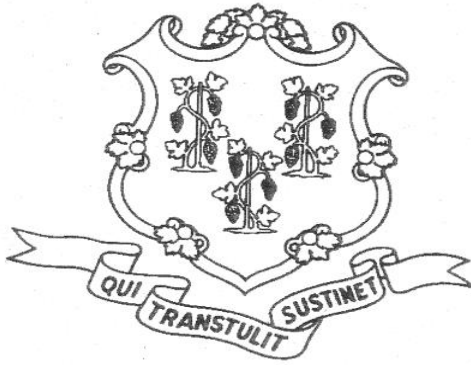


# State of Connecticut



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

Name of Facility (as licensed) Apple Rehab Guilford	
Address (No. & Street, City, State, Zip Code) 10 Boston Post Road Guilford, CT 06437	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 1068-C	RHNS	(Specify)	Medicare Provider 07-5144
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Medicaid Provider Numbers:	CCNH 210686	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 Guilford	License No. 1068-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 Guilford [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) Amy Welch			Printed Name (Owner) Brian J. Foley		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Apple Rehab Guilford		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 10 Boston Post Road Guilford, CT 06437				
Report Prepared By Apple Health Care, Inc.		Phone Number (860) 678-9755	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility (203) 453-3725		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Apple Rehab Guilford		Address (No. & Street, City, State, Zip) 10 Boston Post Road Guilford, CT 06437		
License Numbers:	CCNH 1068-C	RHNS	(Specify)	Medicare Provider No. 07-5144
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Amy Welch		Nursing Home Administrator's License No.:	1908	
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 Guilford	License No. 1068-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 Guilford	Business Address 10 Boston Post Road Guilford, CT 06437	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 Guilford	License No. 1068-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	463,075	463,075
Healthport Services	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg.10/13 Schedule	59,367	59,367
Allstar	21 Waterville Road Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>	15%	Therapy Services	Pg. 13 B5/B9/B10	468,299	429,431
Corporate Employee	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	12,591	12,591
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	107,946	107,946
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	19,692	19,692
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	408,513	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	32,237	

\* 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 Guilford	License No. 0	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	9,014	
Marsh	PO Box 19636 Newark, NJ	X			Property, Liability, & Umbrella Insurance	Pg. 27 14a	98,388	
Medstat	41 Northwest Dr. Plainville, CT	X		9%	Pharmacy	Pg. 13B3/Pg. 20 5a2	209,032	200,671
AIG	PO Box 10472 Newark, NJ	X			Worker's Compensation	Pg. 15 1a1	165,517	
Swallowing Diagnostics	21 Waterville Rd. Avon, CT	X		83%	Diagnostic Services	Pg. 20 5f	4,320	3,283
Brendan Foley	21 Waterville Rd. Avon, CT	X				##		
Ryan Vess	21 Waterville Rd. Avon, CT		X			##		

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

**Fowler Nursing Center  
 Shared Employees  
 Provider 1068-C  
 Cost Year 2015**

**41001- Salaries Administrator**

<b>Source</b>	<b>Facility</b>	<b>Employee</b>	<b>Amount</b>	<b>Hours</b>
Optimum	Corporate	Welch	42,119.31	960.00
Smartlinks	Corporate	Welch	51,164.74	1,120.00
			<b>93,284.05</b>	<b>2,080.00</b>

**41003- Salaries Accounting**

<b>Source</b>	<b>Facility</b>	<b>Employee</b>	<b>Amount</b>	<b>Hours</b>
Payroll	Corporate		10,059.00	444.00
Billing	Corporate		2,532.00	81.00
			<b>12,591.00</b>	<b>525.00</b>

**41004- Salaries Social Service**

<b>Source</b>	<b>Facility</b>	<b>Employee</b>	<b>Amount</b>	<b>Hours</b>
1/31/2015	Coccoma	Wisniowski	128.54	5.25
1/31/2015	Coccoma	Wisniowski	140.42	5.50
2/28/2015	Coccoma	Wisniowski	153.18	6.00
2/28/2015	Coccoma	Wisniowski	261.69	10.25
			<b>683.83</b>	<b>27.00</b>

**41006- Salaries Maintenance**

<b>Source</b>	<b>Facility</b>	<b>Employee</b>	<b>Amount</b>	<b>Hours</b>
10/31/2014	Ridgeview	Scheyd	41.25	3.75
			<b>41.25</b>	<b>3.75</b>

**41007- Salaries Projects**

<b>Source</b>	<b>Facility</b>	<b>Employee</b>	<b>Amount</b>	<b>Hours</b>
10/31/2014	Westfield	Sakowski	59.31	3.25
			<b>59.31</b>	<b>3.25</b>

**45001 - Salaries RN**

<b>Source</b>	<b>Facility</b>	<b>Employee</b>	<b>Amount</b>	<b>Hours</b>
11/30/2014	Watrous	Hoey	(231.00)	(8.25)
1/31/2015	Watrous	Hoey	(289.00)	(8.50)
3/31/2015	Watrous	Hoey	(270.00)	(8.50)
3/31/2015	Watrous	Hoey	(264.00)	(8.25)
			<b>(1,054.00)</b>	<b>(33.50)</b>

**45002 - Salaries - LPN**

Source	Facility	Employee	Amount	Hours
11/30/2014	Laurel Woods	S. White	204.00	8.00
5/31/2015	Healthport	J. Patsas	512.50	24.25
7/31/2015	Healthport	J. Patsas	24.25	1.00
8/31/2015	Healthport	M. Chapman	23.25	0.75
			<b>764.00</b>	<b>34.00</b>

**45003 - Salaries - CNA**

Source	Facility	Employee	Amount	Hours
10/31/2014	Laurel Woods	Brooke Beale	(558.94)	(45.25)
10/31/2014	Laurel Woods	Tiffanie Brantley	1,583.61	119.50
10/31/2014	Laurel Woods	M. Yusof	1,108.63	99.00
11/30/2014	Laurel Woods	O. Hunte	477.31	36.25
11/30/2014	Laurel Woods	Tiffanie Brantley	160.16	8.00
11/30/2014	Laurel Woods	M. Yusof	612.88	45.50
11/30/2014	Laurel Woods	Brooke Beale	(368.75)	(29.50)
12/31/2014	Laurel Woods	D. Neepaye	270.66	14.00
12/31/2014	Laurel Woods	O. Hunte	685.70	51.75
12/31/2014	Laurel Woods	Nicole James	627.25	41.75
12/31/2014	Laurel Woods	Tiffanie Brantley	452.23	28.00
12/31/2014	Laurel Woods	M. Yusof	658.00	48.00
12/31/2014	Laurel Woods	M. Chauca	417.75	28.50
12/31/2014	Laurel Woods	J. Rivera	96.00	8.00
12/31/2014	Laurel Woods	Brooke Beale	(441.75)	(30.75)
1/31/2015	Laurel Woods	Brooke Beale	(434.00)	(28.25)
1/31/2015	Laurel Woods	O. Hunte	106.00	8.00
1/31/2015	Laurel Woods	Nicole James	278.00	20.00
1/31/2015	Laurel Woods	Tiffanie Brantley	420.56	28.00
1/31/2015	Laurel Woods	M. Yusof	1,010.19	77.25
1/31/2015	Laurel Woods	M. Chauca	144.00	8.00
1/31/2015	Laurel Woods	J. Rivera	119.25	6.00
2/28/2015	Laurel Woods	Tiffanie Brantley	99.12	6.00
3/31/2015	Laurel Woods	Tiffanie Brantley	90.12	6.00
			<b>7,613.98</b>	<b>553.75</b>

**45017- Salaries MDS Coordinator**

Source	Facility	Employee	Amount	Hours
10/31/2014	Watrous	K. Barcewicz	(281.79)	(9.00)
10/31/2014	Watrous	Kopp	(195.30)	(6.00)
2/28/2015	Watrous	K. Barcewicz	(1,090.29)	(34.25)
2/28/2015	Elm Hill	K. Barcewicz	(563.58)	(18.00)
2/28/2015	Elm Hill	Kopp	(268.40)	(8.00)
3/31/2015	Watrous	K. Barcewicz	(258.31)	(8.25)
			<b>(2,657.67)</b>	<b>(83.50)</b>

**50001- Salaries Dietician**

<b>Source</b>	<b>Facility</b>	<b>Employee</b>	<b>Amount</b>	<b>Hours</b>
10/31/2014	Waterbury	M. Hagberg	2,090.50	74.00
11/30/2014	Waterbury	M. Hagberg	932.25	33.00
1/31/2015	Laurel Woods	R. Palmieri	240.00	8.00
1/31/2015	Gardner	M. Hagberg	904.00	32.00
2/28/2015	Gardner	M. Hagberg	1,130.00	40.00
3/31/2015	Gardner	M. Hagberg	452.00	16.00
			<b>5,748.75</b>	<b>203.00</b>

**50002- Salaries Chefs, Cooks**

<b>Source</b>	<b>Facility</b>	<b>Employee</b>	<b>Amount</b>	<b>Hours</b>
10/31/2014	Watrous	Bell	154.00	11.00
10/31/2014	Laurel Woods	J. Diggs	2,357.50	128.00
11/30/2014	Laurel Woods	J. Diggs	808.50	43.00
11/30/2014	Liberty Hall	Veillette	88.40	6.50
11/30/2014	Saybrook	Glenn Perkins	685.24	30.00
11/30/2014	Saybrook	Jacob Warner	120.00	8.00
12/31/2014	Laurel Woods	J. Diggs	104.50	5.50
1/31/2015	Watrous	Bell	168.25	11.75
1/31/2015	Laurel Woods	J. Diggs	1,175.25	63.50
2/28/2015	Laurel Woods	J. Diggs	171.00	9.50
			<b>5,832.64</b>	<b>316.75</b>

**50003- Helpers, Dishwashers**

<b>Source</b>	<b>Facility</b>	<b>Employee</b>	<b>Amount</b>	<b>Hours</b>
10/31/2014	Watrous	Palermo	(141.13)	(14.25)
11/30/2014	Watrous	Palermo	(187.00)	(18.50)
11/30/2014	Liberty Hall	Veillette	149.60	11.00
11/30/2014	Watrous	Lee	133.88	12.75
12/31/2014	Watrous	Palermo	(385.13)	(39.25)
1/31/2015	Chesterfields	Valley	26.88	2.50
1/31/2015	Watrous	Palermo	(236.63)	(24.00)
1/31/2015	Watrous	Mooney	92.00	8.00
1/31/2015	Watrous	Palermo	71.26	7.50
			<b>(476.27)</b>	<b>(54.25)</b>

**60001 - Salaries - Housekeeping**

<b>Source</b>	<b>Facility</b>	<b>Employee</b>	<b>Amount</b>	<b>Hours</b>
10/31/2014	Laurel Woods	Lopez	119.54	12.00
11/30/2014	Laurel Woods	Caldwell	211.12	14.00
11/30/2014	Laurel Woods	Woods	123.55	7.00
11/30/2014	Watrous	Lee	850.82	72.25
12/31/2014	Watrous	Lee	292.26	27.50

<b>1,597.29</b>	<b>132.75</b>
-----------------	---------------

**60002 - Salaries - Housekeeping**

Source	Facility	Employee	Amount	Hours
11/30/2014	Saybrook	D. Dauberman	143.50	6.25
			<b>143.50</b>	<b>6.25</b>

**70062- Salaries PT Tech**

Source	Facility	Employee	Amount	Hours
10/31/2014	Watrous	Patel	(596.67)	(39.75)
11/30/2014	Watrous	Patel	(446.57)	(29.75)
12/31/2014	Watrous	Patel	(589.18)	(39.25)
1/31/2015	Watrous	Patel	(491.58)	(32.75)
2/28/2015	Watrous	Patel	(622.95)	(41.50)
3/31/2015	Watrous	Patel	(202.64)	(335.25)
			<b>(2,949.59)</b>	<b>(518.25)</b>

Shared	<b>108,071.07</b>	<b>2,645.00</b>
Shared - Corp	<b>12,591.00</b>	<b>525.00</b>
Healthport	<b>560.00</b>	<b>26.00</b>

**Total Shared Employee** **121,222.07** **3,196.00**

**Fowler**

**45022- Purch Service RN - Healthport**

Source	Facility	Employee	Amount	Hours
11/30/2014	Healthport	Buchanan	354.00	8.50
11/30/2014	Healthport	Solosky	665.75	16.25
12/31/2014	Healthport	DeCarlo	287.50	8.25
1/31/2015	Healthport	Solosky	891.00	16.75
1/31/2015	Healthport	DeCarlo	950.00	27.50
Indirect Allocation	Healthport		1,397.22	-
			<b>4,545.47</b>	<b>77.25</b>

**45023- Purch Service LPN - Healthport**

Source	Facility	Employee	Amount	Hours
10/31/2014	Healthport	Stack	504.00	15.75
10/31/2014	Healthport	Muckenthaler	693.00	21.00
10/31/2014	Healthport	Thomas	2,118.00	69.50
10/31/2014	Healthport	Yopp	582.00	18.75
11/30/2014	Healthport	Patsas	313.50	9.50
11/30/2014	Healthport	Muckenthaler	132.00	4.00
11/30/2014	Healthport	Thomas	1,293.75	42.25
11/30/2014	Healthport	Yopp	1,108.50	35.75

12/31/2014	Healthport	Patsas	272.25	8.25
12/31/2014	Healthport	Arshad	496.50	16.50
12/31/2014	Healthport	Pinnock-Bennett	1,179.75	35.75
12/31/2014	Healthport	Thomas	976.50	31.50
12/31/2014	Healthport	Yopp	3,277.00	103.50
12/31/2014	Healthport	Sewell	253.75	8.75
12/31/2014	Healthport	Lawal	270.00	9.00
1/31/2015	Healthport	Pinnock-Bennett	288.75	8.75
1/31/2015	Healthport	Thomas	2,379.25	77.25
1/31/2015	Healthport	Yopp	555.00	18.50
1/31/2015	Healthport	Sewell	478.50	16.50
1/31/2015	Healthport	Lawal	247.50	8.25
1/31/2015	Healthport	Arshad	1,147.00	32.75
2/28/2015	Healthport	Patsas	294.50	9.50
2/28/2015	Healthport	Pinnock-Bennett	610.50	18.50
2/28/2015	Healthport	Thomas	527.00	17.00
2/28/2015	Healthport	Yopp	616.00	19.25
2/28/2015	Healthport	LaCoss	247.50	8.25
2/28/2015	Healthport	Patsas	255.75	7.75
2/28/2015	Healthport	Arshad	294.50	9.50
2/28/2015	Healthport	Pinnock-Bennett	651.75	19.75
2/28/2015	Healthport	Thomas	759.00	25.00
3/31/2015	Healthport	Thomas	271.25	8.75
3/31/2015	Healthport	Pinnock-Bennett	305.25	9.25
3/31/2015	Healthport	Thomas	279.00	9.00
Indirect Allocation	Healthport		13,669.58	-
			<b>37,348.08</b>	<b>753.25</b>
<b>Total Healthport</b>			<b>41,893.55</b>	<b>830.50</b>

**Fowler**  
**Shared Employee - Smartlinks**

19002555	WISNIOWSKI	LAURETTE	19 Cocco	6 Guilford
19002555	WISNIOWSKI	LAURETTE	19 Cocco	6 Guilford
19002555	WISNIOWSKI	LAURETTE	19 Cocco	6 Guilford
19002555	WISNIOWSKI	LAURETTE	19 Cocco	6 Guilford
29970366	DeCarlo	Danielle	29 Healthport Srvcs	6 Guilford
6970523	HOEY	DAWN	6 Guilford	13 Watrous
29970149	Scanzillo	June	29 Healthport Srvcs	6 Guilford
29970360	Annicelli	Stefanie	29 Healthport Srvcs	6 Guilford
29970360	Annicelli	Stefanie	29 Healthport Srvcs	6 Guilford
29970751	Joseph	Thanuja	29 Healthport Srvcs	6 Guilford
6970523	HOEY	DAWN	6 Guilford	13 Watrous
29970278	Pinnock-Bennett	Delrose	29 Healthport Srvcs	6 Guilford
29970288	Thomas	Elizabeth	29 Healthport Srvcs	6 Guilford
29970340	Monahan	Rhonda	29 Healthport Srvcs	6 Guilford
29970278	Pinnock-Bennett	Delrose	29 Healthport Srvcs	6 Guilford
29970088	Patsas	Jane	29 Healthport Srvcs	6 Guilford
29970088	Patsas	Jane	29 Healthport Srvcs	6 Guilford
29970702	Jones	Paula	29 Healthport Srvcs	6 Guilford
29970969	LaCoss	Gail	29 Healthport Srvcs	6 Guilford
29970026	Stack	Stacy	29 Healthport Srvcs	6 Guilford
29970288	Thomas	Elizabeth	29 Healthport Srvcs	6 Guilford
29970296	Yopp	Kenya	29 Healthport Srvcs	6 Guilford
29970088	Patsas	Jane	29 Healthport Srvcs	6 Guilford
29970026	Stack	Stacy	29 Healthport Srvcs	6 Guilford
29970288	Thomas	Elizabeth	29 Healthport Srvcs	6 Guilford
29970296	Yopp	Kenya	29 Healthport Srvcs	6 Guilford
29970702	Jones	Paula	29 Healthport Srvcs	6 Guilford
29970026	Stack	Stacy	29 Healthport Srvcs	6 Guilford
29970288	Thomas	Elizabeth	29 Healthport Srvcs	6 Guilford
29970331	Iworisha	Ezinne	29 Healthport Srvcs	6 Guilford
29970088	Patsas	Jane	29 Healthport Srvcs	6 Guilford
29970288	Thomas	Elizabeth	29 Healthport Srvcs	6 Guilford
29970088	Patsas	Jane	29 Healthport Srvcs	6 Guilford
29970271	Arshad	Mohamed	29 Healthport Srvcs	6 Guilford
29970278	Pinnock-Bennett	Delrose	29 Healthport Srvcs	6 Guilford
29970288	Thomas	Elizabeth	29 Healthport Srvcs	6 Guilford
29970088	Patsas	Jane	29 Healthport Srvcs	6 Guilford
29970288	Thomas	Elizabeth	29 Healthport Srvcs	6 Guilford



29970331	Iworisha	Ezinne	29 Healthport Srvc	6 Guilford
29970175	Gause	Joseph	29 Healthport Srvc	6 Guilford
29970288	Thomas	Elizabeth	29 Healthport Srvc	6 Guilford
29970336	Lawal	Oluwatosin	29 Healthport Srvc	6 Guilford
29970331	Iworisha	Ezinne	29 Healthport Srvc	6 Guilford
29970278	Pinnock-Bennett	Delrose	29 Healthport Srvc	6 Guilford
29000058	Chapman	Maura	29 Healthport Srvc	6 Guilford
29970336	Lawal	Oluwatosin	29 Healthport Srvc	6 Guilford
29970088	Patsas	Jane	29 Healthport Srvc	6 Guilford
29970288	Thomas	Elizabeth	29 Healthport Srvc	6 Guilford
29970331	Iworisha	Ezinne	29 Healthport Srvc	6 Guilford
29000058	Chapman	Maura	29 Healthport Srvc	6 Guilford
29970026	Stack	Stacy	29 Healthport Srvc	6 Guilford
29970274	Mesquita	Sandra	29 Healthport Srvc	6 Guilford
29970288	Thomas	Elizabeth	29 Healthport Srvc	6 Guilford
29970271	Arshad	Mohamed	29 Healthport Srvc	6 Guilford
29970336	Lawal	Oluwatosin	29 Healthport Srvc	6 Guilford
29970288	Thomas	Elizabeth	29 Healthport Srvc	6 Guilford

26970982	BRANTLEY	TIFFANIE	26 Laurel Woods	6 Guilford
26970982	BRANTLEY	TIFFANIE	26 Laurel Woods	6 Guilford
26970982	BRANTLEY	TIFFANIE	26 Laurel Woods	6 Guilford
26970982	BRANTLEY	TIFFANIE	26 Laurel Woods	6 Guilford
26971096	RIVERA	JENNIFER	26 Laurel Woods	6 Guilford
6970461	QUILES	KAYLA	6 Guilford	13 Watrous
6970513	JONES	CHRISTENE	6 Guilford	26 Laurel Woods

6099457	BARCEWICZ	KATHLEEN	6 Guilford	13 Watrous
6099457	BARCEWICZ	KATHLEEN	6 Guilford	13 Watrous
6099457	BARCEWICZ	KATHLEEN	6 Guilford	13 Watrous
6099457	BARCEWICZ	KATHLEEN	6 Guilford	13 Watrous
6099457	BARCEWICZ	KATHLEEN	6 Guilford	13 Watrous
6099457	BARCEWICZ	KATHLEEN	6 Guilford	13 Watrous
6099457	BARCEWICZ	KATHLEEN	6 Guilford	13 Watrous
6099457	BARCEWICZ	KATHLEEN	6 Guilford	13 Watrous
6099457	BARCEWICZ	KATHLEEN	6 Guilford	13 Watrous
6099457	BARCEWICZ	KATHLEEN	6 Guilford	13 Watrous
6099457	BARCEWICZ	KATHLEEN	6 Guilford	13 Watrous
6099457	BARCEWICZ	KATHLEEN	6 Guilford	13 Watrous
6099457	BARCEWICZ	KATHLEEN	6 Guilford	13 Watrous
6099457	BARCEWICZ	KATHLEEN	6 Guilford	13 Watrous
6099505	KOPP	IRENE	6 Guilford	13 Watrous

26971018 DIGGS	JASON	26 Laurel Woods	6 Guilford
6970397 BORRELLI	ANGELA	6 Guilford	13 Watrous
6970397 BORRELLI	ANGELA	6 Guilford	13 Watrous
6970397 BORRELLI	ANGELA	6 Guilford	13 Watrous
6970537 ROWELL	DEVON	6 Guilford	13 Watrous
26971018 DIGGS	JASON	26 Laurel Woods	6 Guilford
26970058 CALDWELL	ERICA	26 Laurel Woods	6 Guilford

906-41004 Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW 5/7/2015  
906-41004 Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW 5/14/2015  
906-41004 Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW 6/11/2015  
906-41004 Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW 6/18/2015

**Total**

906-45001 Salaries - R.N. (CCNH) - JobTitle = RN SNF 4/30/2015  
913-45001 Salaries - R.N. (CCNH) - JobTitle = RN SNF 5/7/2015  
906-45001 Salaries - R.N. (CCNH) - JobTitle = RN SNF 5/14/2015  
906-45001 Salaries - R.N. (CCNH) - JobTitle = RN SNF 5/21/2015  
906-45001 Salaries - R.N. (CCNH) - JobTitle = RN SNF 5/28/2015  
906-45001 Salaries - R.N. (CCNH) - JobTitle = RN SNF 7/9/2015  
913-45001 Salaries - R.N. (CCNH) - JobTitle = RN SNF 9/17/2015

**Total**

906-45002 Salaries LPN - JobTitle = LPN SNF 3/19/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 3/19/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 3/26/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 3/26/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 4/9/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 4/16/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 4/23/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 4/23/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 4/23/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 4/23/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 4/23/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 4/30/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 4/30/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 4/30/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 4/30/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 5/7/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 5/7/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 5/14/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 5/21/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 5/21/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 5/21/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 6/18/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 6/25/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 7/2/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 7/2/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 7/9/2015  
906-45002 Salaries LPN - JobTitle = LPN SNF 7/9/2015

906-45002	Salaries LPN - JobTitle = LPN SNF	7/16/2015
906-45002	Salaries LPN - JobTitle = LPN SNF	7/23/2015
906-45002	Salaries LPN - JobTitle = LPN SNF	7/23/2015
906-45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015
906-45002	Salaries LPN - JobTitle = LPN SNF	8/6/2015
906-45002	Salaries LPN - JobTitle = LPN SNF	8/6/2015
906-45002	Salaries LPN - JobTitle = LPN SNF	8/13/2015
906-45002	Salaries LPN - JobTitle = LPN SNF	8/13/2015
906-45002	Salaries LPN - JobTitle = LPN SNF	8/13/2015
906-45002	Salaries LPN - JobTitle = LPN SNF	8/13/2015
906-45002	Salaries LPN - JobTitle = LPN SNF	8/20/2015
906-45002	Salaries LPN - JobTitle = LPN SNF	8/27/2015
906-45002	Salaries LPN - JobTitle = LPN SNF	8/27/2015
906-45002	Salaries LPN - JobTitle = LPN SNF	9/3/2015
906-45002	Salaries LPN - JobTitle = LPN SNF	9/3/2015
906-45002	Salaries LPN - JobTitle = LPN SNF	9/10/2015
906-45002	Salaries LPN - JobTitle = LPN SNF	9/10/2015
906-45002	Salaries LPN - JobTitle = LPN SNF	9/17/2015

**Total**

906-45003	Salaries - Aides - JobTitle = CNA SNF	4/16/2015
906-45003	Salaries - Aides - JobTitle = CNA SNF	5/14/2015
906-45003	Salaries - Aides - JobTitle = CNA SNF	5/21/2015
906-45003	Salaries - Aides - JobTitle = CNA SNF	6/4/2015
906-45003	Salaries - Aides - JobTitle = CNA SNF	4/16/2015
913-45003	Salaries - Aides - JobTitle = CNA SNF	9/24/2015
926-45003	Salaries - Aides - JobTitle = CNA SNF	6/4/2015

**Total**

913-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	3/19/2015
913-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	3/26/2015
913-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	4/2/2015
913-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	4/9/2015
913-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	4/16/2015
913-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	4/30/2015
913-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	6/4/2015
913-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	6/11/2015
913-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	6/18/2015
913-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	7/2/2015
913-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	7/9/2015
913-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	9/10/2015
913-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	9/17/2015
913-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	9/24/2015
913-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	3/26/2015

**Total**

906-50002 Salaries - Chefs Cooks - JobTitle = Cook Supervisor 9/24/2015  
913-50002 Salaries - Chefs Cooks - JobTitle = Cook Supervisor 6/4/2015  
913-50002 Salaries - Chefs Cooks - JobTitle = Cook Supervisor 6/11/2015  
913-50002 Salaries - Chefs Cooks - JobTitle = Cook Supervisor 6/25/2015

**Total**

913-50003 Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES 8/20/2015

**Total**

906-50004 Salaries - Food Service Supervisor - JobTitle = Dietary Manager 4/30/2015

**Total**

906-60001 Salaries - Housekeeping - JobTitle = HOUSEKEEPING 6/4/2015

**Total**

**Total**

**Healthport  
Shared**

2.00	51.06
2.50	63.83
2.75	70.21
3.25	82.97
<b>10.50</b>	<b>268.07</b>

4.00	120.00
(39.25)	(558.49)
24.50	345.75
15.00	240.00
20.00	376.00
17.00	306.00
(24.75)	(313.50)
<b>16.50</b>	<b>515.76</b>

48.75	938.50
26.00	510.33
16.00	240.00
37.00	610.50
17.00	280.50
33.00	668.50
33.00	528.00
17.50	525.00
7.00	112.00
11.25	301.72
17.00	510.00
50.50	833.25
17.50	280.00
8.25	239.25
8.25	247.50
17.50	280.00
33.50	536.00
15.50	240.25
8.25	231.00
16.00	264.00
16.00	248.00
16.00	264.00
32.50	503.75
16.50	272.25
16.00	248.00
17.00	288.25
17.00	263.50

16.50	247.50
16.00	232.00
7.00	203.00
16.50	247.50
17.50	262.50
19.00	313.50
8.00	248.00
17.50	262.50
17.50	288.75
15.00	232.50
15.50	232.50
9.00	279.00
17.00	272.00
27.00	301.50
8.75	253.75
19.00	294.50
31.50	472.50
19.50	418.25
<b>867.50</b>	<b>#####</b>

24.00	283.40
13.00	94.39
20.00	102.60
30.50	363.28
12.00	78.00
(4.75)	(80.75)
(6.00)	(72.00)
<b>88.75</b>	<b>768.92</b>

(16.00)	(526.46)
(21.25)	(665.34)
(8.50)	(266.14)
(16.50)	(516.62)
(14.50)	(454.00)
(8.25)	(258.31)
(8.75)	(273.96)
(8.75)	(273.96)
(8.75)	(273.96)
(8.50)	(266.14)
(8.00)	(250.48)
(8.25)	(258.31)
(8.25)	(258.31)
(8.25)	(258.31)
(3.50)	(117.43)
<b>(156.00)</b>	<b>(4,917.73)</b>

6.25	112.50
(16.00)	(129.72)
(12.75)	(158.24)
(8.00)	(104.00)
<b>(30.50)</b>	<b>(279.46)</b>

(4.00)	(42.00)
<b>(4.00)</b>	<b>(42.00)</b>

9.50	171.00
<b>9.50</b>	<b>171.00</b>

21.00	157.98
<b>21.00</b>	<b>157.98</b>

<b>823.25</b>	<b>#####</b>
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<b>948.00</b>	<b>16,913.55</b>
<b>(124.75)</b>	<b>(4,745.21)</b>



## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Apple Rehab Guilford	License No. 1068-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 Apple Rehab Guilford			License No. 1068-C			Report for Year Ended 9/30/2015		Page of 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	<b>Total ***</b>

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

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Apple Rehab Guilford	License No. 1068-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)	\$ 4,358
2 Preparation of tax returns	\$ 2,025
3	\$
4	\$
Charge for Services Provided	
	\$ 6,383

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

- Yes     No    Pg. 15 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Law Offices of Jason G. DeGenaro 2 Clerk of Superior Court 3 Treasurer State of CT 4 Summa & Ryan 5	Telephone Number 203-453-4101
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Address (*No. & Street, City, State, Zip Code*)

1 23 Water St. Guilford, CT 06437
2
3 410 Capitol Ave Hartford, CT 06134
4 228 Meadow St. Waterbury, CT 06710
5

Services Provided by This Firm (*describe fully*)

1 Collections	\$ 417
2 Probate	\$ 540
3 Conservatorship	\$ 150
4 Legal Advice	\$ 210
5	\$
Charge for Services Provided	
	\$ 1,317

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 Guilford			License No. 1068-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	90	90			90	90			90	90			
B. On last day of THIS report period	90	90			90	90			90	90			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	80	80			80	80			80	80			
B. As of midnight of THIS report period	76	76			76	76			76	76			
3. Total Number of Days Care Provided During Period													
A. Medicare	2,541	2,541			2,017	2,017			524	524			
B. Medicaid (Conn.)	22,150	22,150			16,439	16,439			5,711	5,711			
C. Medicaid (other states)													
D. Private Pay	4,225	4,225			3,261	3,261			964	964			
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	28,916	28,916			21,717	21,717			7,199	7,199			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. <b>Total Resident Days (3G + 4A + 4B)</b>	28,916	28,916			21,717	21,717			7,199	7,199			

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

Name of Facility Apple Rehab Guilford			License No. 1068-C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	3		61		12								
Per Diem Rate													
a. One bed rm.					453.00								
b. Two bed rms.	Various		204.61		416.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								2,361	2,361				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								9,330	9,330				
D. <b>Total Physical Therapy Treatments</b>								11,691	11,691				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								595	595				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								950	950				
D. <b>Total Speech Therapy Treatments</b>								1,545	1,545				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								2,104	2,104				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								8,319	8,319				
D. <b>Total Occupational Therapy Treatments</b>								10,423	10,423				

### Report of Expenditures - Salaries & Wages

Name of Facility Apple Rehab Guilford	License No. 1068-C	Report for Year Ended 9/30/2015	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	91,941	2,129				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	34,504	2,557				
5. Dietary Service						
a. Head Dietitian	11,809	405				
b. Food Service Supervisor	54,024	2,236				
c. Dietary Workers	239,432	25,008				
6. Housekeeping Service						
a. Head Housekeeper	29,951	1,951				
b. Other Housekeeping Workers	96,016	9,621				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	81,360	4,718				
8. Laundry Service						
a. Supervisor	2,744	131				
b. Other Laundry Workers	2,006	178				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	108,077	4,717				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	123,706	3,351				
b. RN						
1. Direct Care	675,217	34,665				
2. Administrative**	145,915	4,803				
c. LPN						
1. Direct Care	535,851	30,511				
2. Administrative**						
d. Aides and Attendants	1,081,544	105,598				
e. Physical Therapists	22,799	1,181				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	67,572	4,315				
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	76,596	3,943				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	3,481,064	242,017				

\* 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 of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Data Integrity Auditor (Pointright)	\$ 1,925	19				
<b>Total</b>	\$ 1,925	19	\$ -	-	\$ -	-

**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 Guilford				1068-C	9/30/2015				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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



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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Apple Rehab Guilford				1068-C	9/30/2015			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Amanda Welch	91,941				Administrator 10/1/14 - 9/30/15	2,129				
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Guilford	1068-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	9,612	104				
3. Pharmacist	6,891	61				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	213,909	2,923				
b. Other						
6. Social Worker	250	5				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	25,200	156				
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	717	10				
9. Speech Therapist						
a. Resident Care	67,357	386				
b. Other						
10. Occupational Therapist						
a. Resident Care	187,033	2,606				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	4,545	77				
2. Administrative***						
b. LPN						
1. Direct Care	37,348	753				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	1,925	19				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>554,789</b>	<b>7,100</b>				

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

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

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

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

Name of Facility Apple Rehab Guilford		License No. 1068-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	
Elin Christensen, MD 1353 Boston Post Rd. Madison, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Dental 80 Worcester St. Wellesley, MA	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Doreen Donahue 35 Farm Hill Rd. Wallingford, CT	Social Worker	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Eyecare 85 Barnes Rd. Wallingford, CT	Eye Doctor	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Audiology 80 Worcester St. Wellesley, MA	Audiologist	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

\* 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 Guilford	1068-C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 165,517	165,517			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 67,340	67,340			
4. Social Security (F.I.C.A.)	\$ 247,128	247,128			
5. Health Insurance	\$ 311,512	311,512			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 9,014	9,014			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 19,692	19,692			
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*	\$ 130,016	130,016			
d. Accounting and Auditing	\$ 6,383	6,383			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 1,317	1,317			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 9,162	9,162			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 13,640	13,640			
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	\$ 554,360	554,360			
<b>Subtotal</b>	\$ 1,535,082	1,535,082			

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

(Carry Subtotals forward to next page)

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

Apple Rehab Guilford  
9/30/2015

Attachment Page 15

**Schedule of Other Employee Benefits**

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

-----

**Schedule of Other Taxes**

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Guilford	1068-C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>					
	1,535,082	1,535,082			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 6,211	6,211			
2. Holiday Parties for Staff	\$ 2,960	2,960			
3. Gifts to Staff and Residents	\$ 7,406	7,406			
4. Employee Travel	\$ 7,666	7,666			
5. Education Expenses Related to Seminars and Conventions	\$ 2,035	2,035			
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> )	\$ 158	158			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 4,226	4,226			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 3,304	3,304			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 6,182	6,182			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 1,856	1,856			
10. Contributions*** See Attached Schedule	\$ 25	25			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$ 463,075	463,075			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 67,352	67,352			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 2,107,539	2,107,539			

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

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

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

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	(Specify)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Advertising - Public Relations	\$ 4,226		
<b>Total Other Advertising</b>	\$ 4,226	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CATRD	\$ 40		
CAHCF	\$ 6,142		
<b>Total Dues</b>	\$ 6,182	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Narcotic Enforcement Agency	\$ 25		
<b>Total Contributions</b>	\$ 25	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Corporate Fees - Non Reimbursable	\$ 36,105		
Licenses & Fees	\$ 7,229		
Pre Employment Screening	\$ 12,517		
Point Click Care Fees	\$ 9,047		
Bank Charges	\$ 8		
Resident Expenses	\$ 1,398		
Account Write Off	\$ 1,048		
<b>Total Other Administrative and General</b>	\$ 67,352	\$ -	\$ -

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

Name of Facility Apple Rehab Guilford	License No. 1068-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.	463,075	Accounting & Managerial Services	Pg. 16 m12

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



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

Name of Facility Apple Rehab Guilford	License No. 1068-C	Report for Year Ended 9/30/2015	Page 18	of 37
<b>Item</b>	<b>Total</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 208,342	208,342		
2. Non-Food Supplies	\$ 30,876	30,876		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 36,693	36,693		
c. Management Services**	\$ _____			
d. Other (Specify) _____	\$ _____			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 275,911</b>	<b>275,911</b>		
<b>2F. Dietary Questionnaire</b>	<b>Total</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
G. Resident Meals: Total no. of meals served per day:*	238	238		
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 Guilford		License No. 1068-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. \$	191	191	
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. \$	1,124	1,124	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	105,464	105,464	
c. Management Services**		\$			
d. Other (Specify )		\$			
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		<b>\$</b>	<b>106,779</b>	<b>106,779</b>	
<b>3F. Laundry Questionnaire</b>					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

All allocations should add to total recorded in 3E.

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Apple Rehab Guilford	1068-C	9/30/2015	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced	17,845	17,845		
a. In-House Care	by Personnel				
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	32,725	32,725		
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. \$	730	730		
c. Management Services*		\$			
d. Other ( <i>Specify</i> )		\$			
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>		\$ 33,456	33,456		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Medstat	\$	205,429	205,429		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	194,653	194,653		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	28,938	28,938		
f. X-rays and Related Radiological Procedures***	\$	8,256	8,256		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	10,664	10,664		
i. Recreation	\$	20,420	20,420		
j. Other (Specify)**** See Attached Schedule	\$	20,519	20,519		
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>		\$ 488,879	488,879		

\* 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	\$ 12,015		
Rehab Service Supplies	\$ 8,504		
IV Therapy Supplies	\$ -		
Social Service Supplies	\$ -		
<b>Total Other Resident Care</b>	\$ 20,519	\$ -	\$ -

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

Name of Facility Apple Rehab Guilford			License No. 1068-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
Perfectemp Heating & Air Conditioning	125 Robert Jackson Way Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	14,354			22	6a
CWPM, LLC	P.O. Box 415 Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Refuse Removal	23,211			22	6f
Med Apparel	Mount Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Service	27,481			19	3b
Unitex Textile Rental	Mount Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Service	77,293			19	3b
Crown Linen Services, Inc.	15 Technology Way Nashau, NH 03060	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Service	36,723			19	3b
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Apple Rehab Guilford	1068-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 113,547	113,547				
b. Heat	\$ 26,494	26,494				
c. Light & Power	\$ 48,973	48,973				
d. Water	\$ 34,376	34,376				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$ 25,249	25,249				
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 248,637	248,637				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 3,453	3,453				
d. Movable Equipment	\$ 26,204	26,204				
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 29,657	29,657				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 44,812	44,812				
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$ 44,812	44,812				
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	\$ 53,570	53,570				
c. Personal property taxes	\$ 4,299	4,299				
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 1,092,338	1,092,338				

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







Apple Rehab Guilford  
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
9/30/2015	SNET Co. (Telephone System)	\$ (758)		\$ -
<b>Total deletions for Non-Movable Equipment</b>		\$ (758)		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
8/12/2014	Steam Table	\$ 4,688	15	\$ 335
9/4/2014	Badge Printer	\$ 1,506	5	\$ 342
12/19/2014	Bath Lift	\$ 9,482	10	\$ 1,275
1/19/2015	Mobile Vital Signs Monitor	\$ 4,801	5	\$ 355
2/1/2015	Patient Lift Repair	\$ 4,106	5	\$ 299
2/20/2015	Infrastructure Controller	\$ 1,536	5	\$ 109
2/27/2015	Electric Bed	\$ 4,270	12	\$ 125
3/19/2015	Payroll System Time Clock upgrade	\$ 2,429	10	\$ 83
4/2/2015	Ice Maker Machine	\$ 984	10	\$ 33
5/19/2015	Ice Maker Machine	\$ 3,358	10	\$ 100
9/16/2015	Install Wireless Network Controller	\$ 978	5	\$ 21
<b>Total additions for Movable Equipment</b>		\$ 38,139		\$ 3,076 *
<b>Deletions:</b>				
9/30/2015	See Attached	\$ (41,269)		
<b>Total deletions for Movable Equipment</b>		\$ (41,269)		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
11/25/2014	Boiler	\$ 90,386	20	\$ 3,674
1/1/2015	Install Fire Damper	\$ 1,330	10	\$ 50
<b>Total additions for Leasehold Improvement</b>		\$ 91,716		\$ 3,724 *
<b>Deletions:</b>				
9/30/2015	Industrial Time	\$ (690)		
<b>Total deletions for Leasehold Improvement</b>		\$ (690)		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Fowler**

Asset Class	II Asset ID	Asset Description	Place in Service Date
ME-10	0609042	KENTCO (FURNITURE)	3/1/1985
ME-10	0609043	WHITAKER (5 HAMPERS)	6/1/1985
ME-10	0609044	HUDSON MAINTENANCE(CHAIR)	7/1/1985
ME-10	0609045	KENTCO (FURNITURE)	7/1/1985
ME-10	0609046	SEARS (GAS GRILL)	7/1/1985
ME-10	0609047	PG HRDWARE(air condition)	8/1/1985
ME-10	0609048	WHITAKER (wheelchairs)	8/1/1985
ME-10	0609049	GUILFORD STATIONERS(2 tables)	9/1/1985
ME-10	0609050	HUDSON(kitch serc stand/cover)	4/1/1986
ME-10	0609051	HUDSON(hoyer lift)	6/1/1986
ME-10	0609052	KENTCO(furniture)	6/1/1986
ME-10	0609053	HUDSON(2 beds)	7/1/1986
ME-10	0609054	PAGE HARDWARE (4 air cond 1 refrg)	7/1/1986
ME-10	0609055	CONN BAR & REST (conv. toaster)	11/1/1986
ME-10	0609056	HUDSON MEDICAL(2 BEDS)	1/1/1987
ME-10	0609057	APPEARANCE MAT (PRESSURE WASHER)	2/1/1987
ME-5	0609025	SEARS (LAWN CHAIRS)	6/1/1987
ME-5	0609026	PAGE HDWE (2 AIR COND)	7/1/1987
ME-10	0609058	INTERBORO (TIME CLOCK)	7/1/1987
ME-10	0609059	HUDSON MEDICAL(LINEN CARTS)	3/1/1988
ME-10	0609062	VICTOR ROME (305.15) (PAT.ROOM FURN)	9/1/1988
ME-10	0609065	LESLIE JONES-LENNOX (DRAPES)	10/1/1988
ME-10	0609066	CASUAL CURTAIN (CURTAIN RODS)	10/1/1988
ME-10	0609067	MADISON GLASS(FROSTED GLASS FOR T	10/1/1988
ME-10	0609068	PETTY CASH (TUB SUPPLIES & BLINDS)	10/1/1988
ME-5	0609027	PAGE (AIR CONDITIONER)	8/1/1989
ME-15	0609126	PROFESSION (RECLINER)	9/1/1990
ME-5	0609028	LIBERIA MANUF. (CUBICLE CURTAINS)	7/1/1991
ME-5	0609029	LIBERIA MANUF. (CUBICLE CURTAINS)	7/1/1991
ME-15	0609128	FOSTER MEDICAL (ABOVE NOT ENOUGH	8/1/1991
ME-10	0609072	DISCOUNT DESK (USED CHAIRS)	4/1/1992
ME-10	0609073	DISCOUNT DESK (COATTREE)	4/1/1992
ME-10	0609074	DISCOUNT DESK (USED CHAIRS)	4/1/1992
ME-5	0609030	COPIER ( NORTHEAST COPY)	3/1/1995
ME-10	0609088	TELEPHONE SET (TCI)	4/1/1995
ME-10	0609092	TIME CLOCK (INDUSTRIAL)	10/1/1997

**Total**

Cost Basis

\$7,063.00

\$1,083.60

\$107.50

\$1,285.00

\$209.60

\$676.18

\$1,128.75

\$185.25

\$657.90

\$657.90

\$1,390.00

\$786.90

\$1,446.93

\$953.88

\$752.50

\$617.05

\$1,062.56

\$750.35

\$3,178.04

\$973.95

\$305.15

\$660.00

\$167.40

\$58.29

\$77.29

\$668.52

\$845.64

\$601.88

\$1,781.52

\$141.20

\$437.78

\$391.25

\$377.36

\$7,510.10

\$699.50

\$1,579.40

**\$41,269.12**

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

**Amortization Schedule\***

Name of Facility Apple Rehab Guilford			License No. 1068-C		Report for Year Ended 9/30/2015			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	Var	Var		1,113,515	664,339	A		41,088	
2. Disposals (attach schedule)	Var	Var		(690)					
3. Acquired during this report period (attach schedule)	Var	Var		91,716		A		3,724	
C-4. Subtotal									44,812
<b>D. Total Amortization</b>									44,812

\* 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 Guilford	License No. 1068-C	Report for Year Ended 9/30/2015	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If <b>NOT</b> Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	90				
6. Square Footage	17,845				
7. Acquisition Cost					
a. Land					
b. Building					
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed		See Attached			
f. Principal balance outstanding as of _____					
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

CT Medicaid Cost Report Attachment Page 25

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

Note: The following facilities are collateralized by this mortgage.

Connecticut Facilities

Brightview Nursing & Retirement Center, Ltd.

Rose Haven, Ltd.

Mary Elizabeth Nursing Center, Inc.

Fowler Nursing Center, Inc.

Waterbury Extended Care Facility, Inc.

Harbor View Nursing Center, Inc.

Liberty Hall Nursing Center

Orchard Grove Specialty Care

Wolcott Hall Nursing Center, Inc.

Hewitt Health and Rehabilitation Center, Inc.

Watrous Nursing Center

Elm Hill Nursing Center, Inc.

Gardner Heights Health Care Center, Inc.

Shelton lakes Health Care Center, Inc.

Highview Health Care Center, Inc.

Westfield Manor Health Care Center, Inc.

TA Coccomo Memorial

Plainville Health Care Center, Inc.

Ledgecrest Health Care Center, Inc.

Ridgeview Health Care Center, Inc.

The Kent, Ltd.

Chesterfields, Ltd.

Out of State Facilities

Watch Hill Manor, Ltd.

The Clipper Home, Inc.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Apple Rehab Guilford		1068-C	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$			

*(Carry Subtotals forward to next page)*



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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Guilford	1068-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 Health Note/Property Taxes	\$	5,149	5,149	
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)	\$	5,149	5,149	
14. Insurance				
a. Insurance on Property (buildings only)	\$	98,388	98,388	
b. Insurance on Automobiles	\$			
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$			
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$			
14d. <b>Total Insurance Expenditures</b> (14a + b + c)	\$	98,388	98,388	
15. <b>Total All Expenditures</b> (A-13 thru C-14)	\$	8,492,929	8,492,929	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Guilford				1068-C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 187,033	187,033		
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 130,016	130,016		
10.	15	1d/e	Accounting & Legal	\$ 5,465	5,465		
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 *	\$ 4,226	4,226		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 25	25		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 45,965	45,965		
<b>Page 18 - Dietary Expenditures</b>							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
<b>Subtotal (Items 1 - 26)</b>				\$ 372,731	372,731		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

\*\* Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12m	Social Service/Marketing			
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**Schedule of Fees Adjustments**

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

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Corporate Fee - Non Reimburable	\$ 36,105		
16	1.3	Employee Recognition/Gifts/Parties	\$ 7,406		
16	8a	Chamber of Commerce	\$ -		
16	m13	Bank Charges	\$ 8		
16	m13	Resident Expenses	\$ 1,398		
16	m13	Account Write Off	\$ 1,048		
<b>Total Other A&amp;G Adjustments</b>			\$ 45,965	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Guilford				1068-C	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 372,731	372,731		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 174,160	174,160		
28.	16	L1	Ambulance/Limousine	\$ 6,211	6,211		
29.	20	h	X-rays, etc	\$ 8,256	8,256		
30.	20	f	Laboratory	\$ 10,664	10,664		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 20,350	20,350		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 8,504	8,504		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			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	\$ 71	71		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 5,149	5,149		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 606,097	606,097		

\*\*\* 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 Guilford  
9/30/2015

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ -		
20	5j	Rehab Service Supplies	\$ 8,504		
<b>Total Other Ancillary Costs</b>			\$ 8,504	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12D	Interst on Value Note	\$ 3,363		
27	12D	Interst on Property Taxes	\$ 1,786		
<b>Total Other Adjustments</b>			\$ 5,149	\$ -	\$ -

Schedule of Unallowable Building Interest

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

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Apple Rehab Guilford	1068-C	9/30/2015			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 4,435,000	4,435,000				
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> )	\$ 1,060,327	1,060,327				
b. Medicare Room and Board Contractual Allowance **	\$ 273,350	273,350				
4. a. Private-Pay Residents and Other	\$ 2,013,634	2,013,634				
b. Private-Pay Room and Board Contractual Allowance **	\$					
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 84,586	84,586				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (84,586)	(84,586)				
c. Prescription Drugs - Non-Medicare	\$ 58,884	58,884				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (58,884)	(58,884)				
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	\$ 281,787	281,787				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (205,306)	(205,306)				
c. Physical Therapy - Non-Medicare	\$ 128,625	128,625				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (113,260)	(113,260)				
4. a. Speech Therapy - Medicare	\$ 53,734	53,734				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (28,950)	(28,950)				
c. Speech Therapy - Non-Medicare	\$ 15,795	15,795				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (14,400)	(14,400)				
5. a. Occupational Therapy - Medicare	\$ 322,834	322,834				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (235,203)	(235,203)				
c. Occupational Therapy - Non-Medicare	\$ 146,205	146,205				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (134,820)	(134,820)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (60)	(60)				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 7,999,292	7,999,292				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$ 195	195				
5. Interest Income ( <i>Specify</i> )	\$ 71	71				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 9,836	9,836				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 10,102	10,102				
<b>VI. Total All Revenue</b> (III +V)	\$ 8,009,394	8,009,394				

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

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

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30	Oxygen - Private	\$ (60)		
<b>Total Other Resident Revenue</b>		\$ (60)	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV5	Interest Income	924,219	\$ 71		
<b>Total Interest Income</b>			\$ 71	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30	Rebates	\$ 9,600		
30	Medical Record Copies	\$ 236		
<b>Total Other Revenue</b>		\$ 9,836	\$ -	\$ -



### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Guilford	1068-C	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	2,887
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	924,219
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	9,796
5. Prepaid Expenses			\$	21,279
a. Prepaid Insurance	6,489			
b. Prepaid Property Tax	14,790			
c. Prepaid Other				
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	2,280,847
Due Affiliate (Debit Balance)	2,280,847			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>3,239,028</b>
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>1,204,541</u>		\$	496,080
	Accum. Depreciation <u>708,461</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>81,441</u>		\$	27,915
	Accum. Depreciation <u>53,526</u>	Net		
6. Movable Equipment	*Historical Cost <u>383,341</u>		\$	130,442
	Accum. Depreciation <u>252,899</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	3,100
Construction in Progress				
Fixed Asset Clearing Account	3,100			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>657,538</b>

\* 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 Guilford	License No. 1068-C	Report for Year Ended 9/30/2015	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	3,896,566
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 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address		Amount	Loan Date	
_____				
_____				
7. Other Assets ( <i>itemize</i> )			\$	1,675
Capitalized Refinance Expense		1,675		
_____				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	1,675
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	3,898,241

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

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

Name of Facility Apple Rehab Guilford		License No. 1068-C	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	345,450
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> )				\$	104,134
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	28,565
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> )				\$	460,344
Accrued PTO		126,409	Accrued Worker's Comp	141,406	
Accrued Pension		4,982	Accrued Professional Fee	4,542	
Accrued Expense Other		170,334			
Payroll W/H		12,670			
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				<b>\$</b>	<b>938,493</b>

\* 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 Guilford	License No. 1068-C	Report for Year Ended 9/30/2015		Page 34	of 37
Account				Amount	
Total Brought Forward:				938,493	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ 3,476,066	
Name and Address of Lender	Amount	Loan Date			
Brian J. Foley	3,476,066	Demand			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	
Security Deposit					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 3,476,066	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 4,414,559	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Guilford	1068-C	9/30/2015	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	1,221,730
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,255,512)
6. Gain or Loss for Period			\$	(483,535)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	(516,317)
<b>C. Total Reserves and Net Worth</b>			\$	(516,317)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	3,898,241

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Guilford	1068-C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(353,084)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	8,009,394
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	8,492,929
D. Net Income or Deficit			\$	(483,535)
E. Balance			\$	(836,619)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Brian J. Foley	325,000			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	325,000
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	4,698
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
Brian J. Foley	President	4,698		
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	4,698
H. <b>Balance at End of Period</b>			\$	(516,317)
				09/30/15

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

Name of Facility Apple Rehab Guilford	License No. 1068-C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Robert Gwizdak				
Address Address			Phone Number	
21 Waterville Road Avon, CT 06001			(860) 470-7535	