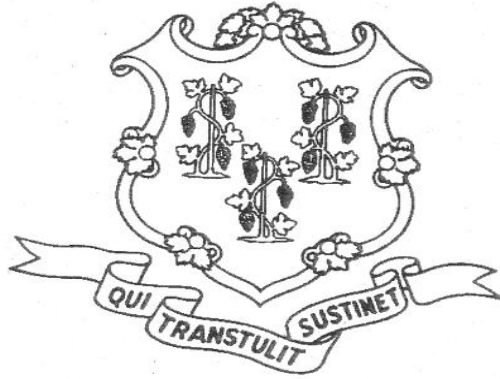


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Apple Rehab Watertown	
Address (No. & Street, City, State, Zip Code) 35 Bunker Hill Road, Watertown, CT 06795	
Type of Facility	
<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)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 1082-C	RHNS	(Specify)	Medicare Provider 07-5181
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Medicaid Provider Numbers:	CCNH 210827	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Apple Rehab Watertown	License No. 1082-C	Report for Year Ended 9/30/2015	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Apple Rehab Watertown [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) Rebecca Veniscofsky			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 Watertown		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 35 Bunker Hill Road, Watertown, CT 06795				
Report Prepared By Apple Health Care, Inc.		Phone Number (860) 678-9755	Date 12/31/2015	
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 860-945-7034		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Apple Rehab Watertown		Address (No. & Street, City, State, Zip) 35 Bunker Hill Road, Watertown, CT 06795		
License Numbers:	CCNH 1082-C	RHNS	(Specify)	Medicare Provider No. 07-5181
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 Rebecca Veniscofsky		Nursing Home Administrator's License No.:	001917	
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 Watertown	License No. 1082-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 Watertown	Business Address 35 Bunker Hill Road, Watertown, CT 06795	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 Watertown	License No. 1082-C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Brian J. Foley	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Rental	Pg. 22 Line 9	960,000	960,000
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	565,980	565,980
Healthport Services	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10/13 Schedule	63,767	63,767
Allstar	21 Waterville Road Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>	15%	Therapy Services	Pg. 13 B5/B9/B10	995,501	912,875
Corporate Employee	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	15,789	15,789
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	124,870	124,870
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	27,722	27,722
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	353,104	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	19,636	

* Use additional sheets if necessary.

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

**General Information and Questionnaire
 Related Parties***

Name of Facility Apple Rehab Watertown		License No. 1082-C		Report for Year Ended 9/30/2015		Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?						x Yes No	If "Yes," provide the following information:	
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Unum Life Insurance	PO Box 406946 Atlanta, GA	X			Group Life & Disability	Pg. 15 1a6	9,074	
Marsh	PO Box 19636 Newark, NJ	X			Property, Liability, & Umbrella Insurance	Pg. 27 14a	92,007	
Medstat	41 Northwest Dr. Plainville, CT	X		9%	Pharmacy	Pg. 13B3/Pg. 20 5a2	483,669	464,322
AIG	PO Box 10472 Newark, NJ	X			Worker's Compensation	Pg. 15 1a1	206,733	
Swallowing Diagnostics	21 Waterville Rd. Avon, CT	X		83%	Diagnostic Services	Pg. 20 5f	3,390	2,576
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

Watertown
 Shared Employees
 Cost Year 09/30/2015

41001 - Administrator

Source	Facility	Employee	Amount	Hours
Misc JE's	AHC	Vescopski, R.	\$60,313.16	1,120.00
Misc JE's	AHC	Vescopski, R.	\$45,158.04	960.00
			<u>#####</u>	<u>#####</u>

41004 - Social Service

Source	Facility	Employee	Amount	Hours
JE#10-153466	Farmington Valley	Tomaszewski	346.96	10.75
JE#10-153519	Coccoma	Wisniowski	274.46	9.50
JE#11-158919	Coccoma	Wisniowski	242.54	9.50
JE#12-158954	Farmington Valley	Tomaszewski	216.56	13.75
JE#12-158965	Coccoma	Wisniowski	427.63	16.75
JE#12-142819	Coccoma	Wisniowski	344.63	13.50
JE#01-161106	Coccoma	Wisniowski	178.71	7.00
JE#01-161119	Coccoma	Wisniowski	217.01	8.50
			<u>2,248.50</u>	<u>89.25</u>

Watertown
 Shared Employees
 Cost Year 09/30/2015

45001 - Salaries RN

Source	Facility	Employee	Amount	Hours
102014SHR	Farmington Valley	Smikle-Russell	315.00	9.00
JE#01-161180	Hewitt	Espina	(452.00)	(16.75)
012015SHR	Rose Haven	Appletree	871.00	26.00
022015SHR	Rose Haven	Appletree	600.00	18.00
JE#05- 21772	Healthport	Herrick	629.00	18.50
JE#06- 171979	Healthport	Migliorati	836.00	22.00
JE#06- 171979	Healthport	Migliorati	2,403.50	63.25
JE#07- 175264	Healthport	Migliorati	2,935.50	77.25
07015SHR	Rose Haven	Appletree	1,266.89	34.75
			<u>9,404.89</u>	<u>252.00</u>

45002 - Salaries L.P.

Source	Facility	Employee	Amount	Hours
012015SHR	Gardner	Liguz	980.88	41.75
Je# 03-Healthport 3-15	Healthport	Arshad	279.00	18.00
Je# 03-Healthport 3-15	Healthport	Green	248.00	8.00
Je# 03-Healthport 3-15	Healthport	Varrone	536.25	32.50
Je# 03-Healthport 3-15	Healthport	Green	272.25	16.50
Je# 03-Healthport 3-15	Healthport	Varrone	288.75	17.50
042015SHR	Healthport	Varrone	272.25	16.50
042015SHR	Healthport	Stack	18.00	1.00
JE05-171996	Healthport	Stack	(18.00)	(9.00)
			<u>2,877.38</u>	<u>142.75</u>

45017 - Salaries MDS Coordinator

Source	Facility	Employee	Amount	Hours
JE#11-160470	Apple	Migliorati	304.00	8.00
JE#11-160477	Healthport	not in file	741.00	36.25
JE#01-163534	Apple	Migliorati	921.50	24.25
JE#03-161261	Rose Haven	Leonetti	259.00	9.25
Je#03-166105	Healthport	Migliorati	369.00	18.00
Je#04-166105	Healthport	Migliorati	(369.00)	(18.00)
Je# 03-Healthport 3-15	Healthport	Migliorati	369.00	18.00
			<u>2,594.50</u>	<u>95.75</u>

Watertown

Shared Employees

Cost Year 09/30/2015

50001 - Salaries RN

Source	Facility	Employee	Amount	Hours
JE#10-153494	Laurel Woods	Hagberg	(169.50)	(6.00)
102014SHR	Fowler	Hagberg	(2,090.50)	(74.00)
102014SHR	Kent	Hagberg	(183.63)	(6.50)
112014SHR	Fowler	Hagberg	(932.25)	(33.00)
112014SHR	Rose Haven	Leonetti	931.00	33.25
122014SHR	Rose Haven	Leonetti	1,736.00	62.00
012015SHR	Rose Haven	Leonetti	1,211.00	43.25
012015SHR	Rose Haven	Leonetti	(231.00)	(8.25)
022015SHR	Rose Haven	Leonetti	1,694.00	60.50
022015SHR	Rose Haven	Leonetti	(98.00)	(3.50)
03015SHR	Rose Haven	Leonetti	98.00	3.50
03015SHR	Rose Haven	Leonetti	448.00	16.00
			<u>2,413.12</u>	<u>87.25</u>

Facility Total	115,199.09	2,410.75
Healthport Total	9,810.50	336.25
Totals	125,009.59	2,747.00

Watertown
 Cost Year 09/30/14
 Healthport

45022 - Purchased Service RN

Source	Facility	Employee	Amount	Hours
102014SHR	Healthport	Migliorati	304.00	8.00
012015SHR	Healthport	Masserelli	365.25	8.75
Indirect Alloc			259.23	
			<u>928.48</u>	<u>16.75</u>

Watertown
 45023 - Purchased Service LPN
 Healthport

Source	Facility	Employee	Amount	Hours
102014SHR	Healthport	Varrone	288.75	8.75
102014SHR	Healthport	Green	2,132.75	68.25
102014SHR	Healthport	Pinnock-Bennett	297.00	9.00
102014SHR	Healthport	Iworisha	240.00	8.00
102014SHR	Healthport	LaCoss	519.50	16.75
112014SHR	Healthport	Varrone	816.75	24.75
112014SHR	Healthport	Green	1,047.75	33.25
112014SHR	Healthport	Sewell	239.25	8.25
112014SHR	Healthport	LaCoss	1,022.50	33.00
122014SHR	Healthport	Stack	840.00	26.25
122014SHR	Healthport	Varrone	2,367.75	71.75
122014SHR	Healthport	Green	1,370.50	42.00
122014SHR	Healthport	Pinnock-Bennett	313.50	9.50
022015SHR	Healthport	Stack	536.00	16.75
022015SHR	Healthport	Varrone	1,707.75	51.75
022015SHR	Healthport	Green	2,112.50	67.00
022015SHR	Healthport	Pinnock-Bennett	297.00	9.00
022015SHR	Healthport	Pierre	1,421.25	46.75
022015SHR	Healthport	Sewell	239.25	8.25
022015SHR	Healthport	LaCoss	496.00	16.00
022015SHR	Healthport	Alicea	255.75	8.25
022015SHR	Healthport	Green	(968.50)	(31.30)
032015SHR	Healthport	Green	255.75	8.25

032015SHR	Healthport	Varrone	1,521.25	46.00
			<u>15,166.97</u>	
Indirect Alloc			<u>34,536.97</u>	<u>606.20</u>
		Totals	35,465.45	622.95

Watertown
 Cost Year 09/30/2015
 Corporate Employees

41003 - Accounting

Source	Facility	Employee	Amount	Hours
191-93107	AHC Direct Cost	Various	3,495.00	112.00
191-93105	AHC Direct Cost	Various	<u>12,294.00</u>	<u>534.00</u>
		Total	<u>15,789.00</u>	<u>646.00</u>

Watertown Shared Employee Smartlink Report

Reporting Period: From

3/8/2015 to

9/19/2015

Emp Num	LastName	FirstName	HomeFctyCode
19002555	WISNIOWSKI	LAURETTE	19
19002555	WISNIOWSKI	LAURETTE	19
19002555	WISNIOWSKI	LAURETTE	19
19002555	WISNIOWSKI	LAURETTE	19
19002555	WISNIOWSKI	LAURETTE	19
19002555	WISNIOWSKI	LAURETTE	19
19002555	WISNIOWSKI	LAURETTE	19
19002555	WISNIOWSKI	LAURETTE	19
19002555	WISNIOWSKI	LAURETTE	19
19002555	WISNIOWSKI	LAURETTE	19
19002555	WISNIOWSKI	LAURETTE	19
19002555	WISNIOWSKI	LAURETTE	19
19002555	WISNIOWSKI	LAURETTE	19
19002555	WISNIOWSKI	LAURETTE	19
19002555	WISNIOWSKI	LAURETTE	19
19002555	WISNIOWSKI	LAURETTE	19
19002555	WISNIOWSKI	LAURETTE	19
19002555	WISNIOWSKI	LAURETTE	19
19002555	WISNIOWSKI	LAURETTE	19
19002555	WISNIOWSKI	LAURETTE	19
19002555	WISNIOWSKI	LAURETTE	19
19002555	WISNIOWSKI	LAURETTE	19
19002555	WISNIOWSKI	LAURETTE	19
19002555	WISNIOWSKI	LAURETTE	19
11970362	HAZZARD	ADELINE	11
11970362	HAZZARD	ADELINE	11
1970251	WILCZYNSKI	STANISLAW	1
2970171	APPLETREE	SARAH	2
2970171	APPLETREE	SARAH	2

29970174	Varrone	Christine	29
29970174	Varrone	Christine	29
5077052	POINTER	THOMAS	5

7016921	DAVILA	NICHOLAS	7
7016921	DAVILA	NICHOLAS	7
7016921	DAVILA	NICHOLAS	7
7016921	DAVILA	NICHOLAS	7
7016921	DAVILA	NICHOLAS	7
7016921	DAVILA	NICHOLAS	7
7016921	DAVILA	NICHOLAS	7
7016921	DAVILA	NICHOLAS	7
7016921	DAVILA	NICHOLAS	7
7016921	DAVILA	NICHOLAS	7
7016921	DAVILA	NICHOLAS	7
7016921	DAVILA	NICHOLAS	7
7016921	DAVILA	NICHOLAS	7
7016921	DAVILA	NICHOLAS	7
7016921	DAVILA	NICHOLAS	7

20970483	Tomaszewski	Marlena	20
20970483	Tomaszewski	Marlena	20
20970483	Tomaszewski	Marlena	20
20970483	Tomaszewski	Marlena	20
20970483	Tomaszewski	Marlena	20
20970483	Tomaszewski	Marlena	20
20970483	Tomaszewski	Marlena	20
20970483	Tomaszewski	Marlena	20

29000067	Herrick	Holly	29
29970177	Migliorati	Sandra	29
29970177	Migliorati	Sandra	29
29970177	Migliorati	Sandra	29

2970075	LEONETTI	MARY	2
2970075	LEONETTI	MARY	2

Healthport Srvc	7 Watertown	907-45002
Healthport Srvc	7 Watertown	907-45002
Mystic	7 Watertown	907-45002

Watertown	23 Kent	923-45003
Watertown	23 Kent	923-45003
Watertown	23 Kent	923-45003
Watertown	23 Kent	923-45003
Watertown	23 Kent	923-45003
Watertown	23 Kent	923-45003
Watertown	23 Kent	923-45003
Watertown	23 Kent	923-45003
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Watertown	23 Kent	923-45003
Watertown	23 Kent	923-45003
Watertown	23 Kent	923-45003
Watertown	23 Kent	923-45003
Watertown	23 Kent	923-45003

Farmington	7 Watertown	907-45011
Farmington	7 Watertown	907-45011
Farmington	7 Watertown	907-45011
Farmington	7 Watertown	907-45011
Farmington	7 Watertown	907-45011
Farmington	7 Watertown	907-45011
Farmington	7 Watertown	907-45011
Farmington	7 Watertown	907-45011

Healthport Srvc	7 Watertown	907-45017
Healthport Srvc	7 Watertown	907-45017
Healthport Srvc	7 Watertown	907-45017
Healthport Srvc	7 Watertown	907-45017

Rose Haven	7 Watertown	907-50001
Rose Haven	7 Watertown	907-50001

GL Description	PayDate	Hours
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	3/19/2015	2.5
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	3/26/2015	2
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	4/2/2015	2
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	4/9/2015	2.75
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	4/16/2015	4.75
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	4/23/2015	2.25
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	4/30/2015	1.75
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	5/14/2015	3.25
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	5/21/2015	3.25
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	5/28/2015	3.25
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	6/4/2015	3.25
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	6/11/2015	3
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	6/25/2015	3.25
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	7/2/2015	2.5
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	7/16/2015	2.75
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	7/23/2015	3.25
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	7/30/2015	2.75
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	8/6/2015	3
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	8/13/2015	6.25
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	8/27/2015	2.5
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	9/3/2015	2.25
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	9/10/2015	2.25
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	9/17/2015	-0.25
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	9/24/2015	2
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	7/16/2015	2
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	7/30/2015	1
	Total	69.5
Salaries - Maintenance - JobTitle = MAINTENANCE SUPERVISOR	3/26/2015	29.5
	Total	29.5
Salaries - R.N. (CCNH) - JobTitle = RN SNF	3/19/2015	74
Salaries - R.N. (CCNH) - JobTitle = RN SNF	3/26/2015	59.25

Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/2/2015	128.5
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/9/2015	34.5
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/16/2015	74.5
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/23/2015	24.25
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/7/2015	26
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/28/2015	17.5
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/11/2015	42.5
	Total	481

Salaries LPN - JobTitle = LPN SNF	3/19/2015	18
Salaries LPN - JobTitle = LPN SNF	4/16/2015	19
Salaries LPN - JobTitle = LPN SNF	5/14/2015	16.5
Salaries LPN - JobTitle = LPN SNF	4/23/2015	17
Salaries LPN - JobTitle = LPN SNF	3/19/2015	8
Salaries LPN - JobTitle = LPN SNF	3/26/2015	16.5
Salaries LPN - JobTitle = LPN SNF	4/2/2015	8.25
Salaries LPN - JobTitle = LPN SNF	4/9/2015	17
Salaries LPN - JobTitle = LPN SNF	4/16/2015	16.5
Salaries LPN - JobTitle = LPN SNF	5/28/2015	7
Salaries LPN - JobTitle = LPN SNF	7/30/2015	16.5
Salaries LPN - JobTitle = LPN SNF	6/18/2015	17
Salaries LPN - JobTitle = LPN SNF	4/2/2015	8.25
Salaries LPN - JobTitle = LPN SNF	6/18/2015	8.5
Salaries LPN - JobTitle = LPN SNF	6/25/2015	24.5
Salaries LPN - JobTitle = LPN SNF	7/23/2015	33
Salaries LPN - JobTitle = LPN SNF	5/7/2015	16.5
Salaries LPN - JobTitle = LPN SNF	9/17/2015	18
Salaries LPN - JobTitle = LPN SNF	3/19/2015	32.5
Salaries LPN - JobTitle = LPN SNF	3/26/2015	17.5
Salaries LPN - JobTitle = LPN SNF	4/2/2015	33
Salaries LPN - JobTitle = LPN SNF	4/9/2015	16.5
Salaries LPN - JobTitle = LPN SNF	4/16/2015	34.5
Salaries LPN - JobTitle = LPN SNF	4/30/2015	51.5
Salaries LPN - JobTitle = LPN SNF	5/7/2015	34
Salaries LPN - JobTitle = LPN SNF	5/14/2015	17.5
Salaries LPN - JobTitle = LPN SNF	5/21/2015	17
Salaries LPN - JobTitle = LPN SNF	7/9/2015	16.5
Salaries LPN - JobTitle = LPN SNF	7/23/2015	17
Salaries LPN - JobTitle = LPN SNF	7/30/2015	69.5
Salaries LPN - JobTitle = LPN SNF	8/6/2015	17
Salaries LPN - JobTitle = LPN SNF	8/13/2015	66.5
Salaries LPN - JobTitle = LPN SNF	8/20/2015	67.5
Salaries LPN - JobTitle = LPN SNF	8/27/2015	16.5
Salaries LPN - JobTitle = LPN SNF	9/3/2015	51
Salaries LPN - JobTitle = LPN SNF	9/10/2015	34.5

Salaries LPN - JobTitle = LPN SNF	9/17/2015	16.5
Salaries LPN - JobTitle = LPN SNF	9/24/2015	50
Salaries LPN - JobTitle = LPN SNF	5/14/2015	85.25
	Total	1047.75

Salaries - Aides - JobTitle = CNA SNF	5/14/2015	36
Salaries - Aides - JobTitle = CNA SNF	5/21/2015	29
Salaries - Aides - JobTitle = CNA SNF	5/28/2015	28
Salaries - Aides - JobTitle = CNA SNF	6/4/2015	20.25
Salaries - Aides - JobTitle = CNA SNF	6/18/2015	29
Salaries - Aides - JobTitle = CNA SNF	6/25/2015	28
Salaries - Aides - JobTitle = CNA SNF	7/2/2015	21
Salaries - Aides - JobTitle = CNA SNF	7/9/2015	42
Salaries - Aides - JobTitle = CNA SNF	7/16/2015	21
Salaries - Aides - JobTitle = CNA SNF	7/23/2015	21
Salaries - Aides - JobTitle = CNA SNF	7/30/2015	21
Salaries - Aides - JobTitle = CNA SNF	8/6/2015	21
Salaries - Aides - JobTitle = CNA SNF	9/10/2015	21
Salaries - Aides - JobTitle = CNA SNF	9/17/2015	21
	Total	-359.25

Salaries - Nursing Administration - JobTitle = NURSING ADMIN	4/23/2015	4.5
Salaries - Nursing Administration - JobTitle = NURSING ADMIN	4/30/2015	8.25
Salaries - Nursing Administration - JobTitle = NURSING ADMIN	6/18/2015	15.5
Salaries - Nursing Administration - JobTitle = NURSING ADMIN	7/2/2015	16
Salaries - Nursing Administration - JobTitle = NURSING ADMIN	7/9/2015	33.5
Salaries - Nursing Administration - JobTitle = NURSING ADMIN	7/16/2015	25.75
Salaries - Nursing Administration - JobTitle = NURSING ADMIN	9/3/2015	9.25
Salaries - Nursing Administration - JobTitle = NURSING ADMIN	9/24/2015	8.5
	Total	121.25

Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	7/16/2015	4.75
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	3/19/2015	18
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	4/23/2015	8.75
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	7/23/2015	29.25
	Total	60.75

Salaries - Dietitians - JobTitle = REGIONAL DIETICIAN	3/19/2015	13
Salaries - Dietitians - JobTitle = REGIONAL DIETICIAN	3/26/2015	15
	Total	28

Healthport Total 1023.25

Grand Total	1478.5
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1/4/2016

Dollars

63.83

51.06

51.06

70.21

121.27

57.44

44.68

82.97

82.97

82.97

82.97

76.59

82.97

63.83

70.21

82.97

70.21

76.59

159.56

63.83

57.44

57.44

-6.39

51.06

50

25

1772.74

577.51

577.51

939.48

638.75

1537.98
532.88
907.5
286.75
309
247.5
548.25
5948.09

279
294.5
272.25
255
248
272.25
255.75
280.5
272.25
217
247.5
280.5
247.5
229.5
455.25
678.5
272.25
297
536.25
288.75
544.5
272.25
569.25
849.75
561
288.75
280.5
272.25
280.5
1146.75
280.5
1097.25
1113.75
272.25
841.5
569.25

272.25

825

1360.44

17877.19

328.45

269.75

200.47

136.69

269.75

200.47

141.75

283.5

141.75

141.75

141.75

141.75

141.75

141.75

-2681.33

70.88

129.94

244.13

252

527.63

405.56

145.69

133.88

1909.71

161.5

369

332.5

1111.5

1974.5

364

420

784

18,491.25

28,162.41

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Apple Rehab Watertown	License No. 1082-C	Report for Year Ended 9/30/2015	Page 5	of 37
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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			License No.	Report for Year Ended			Page	of
Apple Rehab Watertown			1082-C	9/30/2015			6	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 Watertown	License No. 1082-C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

1 Preparation of audited financials (disallow Pg. 28)	\$ 5,326
2 Preparation of tax returns	\$ 1,008
3	\$
4	\$
	Charge for Services Provided
	\$ 6,335

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	Telephone Number
1 Summa & Ryan	
2 Law Offices of Jason Degenaro	
3 Clerk of The Superior Court	
4	
5	

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

1 1921 Holmes Ave., Waterbury, CT 06702
2 29 Water ST., Guilford, CT 06405
3 300 Grand ST., Waterbury, CT 06702
4
5

Services Provided by This Firm (*describe fully*)

1 Litigation	\$ 158
2 Collections (disallow Pg. 28)	\$ 341
3 Litigation	\$ 100
4	\$
5	\$
	Charge for Services Provided
	\$ 599

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 Watertown			License No. 1082-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	110	110			110	110			110	110			
B. On last day of THIS report period	110	110			110	110			110	110			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	100	100			100	100			100	100			
B. As of midnight of THIS report period	101	101			101	101			101	101			
3. Total Number of Days Care Provided During Period													
A. Medicare	6,393	6,393			4,826	4,826			1,567	1,567			
B. Medicaid (Conn.)	22,942	22,942			17,216	17,216			5,726	5,726			
C. Medicaid (other states)													
D. Private Pay	6,817	6,817			4,720	4,720			2,097	2,097			
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	36,152	36,152			26,762	26,762			9,390	9,390			
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)	36,152	36,152			26,762	26,762			9,390	9,390			

Schedule of Resident Statistics (Cont'd)

Name of Facility Apple Rehab Watertown			License No. 1082-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 (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(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	28		59		14								
Per Diem Rate													
a. One bed rm.					469.00								
b. Two bed rms.	Various		208.54		442.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments										TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B										3,809	3,809		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										25,740	25,740		
D. Total Physical Therapy Treatments										29,549	29,549		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B										574	574		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										1,414	1,414		
D. Total Speech Therapy Treatments										1,988	1,988		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B										2,667	2,667		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										23,824	23,824		
D. Total Occupational Therapy Treatments										26,491	26,491		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Watertown	1082-C	9/30/2015	10	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)	97,282	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	80,282	4,978				
5. Dietary Service						
a. Head Dietitian	7,241	1,378				
b. Food Service Supervisor	53,707	1,020				
c. Dietary Workers	382,174	24,666				
6. Housekeeping Service						
a. Head Housekeeper	26,946	1,013				
b. Other Housekeeping Workers	158,897	10,449				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	35,724	2,676				
8. Laundry Service						
a. Supervisor	33,776	1,262				
b. Other Laundry Workers	107,611	7,263				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	121,940	5,279				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	148,741	3,725				
b. RN						
1. Direct Care	682,752	21,291				
2. Administrative**	176,140	6,368				
c. LPN						
1. Direct Care	742,897	31,561				
2. Administrative**						
d. Aides and Attendants	1,517,197	99,110				
e. Physical Therapists	32,916	1,996				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	78,694	4,787				
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	108,894	5,140				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	4,593,811	236,048				

* 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 Watertown				1082-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 Watertown				1082-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***										
Rebecca Veniscofsky	97,282				Administrator 10/01/14-9/30/15	2,086	A.2.			
Section IV - Assistant Administrators										

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

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

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

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Watertown	1082-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	11,748	117				
3. Pharmacist	8,774	80				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	463,593	7,387				
b. Other						
6. Social Worker	638	29				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	42,000	180				
b. Utilization Review (Title 18 and 19 only) monthly meeting	1,400	11				
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	89,626	497				
b. Other						
10. Occupational Therapist						
a. Resident Care	411,567	6,623				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	928	17				
2. Administrative***						
b. LPN						
1. Direct Care	34,537	606				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	3,973	39				
B-13 Total Fees Paid in Lieu of Salaries	1,068,784	15,586				

* 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 Watertown		License No. 1082-C	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Allstar Therapy 21 Waterville Rd. Avon, CT	Therapy Services	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Healthport Services 21 Waterville Rd. Avon, CT	Employee Staffing	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Medstat 41 Northwest Dr. Plainville, CT	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Dr. Hector Pun, MD 134 Grandview Avenue, Waterbury, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
John Moschello, 594 Mt. Fair Drive, Watertown CT 06795	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>		
Frank Longo, 597 Highland Avenue, Waterbury, CT 06708	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>		
Health Drive Dental, 1 Prestige Dr, Meriden CT	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Joseph Futschik, PO Box 292, Ansonia, CT	Social Worker	<input type="radio"/>	<input checked="" type="radio"/>		
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"/>		
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		<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 Watertown	1082-C	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 206,733	206,733		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 105,414	105,414		
4. Social Security (F.I.C.A.)	\$ 331,360	331,360		
5. Health Insurance	\$ 607,402	607,402		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 7,293	7,293		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 27,722	27,722		
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*	\$ 248,556	248,556		
d. Accounting and Auditing	\$ 6,335	6,335		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 599	599		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 22,211	22,211		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 22,967	22,967		
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	\$ 624,945	624,945		
Subtotal	\$ 2,211,536	2,211,536		

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

(Carry Subtotals forward to next page)

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

Name of Facility Apple Rehab Watertown	License No. 1082-C	Report for Year Ended 9/30/2015	Page 16	of 37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	2,211,536	2,211,536		
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 1,177	1,177		
2. Holiday Parties for Staff	\$ 4,136	4,136		
3. Gifts to Staff and Residents	\$ 8,309	8,309		
4. Employee Travel	\$ 6,075	6,075		
5. Education Expenses Related to Seminars and Conventions	\$ 5,285	5,285		
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>)	\$ 365	365		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 22,148	22,148		
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	\$ 6,123	6,123		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 7,816	7,816		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 633	633		
9. Subscriptions	\$ 5,063	5,063		
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**	\$ 565,980	565,980		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 75,316	75,316		
C-14 Total Administrative & General Expenditures	\$ 2,919,963	2,919,963		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising - Public Relations	\$ 22,148		
Total Other Advertising	\$ 22,148	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 7,506		
ACHCA	\$ 310		
Total Dues	\$ 7,816	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Corporate Fees - Non Reimbursable	\$ 44,128		
Licenses & Fees	\$ 3,409		
Pre Employment Screening	\$ 10,696		
Point Click Care Fees	\$ 11,997		
Bank Charges	\$ 72		
Resident Expenses	\$ 4,990		
Account Write Off	\$ 24		
Total Other Administrative and General	\$ 75,316	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Apple Rehab Watertown	License No. 1082-C	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Apple Health Care, Inc.	565,980	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	License No.	Report for Year Ended	Page	of
Apple Rehab Watertown	1082-C	9/30/2015	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 250,167	250,167		
2. Non-Food Supplies	\$ 36,824	36,824		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 996	996		
c. Management Services**	\$			
d. Other (Specify) _____	\$			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 287,987	287,987		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	297	297		
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 Watertown		License No. 1082-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. \$	17,002	17,002	
2.	Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
		Amt. \$			
3.	Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
		Amt. \$			
4.	Repair and/or purchase of linens.***	Lbs.			
		Amt. \$	9,938	9,938	
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)		\$	26,939	26,939	
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 Watertown	1082-C	9/30/2015	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced	43,828	43,828		
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	27,192	27,192		
b. Purchased Services (<i>by contract other than through Management Services</i>)	Sq. Ft. Serviced				
(<i>Complete Schedule C-2 att. Page 21</i>)	by Personnel				
	Amt. \$	71,095	71,095		
c. Management Services*	\$				
d. Other (<i>Specify</i>)	\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	98,287	98,287		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Medstat/West River Pharmacy	\$	469,085	469,085		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	241,014	241,014		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	17,300	17,300		
f. X-rays and Related Radiological Procedures***	\$	24,871	24,871		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	35,019	35,019		
i. Recreation	\$	57,259	57,259		
j. Other (Specify)**** See Attached Schedule	\$	25,333	25,333		
5K. Total Resident Care Expenditures (5a - 5j)	\$	869,881	869,881		

* 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	\$ 10,738		
Rehab Service Supplies	\$ 7,205		
IV Therapy Supplies	\$ 7,391		
Social Service Supplies	\$ -		
Total Other Resident Care	\$ 25,333	\$ -	\$ -

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

Name of Facility Apple Rehab Watertown			License No. 1082-C	Report for Year Ended 9/30/2015	Page 21	of 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
CWPM, LLC	25 Norton Place, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Refuse Removal	19,076			22	6f
Perfectemp Heating & Air Conditioning	635 Old Turnpike Road Plantsville, Ct 06479	<input type="radio"/>	<input checked="" type="radio"/>		Heating and Air Conditioning	22,404			22	6a
Titan Landscaping	131 Neill Drive, Watertown, CT	<input type="radio"/>	<input checked="" type="radio"/>		Lawncare	15,485			22	6a
Fire Protection Testing	1701 Highland Ave #4 Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Fire Protection	10,004			22	6a
Garden Acquisition Holdings, Inc.	Suite 400 Wilmington, DE 19808	<input type="radio"/>	<input checked="" type="radio"/>		Lawncare	10,188			22	6a
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Watertown	1082-C	9/30/2015	22	37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 155,140	155,140		
b. Heat	\$ 96,185	96,185		
c. Light & Power	\$ 63,026	63,026		
d. Water	\$ 20,265	20,265		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$			
f. Other (<i>itemize</i>)	\$ 23,032	23,032		
See Attached Schedule				
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 357,647	357,647		
7. Depreciation (<i>complete schedule page 23*</i>)				
a. Land Improvements	\$			
b. Building & Building Improvements	\$			
c. Non-Movable Equipment	\$ 1,912	1,912		
d. Movable Equipment	\$ 25,951	25,951		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 27,864	27,864		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)				
a. Organization Expense	\$			
b. Mortgage Expense	\$			
c. Leasehold Improvements	\$ 52,468	52,468		
d. Other (<i>Specify</i>)	\$			
*8e. Total Amortization Costs (8a + b + c + d)	\$ 52,468	52,468		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 960,000	960,000		
10. Property Taxes				
a. Real estate taxes paid by owner	\$			
b. Real estate taxes paid by lessor	\$ 118,423	118,423		
c. Personal property taxes	\$ 9,723	9,723		
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,168,478	1,168,478		

* 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	\$ 23,032		
Total Other Repairs and Maintenance	\$ 23,032	\$ -	\$ -

Depreciation Schedule

Name of Facility Apple Rehab Watertown				License No. 1082-C			Report for Year Ended 9/30/2015			Page 23	of 37		
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
C. Non-Movable Equipment													
1. Acquired prior to this report period				60,413		60,413	44,632	S/L	Various	1,912			
2. Disposals (attach schedule)				(12,642)		(12,642)	(12,642)						
3. Acquired during this report period (attach schedule)								S/L	Various				
C-4. Subtotal											1,912		
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
Yes	No	Month	Year										
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						708,397		708,397	590,800	S/L	Various	23,780	
b. Disposals (attach schedule)						(59,505)		(59,505)	(59,505)				
c. Acquired during this report period (attach schedule)						34,388		34,388		S/L	Various	2,171	
D-3. Subtotal													25,951
E. Total Depreciation													27,864

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
2/20/2015	Infrastructure (JKS)	\$ 44.19	ME -5	\$ 3.2
2/20/2015	Controllers/infrastructure (JKS)	\$ 1,182.65	ME -5	\$ 83.9
3/12/2015	Infrastructure/Firewall (JKS)	\$ 176.75	ME -5	\$ 12.2
3/19/2015	Payroll System upgrade -Time Clocks	\$ 1,233.02	ME -10	\$ 42.0
3/19/2015	Payroll System upgrade -Time Clocks	\$ 1,196.44	ME -10	\$ 40.8
4/1/2015	Nursing Station Units for Point of Care	\$ 1,749.93	ME -5	\$ 116.6
4/2/2015	Nursing Station Units for Point of Care	\$ 511.94	ME -5	\$ 34.1
4/3/2015	Nursing Station Units for Point of Care	\$ 938.26	ME -5	\$ 62.3
4/14/2015	19 Kiosks for Point of Care	\$ 27,177.74	ME -5	\$ 1,766.0
6/4/2015	Install Wireless Network Controllers	\$ 176.75	ME -5	\$ 10.0
Total additions for Movable Equipment		\$ 34,388	ME -5	\$ 2,171 *
Deletions:				
9/30/2015	Office Equip Cntr (tpwrtr)	\$ (966.43)	ME -10	
9/30/2015	Kentco 9furniture)	\$ (10,552.00)	ME -10	
9/30/2015	New Boston (food cart)	\$ (1,495.10)	ME -10	
9/30/2015	Kentco (Carpet)	\$ (517.08)	ME -10	
9/30/2015	So,[:ex (timeclock)	\$ (733.36)	ME -10	
9/30/2015	Bernies TV (TV & VCR)	\$ (1,233.03)	ME -10	
9/30/2015	Northeast Copy (Copier)	\$ (2,150.00)	ME -10	
9/30/2015	So New Eng Ice (Ice Mach)	\$ (2,843.38)	ME -10	
9/30/2015	P.O. Drug	\$ (3,988.25)	ME -10	**
9/30/2015	Farmington Gardens (Patio Furn)	\$ (1,981.65)	ME -10	
9/30/2015	Hudson Med (Washer & Dryer)	\$ (10,575.50)	ME -10	
9/30/2015	Hudson Medical (install W/D)	\$ (223.17)	ME -10	
9/30/2015	Hudson Washer/Dryer	\$ (4,816.00)	ME -10	
9/30/2015	Post Office Drug (recliner)	\$ (564.38)	ME -10	
9/30/2015	Standard Textile (Curtains)	\$ (3,053.44)	ME -5	
9/30/2015	Standard Textile (Curtains)	\$ (2,173.35)	ME -5	
9/30/2015	Standard Textile (Curtains)	\$ (1,087.75)	ME -5	
9/30/2015	All Care	\$ (481.60)	ME -15	
9/30/2015	Hudson Medical (Transit Scale)	\$ (481.60)	ME -15	
9/30/2015	All Care (Transit Scale)	\$ (481.60)	ME -15	
9/30/2015	All Care (Transit Scale)	\$ (481.60)	ME -15	
9/30/2015	All Care (Transit Scale)	\$ (481.60)	ME -15	
9/30/2015	Medline (Highback Chair)	\$ (420.88)	ME -15	
9/30/2015	Maplewood	\$ (825.00)	ME -15	
9/30/2015	Spinelli	\$ (260.71)	ME -15	
9/30/2015	Warehouse (Blender)	\$ (729.00)	ME -10	
9/30/2015	Carstens(Med. Supplies)	\$ (2,680.05)	ME -10	
9/30/2015	Total Comm (Phone System)	\$ (1,211.54)	ME -10	
9/30/2015	K-Mart (Bathroom Supplies)	\$ (1,077.84)	ME -10	
9/30/2015	Stereo System	\$ (161.95)	ME -50	
9/30/2015	Washer\Dryer (Brooklyn)	\$ (775.95)	ME -10	
Total deletions for Movable Equipment		\$ (59,505)		\$ -

*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:				
1/1/2015	Replaced roofing Shingles-Down Payment	4,500.00	LHI - 10	\$ 168.75
3/16/2015	Sheetrock ceilings prep & paint (THKeifer)	899.24	LHI - 15	\$ 20.53
4/27/2015	Air Compressor for Dry Sprinkler System	2,507.73	LHI - 12	\$ 65.96 **
5/19/2015	Sewer Injection Pump Replacement	5,462.01	LHI - 10	\$ 162.68
6/30/2015	Replace 74' of galvanized Sprinkler Pipe	4,391.01	LHI - 10	\$ 110.38
8/6/2015	Two 5 Ton A/C Units Install-Lower Level	3,765.00	LHI - 10	\$ 71.54
8/4/2015	Two 5 Ton A/C Units Install-Lower Level	4,595.00	LHI - 10	\$ 87.30
9/28/2015	Install of Vinyl Tiling-Materials	4,750.56	LHI - 10	\$ 7.66
Total additions for Leasehold Improvement		30,870.55		\$ 694.80
Deletions:				
9/30/2015	Kentco (Carpeting)	\$ (34,881.63)	LHI -5	
9/30/2015	Kentco (Carpeting)	\$ (2,377.10)	LHI -5	
9/30/2015	Custodial (Carpet Matting)	\$ (1,175.04)	LHI -5	
9/30/2015	Eastern Bag	\$ (43.80)	LHI -5	
9/30/2015	Rykoff Sex. (Metroseal Post)	\$ (48.38)	LHI -5	
9/30/2015	Kentco (Carpeting)	\$ (7,762.18)	LHI -5	

9/30/2015	Kentco (Draperies)	\$ (4,854.60)	LHI -5	
9/30/2015	Kentco (Carpeting)	\$ (656.64)	LHI -5	
9/30/2015	Kentco (Draperies)	\$ (20,790.00)	LHI -5	
9/30/2015	Contractor (Labor/Materials)	\$ (374.80)	LHI -5	
9/30/2015	Kentco fixtures	\$ (3,555.00)	LHI - 20	
9/30/2015	Brewster Wall Company	\$ (12,099.00)	LHI - 20	
9/30/2015	Peter J Saydoff Painting	\$ (3,114.88)	LHI - 20	
9/30/2015	Kentco fixtures	\$ (7,576.00)	LHI - 20	
9/30/2015	Lghting SRVCE Inc instal fxtur	\$ (1,076.12)	LHI - 20	
9/30/2015	Institutional Prod Corp	\$ (706.40)	LHI - 20	
9/30/2015	Lighting Services	\$ (989.00)	LHI - 20	
9/30/2015	Monterose Welding (Railings)	\$ (680.00)	LHI - 20	
9/30/2015	West ST. Mech (Bronze Circ Pump)	\$ (165.00)	LHI - 20	
9/30/2015	West ST. Mech (Bronze Circ Pump)	\$ (1,222.06)	LHI - 20	
9/30/2015	Ceramic Flooring	\$ (9,356.41)	LHI - 20	
Total deletions for Leasehold Improvement		\$ (113,504)		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Apple Rehab Watertown		License No. 1082-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	Various			1,166,252	708,863	A		51,774	
2. Disposals (attach schedule)				(113,504)	(113,504)				
3. Acquired during this report period (attach schedule)	Various			30,871				695	
C-4. Subtotal									52,468
D. Total Amortization									52,468

* 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 Watertown	License No. 1082-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	110				
6. Square Footage	43,828				
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.

CT Medicaid Cost Report Attachment Page 25

	Original Mortgage	6 Month extension
A. Type of Financing (e.g. fixed, variable)	Fixed	
B. Date of Mortgage Obtained	4/11/2008	extension to 10/13/15
C. Interest Rate For the Cost Year	6.44%	2.08%
D. Term of Mortgage (number of years)	7 Yrs.	6 month
E. Amount of Principal Borrowed	119,500,000	
F. Principal Balance Outstanding as of 9/30/15	100,562,320	

Note: The following facilities are collateralized by this mortgage.

Connecticut Facilities

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

Out of State Facilities

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

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

Name of Facility Apple Rehab Watertown		License No. 1082-C	Report for Year Ended 9/30/2015		Page 26	of 37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Watertown	1082-C	9/30/2015	27	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				
12. C. Movable Equipment				
1. Automotive Equipment	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
2. Other (<i>Specify</i>)	\$			
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 (<i>Specify</i>)	\$	13,090	13,090	
Value Settlement/Town of Rocky Hill				
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	13,090	13,090	
14. Insurance				
a. Insurance on Property (buildings only)	\$	92,007	92,007	
b. Insurance on Automobiles	\$			
c. Insurance other than Property (as specified above)				
1. Umbrella (<i>Blanket Coverage</i>)	\$			
2. Fire and Extended Coverage	\$			
3. Other (<i>Specify</i>)	\$			
14d. Total Insurance Expenditures (14a + b + c)	\$	92,007	92,007	
15. Total All Expenditures (A-13 thru C-14)	\$	11,496,875	11,496,875	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Watertown				1082-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	\$ 1,937	1,937		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 411,567	411,567		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 248,556	248,556		
10.	15	1d/e	Accounting & Legal	\$ 5,925	5,925		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 22,148	22,148		
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	\$ 59,220	59,220		
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)				\$ 749,353	749,353		

* 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	\$ 1,937		
Total Other Salaries Adjustment			\$ 1,937	\$ -	\$ -

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	\$ 44,128		
16	1.3	Employee Recognition/Gifts/Parties	\$ 8,309		
16	8a	Chamber of Commerce	\$ 633		
16	m13	Bank Charges	\$ 72		
16	m13	Resident Expenses	\$ 4,990		
16	m13	Account Write Off	\$ 1,087		
Total Other A&G Adjustments			\$ 59,220	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Watertown				1082-C	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 749,353	749,353		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 432,361	432,361		
28.	20	L1	Ambulance/Limousine	\$ 1,177	1,177		
29.	20	h	X-rays, etc	\$ 24,871	24,871		
30.	20	f	Laboratory	\$ 35,019	35,019		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 7,179	7,179		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 7,391	7,391		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			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	\$ 143	143		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 11,724	11,724		
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)				\$ 1,269,216	1,269,216		

*** 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 Watertown
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ 7,391		
20	5j	Rehab Service Supplies	\$ -		
Total Other Ancillary Costs			\$ 7,391	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12 D	Value Health Care Term Note Interest	\$ 6,915		
27	12 D	Town of Rocky Hill	\$ 4,079		
Var	Var	Outpatient Therapy Services	\$ 729		
Total Other Adjustments			\$ 11,724	\$ -	\$ -

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 Watertown	1082-C	9/30/2015		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 4,801,450	4,801,450			
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>)	\$ 2,791,548	2,791,548			
b. Medicare Room and Board Contractual Allowance **	\$ 848,364	848,364			
4. a. Private-Pay Residents and Other	\$ 2,779,957	2,779,957			
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 271,614	271,614			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (271,599)	(271,599)			
c. Prescription Drugs - Non-Medicare	\$ 160,304	160,304			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (160,304)	(160,304)			
2. a. Medical Supplies - Medicare	\$ 9,287	9,287			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (9,287)	(9,287)			
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 760,635	760,635			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (637,482)	(637,482)			
c. Physical Therapy - Non-Medicare	\$ 273,547	273,547			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (273,547)	(273,547)			
4. a. Speech Therapy - Medicare	\$ 69,617	69,617			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (45,752)	(45,752)			
c. Speech Therapy - Non-Medicare	\$ 19,845	19,845			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (19,845)	(19,845)			
5. a. Occupational Therapy - Medicare	\$ 881,418	881,418			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (770,537)	(770,537)			
c. Occupational Therapy - Non-Medicare	\$ 310,680	310,680			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (310,680)	(310,680)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,479,235	11,479,235			
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>)	\$ 143	143			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 2,188	2,188			
V. Total Other Revenue (1 thru 8)	\$ 2,331	2,331			
VI. Total All Revenue (III + V)	\$ 11,481,566	11,481,566			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV5	Interest Income	1,516,084	\$ 143		
Total Interest Income			\$ 143	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	2014 Divedend Saving UHC/OPTIMU,	\$ 990		
30 IV 8	Copy fees	\$ 136		
30 IV 8	Account W/O	\$ 1,063		
Total Other Revenue		\$ 2,188	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Watertown	1082-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	285
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,516,084
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	15,631
5. Prepaid Expenses			\$	47,065
a. Prepaid Insurance	9,447			
b. Prepaid Property Tax	37,618			
c. Prepaid Other	0			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	1,735,624
Due Affiliate (Debit Balance)	1,732,857			
AP Patient Exchange	2,767			
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,314,689
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,083,619</u>		\$	435,792
	Accum. Depreciation <u>647,827</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>47,771</u>		\$	13,869
	Accum. Depreciation <u>33,902</u>	Net		
6. Movable Equipment	*Historical Cost <u>683,280</u>		\$	126,033
	Accum. Depreciation <u>557,246</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	7,496
Construction in Progress	1,173			
Fixed Asset Clearing Account	6,323			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	583,190

* 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 Apple Rehab Watertown	License No. 1082-C	Report for Year Ended 9/30/2015	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 3,897,880	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
\$				
2. Land Improvements				
			*Historical Cost _____	
			Accum. Depreciation _____ Net	
\$				
3. Buildings				
			*Historical Cost _____	
			Accum. Depreciation _____ Net	
\$				
4. Non-Movable Equipment				
			*Historical Cost _____	
			Accum. Depreciation _____ Net	
\$				
5. Movable Equipment				
			*Historical Cost _____	
			Accum. Depreciation _____ Net	
\$				
6. Motor Vehicles				
			*Historical Cost _____	
			Accum. Depreciation _____ Net	
\$				
7. Minor Equipment-Not Depreciable				
\$				
C-8 Total Leasehold or Like Properties (C1 thru 7)				
\$				
D. Investment and Other Assets				
1. Deferred Deposits				
\$				
2. Escrow Deposits				
\$				
3. Organization Expense				
			*Historical Cost _____	
			Accum. Depreciation _____ Net	
\$				
4. Goodwill (Purchased Only)				
\$				
5. Investments Related to Resident Care (<i>itemize</i>)				
\$				
6. Loans to Owners or Related Parties (<i>itemize</i>)				
\$				
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)				
\$ 1,875				
			Capitalized Refinance Expense 1,875	
\$				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$ 1,875				
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$ 3,899,755				

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

Annual Report of Long-Term Care Facility

G. Balance Sheet (cont'd)

Name of Facility Apple Rehab Watertown		License No. 1082-C	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	493,532
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>)				\$	130,742
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	40,766
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>)				\$	817,371
Accrued PTO		247,137	Accrued Worker's Comp	187,156	
Accrued Pension		7,119	Accrued Professional Fee	4,688	
Accrued Expense Other		251,720	Exchange	32,265	
Payroll W/H		84,600	Exchange - Arlene Sheeh	2,685	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,482,410

* 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 Watertown		License No. 1082-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,482,410	
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>)				\$ 1,061,913	
Name and Address of Lender	Amount	Loan Date			
Brian J. Foley	1,061,913	Demand			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
Security Deposit					

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,061,913	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,544,323	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Watertown	1082-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			\$	473,577
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	896,164
6. Gain or Loss for Period			\$	(15,309)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	1,355,432
C. Total Reserves and Net Worth			\$	1,355,432
D. Total Liabilities, Reserves, and Net Worth			\$	3,899,755

H. Changes in Total Net Worth

Name of Facility Apple Rehab Watertown	License No. 1082-C	Report for Year Ended 9/30/2015	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	1,376,483
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	11,481,566
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	11,496,875
D. Net Income or Deficit			\$	(15,309)
E. Balance			\$	1,361,174
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>)			\$	5,742
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
Brian J. Foley		President	5,742	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	5,742
H. Balance at End of Period			\$	1,355,432
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility Apple Rehab Watertown	License No. 1082-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		