2015	32.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015	32.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	8/6/2015	16.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	8/13/2015	16.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	8/27/2015	16.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	9/3/2015	51.75
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	9/10/2015	32.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	9/17/2015	36.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	3/26/2015	32.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	15.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	4/9/2015	16.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	3/19/2015	35.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	4/16/2015	17.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	4/23/2015	36.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	4/30/2015	57.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	5/7/2015	16.00

Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	6/4/2015	18.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	6/11/2015	55.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	6/18/2015	17.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	53.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	7/2/2015	18.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	7/9/2015	76.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	7/16/2015	19.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015	44.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	8/6/2015	52.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	9/3/2015	18.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	9/10/2015	18.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	4/9/2015	17.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	4/23/2015	16.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	4/30/2015	50.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	5/7/2015	17.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	5/14/2015	17.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	6/11/2015	16.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	6/18/2015	16.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	17.00
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	7/2/2015	34.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	7/9/2015	16.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	7/23/2015	16.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	8/6/2015	16.50
Colchester	909-45002	Salaries LPN - JobTitle = LPN SNF	8/20/2015	16.50
				2,297.75
Farmington	920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	6/11/2015	(18.00)
Farmington	920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	6/18/2015	(27.00)
Farmington	920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	6/25/2015	(24.75)
Farmington	920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	7/2/2015	(25.25)
Farmington	920-45003	Salaries - Aides - JobTitle = CNA TRAINEE	7/9/2015	(23.00)
				(118.00)
Colchester	909-50002	Salaries - Chefs Cooks - JobTitle = Cook Supervi	6/4/2015	17.25
Colchester	909-50002	Salaries - Chefs Cooks - JobTitle = Cook Supervi	4/16/2015	15.00
Colchester	909-50002	Salaries - Chefs Cooks - JobTitle = Cook Supervi	4/23/2015	5.00
Colchester	909-50002	Salaries - Chefs Cooks - JobTitle = Cook Supervi	4/30/2015	5.00
Colchester	909-50002	Salaries - Chefs Cooks - JobTitle = Cook Supervi	6/4/2015	5.00
Colchester	909-50002	Salaries - Chefs Cooks - JobTitle = Cook Supervi	7/9/2015	4.00
				51.25
Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	3/19/2015	15.00
Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	3/26/2015	15.50
Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	4/2/2015	15.00
Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	4/9/2015	11.00

Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	4/16/2015	15.50
Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	4/23/2015	15.00
Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	5/7/2015	15.50
Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	5/14/2015	15.25
Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	5/21/2015	15.00
Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	6/4/2015	15.00
Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	6/11/2015	15.00
Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	6/18/2015	15.00
Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	7/2/2015	22.75
Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	7/23/2015	22.75
Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	7/30/2015	15.00
				<u>238.25</u>

3,823.25

11/17/2015

Dollars

HOURS \$

49,592.28

(208.31)

(202.00)

(410.31)

874.97

597.25

638.00

285.75

123.25

244.50

2,763.72

503.75

544.50

294.50

255.75

255.75

788.00

304.00

536.00

544.00

576.00

544.00

360.00

664.00

264.00

520.00

588.00

264.00

200.00

264.00

1,023.00

511.50

263.50

806.00

1,023.00

503.75

263.50

231.00

281.25
247.50
247.50
495.00
247.50
255.00
247.50
255.00
255.00
247.50
247.50
776.00
305.25
305.25
552.75
280.50
552.25
263.50
263.50
536.25
577.50
272.25
816.75
170.50
565.13
247.50
222.75
248.00
272.25
536.25
536.25
272.25
272.25
272.25
853.88
528.00
597.88
496.00
232.50
239.25
568.00
272.00
576.00
912.00
256.00

288.00
888.00
280.00
848.00
288.00
1,386.20
312.00
704.00
832.00
288.00
288.00
280.50
272.25
833.25
280.50
288.75
272.25
272.25
280.50
569.25
272.25
272.25
272.25
272.25

41,411.09

(164.70)
(247.05)
(226.46)
(237.61)
(210.45)

(1,086.27)

83.38
142.38
55.95
55.95
55.95
44.76

438.37

118.13
122.07
118.13
86.63

122.07

118.13

122.07

121.94

118.13

118.13

118.13

118.13

236.31

236.31

118.13

1,992.44

94,701.32

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 Colchester			License No. 1090 - 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	Total ***	

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

General Information and Questionnaire Accounting Basis

Name of Facility Apple Rehab Colchester	License No. 1090 - C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

1 Preparation of audited financials (dissallow Pg. 28)	\$ 2,905
2 Preparation of tax returns	\$ 1,009
3	\$
4	\$
Charge for Services Provided	
\$ 3,914	

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 Clerk of the Superior Court 2 Treasurer - State of CT 3 Greg Kehaya- State Marshall 4 5	Telephone Number
---	------------------

Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Collections - filing fee	\$ 370
2 Appointment of conservator fee	\$ 150
3 Serve papers	\$ 62
4	\$
5	\$
Charge for Services Provided	
\$ 582	

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 Colchester			License No. 1090 - 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	60	60			60	60			60	60		
B. On last day of THIS report period	60	60			60	60			60	60		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	47	47			47	47			57	57		
B. As of midnight of THIS report period	57	57			57	57			57	57		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,812	2,812			2,190	2,190			622	622		
B. Medicaid (Conn.)	13,710	13,710			10,014	10,014			3,696	3,696		
C. Medicaid (other states)												
D. Private Pay	2,888	2,888			2,211	2,211			677	677		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	19,410	19,410			14,415	14,415			4,995	4,995		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	19,410	19,410			14,415	14,415			4,995	4,995		

Schedule of Resident Statistics (Cont'd)

Name of Facility Apple Rehab Colchester			License No. 1090 - 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	12		39		6								
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	RUGS III		214.63		391.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								2,604	2,604				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								8,299	8,299				
D. Total Physical Therapy Treatments								10,903	10,903				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								379	379				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								612	612				
D. Total Speech Therapy Treatments								991	991				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,700	1,700				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								7,614	7,614				
D. Total Occupational Therapy Treatments								9,314	9,314				

Report of Expenditures - Salaries & Wages

Name of Facility Apple Rehab Colchester	License No. 1090 - C	Report for Year Ended 9/30/2015	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	94,600	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	37,801	1,788				
5. Dietary Service						
a. Head Dietitian	4,215	141				
b. Food Service Supervisor	41,861	1,998				
c. Dietary Workers	175,821	17,715				
6. Housekeeping Service						
a. Head Housekeeper	41,163	1,990				
b. Other Housekeeping Workers	56,156	5,816				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	44,181	2,487				
8. Laundry Service						
a. Supervisor	39,648	2,117				
b. Other Laundry Workers	16,814	1,525				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	106,988	4,642				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	83,705	2,068				
b. RN						
1. Direct Care	691,148	36,289				
2. Administrative**	80,114	2,824				
c. LPN						
1. Direct Care	149,774	8,001				
2. Administrative**						
d. Aides and Attendants	669,712	67,120				
e. Physical Therapists	3,758	328				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	83,412	4,680				
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	69,387	2,307				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	2,490,259	165,916				

* 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 Colchester				1090 - C	9/30/2015				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Apple Rehab Colchester				1090 - C	9/30/2015			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Lisa Ryan	94,600				Administrator 10/1/14 - 9/30/15	2,080	A 2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Colchester	1090 - C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	6,408	51				
3. Pharmacist	4,594	46				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	189,673	2,726				
b. Other						
6. Social Worker	1,400	21				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	18,000	49				
b. Utilization Review (Title 18 and 19 only) monthly meeting	500	5				
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	46,635	248				
b. Other						
10. Occupational Therapist						
a. Resident Care	155,277	2,329				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	378	9				
2. Administrative***						
b. LPN						
1. Direct Care	39,092	893				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	4,807					
B-13 Total Fees Paid in Lieu of Salaries	466,763	6,375				

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

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

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

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

Name of Facility Apple Rehab Colchester		License No. 1090 - C	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Allstar Therapy 21 Waterville Rd. Avon, CT	Therapy Services	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Healthport Services 21 Waterville Rd. Avon, CT	Employee Staffing	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Medstat 41 Northwest Dr. Plainville, CT	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Harvest Healthcare 21 Waterville Rd. Avon, CT	Psychiatrist	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Prohealth Physicians PO Box 150472 Hartford CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Catherine Hylwa 199 Old Hartford Rd Colchester CT	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>		
James Bucci 199 Old Hartford Rd Colchester CT	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>		
Health Drive Dental 25 Needham St Newton NA	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Rosemary Spinelli-Reyes Wallingford CT	Social Worker	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Colchester	1090 - C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 76,152	76,152			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 47,013	47,013			
4. Social Security (F.I.C.A.)	\$ 169,755	169,755			
5. Health Insurance	\$ 265,190	265,190			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 7,518	7,518			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 10,927	10,927			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 143,814	143,814			
d. Accounting and Auditing	\$ 3,914	3,914			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 582	582			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 14,558	14,558			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 20,279	20,279			
2. Cellular Phones	\$				
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 344,454	344,454			
Subtotal	\$ 1,104,156	1,104,156			

* 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 Colchester	1090 - C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		1,104,156	1,104,156		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 7,437	7,437			
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 5,223	5,223			
4. Employee Travel	\$ 7,184	7,184			
5. Education Expenses Related to Seminars and Conventions	\$ 2,103	2,103			
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>)	\$ 375	375			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 10,076	10,076			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 3,528	3,528			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 4,094	4,094			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 90	90			
9. Subscriptions	\$ 743	743			
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**	\$ 308,716	308,716			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 45,037	45,037			
C-14 Total Administrative & General Expenditures	\$ 1,498,762	1,498,762			

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising - Public Relations	\$ 10,076		
Total Other Advertising	\$ 10,076	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 4,094		
Total Dues	\$ 4,094	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Corporate Fees - Non Reimbursable	\$ 24,070		
Licenses & Fees	\$ 7,101		
Pre Employment Screening	\$ 7,665		
Point Click Care Fees	\$ 6,031		
Bank Charges	\$ 71		
Resident Expenses	\$ 78		
Account Write Off	\$ 20		
Total Other Administrative and General	\$ 45,037	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Apple Rehab Colchester	License No. 1090 - 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.	308,716	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 Colchester	License No. 1090 - 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	\$ 133,647	133,647		
2. Non-Food Supplies	\$ 23,185	23,185		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 632	632		
c. Management Services**	\$			
d. Other (Specify) _____	\$			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 157,463	157,463		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	159	159		
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 Colchester		License No. 1090 - 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. \$	7,311	7,311	
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. \$	9,373	9,373	
b.	Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	18,200	18,200	
c.	Management Services**	\$			
d.	Other (Specify)	\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	34,884	34,884	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

All allocations should add to total recorded in 3E.

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Apple Rehab Colchester	1090 - C	9/30/2015	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced	25,115	25,115		
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	10,235	10,235		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced				
	by Personnel				
	Amt. \$				
c. Management Services*	\$				
d. Other (<i>Specify</i>)	\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	10,235	10,235		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Medstat	\$	188,068	188,068		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	128,933	128,933		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	24,880	24,880		
f. X-rays and Related Radiological Procedures***	\$	18,789	18,789		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	13,113	13,113		
i. Recreation	\$	18,957	18,957		
j. Other (Specify)**** See Attached Schedule	\$	19,103	19,103		
5K. Total Resident Care Expenditures (5a - 5j)	\$	411,844	411,844		

* 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.

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Nursing Station Supplies	\$ 190		
Rehab Service Supplies	\$ 4,312		
IV Therapt Supplies	\$ 14,602		
Social Service Supplies			
Total Other Resident Care	\$ 19,103	\$ -	\$ -

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

Name of Facility Apple Rehab Colchester			License No. 1090 - 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
Middletown Laundry LLC	644 Wallingford Rd Durham CT	<input type="radio"/>	<input checked="" type="radio"/>		Laundry service	18,200			19	3a4b
CWPM LLC	25 Norton Pl Plainville CT	<input type="radio"/>	<input checked="" type="radio"/>		Refuse removal	14,618			22	6 f
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

* 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 Colchester	1090 - C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 92,925	92,925				
b. Heat	\$ 70,070	70,070				
c. Light & Power	\$ 53,393	53,393				
d. Water	\$ 22,178	22,178				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 16,127	16,127				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 254,692	254,692				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 1,061	1,061				
d. Movable Equipment	\$ 22,430	22,430				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 23,490	23,490				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 48,980	48,980				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 48,980	48,980				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 300,000	300,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 65,119	65,119				
c. Personal property taxes	\$ 7,936	7,936				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 445,526	445,526				

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

Apple Rehab Colchester
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
8/1/1989	Advance (sign deposit)	\$ (135)	12	
8/1/1989	Advance sign	\$ (405)	12	
Total deletions for Non-Movable Equipment		\$ (540)		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/18/2014	EXERCISER CROSS TRAIN (PATTERSON)	\$ 5,360	10	\$ 670
1/20/2015	45 # WASHER DEPOSIT (YANKEE LAUNDRY)	\$ 3,568	10	\$ 131
1/20/2015	45# WASHER (YANKEE LAUNDRY)	\$ 3,568	10	\$ 131
2/20/2015	Install Wireless Network Controllers	\$ 265	5	\$ 19
2/26/2015	FLOOR SCRUBBER (HILLYARD)	\$ 4,854	5	\$ 341
3/19/2015	Payroll System Upgrade-Time Clocks	\$ 1,233	10	\$ 42
3/19/2015	Payroll System Upgrade-Time Clocks	\$ 1,196	10	\$ 41
3/19/2015	15 High Back Chairs for Resident Rooms	\$ 4,467	15	\$ 100
Total additions for Movable Equipment		\$ 24,511		\$ 1,475 *
Deletions:				
5/1/1988	D.H. MARVIN (LAWN MOWER)	\$ (769)	4	
11/1/1986	BERNIE'S TV (TV & VCR)	\$ (686)	5	
12/1/1987	D. H. MARVIN (SNOWBLOWER)	\$ (1,325)	8	
5/1/1986	HUDSON MED PROD(hamper stand)	\$ (545)	10	
6/1/1986	QUAL BUS MACHINE (typewriter)	\$ (633)	10	
6/1/1986	S E RIKICOFF(2 tray carts)	\$ (312)	10	
7/1/1986	S E RIKICOFF(stove and grill)	\$ (2,279)	10	
8/1/1986	HUDSON MED PROD (2 recliners)	\$ (988)	10	
2/1/1987	HUDSON MED PROD (dryer)	\$ (1,507)	10	
4/1/1987	S.E. RYKOFF & CO(Ice Maker)	\$ (2,000)	10	
10/1/1987	HUDSON MED.(INSTALL W/D)	\$ (740)	10	
3/1/1988	UHF PURCHASHING (BLENDER)	\$ (672)	10	
9/1/1987	HOMESTORE (PAINT)	\$ (354)	10	
9/1/1987	JACK ROAN, INC. (2 REFRIGERATORS)	\$ (709)	10	
12/1/1986	QUILL CORP (2 office chairs)	\$ (138)	15	
9/1/1987	CARSTEN'S HEALTH CARE (CHART RACKS)	\$ (541)	20	
Total deletions for Movable Equipment		\$ (14,198)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
9/5/2014	HEAT/COOL ROOFTOP UNIT (PERFECTEMP)	\$ 21,967	15	\$ 1,831
1/30/2015	CERAMIC TILE FLOOR PROJECT (KARNDEAN)	\$ 23,464	20	\$ 428
1/30/2015	CERAMIC FLOOR PROJECT (KARNDEAN)	\$ 3,352	20	\$ 61
2/19/2015	CERAMIC FLOOR PROJECT (ANTONIO INSTALL)	\$ 24,757	20	\$ 440
Total additions for Leasehold Improvement		\$ 73,540		\$ 2,759 *
Deletions:				
12/1/1987	KENTCO CORP. (CARPETING)	\$ (18,718)	5	
9/1/1987	D. SAYADOFF (WALL COVERING)	\$ (8,565)	10	
9/1/1989	PRATT GEN. (ROOF REPAIR)	\$ (1,525)	10	
12/1/1989	SCEPANSKI (ROOF REPAIR)	\$ (2,896)	10	
Total deletions for Leasehold Improvement		\$ (31,705)		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility Apple Rehab Colchester			License No. 1090 - C		Report for Year Ended 9/30/2015			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				1,010,849	702,047	A		46,221	
2. Disposals (attach schedule)				(31,705)	(31,705)				
3. Acquired during this report period (attach schedule)				73,540				2,759	
C-4. Subtotal									48,980
D. Total Amortization									48,980

* 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 Colchester	License No. 1090 - C	Report for Year Ended 9/30/2015	Page 25	of 37																																																																											
11. Property Questionnaire																																																																															
Part A																																																																															
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.																																																																											
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.																																																																															
Description	Total																																																																														
1. Date Land Purchased																																																																															
2. Date Structure Completed																																																																															
3. If NOT Original Owner, Date of Purchase																																																																															
4. Date of Initial Licensure																																																																															
5. Total Licensed Bed Capacity	60																																																																														
6. Square Footage	25,115																																																																														
7. Acquisition Cost																																																																															
a. Land		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Part B - Owner and Related Parties</td> <td style="text-align: center;">1st Mortgage</td> <td style="text-align: center;">2nd Mortgage</td> <td style="text-align: center;">3rd Mortgage</td> <td style="text-align: center;">4th Mortgage</td> </tr> <tr> <td>1. Financing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">a. Type of Financing (e.g., fixed, variable)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">b. Date Mortgage Obtained</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">c. Interest Rate for the Cost Year</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">d. Term of Mortgage (number of years)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">e. Amount of Principal Borrowed</td> <td style="text-align: center;">See Attached</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">f. Principal balance outstanding as of _____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Complete if Mortgage was Refinanced During Current Cost Year</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">g. Type of Financing (e.g., fixed, variable)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">h. Date of Refinancing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">i. New Interest Rate</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">j. Term of Mortgage (number of years)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">k. Amount of Principal Borrowed</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">l. Principal Outstanding on Note Paid-Off</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage	1. Financing					a. Type of Financing (e.g., fixed, variable)					b. Date Mortgage Obtained					c. Interest Rate for the Cost Year					d. Term of Mortgage (number of years)					e. Amount of Principal Borrowed	See Attached				f. Principal balance outstanding as of _____					Complete if Mortgage was Refinanced During Current Cost Year					g. Type of Financing (e.g., fixed, variable)					h. Date of Refinancing					i. New Interest Rate					j. Term of Mortgage (number of years)					k. Amount of Principal Borrowed					l. Principal Outstanding on Note Paid-Off				
Part B - Owner and Related Parties	1st Mortgage				2nd Mortgage	3rd Mortgage	4th Mortgage																																																																								
1. Financing																																																																															
a. Type of Financing (e.g., fixed, variable)																																																																															
b. Date Mortgage Obtained																																																																															
c. Interest Rate for the Cost Year																																																																															
d. Term of Mortgage (number of years)																																																																															
e. Amount of Principal Borrowed	See Attached																																																																														
f. Principal balance outstanding as of _____																																																																															
Complete if Mortgage was Refinanced During Current Cost Year																																																																															
g. Type of Financing (e.g., fixed, variable)																																																																															
h. Date of Refinancing																																																																															
i. New Interest Rate																																																																															
j. Term of Mortgage (number of years)																																																																															
k. Amount of Principal Borrowed																																																																															
l. Principal Outstanding on Note Paid-Off																																																																															
Part C - Arms-Length Leases for Real Property Improvements Only																																																																															
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease																																																																											

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

CT Medicaid Cost Report Attachment Page 25

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

Note: The following facilities are collateralized by this mortgage.

Connecticut Facilities

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

Out of State Facilities

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

6 Month extension

extension to 10/13/15

2.08%

6 month

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

Name of Facility		License No.	Report for Year Ended		Page	of
Apple Rehab Colchester		1090 - C	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility Apple Rehab Colchester		License No. 1090 - C		Report for Year Ended 9/30/2015		Page 27	of 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) Value settlement \$2,433 late pmt AP invoices \$3.178				\$ 5,611	5,611		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 5,611	5,611		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 50,802	50,802		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 50,802	50,802		
15. Total All Expenditures (A-13 thru C-14)				\$ 5,826,841	5,826,841		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Colchester				1090 - C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 120	120		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 155,277	155,277		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 143,814	143,814		
10.	15	1d/e	Accounting & Legal	\$ 3,487	3,487		
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 *	\$ 10,076	10,076		
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	\$ 29,552	29,552		
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 342,326	342,326		

* 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	\$ 120		
Total Other Salaries Adjustment			\$ 120	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Corporate Fee - Non Reimburable	\$ 24,070		
16	1.3	Employee Recognition/Gifts/Parties	\$ 5,223		
16	8a	Chamber of Commerce	\$ 90		
16	m13	Bank Charges	\$ 71		
16	m13	Resident Expenses	\$ 78		
16	m13	Account Write Off	\$ 20		
Total Other A&G Adjustments			\$ 29,552	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Apple Rehab Colchester			1090 - C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 342,326	342,326		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 188,068	188,068		
28.	16	L1	Ambulance/Limousine	\$ 7,437	7,437		
29.	20	h	X-rays, etc	\$ 18,789	18,789		
30.	20	f	Laboratory	\$ 13,113	13,113		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 22,435	22,435		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 14,602	14,602		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			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	\$ 13	13		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 5,611	5,611		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 612,395	612,395		

*** 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 Colchester
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ 14,602		
20	5j	Rehab Service Supplies	\$ -		
Total Other Ancillary Costs			\$ 14,602	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12 d	Value settlement \$2,433 late pmt AP invoices \$3.178	\$ 5,611		
Total Other Adjustments			\$ 5,611	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Colchester	1090 - C	9/30/2015		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 2,970,641	2,970,641			
b. Medicaid Room and Board Contractual Allowance **	\$				
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,134,135	1,134,135			
b. Medicare Room and Board Contractual Allowance **	\$ 376,969	376,969			
4. a. Private-Pay Residents and Other	\$ 981,718	981,718			
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 130,140	130,140			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (130,140)	(130,140)			
c. Prescription Drugs - Non-Medicare	\$ 41,557	41,557			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (41,557)	(41,557)			
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	\$ 328,650	328,650			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (246,984)	(246,984)			
c. Physical Therapy - Non-Medicare	\$ 52,955	52,955			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (52,955)	(52,955)			
4. a. Speech Therapy - Medicare	\$ 39,781	39,781			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (24,495)	(24,495)			
c. Speech Therapy - Non-Medicare	\$ 4,815	4,815			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (4,815)	(4,815)			
5. a. Occupational Therapy - Medicare	\$ 350,238	350,238			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (281,674)	(281,674)			
c. Occupational Therapy - Non-Medicare	\$ 68,895	68,895			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (68,895)	(68,895)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 327	327			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 5,629,306	5,629,306			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 13	13			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$				
V. Total Other Revenue (1 thru 8)	\$ 13	13			
VI. Total All Revenue (III +V)	\$ 5,629,319	5,629,319			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 II 6 b	Private oxygen	\$ 327		
Total Other Resident Revenue		\$ 327	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV5	Interest Income	560,381	\$ 13		
Total Interest Income			\$ 13	\$ -	\$ -

Schedule of Other Revenue

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

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Colchester	1090 - C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,250
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	560,381
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	12,292
5. Prepaid Expenses			\$	26,927
a. Prepaid Insurance	3,758			
b. Prepaid Property Tax	23,168			
c. Prepaid Other				
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	
Due Affiliate (Debit Balance)				
A-9. Total Current Assets (Lines A1 thru 8)			\$	600,850
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,052,684</u>		\$	333,362
	Accum. Depreciation <u>719,322</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>49,727</u>		\$	4,228
	Accum. Depreciation <u>45,499</u>	Net		
6. Movable Equipment	*Historical Cost <u>442,011</u>		\$	87,754
	Accum. Depreciation <u>354,257</u>	Net		
7. Motor Vehicles	*Historical Cost <u>1,045</u>		\$	
	Accum. Depreciation <u>1,045</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	2,644
Construction in Progress	960			
Fixed Asset Clearing Account	1,684			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	427,988

* 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 Colchester	1090 - C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	1,028,838
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	1,675
	Capitalized Refinance Expense	1,675		

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,675
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	1,030,513

* 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 Colchester		License No. 1090 - C	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	245,670
2. Notes Payable (<i>itemize</i>)				\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	74,265
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	55,258
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	4,419,245
Accrued PTO		127,054	Accrued Worker's Comp	97,746	
Accrued Pension		2,896	Accrued Professional Fee	2,824	
Accrued Expense Other		121,134	Due Affiliate	4,063,235	
Payroll W/H		1,260	Exchange - Donations	3,096	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	4,794,438

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Apple Rehab Colchester	License No. 1090 - C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount
Total Brought Forward:				4,794,438
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 479,899
Name and Address of Lender	Amount	Loan Date		
Brian J. Foley	479,899	Demand		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
Security Deposit				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 479,899
C. Total All Liabilities (Lines A-13 + B-5)				\$ 5,274,336

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Colchester	1090 - C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	615,110
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(4,661,411)
6. Gain or Loss for Period			\$	(197,522)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	(4,243,823)
C. Total Reserves and Net Worth			\$	(4,243,823)
D. Total Liabilities, Reserves, and Net Worth			\$	1,030,513

H. Changes in Total Net Worth

Name of Facility Apple Rehab Colchester	License No. 1090 - 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			\$	(4,043,169)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	5,629,319
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	5,826,841
D. Net Income or Deficit			\$	(197,522)
E. Balance			\$	(4,240,691)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	3,132
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
Brian Foley		President	3,132	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	3,132
H. Balance at End of Period			\$	(4,243,823)
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility Apple Rehab Colchester	License No. 1090 - C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Robert Gwizdak				
Address Address		Phone Number		
21 Waterville Road Avon, CT 06001		(860) 470-7535		