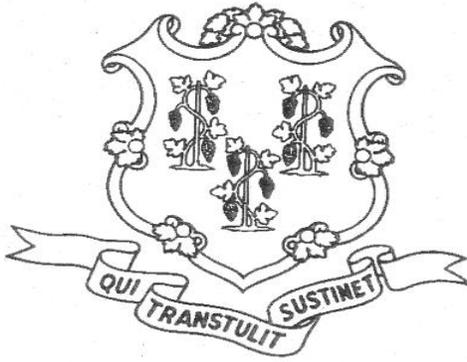


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Apple Rehab Laurel Woods	
Address (No. & Street, City, State, Zip Code) 451 North High St. East Haven, CT 06512	
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 2121-C	RHNS	(Specify)	Medicare Provider 07-5389
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Medicaid Provider Numbers:	CCNH 204000008	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 Laurel Woods	License No. 2121-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 Laurel Woods [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) Benjamin Schiano			Printed Name (Owner) Brian J. Foley		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Apple Rehab Laurel Woods	Period Covered:	From 10/1/2014	To 9/30/2015	
Address of Facility 451 North High St. East Haven, CT 06512				
Report Prepared By Apple Health Care, Inc.	Phone Number (860) 678-9755	Date		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-466-6850		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Apple Rehab Laurel Woods			Address (No. & Street, City, State, Zip) 451 North High St. East Haven, CT 06512		
License Numbers:		CCNH 2121-C	RHNS	(Specify)	Medicare Provider No. 07-5389
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Benjamin Schiano			Nursing Home Administrator's License No.:	1893	
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 Laurel Woods	License No. 2121-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	Business Address	State(s) in Which Incorporated		
Apple Rehab Laurel Woods	451 North High St. East Haven, CT 06512	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 Laurel Woods	License No. 2121-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	1,080,000	1,080,000
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	617,431	617,431
Healthport Services	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg 10/13 Schedule	52,547	52,547
Allstar	21 Waterville Road Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>	15%	Therapy Services	Pg. 13 B5/B9/B10	1,005,385	921,938
Corporate Employee	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	16,813	16,813
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	70,102	70,102
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	18,886	18,886
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	686,546	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	42,950	

* 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 Laurel Woods		License No. 2121-C		Report for Year Ended 9/30/2015		Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.								
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <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	15,924	
Marsh	PO Box 19636 Newark, NJ	X			Property, Liability, & Umbrella Insurance	Pg. 27 14a	82,134	
Medstat	41 Northwest Dr. Plainville, CT	X		9%	Pharmacy	Pg. 13B3/Pg. 20 5a2	494,575	459,460
AIG	PO Box 10472 Newark, NJ	X			Worker's Compensation	Pg. 15 1a1	365,829	
Swallowing Diagnostics	21 Waterville Rd. Avon, CT	X		83%	Diagnostic Services	Pg. 20 5f	9,150	8,628
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

Laurel Woods
Shared Employees
Provider 1068-C
10.1.14-9.30.15

41001- Salaries Administrator

Source	Facility	Employee	Amount	Hours
Optimum Report		Schiano	46,384.94	960.00
Admin Wages 3.19.15-9.30.15 Report			56,646.03	1,120.00
			103,030.97	2,080.00

41002- Salaries Clerical

Source	Facility	Employee	Amount	Hours
102014SHR	Plainville	Pericas	(193.50)	(21.50)
			(193.50)	(21.50)

41003- Salaries Accounting

Source	Facility	Employee	Amount	Hours
102014SHR	Shelton Lakes	Speight	396.00	16.50
092015SHR	Healthport	Wilson	60.00	3.00
	Payroll Dept Allocation		3,545.00	113.00
	Billing Unit Allocation.		13,268.00	611.00
			17,269.00	743.50

41004- Salaries Social Services/Admissions

Source	Facility	Employee	Amount	Hours
102014SHR	Harbor View	Condon	(355.50)	(19.75)
112014SHR	Harbor View	Condon	(517.50)	(28.75)
032015SHR	Harbor View	Condon	(283.50)	(15.75)
			(1,156.50)	(64.25)

41007- Salaries - Projects

Source	Facility	Employee	Amount	Hours
032015SHR	Westfield	Sakowski	100.38	5.50
			100.38	5.50

45001 - Salaries RN

Source	Facility	Employee	Amount	Hours
102014SHR	Saybrook	Gregoire	(352.75)	(8.50)

112014SHR	Plainville	Smikle-Russell	568.75	16.25
122014SHR	Plainville	Smikle-Russell	315.00	9.00
092015SHR	Healthport	Solis	224.00	8.00
092015SHR	Healthport	Sheldon	322.50	10.75

1,077.50 35.50

45002 - Salaries - LPN

Source	Facility	Employee	Amount	Hours
102014SHR	Harbor View	Damiani	(367.76)	(16.00)
112014SHR	Fowler	White	(204.00)	(8.00)
112014SHR	Harbor View	Damiani	(589.88)	(24.25)
122014SHR	Watrous	Finnimore	643.87	24.00
122014SHR	Harbor View	Damiani	(627.88)	(24.50)
012015SHR	Watrous	Finnimore	723.00	27.00
012015SHR	Harbor View	Damiani	(1,071.64)	(40.50)
012015SHR	Harbor View	Damiani	221.00	8.50
4/30/2015	Healthport	Sadoski	259.00	9.25
4/30/2015	Healthport	Yopp	280.00	17.50
6/30/2015	Healthport	Lawal	120.00	8.00
5/31/2015	Healthport	Thomas	21.63	5.75
5/31/2015	Healthport	Thomas	142.30	8.75

(450.36) (4.50)

45003 - Salaries - Aides

Source	Facility	Employee	Amount	Hours
102014SHR	Fowler	Beale	558.94	45.25
102014SHR	Fowler	Brantley	(1,583.61)	(119.50)
102014SHR	Westfield	Leatherwood	(93.28)	(7.00)
102014SHR	Fowler	Yusof	(1,108.63)	(99.00)
112014SHR	Plainville	Torres	106.94	8.50
112014SHR	Plainville	Senior-Hazel	227.66	16.25
112014SHR	Plainville	Pelletier	187.88	12.50
112014SHR	Fowler	Hunte	(477.31)	(36.25)
112014SHR	Fowler	Brantley	(160.16)	(8.00)
112014SHR	Fowler	Yusof	(612.88)	(45.50)
112014SHR	Fowler	Beale	368.75	29.50
122014SHR	Fowler	Neepaye	(270.66)	(14.00)
122014SHR	Fowler	Hunte	(685.70)	(51.75)
122014SHR	Fowler	James	(627.25)	(41.75)
122014SHR	Fowler	Brantley	(452.23)	(28.00)
122014SHR	Fowler	Yusof	(658.00)	(48.00)
122014SHR	Fowler	Chauca	(417.75)	(28.50)

122014SHR	Fowler	Rivera	(96.00)	(8.00)
122014SHR	Plainville	Torres	107.13	8.50
122014SHR	Plainville	Senior-Hazel	126.10	9.00
122014SHR	Plainville	Pelletier	176.61	11.75
122014SHR	Fowler	Beale	441.75	30.75
012015SHR	Fowler	Beale	434.00	28.25
012015SHR	Fowler	Hunte	(106.00)	(8.00)
012015SHR	Fowler	James	(278.00)	(20.00)
012015SHR	Fowler	Brantley	(420.56)	(28.00)
012015SHR	Fowler	Yusof	(1,010.19)	(77.25)
012015SHR	Fowler	Chauca	(144.00)	(8.00)
012015SHR	Fowler	Rivera	(119.25)	(6.00)
022015SHR	Fowler	Brantley	(99.12)	(6.00)
032015SHR	Fowler	Brantley	(90.12)	(6.00)

(6,774.94) (494.25)

45010- Salaries Infection Control

Source	Facility	Employee	Amount	Hours
012015SHR	Harbor View	Smith	(295.51)	(7.75)
022015SHR	Harbor View	Smith	(285.98)	(7.50)

(581.49) (15.25)

45017- Salaries MDS Coordinator

Source	Facility	Employee	Amount	Hours
122014SHR	Healthport	Herrick	238.00	-
012015SHR	Healthport	Herrick	416.50	12.25
022015SHR	Healthport	Herrick	195.50	5.75

850.00 18.00

50001- Salaries Dietician

Source	Facility	Employee	Amount	Hours
102014SHR	Watrous	Palmieri	(480.00)	(16.00)
102014SHR	Waterbury	Hagberg	169.50	6.00
112014SHR	Watrous	Palmieri	(637.50)	(21.25)
122014SHR	Watrous	Palmieri	(660.00)	(22.00)
012015SHR	Watrous	Palmieri	(592.50)	(19.75)
012015SHR	Fowler	Palmieri	(240.00)	(8.00)
022015SHR	Watrous	Palmieri	(367.50)	16.25
032015SHR	Watrous	Palmieri	(285.00)	5.50

(3,093.00) (59.25)

50002- Salaries Chefs, Cooks

Source	Facility	Employee	Amount	Hours
102014SHR	Fowler	Diggs	(2,357.50)	(128.00)
112014SHR	Coccoma	Green	(118.27)	(7.75)
112014SHR	Fowler	Diggs	(808.50)	(43.00)
122014SHR	Coccoma	Green	(99.82)	(7.00)
122014SHR	Coccoma	Diggs	(148.50)	(8.25)
122014SHR	Fowler	Diggs	(104.50)	(5.50)
012015SHR	Fowler	Diggs	(1,175.25)	(63.50)
022015SHR	Coccoma	Green	(254.52)	(15.75)
022015SHR	Fowler	Diggs	(171.00)	(9.50)
032015SHR	Coccoma	Green	(110.52)	(7.75)
			(5,348.38)	(296.00)

50003- Salaries Helpers, Dishwashers

Source	Facility	Employee	Amount	Hours
102014SHR	Coccoma	Green	(452.76)	(31.75)
112014SHR	Coccoma	Green	(460.88)	(23.50)
122014SHR	Coccoma	Green	(445.63)	(31.25)
012015SHR	Coccoma	Green	(723.70)	(50.75)
022015SHR	Coccoma	Green	(224.60)	(15.75)
			(2,307.57)	(153.00)

60001- Salaries - Housekeeping

Source	Facility	Employee	Amount	Hours
102014SHR	Fowler	Lopez	(119.54)	(12.00)
112014SHR	Fowler	Caldwell	(211.12)	(14.00)
112014SHR	Fowler	Woods	(123.55)	(7.00)
			(454.21)	(33.00)

Total Shared Employee **85,154.90** **1,017.50**

Laurel Woods**45023- Purch Service LPN - ESP**

Source	Facility	Employee	Amount	Hours
102014SHR	Healthport	Stack	288.00	9.00
102014SHR	Healthport	Arshad	271.25	8.75
102014SHR	Healthport	Mesquita	280.00	8.75
102014SHR	Healthport	Pinnock-Bennett	341.00	11.00

102014SHR	Healthport	Pierre	384.25	13.25
102014SHR	Healthport	Sadoski	203.00	7.25
102014SHR	Healthport	LaCoss	256.00	8.00
102014SHR	Healthport	Reynoso	180.00	6.00
102014SHR	Healthport	Harris	478.50	16.50
112014SHR	Healthport	Pinnock-Bennett	544.50	16.50
112014SHR	Healthport	Pierre	511.50	16.50
112014SHR	Healthport	Reynoso	512.00	16.00
122014SHR	Healthport	Arshad	271.25	8.75
122014SHR	Healthport	Pinnock-Bennett	1,225.13	33.75
122014SHR	Healthport	Thomas	263.50	8.50
122014SHR	Healthport	Reynoso	272.00	8.50
012015SHR	Healthport	Stack	296.00	9.25
012015SHR	Healthport	Arshad	286.75	9.25
012015SHR	Healthport	Gayle-Smith	180.00	6.00
012015SHR	Healthport	Pinnock-Bennett	1,513.50	47.00
012015SHR	Healthport	Pierre	619.50	20.50
012015SHR	Healthport	Thomas	519.25	16.75
012015SHR	Healthport	Yopp	280.00	8.75
012015SHR	Healthport	Sadoski	1,046.00	36.75
012015SHR	Healthport	Lawal	255.00	8.50
012015SHR	Healthport	Reynoso	272.00	8.50
022015SHR	Healthport	Pierre	672.75	22.75
022015SHR	Healthport	Thomas	193.75	6.25
022015SHR	Healthport	Sadoski	517.50	17.25
022015SHR	Healthport	Reynoso	481.50	15.50

Indirect Allocation

8,651.49

22,066.87 430.00

Total ESP

22,066.87 430.00

Desc		
Salaries - Aides - JobTitle = CNA SNF	4/16/2015	24.00
Salaries - Aides - JobTitle = CNA SNF	5/14/2015	13.00
Salaries - Aides - JobTitle = CNA SNF	5/21/2015	20.00
Salaries - Aides - JobTitle = CNA SNF	6/4/2015	30.50
Salaries - Aides - JobTitle = CNA SNF	4/16/2015	12.00
		99.50
Salaries - Chefs Cooks - JobTitle = Cook Supervisor	9/24/2015	6.25
		6.25
Salaries - Food Service Supervisor - JobTitle = Dietary Manager	4/30/2015	9.50
		9.50
Salaries - Housekeeping - JobTitle = HOUSEKEEPING	6/4/2015	21.00
		21.00
Salaries - Staff Development - JobTitle = STAFF DEVELOPMENT	4/2/2015	6.00
Salaries - Staff Development - JobTitle = STAFF DEVELOPMENT	4/30/2015	7.25
		13.25
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/9/2015	30.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/16/2015	90.00
		120.00
Salaries - Aides - JobTitle = CNA SNF	6/4/2015	8.50
Salaries - Aides - JobTitle = CNA SNF	9/10/2015	65.00
Salaries - Aides - JobTitle = CNA SNF	9/17/2015	16.00
Salaries - Aides - JobTitle = CNA SNF	6/4/2015	24.00
Salaries - Aides - JobTitle = CNA SNF	7/9/2015	38.50
Salaries - Aides - JobTitle = CNA SNF	9/17/2015	24.75
Salaries - Aides - JobTitle = CNA SNF	9/17/2015	22.50
Salaries - Aides - JobTitle = CNA SNF	6/4/2015	24.00
Salaries - Aides - JobTitle = CNA SNF	6/25/2015	16.00
		239.25
Salaries - Nursing Administration - JobTitle = NURSING ADMIN	4/2/2015	4.00
		4.00
Salaries - Dietitians - JobTitle = REGIONAL DIETICIAN	4/2/2015	4.00
Salaries - Dietitians - JobTitle = REGIONAL DIETICIAN	4/9/2015	3.88
Salaries - Dietitians - JobTitle = REGIONAL DIETICIAN	4/23/2015	8.50
Salaries - Dietitians - JobTitle = REGIONAL DIETICIAN	5/7/2015	5.00
Salaries - Dietitians - JobTitle = REGIONAL DIETICIAN	5/14/2015	5.25
Salaries - Dietitians - JobTitle = REGIONAL DIETICIAN	5/28/2015	5.00
Salaries - Dietitians - JobTitle = REGIONAL DIETICIAN	6/11/2015	5.00
Salaries - Dietitians - JobTitle = REGIONAL DIETICIAN	6/18/2015	5.00
Salaries - Dietitians - JobTitle = REGIONAL DIETICIAN	6/25/2015	5.00
Salaries - Dietitians - JobTitle = REGIONAL DIETICIAN	7/2/2015	5.25
Salaries - Dietitians - JobTitle = REGIONAL DIETICIAN	7/9/2015	4.25
Salaries - Dietitians - JobTitle = REGIONAL DIETICIAN	7/16/2015	4.00
Salaries - Dietitians - JobTitle = REGIONAL DIETICIAN	7/23/2015	4.50
Salaries - Dietitians - JobTitle = REGIONAL DIETICIAN	7/30/2015	4.00

Salaries - Dietitians - JobTitle = REGIONAL DIETICIAN	8/6/2015	4.50
Salaries - Dietitians - JobTitle = REGIONAL DIETICIAN	8/13/2015	4.00
Salaries - Dietitians - JobTitle = REGIONAL DIETICIAN	8/20/2015	4.50
Salaries - Dietitians - JobTitle = REGIONAL DIETICIAN	8/27/2015	4.50
		86.13
Salaries - Accounting - JobTitle = A/P Coordinator	4/16/2015	16.00
Salaries - Accounting - JobTitle = A/P Coordinator	4/23/2015	16.00
Salaries - Accounting - JobTitle = A/P Coordinator	4/30/2015	16.00
Salaries - Accounting - JobTitle = A/P Coordinator	5/21/2015	16.00
Salaries - Accounting - JobTitle = A/P Coordinator	5/28/2015	16.00
Salaries - Accounting - JobTitle = A/P Coordinator	6/11/2015	16.00
Salaries - Accounting - JobTitle = A/P Coordinator	6/18/2015	16.00
Salaries - Accounting - JobTitle = A/P Coordinator	6/25/2015	16.00
Salaries - Accounting - JobTitle = A/P Coordinator	7/2/2015	16.00
Salaries - Accounting - JobTitle = A/P Coordinator	7/16/2015	16.00
Salaries - Accounting - JobTitle = A/P Coordinator	7/23/2015	16.00
Salaries - Accounting - JobTitle = A/P Coordinator	7/30/2015	8.00
Salaries - Accounting - JobTitle = A/P Coordinator	8/27/2015	16.00
		200.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	4/2/2015	7.75
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	4/16/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	4/23/2015	7.75
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	4/30/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	5/7/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	5/21/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	5/28/2015	7.75
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	6/4/2015	7.75
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	6/11/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	6/18/2015	7.50
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	7/2/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	7/9/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	7/16/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	7/23/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	7/30/2015	7.50
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	8/6/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	8/13/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	8/20/2015	4.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	8/27/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	9/3/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	9/10/2015	8.50
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	9/17/2015	8.00
Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	9/24/2015	8.00
		178.50
Salaries - Aides - JobTitle = CNA TRAINEE	7/23/2015	27.25
Salaries - Aides - JobTitle = CNA TRAINEE	7/30/2015	27.75

Salaries - Aides - JobTitle = CNA TRAINEE	8/6/2015	24.75
Salaries - Aides - JobTitle = CNA TRAINEE	8/13/2015	25.00
Salaries - Aides - JobTitle = CNA TRAINEE	8/20/2015	22.25
		127.00
Salaries - Accounting - JobTitle = A/P Coordinator	9/10/2015	3.75
Salaries - Accounting - JobTitle = A/P Coordinator	9/17/2015	13.50
		17.25
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/7/2015	16.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/14/2015	32.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/21/2015	16.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/2/2015	2.25
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/9/2015	32.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/13/2015	40.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/20/2015	40.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/27/2015	40.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/3/2015	40.25
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/10/2015	63.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/17/2015	58.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/24/2015	56.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/30/2015	24.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/17/2015	1.00
		463.50
Salaries LPN - JobTitle = LPN SNF	6/11/2015	33.50
Salaries LPN - JobTitle = LPN SNF	8/13/2015	8.75
Salaries LPN - JobTitle = LPN SNF	9/24/2015	9.25
Salaries LPN - JobTitle = LPN SNF	4/23/2015	16.00
Salaries LPN - JobTitle = LPN SNF	6/18/2015	17.00
Salaries LPN - JobTitle = LPN SNF	6/4/2015	58.50
Salaries LPN - JobTitle = LPN SNF	7/9/2015	34.50
Salaries LPN - JobTitle = LPN SNF	8/6/2015	17.00
Salaries LPN - JobTitle = LPN SNF	5/28/2015	34.00
Salaries LPN - JobTitle = LPN SNF	9/3/2015	17.50
Salaries LPN - JobTitle = LPN SNF	4/23/2015	18.00
Salaries LPN - JobTitle = LPN SNF	4/30/2015	16.50
Salaries LPN - JobTitle = LPN SNF	6/4/2015	17.50
Salaries LPN - JobTitle = LPN SNF	6/11/2015	34.00
Salaries LPN - JobTitle = LPN SNF	6/18/2015	32.00
Salaries LPN - JobTitle = LPN SNF	7/2/2015	16.50
Salaries LPN - JobTitle = LPN SNF	7/9/2015	50.50
Salaries LPN - JobTitle = LPN SNF	8/6/2015	16.75
Salaries LPN - JobTitle = LPN SNF	9/3/2015	16.00
Salaries LPN - JobTitle = LPN SNF	9/17/2015	17.00
Salaries LPN - JobTitle = LPN SNF	4/23/2015	17.50
Salaries LPN - JobTitle = LPN SNF	5/14/2015	51.00
Salaries LPN - JobTitle = LPN SNF	5/21/2015	19.25

Salaries LPN - JobTitle = LPN SNF	8/20/2015	50.50
Salaries LPN - JobTitle = LPN SNF	8/27/2015	36.50
Salaries LPN - JobTitle = LPN SNF	4/30/2015	45.25
Salaries LPN - JobTitle = LPN SNF	5/7/2015	31.50
Salaries LPN - JobTitle = LPN SNF	5/21/2015	14.50
Salaries LPN - JobTitle = LPN SNF	5/28/2015	31.00
Salaries LPN - JobTitle = LPN SNF	7/9/2015	8.25
Salaries LPN - JobTitle = LPN SNF	8/6/2015	5.00
Salaries LPN - JobTitle = LPN SNF	9/10/2015	16.50
Salaries LPN - JobTitle = LPN SNF	4/30/2015	9.50
Salaries LPN - JobTitle = LPN SNF	5/7/2015	25.25
Salaries LPN - JobTitle = LPN SNF	5/14/2015	21.75
Salaries LPN - JobTitle = LPN SNF	9/3/2015	20.00
Salaries LPN - JobTitle = LPN SNF	4/23/2015	9.25
Salaries LPN - JobTitle = LPN SNF	4/30/2015	34.00
Salaries LPN - JobTitle = LPN SNF	5/7/2015	8.25
Salaries LPN - JobTitle = LPN SNF	5/28/2015	8.50
Salaries LPN - JobTitle = LPN SNF	3/26/2015	39.50
Salaries LPN - JobTitle = LPN SNF	4/30/2015	16.50
Salaries LPN - JobTitle = LPN SNF	5/7/2015	33.00
Salaries LPN - JobTitle = LPN SNF	5/14/2015	15.75
Salaries LPN - JobTitle = LPN SNF	5/28/2015	16.50
Salaries LPN - JobTitle = LPN SNF	6/4/2015	16.00
Salaries LPN - JobTitle = LPN SNF	6/18/2015	8.50
		1,089.75
Salaries - Aides - JobTitle = CNA SNF	6/4/2015	6.00
Salaries - Aides - JobTitle = CNA SNF	6/4/2015	16.00
Salaries - Aides - JobTitle = CNA SNF	7/9/2015	8.25
Salaries - Aides - JobTitle = CNA SNF	7/16/2015	8.25
		38.50
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	9/3/2015	6.25
		6.25
		2,719.63

283.40
94.39
102.60
363.28
78.00
921.67
112.50
112.50
171.00
171.00
157.98
157.98
228.78
276.44
505.22
509.00
1,254.75
1,763.75
167.05
444.07
120.16
208.08
239.38
186.79
239.07
198.00
108.00
1,910.60
81.20
81.20
120.00
116.40
255.00
150.00
157.50
150.00
150.00
150.00
150.00
150.00
157.50
127.50
120.00
135.00
120.00

135.00
120.00
135.00
135.00
2,583.90
272.00
272.00
272.00
272.00
272.00
272.00
272.00
272.00
272.00
272.00
272.00
272.00
136.00
272.00
3,400.00
110.52
114.08
110.52
114.08
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110.52
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106.95
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106.95
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57.04
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135.24
114.08
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249.34
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226.46
228.75
203.59
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270.00
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280.00
542.00
272.00
67.50
512.00
1,211.25
1,200.00
1,211.25
1,207.50
1,016.00
1,048.00
1,186.07
465.00
28.00

623.36
212.19
224.31
248.00
263.50
1,098.50
629.50
255.00
510.00
262.50
270.00
247.50
262.50
510.00
480.00
247.50
880.00
280.50
240.00
255.00
288.75
841.50
317.63

833.25
602.25
812.75
488.25
224.75
480.50
358.88
145.00
255.75
294.50
529.00
616.25
330.00
259.00
952.00
231.00
238.00
681.00
255.75
511.50
244.30
255.75
248.00
255.00

#####

72.00
126.32
101.89
101.89
402.10
212.50
212.50

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General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Apple Rehab Laurel Woods	License No. 2121-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 Laurel Woods			License No. 2121-C			Report for Year Ended 9/30/2015		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
							Total ***		

Is a Mileage Log Book Maintained for All Leased Vehicles ? Yes No **Total *****

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

General Information and Questionnaire Accounting Basis

Name of Facility Apple Rehab Laurel Woods	License No. 2121-C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

1 Preparation of audited financials (dissallow Pg. 28)	\$ 27,231
2 Preparation of tax returns	\$ 2,025
3	\$
4	\$
Charge for Services Provided	
\$ 29,256	

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 Office of Jason DeGenero 2 Marie Cusano 3 4 5	Telephone Number
---	------------------

Address (*No. & Street, City, State, Zip Code*)
 1 29 Water St. Guilford, CT 06437
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Collections	\$ 1,370
2 Filing Fees	\$ (95)
3	\$
4	\$
5	\$
Charge for Services Provided	
\$ 1,275	

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 Laurel Woods			License No. 2121-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	120	120			120	120			120	120			
B. On last day of THIS report period	120	120			120	120			120	120			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	99	99			99	99			107	107			
B. As of midnight of THIS report period	107	107			107	107			107	107			
3. Total Number of Days Care Provided During Period													
A. Medicare	4,420	4,420			3,417	3,417			1,003	1,003			
B. Medicaid (Conn.)	29,918	29,918			22,070	22,070			7,848	7,848			
C. Medicaid (other states)													
D. Private Pay	4,912	4,912			3,782	3,782			1,130	1,130			
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	39,250	39,250			29,269	29,269			9,981	9,981			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	39,250	39,250			29,269	29,269			9,981	9,981			

Schedule of Resident Statistics (Cont'd)

Name of Facility Apple Rehab Laurel Woods			License No. 2121-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	13		82		12								
Per Diem Rate													
a. One bed rm.			243.72		475.00								
b. Two bed rms.	various				435.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								6,506	6,506				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								15,447	15,447				
D. Total Physical Therapy Treatments								21,953	21,953				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								1,043	1,043				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								761	761				
D. Total Speech Therapy Treatments								1,804	1,804				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								5,371	5,371				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								14,432	14,432				
D. Total Occupational Therapy Treatments								19,803	19,803				

Report of Expenditures - Salaries & Wages

Name of Facility Apple Rehab Laurel Woods	License No. 2121-C	Report for Year Ended 9/30/2015	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	102,163	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	94,816	6,899				
5. Dietary Service						
a. Head Dietitian	47,381	1,590				
b. Food Service Supervisor	51,913	2,069				
c. Dietary Workers	380,775	30,684				
6. Housekeeping Service						
a. Head Housekeeper	45,690	2,609				
b. Other Housekeeping Workers	181,563	13,965				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	87,314	4,543				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	80,397	6,902				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	116,662	5,573				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	143,279	3,511				
b. RN						
1. Direct Care	800,823	35,913				
2. Administrative**	273,805	7,786				
c. LPN						
1. Direct Care	1,080,918	56,085				
2. Administrative**						
d. Aides and Attendants	1,510,524	142,016				
e. Physical Therapists	12,011	753				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	125,724	6,001				
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	143,867	6,032				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	5,279,624	335,012				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

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

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

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

Name of Facility				License No.	Report for Year Ended				Page	of
Apple Rehab Laurel Woods				2121-C	9/30/2015				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Apple Rehab Laurel Woods				2121-C	9/30/2015			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Benjamin Schiano	102,163				Administrator 10/1/14 - 9/30/15	2,080	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Laurel Woods	2121-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	12,816	138				
3. Pharmacist	9,189	104				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	408,018	5,488				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	48,000	80				
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) Dr Dharini/Dr Drabinski	15,750	132				
9. Speech Therapist						
a. Resident Care	94,352	451				
b. Other						
10. Occupational Therapist						
a. Resident Care	356,522	4,951				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	22,067	430				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	2,925	29				
B-13 Total Fees Paid in Lieu of Salaries	969,639	11,803				

* 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 Laurel Woods		License No. 2121-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	
West River Pharmacy of Connecticut 41 Northwest Dr. Plainville, CT	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Anuruddha Walaiyadda 11 New England Dr. Wallingford, CT	Medical Director & Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>		
Mark Drabinski 151 Barlett Dr. Madison, CT	Staff Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Dental 888 Worcester St. Wellesley, MA 02482-3744	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Dharini Sun 2690 Whitney Ave. New Haven, CT	Staff Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Pointright, Inc 150 Cambridge Park Dr, Ste 301, Cambridge, MA 02140	Healthcare Management Consultation	<input type="radio"/>	<input checked="" type="radio"/>		
Rosemary Spinelli-Reyes 55 Jodi Dr, Wallingford, CT 06492	Healthcare Management Consultation	<input type="radio"/>	<input checked="" type="radio"/>		
		<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"/>		

* 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 Laurel Woods	2121-C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 365,829	365,829			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 167,800	167,800			
4. Social Security (F.I.C.A.)	\$ 383,203	383,203			
5. Health Insurance	\$ 544,048	544,048			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 15,924	15,924			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 18,886	18,886			
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*	\$ 190,521	190,521			
d. Accounting and Auditing	\$ 29,256	29,256			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 1,275	1,275			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 28,990	28,990			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 24,279	24,279			
2. Cellular Phones	\$				
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 732,712	732,712			
Subtotal	\$ 2,502,722	2,502,722			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Apple Rehab Laurel Woods	2121-C	9/30/2015	16	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		2,502,722	2,502,722		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$	10,265	10,265		
2. Holiday Parties for Staff	\$	3,770	3,770		
3. Gifts to Staff and Residents	\$	22,889	22,889		
4. Employee Travel	\$	5,789	5,789		
5. Education Expenses Related to Seminars and Conventions	\$	1,488	1,488		
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>)	\$	1,155	1,155		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)***	\$	20,781	20,781		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	6,085	6,085		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$	9,965	9,965		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	450	450		
9. Subscriptions	\$	4,745	4,745		
10. Contributions***	\$	495	495		
See Attached Schedule					
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$	617,431	617,431		
13. Other (<i>Specify</i>)	\$	89,571	89,571		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	3,297,601	3,297,601		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising - Public Relations	\$ 20,781		
Total Other Advertising	\$ 20,781	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHFA	\$ 8,189		
CATRD	\$ 40		
Extended Care Information Network	\$ 1,591		
Dept of Consumer Protection (Anuruddha Walaliyadda) Renewal	\$ 40		
American College of Health Care Administrators Membership Dues	\$ 105		
Total Dues	\$ 9,965	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Sponsor Ad 2015	\$ 495		
Total Contributions	\$ 495	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Corporate Fees - Non Reimbursable	\$ 48,140		
Licenses & Fees	\$ 1,781		
Pre Employment Screening	\$ 17,649		
Point Click Care Fees	\$ 13,653		
Bank Charges	\$ 5,591		
Resident Expenses	\$ 907		
Account Write Off	\$ 392		
Settlement	\$ 1,457		
Total Other Administrative and General	\$ 89,571	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Apple Rehab Laurel Woods	License No. 2121-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.	617,431	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 Laurel Woods	License No. 2121-C	Report for Year Ended 9/30/2015	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 291,334	291,334		
2. Non-Food Supplies	\$ 45,599	45,599		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 895	895		
c. Management Services**	\$ _____			
d. Other (Specify) _____	\$ _____			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 337,828	337,828		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	323	323		
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		License No.	Report for Year Ended	Page	of
Apple Rehab Laurel Woods		2121-C	9/30/2015	19	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. \$	16,586	16,586	
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. \$	16,647	16,647	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify)		\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	33,233	33,233	
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

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

All allocations should add to total recorded in 3E.

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Apple Rehab Laurel Woods	2121-C	9/30/2015	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced	44,308	44,308		
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	41,432	41,432		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced				
	by Personnel				
	Amt. \$				
c. Management Services*	\$				
d. Other (<i>Specify</i>)	\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	41,432	41,432		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Medstat/West River	\$	436,049	436,049		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	425,805	425,805		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	60,626	60,626		
f. X-rays and Related Radiological Procedures***	\$	22,228	22,228		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	57,443	57,443		
i. Recreation	\$	31,944	31,944		
j. Other (Specify)**** See Attached Schedule	\$	55,521	55,521		
5K. Total Resident Care Expenditures (5a - 5j)	\$	1,089,616	1,089,616		

* 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.

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

Name of Facility Apple Rehab Laurel Woods			License No. 2121-C		Report for Year Ended 9/30/2015				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
CWPM, LLC	25 Norton Place Plainville, CT	<input type="radio"/>	<input checked="" type="radio"/>		Refuse Removal	24,146			22	6f
Schindler Elevator Corp	850 Brook St. Rocky Hill, CT 06407	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Maintenance	17,155			22	6a
Perfectemp Heating & Air Conditioning	635 Old Turnpike Rd. Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		Conditioning Maintenance	25,210			22	6a
Kforce Professional Staffing Services	PO Box 277997 Atlanta, GA 30384-7997	<input type="radio"/>	<input checked="" type="radio"/>		Staffing Services	14,874			22	6a
Stericycle, Inc	PO Box 6582 Carol Stream, IL 60197	<input type="radio"/>	<input checked="" type="radio"/>		Refuse Removal	13,839			22	6f
		<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 Laurel Woods	2121-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 176,455	176,455				
b. Heat	\$ 77,306	77,306				
c. Light & Power	\$ 112,024	112,024				
d. Water	\$ 49,897	49,897				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 44,739	44,739				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 460,422	460,422				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 845	845				
d. Movable Equipment	\$ 80,968	80,968				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 81,813	81,813				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 23,013	23,013				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 23,013	23,013				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,080,000	1,080,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 10,259	10,259				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,195,085	1,195,085				

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

Apple Rehab Laurel Woods
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
3/19/2015	Payroll System Upgrade-Time Clocks	1,233.01	10	42.04
3/19/2015	Payroll System Upgrade-Time Clocks	1,395.84	10	47.57
6/26/2015	10 Monitors for Point of Care (CDW)	1,172.91	5	60.23
7/6/2015	19 Kiosks for Point of Care (Careworx)	21,456.11	5	1,043.17
7/6/2015	19 Kiosks for Point of Care (Careworx)	5,721.63	5	278.17
7/6/2015	Kiosk Supplies for Point of Care (CDW)	809.92	5	39.37
7/21/2015	Patient Lift Repairs on 4 Lifts	1,478.83	5	65.04
7/21/2015	2 Patient Lifts & Patient Lift Scale	4,676.16	10	102.81
9/10/2015	Patient Lift Repairs on 4 Lifts	1,012.05	5	19.15
Total additions for Movable Equipment		38,956.46		1,697.55
Deletions:				
9/30/2015	Photocopiers	(10,335.00)	5	
9/30/2015	Copier	(1,965.09)	5	
9/30/2015	Maximove Scale (Arho Hunt Leigh)	(5,809.19)	10	
Total deletions for Movable Equipment		(18,109.28)		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
8/12/2014	Water Heater Deposit (Saucier)	6,685.00	10	717.26
10/22/2014	Prodigy Cuber w/Ice Bin (Direct Supply)	3,308.14	10	413.54
11/5/2014	Water Heater Final Pymt (Saucier)	6,685.00	10	835.64
1/8/2015	Wall Covering Paint (Sherwin-Williams)	882.30	5	65.72
4/24/2015	Install Hot Water Storage Tanks & Piping	6,000.00	20	95.35
4/24/2015	Install Hot Water Storage Tanks & Piping	16,430.00	20	261.09
7/2/2015	Piping and Tile Replacement in Kitchen	2,552.40	25	25.38
Total additions for Leasehold Improvement		42,542.84		2,413.98
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Apple Rehab Laurel Woods			License No. 2121-C		Report for Year Ended 9/30/2015			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				196,330	81,700	S/L		20,599	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				42,543		S/L		2,414	
C-4. Subtotal									23,013
D. Total Amortization									23,013

* 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 Laurel Woods	License No. 2121-C	Report for Year Ended 9/30/2015	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		120		
6. Square Footage		44,308		
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed		See Attached		
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

CT Medicaid Cost Report Attachment Page 25

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

Note: The following facilities are collateralized by this mortgage.

Connecticut Facilities

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

6 Month extension

extension to 10/13/15

2.08%

6 month

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

Name of Facility		License No.	Report for Year Ended		Page	of
Apple Rehab Laurel Woods		2121-C	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility Apple Rehab Laurel Woods		License No. 2121-C		Report for Year Ended 9/30/2015		Page 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) \$				19,666	19,666		
Value Settlement \$5174 LT Note \$14037 Late Payable \$4							
13. Total All Interest Expense (12B7 + 12C3 + 12D) \$				19,666	19,666		
14. Insurance							
a. Insurance on Property (buildings only) \$				82,134	82,134		
b. Insurance on Automobiles \$							
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage) \$							
2. Fire and Extended Coverage \$							
3. Other (Specify) \$							
14d. Total Insurance Expenditures (14a + b + c) \$				82,134	82,134		
15. Total All Expenditures (A-13 thru C-14) \$				12,806,279	12,806,279		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Apple Rehab Laurel Woods			2121-C	9/30/2015	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 3,312	3,312		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 356,522	356,522		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 190,521	190,521		
10.	15	1d/e	Accounting & Legal	\$ 28,506	28,506		
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 *	\$ 20,781	20,781		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 495	495		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 79,537	79,537		
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 679,673	679,673		

* 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	\$ 3,312		
Total Other Salaries Adjustment			\$ 3,312	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Corporate Fee - Non Reimburable	\$ 48,140		
16	1.3	Employee Recognition/Gifts/Parties	\$ 22,889		
16	8a	Chamber of Commerce	\$ 450		
16	m13	Bank Charges	\$ 5,591		
16	m13	Resident Expenses	\$ 907		
16	m13	Account Write Off	\$ 101		
16	m13	Settlement	\$ 1,457		
Total Other A&G Adjustments			\$ 79,537	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Apple Rehab Laurel Woods			2121-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 679,673	679,673		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 436,049	436,049		
28.	16	L1	Ambulance/Limousine	\$ 10,265	10,265		
29.	20	h	X-rays, etc	\$ 22,228	22,228		
30.	20	f	Laboratory	\$ 57,443	57,443		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 39,304	39,304		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 47,639	47,639		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.	30	IV5	Interest Income on Accounts Rec	\$ 6	6		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 19,805	19,805		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 1,312,410	1,312,410		

*** 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 Laurel Woods
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ 45,122		
20	5j	Rehab Service Supplies	\$ 2,516		
Total Other Ancillary Costs			\$ 47,639	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12d	Interest on value note	\$ 5,174		
27	12d	Long Term Note	\$ 14,037		
27	12d	Late Payable	\$ 455		
29	49	Therapy Disallowance	\$ 139		
Total Other Adjustments			\$ 19,805	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Apple Rehab Laurel Woods	2121-C	9/30/2015			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 7,353,640	7,353,640				
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>)	\$ 1,896,443	1,896,443				
b. Medicare Room and Board Contractual Allowance **	\$ 497,841	497,841				
4. a. Private-Pay Residents and Other	\$ 1,898,050	1,898,050				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 178,279	178,279				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (178,278)	(178,278)				
c. Prescription Drugs - Non-Medicare	\$ 104,162	104,162				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (104,162)	(104,162)				
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	\$ 596,058	596,058				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (397,324)	(397,324)				
c. Physical Therapy - Non-Medicare	\$ 172,305	172,305				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (142,660)	(142,660)				
4. a. Speech Therapy - Medicare	\$ 74,932	74,932				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (33,965)	(33,965)				
c. Speech Therapy - Non-Medicare	\$ 6,255	6,255				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (3,735)	(3,735)				
5. a. Occupational Therapy - Medicare	\$ 698,858	698,858				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (487,919)	(487,919)				
c. Occupational Therapy - Non-Medicare	\$ 193,455	193,455				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (162,675)	(162,675)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 12,159,559	12,159,559				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 6	6				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 1,079	1,079				
V. Total Other Revenue (1 thru 8)	\$ 1,085	1,085				
VI. Total All Revenue (III +V)	\$ 12,160,645	12,160,645				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV5	Interest Income	2,536,911	\$ 6		
Total Interest Income			\$ 6	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Medical and Employee Records	\$ 789		
30 IV 8	Account W/O	\$ 290		
Total Other Revenue		\$ 1,079	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Laurel Woods	2121-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	302,640
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,536,911
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	20,527
5. Prepaid Expenses			\$	30,697
a. Prepaid Insurance	16,824			
b. Prepaid Property Tax	7,070			
c. Prepaid Other				
d. Payroll W/H	6,803			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	
Due Affiliate (Debit Balance)				
<hr/>				
<hr/>				
<hr/>				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,890,774
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>238,873</u>		\$	134,160
	Accum. Depreciation <u>104,713</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>8,449</u>		\$	4,492
	Accum. Depreciation <u>3,957</u>	Net		
6. Movable Equipment	*Historical Cost <u>788,312</u>		\$	351,682
	Accum. Depreciation <u>436,630</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	1,475
Construction in Progress	1,360			
Fixed Asset Clearing Account	115			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	491,810

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Laurel Woods	2121-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	3,382,584
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	2,350,992
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>)			\$	120
	Capitalized Refinance Expense	120		

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	2,351,112
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	5,733,696

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Laurel Woods	2121-C	9/30/2015	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	903,205
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>)			\$	157,314
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	89,117
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>)			\$	751,078
Accrued PTO	197,444	Accrued Worker's Comp	227,146	
Accrued Pension	5,003	Accrued Professional Fee	19,031	
Accrued Expense Other	244,478	Other Employee Withold	31,089	
Exchange	26,886			
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	1,900,714

* 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 Laurel Woods	License No. 2121-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount
Total Brought Forward:				1,900,714
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 639,927
Name and Address of Lender	Amount	Loan Date		
Brian J. Foley	639,927	Demand		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 2,975,334
Security Deposit				
Due Affiliate		2,726,143		
Dostie Note L/T		249,192		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 3,615,261
C. Total All Liabilities (Lines A-13 + B-5)				\$ 5,515,975

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Laurel Woods	2121-C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	6,314,746
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(5,451,390)
6. Gain or Loss for Period			\$	(645,635)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	217,721
C. Total Reserves and Net Worth			\$	217,721
D. Total Liabilities, Reserves, and Net Worth			\$	5,733,696

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Laurel Woods	2121-C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	19,620
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	12,160,645
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	12,806,279
D. Net Income or Deficit			\$	(645,635)
E. Balance			\$	(626,015)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Brian J. Foley	850,000			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	850,000
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	6,264
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
Brian J. Foley	President	6,264		
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	6,264
H. Balance at End of Period			\$	217,721
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility Apple Rehab Laurel Woods	License No. 2121-C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Robert Gwizdak				
Address Address		Phone Number		
21 Waterville Road Avon, CT 06001		(860) 470-7535		