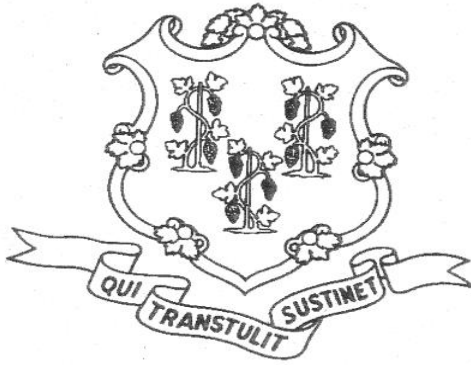


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Apple Rehab Mystic	
Address (No. & Street, City, State, Zip Code) 28 Broadway, Mystic, CT 06355	
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 1063-C	RHNS	(Specify)	Medicare Provider 07-5337
------------------	----------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 10637	RHNS	ICF-IID
----------------------------	---------------	------	---------

For Department Use Only

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

Table of Contents

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

General Information

Name of Facility (as licensed) Apple Rehab Mystic	License No. 1063-C	Report for Year Ended 9/30/2015	Page 1	of 37
--	-----------------------	------------------------------------	-----------	----------

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Apple Rehab Mystic [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) Kenneth Lewis			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 Mystic		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 28 Broadway, Mystic, CT 06355				
Report Prepared By Apple Health Care, Inc.		Phone Number (860) 678-9755	Date 1/31/2016	
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 860-536-9655		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Apple Rehab Mystic			Address (No. & Street, City, State, Zip) 28 Broadway, Mystic, CT 06355		
License Numbers:	CCNH 1063-C	RHNS	(Specify)	Medicare Provider No. 07-5337	
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 LAUREN DUBUQUE			Nursing Home Administrator's License No.:	002024	
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 Mystic	License No. 1063-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 Mystic	Business Address 28 Broadway, Mystic, CT 06355	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 Mystic	License No. 1063-C	Report for Year Ended 9/30/2015	Page 4	of 37
--	-----------------------	------------------------------------	-----------	----------

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Brian J. Foley	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Rental	Pg. 22 Line 9	540,000	540,000
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	57,229	57,229
Allstar	21 Waterville Road Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>	15%	Therapy Services	Pg. 13 B5/B9/B10	386,096	354,050
Corporate Employee	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	9,189	9,189
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	126,857	126,857
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	18,281	18,281
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	288,848	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	19,526	

* 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 Mystic		License No. 1063-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	7,463	
Marsh	PO Box 19636 Newark, NJ	X			Property, Liability, & Umbrella Insurance	Pg. 27 14a	61,748	
Medstat	41 Northwest Dr. Plainville, CT	X		9%	Pharmacy	Pg. 13B3/Pg. 20 5a2	223,366	207,507
AIG	PO Box 10472 Newark, NJ	X			Worker's Compensation	Pg. 15 1a1	102,326	
Swallowing Diagnostics	21 Waterville Rd. Avon, CT	X		83%	Diagnostic Services	Pg. 20 5f	360	339
Ryan Vess	21 Waterville Rd. Avon, CT		X			##		
Brendan Foley	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

Mystic
 Shared Employees
 Cost Year 09/30/2015

41001 - Administrator

Source	Facility	Employee	Amount	Hours
Misc JE's	AHC	Lauren Dubuque	17,338.49	400.00
Misc JE's	AHC	Kenneth Lewis	51,032.38	946.68
Misc JE's	AHC	Kenneth Lewis	58,067.30	920.00
			#####	#####

41004 - Social Services

Source	Facility	Employee	Amount	Hours
JE#02-161174	Clipper	Scahill	(70.88)	(3.50)
jE#02-161171	Clipper	Scahill	(151.88)	(7.50)
			(70.88)	(3.50)

45001 - RN SNF

Source	Facility	Employee	Amount	Hours
102014SHR	Clipper	Caswell	643.25	(23.75)
112014SHR	Orchard Grove	Christiansen	(135.38)	(4.75)
112014SHR	Clipper	Caswell	486.00	17.50
122014SHR	Clipper	Caswell	728.85	22.00
122014SHR	Watrous	Desai	447.00	16.25
JE#01-161143	Hewitt	Espina	(452.00)	(16.75)
012015SHR	Orchard Grove	Christiansen	(137.51)	(5.00)
JE#01-161179	Hewitt	Espina	452.00	16.75
012015SHR	Clipper	Caswell	552.75	16.75
022015SHR	Orchard Grove	Christiansen	(92.63)	(3.25)
022015SHR	Clipper	Caswell	613.13	18.25
032015SHR	Healthport	Oatley	34.47	1.75
			3,139.93	55.75

45002 - LPN SNF

Source	Facility	Employee	Amount	Hours
112014SHR	Orchard Grove	Hodges	372.75	15.75
012015SHR	Orchard Grove	Pointer	223.13	8.50
012015SHR	Orchard Grove	Pointer	(1,011.82)	(45.25)
012015SHR	Watrous	Desai	246.50	8.50
022015SHR	Orchard Grove	Pointer	(77.88)	(3.50)
042015SHR	Healthport	Chapman	305.25	18.50
042015SHR	Healthport	Muckenthalet	16.50	1.00
052015SHR	Healthport	Muckenthalet	302.25	9.75
052015SHR	Healthport	Pinnock-Bennet	224.00	8.00

052015SHR	Healthport	Whitfield	302.25	9.75
062015SHR	Healthport	Muckenthalet	23.25	0.75
092015SHR	Healthport	Muckenthalet	16.50	0.50
			<u>942.68</u>	<u>32.25</u>

45003 - AIDES

Source	Facility	Employee	Amount	Hours
JE#10-153481	Saybrook	Cifuentes	\$745.16	49.00
JE#10-153484	Saybrook	Saint-Vil	\$1,629.90	104.00
JE#10-153486	Saybrook	Jacob	\$755.82	43.75
JE#10-153491	Saybrook	Cambi	\$520.08	32.75
JE#11-158972	Saybrook	Saint-Vil	1,166.10	74.75
JE#11-158973	Saybrook	Jacob	185.57	11.75
JE#11-158977	Saybrook	Cambi	487.37	31.75
JE#12-158994	Saybrook	Saint-Vil	694.20	44.50
JE#12-158998	Saybrook	Cambi	1,169.65	71.50
JE#12-158999	Saybrook	Jacob	54.40	4.00
JE#01-161170	Saybrook	Fournier	(249.38)	(18.25)
JE#01-161147	Saybrook	Saint-Vil	618.82	40.25
JE#02-161171	Saybrook	Fournier	(199.06)	(16.25)
JE#02-161175	Watch Hill	Doenges	(115.50)	(10.00)
022015SHR	Saybrook	Saint-Vil	117.00	7.50
022015SHR	Saybrook	Cambi	451.35	31.50
022015SHR	Watch Hill	Christiansen	(115.50)	(10.00)
022015SHR	Watch Hill	Vasquez	(94.00)	(8.00)
022015SHR	Watch Hill	Invento	(88.00)	(8.00)
032015SHR	Saybrook	Cambi	126.64	8.25
			<u>7,860.62</u>	<u>484.75</u>

Mystic
Shared Employees

Cost Year 09/30/2015

50001 - Salaries Dieticians

Source	Facility	Employee	Amount	Hours
Je#10-153492	Westfield	Dubuque	(224.00)	(8.00)
102014SHR	Clipper Home	Dubuque	(1,862.00)	(66.50)
102014SHR	Watch Hill	Dubuque	(1,064.00)	(38.00)
112014SHR	Clipper Home	Dubuque	(1,680.00)	(6.00)
112014SHR	Watch Hill	Dubuque	(896.00)	(32.00)
122014SHR	Clipper Home	Dubuque	(1,680.00)	(60.00)
122014SHR	Watch Hill	Dubuque	(1,120.00)	(40.00)
012015SHR	Clipper Home	Dubuque	(1,792.00)	(64.00)
012015SHR	Watch Hill	Dubuque	(1,120.00)	(40.00)
012015SHR	Colchester	Potter	(118.13)	(7.50)
Je#01-161468	Colchester	Potter	118.13	7.50
JE#01-161172	Colchester	Pollak	(270.00)	(9.00)
JE#01-161181	Colchester	Pollak	270.00	9.00
022015SHR	Clipper Home	Dubuque	(896.00)	(32.00)
022015SHR	Watch Hill	Dubuque	(672.00)	(24.00)
032015SHR	Clipper Home	Dubuque	(224.00)	(8.00)
032015SHR	Watch Hill	Dubuque	(224.00)	(8.00)
			<u>(13,454.00)</u>	<u>(426.50)</u>

50003- Salaries-Helpers, Dishwashers

Source	Facility	Employee	Amount	Hours
112014SHR	Orchard Grove	Gardner	(122.40)	(9.00)
112014SHR	Orchard Grove	Giuliano	(92.70)	(9.00)
022015SHR	Orchard Grove	Gardner	(84.60)	(6.00)
022015SHR	Orchard Grove	Syren	(60.00)	(6.00)
			<u>(359.70)</u>	<u>(30.00)</u>

55001 - Laundry

Source	Facility	Employee	Amount	Hours
102014SHR	Colchester	Potter	(456.77)	(29.00)

112014SHR	Colchester	Potter	(354.39)	(22.50)
122014SHR	Colchester	Potter	(775.79)	(45.75)
012015SHR	Colchester	Potter	(472.52)	(30.00)
022015SHR	Colchester	Potter	(358.32)	(22.75)
je#01KEVIN	Colchester	Potter	(118.13)	(7.50)
032015SHR	Colchester	Potter	(110.25)	(7.00)
			<u>(2,646.17)</u>	<u>(164.50)</u>

Healthport	1,224.47	50.00
Facilities	#####	#####
Totals	#####	#####

Mystic
Shared Employees
Cost Year 09/30/2015

45022 - Purchased Service RN
Healthport

Source	Facility	Employee	Amount	Hours
102014SHR	Healthport	Oatley	336.00	8.00
112014SHR	Healthport	Brine	936.00	24.00
122014SHR	Healthport	Brine	355.50	8.50
022015SHR	Healthport	Rathbun	651.00	25.25
032015SHR	Healthport	Rathbun	330.00	
Healthport Indirect			1,964.50	
			<u>4,573.00</u>	<u>65.75</u>

45023 - Purchased Service LPN

Healthport

Source	Facility	Employee	Amount	Hours
102014SHR	Healthport	Patsas	1,419.50	43.50
102014SHR	Healthport	Muckenthaler	701.25	21.25
102014SHR	Healthport	Lawal	795.00	26.50
102014SHR	Healthport	Pierre	248.00	8.00
112014SHR	Healthport	Patsas	585.75	17.75
112014SHR	Healthport	Muckenthaler	280.50	8.50
112014SHR	Healthport	Pierre	248.00	8.00
122014SHR	Healthport	LaCoss	240.00	8.00
012015SHR	Healthport	Patsas	1,435.50	43.50
012015SHR	Healthport	Pierre	248.00	8.00
012015SHR	Healthport	Lawal	555.00	18.50
012015SHR	Healthport	LaCoss	825.00	27.50
022015SHR	Healthport	Chapman	286.75	9.25
022015SHR	Healthport	Patsas	1,105.50	33.50
022015SHR	Healthport	Muckenthaler	348.75	11.25
022015SHR	Healthport	Pierre	240.25	7.75
032015SHR	Healthport	Patsas	577.50	17.50
032015SHR	Healthport	Pierre	217.50	7.50
Healthport Indirect			6,834.19	
			<u>17,191.94</u>	<u>325.75</u>
		Totals	21,764.94	391.50

Corporate Employees

41003 - Accounting

Source	Facility	Employee	Amount	Hours
191-93107	AHC Direct Cost	Various	1,874.00	60.00
191-93105	AHC Direct Cost	Various	7,315.00	380.00
			<u>9,189.00</u>	<u>440.00</u>

Mystic Shared Employee Smartlink Report

Reporting Period: From

3/8/2015 to

9/19/2015

Emp Num	LastName	FirstName	HomeFclt yCode	Home Facility
25970416	CASWELL	PAULINE	25	Clipper
24971532	GAUTHIER	ROBERT	24	Chesterfields
24971532	GAUTHIER	ROBERT	24	Chesterfields
24971532	GAUTHIER	ROBERT	24	Chesterfields
24971532	GAUTHIER	ROBERT	24	Chesterfields
24971532	GAUTHIER	ROBERT	24	Chesterfields
24971532	GAUTHIER	ROBERT	24	Chesterfields
24971532	GAUTHIER	ROBERT	24	Chesterfields
24971532	GAUTHIER	ROBERT	24	Chesterfields
5046796	GAUTHIER	ROBERT	5	Mystic
29970160	Martinez	Era	29	Healthport Srves
29970160	Martinez	Era	29	Healthport Srves
29970160	Martinez	Era	29	Healthport Srves
29970154	Oatley	Cynthia	29	Healthport Srves
29970154	Oatley	Cynthia	29	Healthport Srves
29970154	Oatley	Cynthia	29	Healthport Srves
29970154	Oatley	Cynthia	29	Healthport Srves
29970154	Oatley	Cynthia	29	Healthport Srves
29970154	Oatley	Cynthia	29	Healthport Srves
29970154	Oatley	Cynthia	29	Healthport Srves
29970154	Oatley	Cynthia	29	Healthport Srves
29970154	Oatley	Cynthia	29	Healthport Srves
29970154	Oatley	Cynthia	29	Healthport Srves
29970154	Oatley	Cynthia	29	Healthport Srves
29970346	Rathbun	Michele	29	Healthport Srves
29970346	Rathbun	Michele	29	Healthport Srves

29970144	Muckenthaler	Consuelo	29	Healthport	Srvcs
29970144	Muckenthaler	Consuelo	29	Healthport	Srvcs
29970144	Muckenthaler	Consuelo	29	Healthport	Srvcs
29970088	Patsas	Jane	29	Healthport	Srvcs
29970088	Patsas	Jane	29	Healthport	Srvcs
29970088	Patsas	Jane	29	Healthport	Srvcs
29970088	Patsas	Jane	29	Healthport	Srvcs
29970088	Patsas	Jane	29	Healthport	Srvcs
29970088	Patsas	Jane	29	Healthport	Srvcs
29970088	Patsas	Jane	29	Healthport	Srvcs
29970088	Patsas	Jane	29	Healthport	Srvcs
29970088	Patsas	Jane	29	Healthport	Srvcs
29970088	Patsas	Jane	29	Healthport	Srvcs
29970088	Patsas	Jane	29	Healthport	Srvcs
29970088	Patsas	Jane	29	Healthport	Srvcs
29970088	Patsas	Jane	29	Healthport	Srvcs
29970286	Pierre	Andy	29	Healthport	Srvcs
29970286	Pierre	Andy	29	Healthport	Srvcs
5077052	POINTER	THOMAS	5	Mystic	
5077052	POINTER	THOMAS	5	Mystic	
5077052	POINTER	THOMAS	5	Mystic	
5077052	POINTER	THOMAS	5	Mystic	
29970026	Stack	Stacy	29	Healthport	Srvcs
29970026	Stack	Stacy	29	Healthport	Srvcs
29970026	Stack	Stacy	29	Healthport	Srvcs
29970026	Stack	Stacy	29	Healthport	Srvcs
29970026	Stack	Stacy	29	Healthport	Srvcs
29970026	Stack	Stacy	29	Healthport	Srvcs
29970702	Jones	Paula	29	Healthport	Srvcs
29970702	Jones	Paula	29	Healthport	Srvcs
29970702	Jones	Paula	29	Healthport	Srvcs
29970702	Jones	Paula	29	Healthport	Srvcs
29970969	LaCoss	Gail	29	Healthport	Srvcs
29970969	LaCoss	Gail	29	Healthport	Srvcs
29970969	LaCoss	Gail	29	Healthport	Srvcs
29970969	LaCoss	Gail	29	Healthport	Srvcs

WorkedF	Worked	GL Code	GL Description	PayDate	Hours
5	Mystic	905-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/13/2015	18.00
5	Mystic	905-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/23/2015	36.00
5	Mystic	905-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/30/2015	17.50
5	Mystic	905-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/6/2015	32.50
5	Mystic	905-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/13/2015	38.50
5	Mystic	905-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/20/2015	27.00
5	Mystic	905-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/27/2015	25.50
5	Mystic	905-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/3/2015	24.75
5	Mystic	905-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/10/2015	18.50
24	Chesterfields	924-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/16/2015	(94.50)
5	Mystic	905-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/27/2015	25.00
5	Mystic	905-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/3/2015	21.00
5	Mystic	905-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/17/2015	20.00
5	Mystic	905-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/14/2015	15.50
5	Mystic	905-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/2/2015	39.50
5	Mystic	905-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/9/2015	25.00
5	Mystic	905-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/16/2015	106.00
5	Mystic	905-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/23/2015	60.00
5	Mystic	905-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/30/2015	50.50
5	Mystic	905-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/6/2015	50.00
5	Mystic	905-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/13/2015	134.75
5	Mystic	905-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/20/2015	153.25
5	Mystic	905-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/27/2015	100.50
5	Mystic	905-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	3/19/2015	19.00
5	Mystic	905-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/2/2015	16.50
				Total	980.25

5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	8/13/2015	24.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	8/20/2015	16.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	8.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	5/7/2015	17.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	5/14/2015	38.75
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	5/21/2015	32.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	5/28/2015	34.75
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	6/11/2015	17.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	6/18/2015	17.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	20.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	7/2/2015	18.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	7/16/2015	8.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	8/20/2015	17.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	8/27/2015	8.75
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	9/3/2015	26.75
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	9/10/2015	9.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	31.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	3/26/2015	8.25
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	4/30/2015	17.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	5/14/2015	24.25
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	5/21/2015	8.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	6/11/2015	17.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	6/18/2015	16.75
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	16.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	7/2/2015	2.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	7/9/2015	16.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	5/28/2015	17.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	6/11/2015	34.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015	16.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	8/6/2015	17.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	8/13/2015	15.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	9/10/2015	35.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	9/17/2015	17.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	4/30/2015	9.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	5/7/2015	8.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	5/14/2015	10.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	5/21/2015	8.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	5/28/2015	26.25
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	6/4/2015	34.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	6/11/2015	17.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	6/18/2015	17.00

5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	9.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	9/17/2015	8.25
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	16.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	3/26/2015	32.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	4/9/2015	34.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	4/30/2015	16.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	5/28/2015	9.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	6/4/2015	8.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	7/23/2015	34.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015	17.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	8/6/2015	34.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	8/27/2015	16.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	9/10/2015	32.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	9/17/2015	36.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	16.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	4/23/2015	16.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	6/18/2015	15.50
7 Watertown	907-45002	Salaries LPN - JobTitle = LPN SNF	5/14/2015	(85.25)
20 Farmington	920-45002	Salaries LPN - JobTitle = LPN SNF	4/9/2015	(2.00)
22 Cromwell	922-45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	(58.50)
27 Saybrook	927-45002	Salaries LPN - JobTitle = LPN SNF	9/3/2015	(7.75)
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	4/16/2015	19.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	5/14/2015	18.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	6/4/2015	8.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	7/2/2015	17.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	9/17/2015	19.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015	18.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	4/30/2015	17.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	5/28/2015	16.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	6/4/2015	17.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	18.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	4/9/2015	15.50
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	6/4/2015	18.00
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	7/2/2015	(18.00)
5 Mystic	905-45002	Salaries LPN - JobTitle = LPN SNF	9/17/2015	4.50
			Total	1,144.25

4 Watch Hill	904-45003	Salaries - Aides - JobTitle = CNA SNF	3/19/2015	(12.00)
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	3/19/2015	32.75
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	4/23/2015	32.00
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	5/7/2015	32.00
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	5/14/2015	23.25
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	5/21/2015	24.00
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	6/25/2015	14.50
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	7/2/2015	24.00
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	7/9/2015	38.00
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	7/16/2015	16.00
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	8/20/2015	34.75
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	9/17/2015	20.75
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	9/24/2015	22.50
25 Clipper	925-45003	Salaries - Aides - JobTitle = CNA SNF	9/10/2015	(14.00)
25 Clipper	925-45003	Salaries - Aides - JobTitle = CNA SNF	9/17/2015	-
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	4/9/2015	12.50
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	5/7/2015	6.00
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	5/14/2015	12.50
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	5/21/2015	22.50
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	5/28/2015	21.75
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	6/11/2015	22.00
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	6/25/2015	36.25
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	7/9/2015	28.00
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	7/16/2015	37.00
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	7/23/2015	24.25
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	7/30/2015	59.25
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	8/6/2015	56.75
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	8/13/2015	55.00
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	9/3/2015	59.75
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	9/10/2015	46.50
5 Mystic	905-45003	Salaries - Aides - JobTitle = CNA SNF	9/24/2015	37.25
			Total	825.75

9 Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	3/19/2015	15.00
9 Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	3/26/2015	15.50
9 Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	4/2/2015	15.00
9 Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	4/9/2015	11.00
9 Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	4/16/2015	15.50
9 Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	4/23/2015	15.00
9 Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	5/7/2015	15.50
9 Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	5/14/2015	15.25
9 Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	5/21/2015	15.00
9 Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	6/4/2015	15.00
9 Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	6/11/2015	15.00
9 Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	6/18/2015	15.00
9 Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	7/2/2015	22.75
9 Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	7/23/2015	22.75
9 Colchester	909-55001	Salaries - Laundry - JobTitle = LAUNDRY	7/30/2015	15.00
Total				(238.25)

Healthport Total	1,943.00
Grand Total	2,712.00

1/4/2016

Dollars

243.00

424.38

245.00

353.86

388.50

314.00

246.50

239.25

259.00

(1,162.52)

364.00

309.50

289.50

219.75

638.25

355.50

1,539.00

774.00

720.75

711.00

1,979.76

2,341.55

1,431.75

356.21

313.00

13,894.49

298.00
218.00
223.13
288.75
1,136.00
536.25
1,077.25
288.75
280.50
577.50
297.00
248.00
280.50
271.25
829.25
279.00
881.25
189.75
204.00
370.75
184.00
391.00
146.25
192.00
30.00
198.00
255.00
517.50
247.50
255.00
232.50
532.50
262.50
294.50
263.50
165.00
263.50
552.75
815.75
288.75
280.50

279.00
255.75
264.00
528.00
561.00
264.00
283.17
248.00
561.00
280.50
569.25
272.25
528.00
722.38
272.25
248.00
240.25
(1,360.44)
(44.50)
(1,057.42)
(137.32)
304.00
296.00
255.00
272.00
304.00
296.00
272.00
264.00
400.00
288.00
248.00
504.00
(504.00)
135.00

22,254.00

(75.00)
219.40
241.60
241.60
124.77
128.80
109.48
235.60
244.94
120.80
219.87
243.15
120.76
(125.50)
(100.00)
83.44
75.60
83.44
120.76
116.73
224.25
228.02
273.30
339.38
243.25
543.04
468.45
404.82
449.92
249.55
235.69

6,089.91

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)

34,239.32

40,245.96

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Apple Rehab Mystic	License No. 1063-C	Report for Year Ended 9/30/2015	Page 5	of 37
--	-----------------------	------------------------------------	-----------	----------

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

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

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

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

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

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

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

N/A

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Apple Rehab Mystic			License No. 1063-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 Mystic	License No. 1063-C	Report for Year Ended 9/30/2015	Page 7	of 37
--	-----------------------	------------------------------------	-----------	----------

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

Accrual Cash Modified Cash

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

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

1 Preparation of audited financials (dissallow Pg. 28)	\$ 2,905
2 Preparation of tax returns	\$ 2,025
3	\$
4	\$
	Charge for Services Provided
	\$ 4,930

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 2 3 4 5	Telephone Number
---	------------------

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

1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

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

Yes No Pg. 15 1e

Schedule of Resident Statistics

Name of Facility Apple Rehab Mystic			License No. 1063-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	52	52			52	52			52	52		
B. As of midnight of THIS report period	51	51			51	51			51	51		
3. Total Number of Days Care Provided During Period												
A. Medicare	3,007	3,007			2,293	2,293			714	714		
B. Medicaid (Conn.)	12,320	12,320			9,081	9,081			3,239	3,239		
C. Medicaid (other states)												
D. Private Pay	3,260	3,260			2,545	2,545			715	715		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	18,587	18,587			13,919	13,919			4,668	4,668		
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)	18,587	18,587			13,919	13,919			4,668	4,668		

Schedule of Resident Statistics (Cont'd)

Name of Facility Apple Rehab Mystic			License No. 1063-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	8		35		8								
Per Diem Rate													
a. One bed rm.					424.00								
b. Two bed rms.	Various Rugs III		198.27		388.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								1,008	1,008				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								8,484	8,484				
D. Total Physical Therapy Treatments								9,492	9,492				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								201	201				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								304	304				
D. Total Speech Therapy Treatments								505	505				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								637	637				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								8,423	8,423				
D. Total Occupational Therapy Treatments								9,060	9,060				

Report of Expenditures - Salaries & Wages

Name of Facility Apple Rehab Mystic	License No. 1063-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)	118,935	2,293				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	48,088	3,381				
5. Dietary Service						
a. Head Dietitian	61,944	1,967				
b. Food Service Supervisor	53,427	2,131				
c. Dietary Workers	157,337	12,931				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	63,430	6,104				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	50,356	2,525				
8. Laundry Service						
a. Supervisor	7,633	443				
b. Other Laundry Workers	44,651	3,342				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	100,524	4,138				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	75,627	1,981				
b. RN						
1. Direct Care	376,581	14,063				
2. Administrative**	101,088	3,011				
c. LPN						
1. Direct Care	280,603	11,345				
2. Administrative**						
d. Aides and Attendants	631,607	46,998				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	49,539	3,005				
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	57,830	2,729				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	2,279,200	122,386				

* 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 Mystic				1063-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 Mystic				1063-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***										
Kenneth Lewis	101,596				Administrator 10/1/14 - 8/21/15	1,893				
Lauren Dubuque	17,338				Administrator 08/22/15 - 9/30/15	400				
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 Mystic	1063-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	6,585	69				
3. Pharmacist	4,594	124				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	165,886	2,373				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	36,000	192				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Orthopedic	9,000	72				
9. Speech Therapist						
a. Resident Care	25,434	126				
b. Other						
10. Occupational Therapist						
a. Resident Care	156,429	2,265				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	4,573	66				
2. Administrative***						
b. LPN						
1. Direct Care	17,192	326				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	3,395	34				
B-13 Total Fees Paid in Lieu of Salaries	429,089	5,646				

* 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 Mystic		License No. 1063-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	
Dr. Stephen Gross 81 Beach St, Westerly, RI 02891	Orthopedic	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. David Burchenal 213 Elm Street, Stonington, CT 06378	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Dental Group 85 Barnes Rd, Suite 207 Wallingford, CT 0006492	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Medstat 41 Northwest Dr. Plainville, CT	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Pointright 150 Cambridge Park Drive, Suite 301, Cambridge, MA 02140	Data Integrity Auditor	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<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 Mystic	1063-C	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 102,326	102,326		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 47,104	47,104		
4. Social Security (F.I.C.A.)	\$ 155,145	155,145		
5. Health Insurance	\$ 223,043	223,043		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 7,463	7,463		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 18,281	18,281		
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*	\$ 58,776	58,776		
d. Accounting and Auditing	\$ 4,930	4,930		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 9,843	9,843		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 13,320	13,320		
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	\$ 327,091	327,091		
Subtotal	\$ 967,322	967,322		

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

(Carry Subtotals forward to next page)

***** DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Apple Rehab Mystic
9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Mystic	1063-C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		967,322	967,322		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 30,121	30,121			
2. Holiday Parties for Staff	\$ 3,045	3,045			
3. Gifts to Staff and Residents	\$ 3,284	3,284			
4. Employee Travel	\$ 7,917	7,917			
5. Education Expenses Related to Seminars and Conventions	\$ 1,478	1,478			
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>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 3,061	3,061			
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	\$ 2,972	2,972			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 4,339	4,339			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 315	315			
9. Subscriptions	\$ 2,513	2,513			
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	\$ 39,555	39,555			
C-14 Total Administrative & General Expenditures	\$ 1,374,639	1,374,639			

* 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	\$ 3,061		
Total Other Advertising	\$ 3,061	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALTCFM	\$ 80		
CAHCF	\$ 4,094		
NATIONAL FIRE PROTECTION ASSOCIATION	\$ 165		
Total Dues	\$ 4,339	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Corporate Fees - Non Reimbursable	\$ 24,070		
Licenses & Fees	\$ 1,740		
Pre Employment Screening	\$ 5,716		
Point Click Care Fees	\$ 7,999		
Bank Charges	\$ -		
Resident Expenses	\$ -		
Account Write Off	\$ 30		
Total Other Administrative and General	\$ 39,555	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Apple Rehab Mystic	1063-C	9/30/2015	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Apple Health Care, Inc.	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 Mystic	License No. 1063-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	\$ 132,008	132,008		
2. Non-Food Supplies	\$ 21,984	21,984		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 716	716		
c. Management Services**	\$			
d. Other (Specify) _____	\$			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 154,708	154,708		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	153	153		
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 Mystic		License No. 1063-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. \$	8,199	8,199	
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. \$	4,736	4,736	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify)		\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	12,935	12,935	
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 Mystic	1063-C	9/30/2015	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced	27,203	27,203		
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	13,918	13,918		
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)		\$ 13,918	13,918		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy		\$			
2. Purchased from Medstat/West River Pharmacy		\$ 188,912	188,912		
b. Medicine Cabinet Drugs		\$			
c. Medical and Therapeutic Supplies		\$ 125,418	125,418		
d. Ambulance/Limousine***		\$			
e. Oxygen					
1. For Emergency Use		\$			
2. Other***		\$ 17,144	17,144		
f. X-rays and Related Radiological Procedures***		\$ 4,544	4,544		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h. Laboratory***		\$ 8,682	8,682		
i. Recreation		\$ 32,527	32,527		
j. Other (Specify)**** See Attached Schedule		\$ 21,169	21,169		
5K. Total Resident Care Expenditures (5a - 5j)		\$ 398,395	398,395		

* 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	\$ 3,784		
Rehab Service Supplies	\$ 3,005		
IV Therapy Supplies	\$ 14,380		
Social Service Supplies	\$ -		
Total Other Resident Care	\$ 21,169	\$ -	\$ -

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

Name of Facility Apple Rehab Mystic			License No. 1063-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
Christie Landscaping	411 Lantern Hill Rd, Mystic, CT 06355	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping Services	16,245			22	6a
HD Supply Facilities Maintenance LTD	PO BOX 509058, San Diego, CA 92150	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance Services	11,115			22	6a
		<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"/>							

* 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 Apple Rehab Mystic	License No. 1063-C	Report for Year Ended 9/30/2015	Page 22	of 37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 105,346	105,346		
b. Heat	\$ 46,767	46,767		
c. Light & Power	\$ 46,380	46,380		
d. Water	\$ 21,121	21,121		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$			
f. Other (<i>itemize</i>)	\$ 10,600	10,600		
See Attached Schedule				
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 230,214	230,214		
7. Depreciation (<i>complete schedule page 23*</i>)				
a. Land Improvements	\$			
b. Building & Building Improvements	\$			
c. Non-Movable Equipment	\$ 286	286		
d. Movable Equipment	\$ 25,255	25,255		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 25,541	25,541		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)				
a. Organization Expense	\$			
b. Mortgage Expense	\$			
c. Leasehold Improvements	\$ 20,426	20,426		
d. Other (<i>Specify</i>)	\$			
*8e. Total Amortization Costs (8a + b + c + d)	\$ 20,426	20,426		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 540,000	540,000		
10. Property Taxes				
a. Real estate taxes paid by owner	\$			
b. Real estate taxes paid by lessor	\$ 40,340	40,340		
c. Personal property taxes	\$ 3,622	3,622		
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 629,930	629,930		

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Refuse Removal	\$ 10,600		
Total Other Repairs and Maintenance	\$ 10,600	\$ -	\$ -

Apple Rehab Mystic
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:				
9/30/2015	ACQUISITION 8-1-84	\$ (10,000.00)	NME-10	
9/30/2015	DUNKLEE REFR. CONDENS UNIT	\$ (1,427.50)	NME-10	
9/30/2015	DUNKLEE REFR. (COMPRESSOR, FLTR)	\$ (1,133.19)	NME-10	
9/30/2015	SHETUCKET PLUMBING (HOPPER/SERVICE SINK	\$ (605.70)	NME-10	
9/30/2015	HICKEY PLUMBING (INSTALLATION/PARTS)	\$ (183.94)	NME-10	
9/30/2015	INDUSTRIAL (3 HEAT DETECT)	\$ (864.00)	NME-15	
9/30/2015	RYKOFF (GARBAGE DISPOSAL)	\$ (1,010.46)	NME-8	
9/30/2015	HOME AID (CLEAN CHIMNEY)	\$ (1,015.20)	NME-5	
9/30/2015	ECOLAB (WASH PUMP MOTOR)	\$ (581.47)	NME-10	
9/30/2015	UNITED (DISHWASHER BOOSTER)	\$ (789.59)	NME-10	
9/30/2015	UNITED (ICE MACHINE)	\$ (2,281.12)	NME-10	
Total deletions for Non-Movable Equipment		\$ (19,892)		\$ - **

*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
10/21/2014	ELECTRIC BED 36" WIDE (FIRST CHOICE)	\$ 925.25	ME-12	\$ 96.42
11/26/2014	ELECTRIC BED (FIRST CHOICE)	\$ 925.25	ME-12	\$ 96.42
2/20/2015	INFRASTRUCTURE NETWORKING UPGRAD (JKS)	\$ 1,767.50	ME-5	\$ 125.34
3/19/2015	PAYROLL SYSTEM UPGRADE-TIME CLOCKS	\$ 1,233.02	ME-10	\$ 42.04
3/19/2015	PAYROLL SYSTEM UPGRADE-TIME CLOCKS	\$ 1,196.44	ME-10	\$ 40.76
4/8/2015	ELECTRIC BED (FIRST CHOICE)	\$ 855.05	ME-12	\$ 23.42
4/10/2015	BLADDER SCANNER	\$ 9,165.05	ME-7	\$ 428.92
8/4/2015	UNIMAC WASHING MACHING	\$ 3,224.00	ME-10	\$ 62.58
8/4/2015	UNIMAC WASHING MACHING REMAINING BAL	\$ 3,224.00	ME-10	\$ 62.58
Total additions for Movable Equipment		\$ 22,516		\$ 978
Deletions:				
9/30/2015	BEDS/CABINETS(INTEROYAL)	\$ (20,161.68)	ME-10	
9/30/2015	BEDS/CABINETS(INTEROYAL)	\$ (590.04)	ME-10	
9/30/2015	MEDCART (LIONVILLE)	\$ (2,683.50)	ME-10	
9/30/2015	37 BED TABLES (SPURGAS)	\$ (2,684.82)	ME-10	
9/30/2015	WARING BLENDER (LIBERTY)	\$ (381.62)	ME-10	
9/30/2015	FURNITURE (KENTCO)	\$ (1,286.00)	ME-10	
9/30/2015	XEROX 2830 COPIER	\$ (2,076.00)	ME-10	
9/30/2015	CAN OPENER (NECSO)	\$ (191.36)	ME-10	
9/30/2015	FURNITURE (KENTCO)	\$ (2,633.00)	ME-10	
9/30/2015	FURNITURE (KENTCO)	\$ (1,817.00)	ME-10	
9/30/2015	FURNITURE (KENTCO)	\$ (17,820.00)	ME-10	
9/30/2015	TABLE TOPS (MYSTIC GLASS)	\$ (429.57)	ME-10	
9/30/2015	MARY GARRET ESTATE	\$ (200.00)	ME-10	
9/30/2015	FOOD SLICER	\$ (591.25)	ME-10	
9/30/2015	FOOD PROCESSOR	\$ (729.92)	ME-10	
9/30/2015	NATIONAL ENERGY CORP	\$ (1,430.75)	ME-10	
9/30/2015	SPURGUS MED PROD	\$ (913.75)	ME-10	
9/30/2015	EASTERN BAG/PAPER (PARTIAL PURCHASE OF DISHES, COVE	\$ (97.69)	ME-10	
9/30/2015	EASTERN BAG/PAPER (PARTIAL PURCHASE OF DISHES, COVE	\$ (537.00)	ME-10	
9/30/2015	RYKOFF/SEXTON (PLATES)	\$ (352.17)	ME-10	
9/30/2015	RED LINE (BED)	\$ (491.08)	ME-10	
9/30/2015	RED LINE (SIDE RAILS FOR BED)BED)	\$ (109.19)	ME-10	
9/30/2015	RED LINE MATTRESS	\$ (144.40)	ME-10	
9/30/2015	RYKOFF SEXTON (ICE MACHINE)	\$ (918.00)	ME-10	
9/30/2015	AMERICAN H (RM HTR/AC UNIT)	\$ (739.14)	ME-5	
9/30/2015	SIMPLEX (TIME CLOCK)	\$ (1,399.98)	ME-10	
9/30/2015	Northeast Photo (Copier)	\$ (6,744.78)	ME-5	
9/30/2015	Milnor 55 lb. washing mach (Yankee)	\$ (7,096.70)	ME-10	
Total deletions for Movable Equipment		\$ (75,250)		\$ -

*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:				
8/29/2014	COMMERCIAL WATER HEATER(SMART TERMAL)	\$ 2,045	LHI-10	\$ 228
11/1/2014	BOILER STAGING CONTL DEPOSIT (SMART THR)	\$ 1,050	LHI-20	\$ 66
1/28/2015	BOILER STAGING CONTL DEPOSIT (SMART THR)	\$ 1,183	LHI-20	\$ 22
5/11/2015	INSTALL OF GLASS DOOR FOR BACK ENTRANCE	\$ 3,250	LHI-10	\$ 99
7/14/2015	PROPANE HOT WATER HEATER INSTALL	\$ 2,340	LHI-10	\$ 54
7/14/2015	GAS FIRED WATER HEATER INSTALL	\$ 1,085	LHI-10	\$ 25
9/4/2015	REPLACE A/C CONDENSING UNIT-DOWN PMT	1950	LHI-15	15
9/4/2015	REPLACE A/C CONDENSING UNIT-REM BAL	2197.65	LHI-15	16.9
Total additions for Leasehold Improvement		\$ 15,101		\$ 526
Deletions:				
9/30/2015	GENERATOR	\$ (10,000.00)		
9/30/2015	WALLPAPER (BREWSTERS)	\$ (239.42)		
9/30/2015	MIRRORS (MYSTIC GLASS)	\$ (268.76)		
9/30/2015	ROOF (COLONY ROOFING)	\$ (3,736.00)		
9/30/2015	WALLPAER/PAINT (WALKER)	\$ (7,459.69)		
9/30/2015	WALLPAPER (BREWSTERS)	\$ (2,032.01)		
9/30/2015	CARPET (KENTCO)	\$ (15,452.05)		

9/30/2015	WALLPAPER (BREWSTERS)	\$ (101.64)		
9/30/2015	COVERBASE (A&C TILE)	\$ (319.75)		
9/30/2015	WALLPAER/PAINT (WALKER)	\$ (3,495.00)		
9/30/2015	WALLPAPER (BREWSTERS)	\$ (1,347.21)		
9/30/2015	WALLPAPER/CARPET (KENTCO)	\$ (3,205.81)		
9/30/2015	CARPET (KENTCO)	\$ (684.02)		
9/30/2015	WALLPAPER (BREWSTERS)	\$ (219.51)		
9/30/2015	WALLPAPER (BREWSTERS)	\$ (110.42)		
9/30/2015	KENTKO CURTAINS	\$ (3,125.00)		
9/30/2015	COLONY ROOFING (REPAIRS)	\$ (2,765.00)		
9/30/2015	GUARDIAN (ROOF REPAIR)	\$ (2,700.00)		
9/30/2015	KENTKO (DEPOSIT CARPETING)	\$ (2,334.38)		
9/30/2015	KING (WALLPAPER)	\$ (1,185.40)		
9/30/2015	MYSTIC (CARPETING)	\$ (797.58)		
9/30/2015	ENGRADE (CARPETING)	\$ (244.80)		
9/30/2015	KENTCO (CARPET)	\$ (8,913.91)		
9/30/2015	HOLDRIDGE (SHRUBS)	\$ (353.18)		
9/30/2015	LANDSCAPE (LABOR FOR SHRUBS)	\$ (11.18)		
9/30/2015	KENTCO (CARPET)	\$ (2,249.66)		
9/30/2015	GUARDIAN (ROOF REPAIR)	\$ (1,850.00)		
Total deletions for Leasehold Improvement		\$ (75,201)		\$ - **

*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 Mystic			License No. 1063-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	VARIC			790,447	625,454	A		19,900	
2. Disposals (attach schedule)				(75,201)	(75,201)				
3. Acquired during this report period (attach schedule)	VARIC			15,101				526	
C-4. Subtotal									20,426
D. Total Amortization									20,426

* 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 Mystic	License No. 1063-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	27,203				
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)		See Attached			
e. Amount of Principal Borrowed					
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.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Mystic	1063-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 Mystic		License No. 1063-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 Health Interest/Town of Stonington				\$ 2,211	2,211		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 2,211	2,211		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 61,748	61,748		
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)				\$ 61,748	61,748		
15. Total All Expenditures (A-13 thru C-14)				\$ 5,586,985	5,586,985		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Mystic				1063-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	\$ 4,305	4,305		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 156,429	156,429		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 58,776	58,776		
10.	15	1d/e	Accounting & Legal	\$ 2,905	2,905		
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 *	\$ 3,061	3,061		
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	\$ 27,861	27,861		
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)				\$	253,337	253,337	

* 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	\$ 4,305		
Total Other Salaries Adjustment			\$ 4,305	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
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	\$ 3,284		
16	8a	Chamber of Commerce	\$ 315		
16	m13	Bank Charges	\$ -		
16	m13	Resident Expenses	\$ -		
16	m13	Account Write Off	\$ 192		
Total Other A&G Adjustments			\$ 27,861	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Mystic				1063-C	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 253,337	253,337		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 180,962	180,962		
28.	20	L1	Ambulance/Limousine	\$ 30,121	30,121		
29.	20	h	X-rays, etc	\$ 4,544	4,544		
30.	20	f	Laboratory	\$ 8,682	8,682		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 12,616	12,616		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 17,385	17,385		
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	\$ (0)	(0)		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 2,211	2,211		
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)			\$ 509,858	509,858		

*** 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 Mystic
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ 14,380		
20	5j	Rehab Service Supplies	\$ 3,005		
Total Other Ancillary Costs			\$ 17,385	\$ -	\$ -

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	12D	Interest on Value Note	\$ 814		
27	12D	Town of Stonnington	\$ 1,397		
Total Other Adjustments			\$ 2,211	\$ -	\$ -

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 Mystic	1063-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>)	\$ 2,454,118	2,454,118				
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>)	\$ 1,205,761	1,205,761				
b. Medicare Room and Board Contractual Allowance **	\$ 338,471	338,471				
4. a. Private-Pay Residents and Other	\$ 1,276,084	1,276,084				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 119,765	119,765				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (119,765)	(119,765)				
c. Prescription Drugs - Non-Medicare	\$ 38,044	38,044				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (38,044)	(38,044)				
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	\$ 273,737	273,737				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (240,218)	(240,218)				
c. Physical Therapy - Non-Medicare	\$ 58,485	58,485				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (58,485)	(58,485)				
4. a. Speech Therapy - Medicare	\$ 20,836	20,836				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (12,242)	(12,242)				
c. Speech Therapy - Non-Medicare	\$ 1,890	1,890				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (1,890)	(1,890)				
5. a. Occupational Therapy - Medicare	\$ 333,541	333,541				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (306,307)	(306,307)				
c. Occupational Therapy - Non-Medicare	\$ 74,160	74,160				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (74,160)	(74,160)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 5,343,781	5,343,781				
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>)	\$ (0)	(0)				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 162	162				
V. Total Other Revenue (1 thru 8)	\$ 162	162				
VI. Total All Revenue (III +V)	\$ 5,343,942	5,343,942				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV5	Interest Income	286,918	\$ (0)		
Total Interest Income			\$ (0)	\$ -	\$ -

Schedule of Other Revenue

done

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Account W/O	\$ 162		
Total Other Revenue		\$ 162	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Mystic	1063-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	3,785
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	286,918
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	15,862
5. Prepaid Expenses			\$	20,164
a. Prepaid Insurance	4,158			
b. Prepaid Property Tax	13,128			
c. Prepaid Other	2,879			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	1,933,200
Due Affiliate (Debit Balance)	1,932,746			
A/P Patient Exchange	454			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,259,929
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>1,097,698</u>		\$	
	Accum. Depreciation <u>1,097,698</u>	Net		
4. Leasehold Improvements	*Historical Cost <u>730,346</u>		\$	159,668
	Accum. Depreciation <u>570,678</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>13,056</u>		\$	2,130
	Accum. Depreciation <u>10,925</u>	Net		
6. Movable Equipment	*Historical Cost <u>494,399</u>		\$	89,204
	Accum. Depreciation <u>405,194</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	3,156
Construction in Progress				
Fixed Asset Clearing Account	3,156			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	254,158

* 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 Mystic	1063-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	2,514,088
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			\$	254
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	

7. Other Assets (<i>itemize</i>)			\$	1,875
Capitalized Refinance Expense		1,875		

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	2,129
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	2,516,217

* 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 Mystic		License No. 1063-C	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	259,033
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>)				\$	66,288
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	15,410
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>)				\$	318,784
Accrued PTO		101,855	Accrued Worker's Comp	90,545	
Accrued Pension		4,775	Accrued Professional Fee	3,466	
Accrued Expense Other		90,849			
Payroll W/H		27,295			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	659,515

* 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 Mystic	License No. 1063-C	Report for Year Ended 9/30/2015		Page 34	of 37
Account				Amount	
Total Brought Forward:				659,515	
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>)				\$ 529,595	
Name and Address of Lender	Amount	Loan Date			
Brian J. Foley	529,595	Demand			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
Security Deposit					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 529,595	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,189,110	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Mystic	1063-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			\$	97,221
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,471,929
6. Gain or Loss for Period			\$	(243,043)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	1,327,107
C. Total Reserves and Net Worth			\$	1,327,107
D. Total Liabilities, Reserves, and Net Worth			\$	2,516,217

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Mystic	1063-C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	1,573,282
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	5,343,942
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	5,586,985
D. Net Income or Deficit			\$	(243,043)
E. Balance			\$	1,330,239
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		09/30/15	\$	1,327,107

I. Preparer's/Reviewer's Certification

Name of Facility Apple Rehab Mystic	License No. 1063-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		