

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Orchard Grove Specialty Care Center	
Address (No. & Street, City, State, Zip Code) 5 Richard Brown Drive Uncasville, CT 06382	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2306-C	RHNS	(Specify)	Medicare Provider 07-5438
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Medicaid Provider Numbers:	CCNH 21064	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) Orchard Grove Specialty Care Center	License No. 2306-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 Orchard Grove Specialty Care Center [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)			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 Orchard Grove Specialty Care Center	Period Covered:	From 10/1/2014	To 9/30/2015	
Address of Facility 5 Richard Brown Drive Uncasville, CT 06382				
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) 848-8466		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Orchard Grove Specialty Care Center		Address (No. & Street, City, State, Zip) 5 Richard Brown Drive Uncasville, CT 06382		
License Numbers:	CCNH 2306-C	RHNS	(Specify)	Medicare Provider No. 07-5438
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 Peter Allen		Nursing Home Administrator's License No.:	001442	
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 Orchard Grove Specialty Care Center	License No. 2306-C	Report for Year Ended 9/30/2015	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated
Orchard Grove Specialty Care Center	5 Richard Brown Drive Uncasville, CT 06382	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	Business Address	Title	No. Shares Held by Each
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100

**General Information and Questionnaire
 Related Parties***

Name of Facility Orchard Grove Specialty Care Center	License No. 2306-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	840,000	840,000
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	668,886	668,886
Healthport Services	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10/13 Schedule	66,407	66,407
Allstar	21 Waterville Road Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>	15%	Therapy Services	Pg. 13 B5/B9/B10	669,743	614,154
Corporate Employee	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	14,646	14,646
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	148,352	148,352
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	18,915	18,915
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	523,043	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	43,140	

* 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 Orchard Grove Specialty Care Center		License No. 2306-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	12,694	
Marsh	PO Box 19636 Newark, NJ	X			Property, Liability, & Umbrella Insura	Pg. 27 14a	115,320	
Medstat	41 Northwest Dr. Plainville, CT	X		9%	Pharmacy	Pg. 13B3/Pg. 20 5a2	321,842	308,969
AIG	PO Box 10472 Newark, NJ	X			Worker's Compensation	Pg. 15 1a1	279,224	
Harvest Health Care Swallowing	21 Waterville Rd. Avon, CT	X		61%	Psychiatrist	Pg. 13 b8a	300	265
Diagnostics	21 Waterville Rd. Avon, CT	X		83%	Diagnostic Services	Pg. 20 5f	6,641	5,047
Bendan Foley	21 Waterville Rd. Avon, CT	X				##		
Ryan Vess	21 Waterville Rd. Avon, CT		X			##		

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

Orchard Grove
 Shared Employees
 Provider 1035-C
 Cost Year 09-30-15

41001 Salaries - Administrator

Journal Entry	Posting Date	Facility	Employee	Amount	Hours
Various	10/1/14 - 9/30/15	AHC	Allen	114,103.31	2,080.00
				114,103.31	2,080.00

41004 Salaries - Social Service

Journal Entry	Posting Date	Facility	Employee	Amount	Hours
158981	11/30/2014	Watch Hill	Lougee	(1,073.12)	(50.50)
				(1,073.12)	(50.50)

41006 Salaries - Maintenance

Journal Entry	Posting Date	Facility	Employee	Amount	Hours
153522	10/31/2014	Cromwell	Schyed	244.75	22.25
				244.75	22.25

41007 Salaries - Projects

Journal Entry	Posting Date	Facility	Employee	Amount	Hours
153514	10/31/2014	Westfield	Sakowski	456.32	25.00
				456.32	25.00

45001 Salaries - RN

Journal Entry	Posting Date	Facility	Employee	Amount	Hours
158135	11/30/2014	Mary Elizabeth	Christiansen	135.38	4.75
158983	11/30/2014	Chesterfields	Ernstoff	(408.35)	(16.50)
161321	1/31/2015	Mary Elizabeth	Christiansen	137.51	5.00
161446	2/28/2018	Mary Elizabeth	Christiansen	92.63	3.25
168635	4/30/2015	Healthport	Martinez	1,932.80	132.00
170842	5/31/2015	Healthport	Martinez	1,244.50	40.00
175264	7/31/2015	Healthport	Martinez	29.25	0.75
175269	8/31/2015	Healthport	Martinez	228.00	7.25
179027	9/30/2015	Healthport	Martinez	551.00	17.50
				3,942.72	194.00

45002 Salaries - LPN

Journal Entry	Posting Date	Facility	Employee	Amount	Hours
158135	11/30/2014	Mary Elizabeth	Hodges	(372.75)	(15.75)
161026	1/31/2015	Mary Elizabeth	Calo	(223.13)	(8.50)
161026	1/31/2015	Mary Elizabeth	Pointer	971.13	43.50
161231	2/28/2015	Mary Elizabeth	Pointer	118.57	5.25
				493.82	24.50

45003 Salaries - CNA

Journal Entry	Posting Date	Facility	Employee	Amount	Hours
161158	2/28/2015	Saybrook	Cambi	1,062.75	75.50
161168	3/31/2015	Saybrook	Cambi	114.80	8.00
				1,177.55	83.50

45017 Salaries - MDS

Journal Entry	Posting Date	Facility	Employee	Amount	Hours
160462	11/30/2014	Healthport	Herrick	1,751.00	51.50
160477	12/31/2014	Healthport	Herrick	646.00	19.00
163528	1/31/2015	Healthport	Herrick	569.50	16.75
161157	2/28/2015	Saybrook	Hartson	2,015.00	65
163548	3/31/2015	Healthport	Herrick	178.50	5.25
161167	3/31/2015	Saybrook	Hartson	558.00	18.00
				5,718.00	175.50

50001 Salaries - Dietician

Journal Entry	Posting Date	Facility	Employee	Amount	Hours
158982	11/30/2014	Saybrook	Iselin	(1,297.50)	(43.25)
158984	12/31/2014	Saybrook	Iselin	(1,500.00)	(50.00)
				(2,797.50)	(93.25)

50002 Salaries - Chefs, Cooks

Journal Entry	Posting Date	Facility	Employee	Amount	Hours
158868	11/30/2014	Watch Hill	Buck	91.63	8.50
161321	2/28/2015	Mary Elizabeth	Gardner	115.52	8.25
				207.15	16.75

50003 Salaries - Helpers, Dishwashers

Journal Entry	Posting Date	Facility	Employee	Amount	Hours
158135	11/30/2014	Mary Elizabeth	Gardner	122.40	9.00
158135	11/30/2014	Mary Elizabeth	Giuliano	92.70	9.00
161321	2/28/2015	Mary Elizabeth	Gardner	84.60	6.00
161321	2/28/2015	Mary Elizabeth	Syren	60.00	6.00
161446	3/31/2015	Liberty	Johnston	118.72	8.25
161446	3/31/2015	Liberty	Gavaza	76.00	8.00
161446	3/31/2015	Liberty	Johnston	231.12	15.75
				785.54	44.00

Total All Shared	123,258.54	2,521.75
Total Facility	113,554.99	2,148.75
Total Healthport	9,703.55	373.00

**Orchard Grove
Shared Employees - Healthport
Provider 1035-C
Cost Year 09-30-15**

45022 Salaries - RN

Journal Entry	Posting Date	Facility	Employee	Amount	Hours
152001	10/31/2014	Healthport	Martinez	3,796.75	97.50
152001	10/31/2014	Healthport	Henry	32.00	1.00
158135	11/30/2014	Healthport	Martinez	2,839.50	73.00
158634	12/31/2014	Healthport	Martinez	2,780.50	72.25
158634	12/31/2014	Healthport	Brine	672.00	16.00
158634	12/31/2014	Healthport	Herrick	518.50	15.25
161026	1/31/2015	Healthport	Martinez	1,563.00	40.50
161321	2/28/2015	Healthport	Martinez	792.00	20.00
161446	3/31/2015	Healthport	Martinez	1,586.50	41.75
Indirect Allocation				5,222.74	0.00

19,803.49	377.25
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45023 Salaries - LPN

Journal Entry	Posting Date	Facility	Employee	Amount	Hours
152001	10/31/2014	Healthport	Shea	262.50	8.75
158135	11/30/2014	Healthport	Lawal	262.50	8.75
		Indirect Allocation		244.06	0.00
				769.06	17.50

Total Healthport 20,572.55 394.75

**Orchard Grove
Corporate Employees
Cost Year 09-30-15**

41003 - Accounting

Source	Facility	Employee	Amount	Hours
Allocate Billing Uni	AHC		10,848.00	538.00
Allocate Payroll	AHC		3,798.00	121.00
			14,646.00	659.00

Grand Total 14,646.00 659.00

Orchard Groves
 Shared Employee
 Cost Year End 9/30/15

Employee Number	Last Name	First Name	Home Facility	Worked Facility	GL Code
29970144	CONEY	CECILIA	9 Colchester	10 Orchard Grove	910-41003
29970144	Swap	Stephanie	27 Saybrook	10 Orchard Grove	910-41003
29970160	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970160	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970160	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970160	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970160	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970160	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970154	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970154	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970154	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970154	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970154	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970154	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970154	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970154	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970154	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970154	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970154	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970154	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970154	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970154	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970154	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970154	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970154	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970710	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970710	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970710	Martinez	Era	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970710	Oatley	Cynthia	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970064	Oatley	Cynthia	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970064	Oatley	Cynthia	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970064	Oatley	Cynthia	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970064	Oatley	Cynthia	29 Healthport Srvcs	10 Orchard Grove	910-45001
29970770	Perrotti	Kathleen	29 Healthport Srvcs	10 Orchard Grove	910-45001
10048303	ERNSTOFF	ELISA	10 Orchard Grove	24 Chesterfields	924-45001

29970144	Chapman	Maura	29 Healthport Srvcs	10 Orchard Grove	910-45002
29970144	Chapman	Maura	29 Healthport Srvcs	10 Orchard Grove	910-45002
29970144	Chapman	Maura	29 Healthport Srvcs	10 Orchard Grove	910-45002
29970144	Chapman	Maura	29 Healthport Srvcs	10 Orchard Grove	910-45002
29970144	Downey	Elizabeth	29 Healthport Srvcs	10 Orchard Grove	910-45002
29970229	LaCoss	Gail	29 Healthport Srvcs	10 Orchard Grove	910-45002
29970770	Patsas	Jane	29 Healthport Srvcs	10 Orchard Grove	910-45002
10047763	CALO	YVETTE	10 Orchard Grove	5 Mystic	905-45002
10047763	CALO	YVETTE	10 Orchard Grove	5 Mystic	905-45002
10047763	CALO	YVETTE	10 Orchard Grove	5 Mystic	905-45002
10048307	HODGES	ANDREA	10 Orchard Grove	5 Mystic	905-45002
10048307	HODGES	ANDREA	10 Orchard Grove	5 Mystic	905-45002
10048307	HODGES	ANDREA	10 Orchard Grove	5 Mystic	905-45002
10048307	HODGES	ANDREA	10 Orchard Grove	5 Mystic	905-45002
10048307	HODGES	ANDREA	10 Orchard Grove	5 Mystic	905-45002
10048307	HODGES	ANDREA	10 Orchard Grove	5 Mystic	905-45002
10048307	HODGES	ANDREA	10 Orchard Grove	5 Mystic	905-45002
10048307	HODGES	ANDREA	10 Orchard Grove	5 Mystic	905-45002
10048307	HODGES	ANDREA	10 Orchard Grove	5 Mystic	905-45002
10048307	HODGES	ANDREA	10 Orchard Grove	5 Mystic	905-45002

29970144	Cambi	Melida	27 Saybrook	10 Orchard Grove	910-45003
29970144	Cambi	Melida	27 Saybrook	10 Orchard Grove	910-45003
29970144	Cambi	Melida	27 Saybrook	10 Orchard Grove	910-45003
29970144	Cambi	Melida	27 Saybrook	10 Orchard Grove	910-45003
29970144	Cambi	Melida	27 Saybrook	10 Orchard Grove	910-45003
29970144	Cambi	Melida	27 Saybrook	10 Orchard Grove	910-45003
29970144	Cambi	Melida	27 Saybrook	10 Orchard Grove	910-45003
29970144	Cambi	Melida	27 Saybrook	10 Orchard Grove	910-45003
29970144	Cambi	Melida	27 Saybrook	10 Orchard Grove	910-45003
29970144	Cambi	Melida	27 Saybrook	10 Orchard Grove	910-45003
29970144	Cambi	Melida	27 Saybrook	10 Orchard Grove	910-45003
29970144	Cambi	Melida	27 Saybrook	10 Orchard Grove	910-45003
29970144	Cambi	Melida	27 Saybrook	10 Orchard Grove	910-45003
29970144	Cambi	Melida	27 Saybrook	10 Orchard Grove	910-45003
29970144	Cambi	Melida	27 Saybrook	10 Orchard Grove	910-45003
29970144	Cambi	Melida	27 Saybrook	10 Orchard Grove	910-45003

29970144	Herrick	Holly	29 Healthport Srvcs	10 Orchard Grove	910-45017
29970144	Herrick	Holly	29 Healthport Srvcs	10 Orchard Grove	910-45017
29970144	Herrick	Holly	29 Healthport Srvcs	10 Orchard Grove	910-45017
29970144	Hartson	Janet	27 Saybrook	10 Orchard Grove	910-45017
29970144	Herrick	Holly	29 Healthport Srvcs	10 Orchard Grove	910-45017

29970144 Herrick Holly 29 Healthport Srvcs 10 Orchard Grove 910-45017

GL Description	PayDate	Hours	Dollars
Salaries - Accounting - JobTitle = A/R Coordinator	6/11/2015	8.00	202.00
Salaries - Accounting - JobTitle = HR / A/P Coordinator	6/11/2015	2.50	31.63
Total		10.50	233.63
Salaries - R.N. (CCNH) - JobTitle = RN SNF	3/19/2015	27.25	860.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	3/26/2015	8.50	323.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/2/2015	4.50	171.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/9/2015	20.75	788.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/23/2015	18.00	684.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/30/2015	15.50	589.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/14/2015	39.75	1,510.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/21/2015	35.75	1,358.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/28/2015	39.75	1,510.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/4/2015	38.25	1,610.25
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/11/2015	56.25	1,332.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/18/2015	86.25	2,082.65
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/25/2015	78.25	1,385.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/2/2015	56.25	1,009.25
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/9/2015	49.50	718.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/16/2015	31.75	655.25
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/23/2015	91.25	1,744.47
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/30/2015	68.00	1,248.75
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/6/2015	101.75	1,965.78
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/13/2015	32.50	675.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/20/2015	65.25	1,325.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/27/2015	30.25	567.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/3/2015	59.75	1,423.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/10/2015	48.75	1,139.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/17/2015	31.50	824.75
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/24/2015	73.00	1,357.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/2/2015	26.25	486.25
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/9/2015	89.25	1,190.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/23/2015	50.00	711.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/30/2015	57.50	776.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/13/2015	19.25	277.42
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/24/2015	3.00	111.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/18/2015	(13.00)	(154.75)
Total		#####	#####

Salaries LPN - JobTitle = LPN SNF	7/30/2015	26.25	552.75
Salaries LPN - JobTitle = LPN SNF	8/6/2015	16.00	264.00
Salaries LPN - JobTitle = LPN SNF	8/13/2015	34.00	561.00
Salaries LPN - JobTitle = LPN SNF	8/20/2015	12.00	318.63
Salaries LPN - JobTitle = LPN SNF	9/24/2015	19.75	343.25
Salaries LPN - JobTitle = LPN SNF	6/18/2015	8.50	255.00
Salaries LPN - JobTitle = LPN SNF	9/3/2015	19.00	313.50
Salaries LPN - JobTitle = LPN SNF	8/13/2015	24.00	(298.00)
Salaries LPN - JobTitle = LPN SNF	8/20/2015	16.00	(218.00)
Salaries LPN - JobTitle = LPN SNF	9/24/2015	8.50	(223.13)
Salaries LPN - JobTitle = LPN SNF	3/26/2015	8.25	(189.75)
Salaries LPN - JobTitle = LPN SNF	4/30/2015	17.00	(204.00)
Salaries LPN - JobTitle = LPN SNF	5/14/2015	24.25	(370.75)
Salaries LPN - JobTitle = LPN SNF	5/21/2015	8.00	(184.00)
Salaries LPN - JobTitle = LPN SNF	6/11/2015	17.00	(391.00)
Salaries LPN - JobTitle = LPN SNF	6/18/2015	16.75	(146.25)
Salaries LPN - JobTitle = LPN SNF	6/25/2015	16.00	(192.00)
Salaries LPN - JobTitle = LPN SNF	7/2/2015	2.50	(30.00)
Salaries LPN - JobTitle = LPN SNF	7/9/2015	16.50	(198.00)
Total		310.25	(36.75)

Salaries - Aides - JobTitle = CNA SNF	3/19/2015	22.75	231.49
Salaries - Aides - JobTitle = CNA SNF	3/26/2015	16.50	128.70
Salaries - Aides - JobTitle = CNA SNF	4/30/2015	32.50	358.30
Salaries - Aides - JobTitle = CNA SNF	5/7/2015	42.00	377.30
Salaries - Aides - JobTitle = CNA SNF	5/14/2015	57.50	275.91
Salaries - Aides - JobTitle = CNA SNF	5/21/2015	22.75	228.22
Salaries - Aides - JobTitle = CNA SNF	5/28/2015	32.50	357.58
Salaries - Aides - JobTitle = CNA SNF	6/4/2015	48.50	376.22
Salaries - Aides - JobTitle = CNA SNF	6/11/2015	47.50	366.88
Salaries - Aides - JobTitle = CNA SNF	6/25/2015	31.50	241.70
Salaries - Aides - JobTitle = CNA SNF	7/2/2015	50.25	387.64
Salaries - Aides - JobTitle = CNA SNF	7/9/2015	32.00	299.00
Salaries - Aides - JobTitle = CNA SNF	7/16/2015	32.50	253.50
Salaries - Aides - JobTitle = CNA SNF	8/13/2015	24.75	134.89
Salaries - Aides - JobTitle = CNA SNF	9/10/2015	49.00	374.08
Salaries - Aides - JobTitle = CNA SNF	9/24/2015	31.00	238.06
Total		573.50	4,629.47

Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	4/2/2015	9.50	243.00
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	4/9/2015	7.00	238.00
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	5/7/2015	6.75	229.50
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	7/30/2015	1.25	19.56
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	9/17/2015	5.75	195.50

Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR 9/24/2015 6.00 204.00
Total 36.25 1,129.56

Total	#####	#####
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General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Orchard Grove Specialty Care Center	License No. 2306-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 Orchard Grove Specialty Care Center			License No. 2306-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"/>							
							Total ***		

Is a Mileage Log Book Maintained for All Leased Vehicles ? Yes 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 Orchard Grove Specialty Care Cent	License No. 2306-C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

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

1 Preparation of audited financials (dissallow Pg. 28)	\$ 6,295
2 Preparation of tax returns	\$ 2,025
3	\$
4	\$
	Charge for Services Provided
	\$ 8,320

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 Summa & Ryan 2 Law Offices of Jason G. DeGenaro 3 Clerk of the Superior Court 4 5	Telephone Number
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Address (<i>No. & Street, City, State, Zip Code</i>) 1 228 Meadow St. Waterbury, CT 06710 2 29 Water St. Guilford, CT 06437 3 P.O. Box 972 Norwich, CT 06060 4 5

Services Provided by This Firm (*describe fully*)

1 Legal Advice	\$ 5,933
2 Collections	\$ 1,538
3 Probate	\$ 1,120
4	\$
5	\$
	Charge for Services Provided
	\$ 8,591

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 Orchard Grove Specialty Care Center			License No. 2306-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	130	130			130	130			130	130			
B. On last day of THIS report period	130	130			130	130			130	130			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	119	119			119	119			119	119			
B. As of midnight of THIS report period	111	111			111	111			111	111			
3. Total Number of Days Care Provided During Period													
A. Medicare	4,138	4,138			3,228	3,228			910	910			
B. Medicaid (Conn.)	32,037	32,037			24,130	24,130			7,907	7,907			
C. Medicaid (other states)													
D. Private Pay	5,971	5,971			4,260	4,260			1,711	1,711			
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	42,146	42,146			31,618	31,618			10,528	10,528			
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)	42,146	42,146			31,618	31,618			10,528	10,528			

Schedule of Resident Statistics (Cont'd)

Name of Facility Orchard Grove Specialty Care Center	License No. 2306-C	Report for Year Ended 9/30/2015	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes 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		CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	10		85		16				
Per Diem Rate									
a. One bed rm.					432.00				
b. Two bed rms.	Various Rug Rates		225.45		410.00				
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	4,436	4,436		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	12,458	12,458		
D. Total Physical Therapy Treatments	16,894	16,894		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	1,181	1,181		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	1,263	1,263		
D. Total Speech Therapy Treatments	2,444	2,444		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	3,033	3,033		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	10,738	10,738		
D. Total Occupational Therapy Treatments	13,771	13,771		

Report of Expenditures - Salaries & Wages

Name of Facility Orchard Grove Specialty Care Center	License No. 2306-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)	113,017	2,030				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	46,915	3,459				
5. Dietary Service						
a. Head Dietitian	44,072	1,496				
b. Food Service Supervisor	43,698	2,044				
c. Dietary Workers	275,510	28,321				
6. Housekeeping Service						
a. Head Housekeeper	13,020	675				
b. Other Housekeeping Workers	113,372	12,406				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	87,047	4,520				
8. Laundry Service						
a. Supervisor	33,750	1,629				
b. Other Laundry Workers	69,699	7,460				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	117,999	6,017				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	173,557	4,241				
b. RN						
1. Direct Care	694,401	34,549				
2. Administrative**	194,516	6,355				
c. LPN						
1. Direct Care	830,609	48,879				
2. Administrative**						
d. Aides and Attendants	1,448,079	157,641				
e. Physical Therapists	18,995	1,175				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	111,544	6,747				
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	120,635	5,924				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	4,550,434	335,567				

* 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	
Orchard Grove Specialty Care Center				2306-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	
Orchard Grove Specialty Care Center				2306-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***										
Peter Allen	113,017				Administrator 10/1/14 - 9/30/15	2,030	A2			
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		
Orchard Grove Specialty Care Center	2306-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	14,061	159				
3. Pharmacist	9,125	61				
4. Podiatrist	222	3				
5. Physical Therapy						
a. Resident Care	302,771	4,224				
b. Other						
6. Social Worker	1,600	13				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	74,400	317				
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) Eye Doctor/Audiologist	567	6				
9. Speech Therapist						
a. Resident Care	134,903	611				
b. Other						
10. Occupational Therapist						
a. Resident Care	238,710	3,443				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	19,803	377				
2. Administrative***						
b. LPN						
1. Direct Care	769	18				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	1,925	19				
B-13 Total Fees Paid in Lieu of Salaries	798,856	9,250				

* 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 Orchard Grove Specialty Care Center		License No. 2306-C	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Allstar Therapy 21 Waterville Rd. Avon, CT	Therapy Services	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Healthport Services 21 Waterville Rd. Avon, CT	Employee Staffing	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Medstat 41 Northwest Dr. Plainville, CT	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Harvest HealthCare 21 Waterville Rd. Avon, CT	Psychiatrist	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Joseph Allesandro PO Box 6 Pomfret Center, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Andrea Gutierrez-Purcell 272 Allen Hill Rd. Brooklyn, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Clifford Stirba 7 Cuprak Rd. Norwich, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Dental 1 Prestige Dr. Meriden, CT	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive 888 Worcester St Wellesly, MA	Audiologist/Eye Care	<input type="radio"/>	<input checked="" type="radio"/>		
CT Podiatry 330 Washington St. Norwich, CT	Podiatrist	<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"/>		

* 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
Orchard Grove Specialty Care Center	2306-C	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 279,224	279,224		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 138,436	138,436		
4. Social Security (F.I.C.A.)	\$ 325,325	325,325		
5. Health Insurance	\$ 395,077	395,077		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 12,694	12,694		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 18,915	18,915		
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*	\$ 395,955	395,955		
d. Accounting and Auditing	\$ 8,320	8,320		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 8,591	8,591		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 21,889	21,889		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 26,289	26,289		
2. Cellular Phones	\$ 102	102		
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	\$ 799,076	799,076		
Subtotal	\$ 2,429,892	2,429,892		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Orchard Grove Specialty Care Center	2306-C	9/30/2015	16	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		2,429,892	2,429,892		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$	20,697	20,697		
2. Holiday Parties for Staff	\$	4,439	4,439		
3. Gifts to Staff and Residents	\$	12,269	12,269		
4. Employee Travel	\$	10,613	10,613		
5. Education Expenses Related to Seminars and Conventions	\$	2,887	2,887		
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>)	\$	318	318		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)***	\$	11,929	11,929		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$	7,444	7,444		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	1,420	1,420		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$	9,728	9,728		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	520	520		
9. Subscriptions	\$	610	610		
10. Contributions***	\$				
See Attached Schedule					
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$	668,886	668,886		
13. Other (<i>Specify</i>)	\$	93,130	93,130		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	3,274,782	3,274,782		

* 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	\$ 11,929		
Total Other Advertising	\$ 11,929	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 8,850		
ACHCA	\$ 310		
Norwich Rotary Club	\$ 130		
ALTCFM	\$ 88		
Russell Phillips & Assoc (LTC-MAP)	\$ 350		
Total Dues	\$ 9,728	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Corporate Fees - Non Reimbursable	\$ 52,152		
Licenses & Fees	\$ 7,518		
Pre Employment Screening	\$ 17,494		
Point Click Care Fees	\$ 12,690		
Bank Charges	\$ 30		
Resident Expenses	\$ 710		
Prior Period Adjustments	\$ 2,535		
Total Other Administrative and General	\$ 93,130	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Orchard Grove Specialty Care Center	License No. 2306-C	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Apple Health Care, Inc.	668,886	Accounting & Managerial Services	Pg. 16 m12

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

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

Name of Facility Orchard Grove Specialty Care Center		License No. 2306-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	\$	280,000	280,000		
2. Non-Food Supplies	\$	45,569	45,569		
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
	\$	974	974		
c. Management Services**					
	\$				
d. Other (Specify) _____					
	\$				
2E. Total Dietary Expenditures (2a + b + c + d)		\$	326,543	326,543	
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*		346	346		
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 Orchard Grove Specialty Care Center		License No. 2306-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. \$	15,866	15,866	
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. \$	17,171	17,171	
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)		\$	33,037	33,037	
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	
Orchard Grove Specialty Care Center	2306-C	9/30/2015	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced	36,318	36,318		
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	52,488	52,488		
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. \$				
c. Management Services*		\$			
d. Other (<i>Specify</i>)		\$			
4E. Total Housekeeping Expenditures (4a + b + c + d)		\$ 52,488	52,488		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	246,725	246,725		
Medstat/West River Pharmacy					
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	308,855	308,855		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	22,510	22,510		
f. X-rays and Related Radiological Procedures***	\$	18,242	18,242		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	25,034	25,034		
i. Recreation	\$	26,605	26,605		
j. Other (Specify)****	\$	82,161	82,161		
See Attached Schedule					
5K. Total Resident Care Expenditures (5a - 5j)		\$ 730,131	730,131		

* 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	\$ 7,294		
Rehab Service Supplies	\$ 11,329		
IV Therapy Supplies	\$ 63,538		
Social Service Supplies	\$ -		
Total Other Resident Care	\$ 82,161	\$ -	\$ -

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

Name of Facility Orchard Grove Specialty Care Center			License No. 2306-C		Report for Year Ended 9/30/2015				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
CWPM	25 Norton Place Plainville, CT	<input type="radio"/>	<input checked="" type="radio"/>		Refuse Removal	17,610			22	6f
Perfectemp	125 Robert Jackson Way Unit A Plainville, CT	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	19,454			22	6a
Onyx Enterprises, LLC	99 Sharp Hill Rd Uncasville, CT	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping/Snow Removal	20,793			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"/>							
		<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
Orchard Grove Specialty Care Center	2306-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 153,544	153,544				
b. Heat	\$ 44,792	44,792				
c. Light & Power	\$ 90,270	90,270				
d. Water	\$ 45,983	45,983				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 22,642	22,642				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 357,231	357,231				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 63	63				
d. Movable Equipment	\$ 32,985	32,985				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 33,048	33,048				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 16,346	16,346				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 16,346	16,346				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 840,000	840,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 77,161	77,161				
c. Personal property taxes	\$ 6,661	6,661				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 973,215	973,215				

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

Orchard Grove Specialty Care Center
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:				
4/23/2015	Walk in Freezer Compressor	\$ 1,975	10	\$ 63
Total additions for Non-Movable Equipment		\$ 1,975		\$ 63 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
9/9/2014	20 Kiosks Clinical Care	\$ 28,608	5	\$ 6,590
10/14/2014	Cisco Wireless Control	\$ 2,161	5	\$ 540
12/31/2014	2 Mattress Frames	\$ 3,561	12	\$ 371
1/1/2015	Broda Petal Chair	\$ 1,300	10	\$ 49
1/8/2015	Monitors & Towers	\$ 1,514	5	\$ 113
3/19/2015	2 Mattresses	\$ 4,948	5	\$ 337
3/19/2015	Scale with Handrails & Chair	\$ 2,767	10	\$ 94
3/19/2015	Payroll System - Time Clocks	\$ 2,429	10	\$ 83
4/30/2015	Install Wireless Network Controllers	\$ 354	5	\$ 22
6/4/2015	Install Wireless Network Controllers	\$ 177	5	\$ 10
7/17/2015	Ice Machine	\$ 2,673	10	\$ 61
		\$ 50,492		\$ 8,270 *
Total additions for Movable Equipment				
Deletions:				
9/30/2015	2 Photocopiers	\$ (19,111)		0
		\$ (19,111)		\$ - **
Total deletions for Movable Equipment				

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Schedule of Leasehold Improvements Acquired during this report period				
Additions:				
12/10/2014	Heat Pump/Circulator System	2207.3	10	275.88
1/23/2015	Actuator Transformer Replacement	1102	10	40.46
2/18/2015	Hot Water Tank Repair	2820	20	50.12
2/20/2015	Controls Upgrade HVAC	13688.61	10	485.48
7/6/2015	Install New A/C Motor & Fan Blade	1148	5	55.81
		\$ 20,966		\$ 908 *
Total additions for Leasehold Improvement				
Deletions:				
		\$ -		\$ - **
Total deletions for Leasehold Improvement				

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Orchard Grove Specialty Care Center			2306-C		9/30/2015			24	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	Var	Var		286,996	155,532	A		15,438	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var	Var		20,966		A		908	
C-4. Subtotal									16,346
D. Total Amortization									16,346

* 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 Orchard Grove Specialty Care Center	License No. 2306-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		130		
6. Square Footage		36,318		
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed		See Attached		
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

CT Medicaid Cost Report Attachment Page 25

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

Note: The following facilities are collateralized by this mortgage.

Connecticut Facilities

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

Out of State Facilities

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

6 Month extension

extension to 10/13/15

2.08%

6 month

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

Name of Facility	License No.	Report for Year Ended	Page	of
Orchard Grove Specialty Care Center	2306-C	9/30/2015	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Orchard Grove Specialty Care Cen		2306-C		9/30/2015		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) Value Settlement/Town of Montville				\$ 5,184	5,184		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 5,184	5,184		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 115,320	115,320		
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)				\$ 115,320	115,320		
15. Total All Expenditures (A-13 thru C-14)				\$ 11,217,221	11,217,221		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Orchard Grove Specialty Care Center				2306-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	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 238,710	238,710		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 395,955	395,955		
10.	15	1d/e	Accounting & Legal	\$ 14,885	14,885		
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 *	\$ 11,929	11,929		
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	\$ 68,218	68,218		
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 220	220		
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)				\$ 729,918	729,918		

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

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	\$ 52,152		
16	1.3	Employee Recognition/Gifts/Parties	\$ 12,269		
16	8a	Chamber of Commerce	\$ 520		
16	m13	Bank Charges	\$ 30		
16	m13	Resident Expenses	\$ 710		
16	m13	Prior Period Adjustments	\$ 2,537		
Total Other A&G Adjustments			\$ 68,218	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Orchard Grove Specialty Care Center				2306-C	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 729,918	729,918		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 246,725	246,725		
28.	16	L1	Ambulance/Limousine	\$ 20,697	20,697		
29.	20	h	X-rays, etc	\$ 18,242	18,242		
30.	20	f	Laboratory	\$ 25,034	25,034		
31.			Medical Supplies	\$			
32.	20	500	Oxygen (non emergency)	\$ 4,820	4,820		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 63,538	63,538		
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	\$ 23	23		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 5,483	5,483		
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)			\$ 1,114,480	1,114,480		

*** 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.

Orchard Grove Specialty Care Center
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ 63,538		
20	5j	Rehab Service Supplies	\$ -		
Total Other Ancillary Costs			\$ 63,538	\$ -	\$ -

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	Interst on Value Term Note	\$ 1,947		
27	12D	Interst on Poperty Taxes (Town of Montville)	\$ 3,237		
Var	Var	Outpatient Therapy Services	\$ 298		
Total Other Adjustments			\$ 5,483	\$ -	\$ -

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
Orchard Grove Specialty Care Center	2306-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>)	\$ 7,297,318	7,297,318				
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>)	\$ 1,672,807	1,672,807				
b. Medicare Room and Board Contractual Allowance **	\$ 543,073	543,073				
4. a. Private-Pay Residents and Other	\$ 2,349,133	2,349,133				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 164,183	164,183				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (164,183)	(164,183)				
c. Prescription Drugs - Non-Medicare	\$ 50,763	50,763				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (50,763)	(50,763)				
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	\$ 517,708	517,708				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (366,746)	(366,746)				
c. Physical Therapy - Non-Medicare	\$ 73,570	73,570				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (73,570)	(73,570)				
4. a. Speech Therapy - Medicare	\$ 105,612	105,612				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (53,928)	(53,928)				
c. Speech Therapy - Non-Medicare	\$ 4,374	4,374				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (4,374)	(4,374)				
5. a. Occupational Therapy - Medicare	\$ 545,854	545,854				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (413,133)	(413,133)				
c. Occupational Therapy - Non-Medicare	\$ 73,845	73,845				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (73,935)	(73,935)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 117	117				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 12,197,725	12,197,725				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 220	220				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 23	23				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 67	67				
V. Total Other Revenue (1 thru 8)	\$ 310	310				
VI. Total All Revenue (III +V)	\$ 12,198,035	12,198,035				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30	Oxygen - Private	\$ 117		
Total Other Resident Revenue		\$ 117	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV5	Interest Income	2,179,294	\$ 23		
Total Interest Income			\$ 23	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30	Copies of Medical Records	\$ 67		
Total Other Revenue		\$ 67	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Orchard Grove Specialty Care Center	2306-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,441
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,179,294
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	21,659
5. Prepaid Expenses			\$	46,244
a. Prepaid Insurance	15,108			
b. Prepaid Property Tax	24,670			
c. Prepaid Other	6,465			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	208,564
Due Affiliate (Debit Balance)	208,564			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,457,202
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>307,961</u>		\$	136,084
	Accum. Depreciation <u>171,878</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>8,876</u>		\$	1,912
	Accum. Depreciation <u>6,964</u>	Net		
6. Movable Equipment	*Historical Cost <u>380,605</u>		\$	142,982
	Accum. Depreciation <u>237,623</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	347,229
Construction in Progress	347,229			
Fixed Asset Clearing Account				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	628,207

* 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 Orchard Grove Specialty Care Center	License No. 2306-C	Report for Year Ended 9/30/2015	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	3,085,409
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

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

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,675
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	3,087,084

* 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	License No.	Report for Year Ended	Page	of
Orchard Grove Specialty Care Center	2306-C	9/30/2015	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	508,745
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>)			\$	141,593
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	51,861
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>)			\$	571,692
Accrued PTO	139,886	Accrued Worker's Comp	192,384	
Accrued Pension	4,674	Accrued Professional Fee	5,909	
Accrued Expense Other	219,401			
Payroll W/H	9,438			
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	1,273,890

* 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 Orchard Grove Specialty Care Center	License No. 2306-C	Report for Year Ended 9/30/2015		Page 34	of 37
Account				Amount	
Total Brought Forward:				1,273,890	
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>)				\$ 916,547	
Name and Address of Lender	Amount	Loan Date			
Brian J. Foley	916,547	Demand			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
Security Deposit					

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 916,547	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,190,437	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Orchard Grove Specialty Care Center	2306-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			\$	(3,610,666)
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	3,526,499
6. Gain or Loss for Period			\$	980,814
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	896,648
C. Total Reserves and Net Worth			\$	896,648
D. Total Liabilities, Reserves, and Net Worth			\$	3,087,084

H. Changes in Total Net Worth

Name of Facility Orchard Grove Specialty Care Center	License No. 2306-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			\$	1,122,620
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	12,198,035
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	11,217,221
D. Net Income or Deficit			\$	980,814
E. Balance			\$	2,103,434
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>)			\$	1,206,786
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
Brian Foley		President	1,200,000	
Brian Foley		President	6,786	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	1,206,786
H. Balance at End of Period			\$	896,648
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility Orchard Grove Specialty Care Center	License No. 2306-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	

Error Check

Level	Item	Reported as	
	Page 22 - Non-Movable Depreciation	63	is inconsistent with Page 23 63
	Page 23 - Historical Cost of Non-Movable Eq.	8,876	is inconsistent with Page 31 8,876
	Page 23 - Accumulated Dep. of Non-Movable Eq.	6,964	is inconsistent with Page 31 6,964
-	Page 35 - Total Liabilities, Reserves and Net Worth	3,087,084	Total Assets 3,087,084