

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Bishop Wicke Health & Rehab Ctr.	
Address (No. & Street, City, State, Zip Code) 584 Long Hill Avenue Shelton, Connecticut 06484	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 812-C	RHNS	Other	Medicare Provider 07-5163
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Medicaid Provider Numbers:	CCNH 8128	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

General Information

Name of Facility (as licensed) Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2018	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 Bishop Wicke Health & Rehab Ctr. [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator)			Printed Name (Owner) Zvonimir I. Jukic (Director/Treasurer)	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

Table of Contents

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

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 Bishop Wicke Health & Rehab Ctr.	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 584 Long Hill Avenue Shelton, Connecticut 06484				
Report Prepared By The Lancaster Group, LLC	Phone Number 717-371-6547	Date 2/11/2019		
Item	Total	CCNH	RHNS	Other
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 203-624-3303		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Bishop Wicke Health & Rehab Ctr.		Address (No. & Street, City, State, Zip) 584 Long Hill Avenue Shelton, Connecticut 06484		
License Numbers:	CCNH 812-C	RHNS	Other	Medicare Provider No. 07-5163
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 checked="" type="checkbox"/> Other				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input checked="" type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator		Nursing Home Administrator's License No.:	1885	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
Not applicable				

**General Information and Questionnaire
Related Parties***

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2018	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	%**				
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Allocation Direct Salary	P. 16 M.12 & P. 28, Ln	86,386	86,386
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Office Allocation Direct Benefits	P. 16 M.12 & P. 28, Ln	21,596	21,596
United Methodist Home of CT, Inc		<input type="radio"/>	<input checked="" type="radio"/>		Corporate Office Alloc Direct Taxes	P. 16 M.12 & P. 28, Ln	6,609	6,609
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Office Alloc Indirect Sal	P. 16 M.12 & P. 28, Ln	278,495	278,495
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Office Allocation Indirect Benefits	P. 16 M.12 & P. 28, Ln	69,624	69,624
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Office Alloc Ind Taxes	P. 16 M.12 & P. 28, Ln	16,322	16,322
		<input type="radio"/>	<input checked="" type="radio"/>		Note above is actual cost to related party bef			
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2018	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> 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.				
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.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
Related party costs include the Provider's allocated portion of direct and indirect cost (e.g. CEO) from the United Methodist Homes corporate office. The facility is also associated with two related companies providing independent and assisted living. United Methodist Homes provides services on an allocated basis to all three entities. Schedules documenting the allocation are included in this filing. Also the facility is a participant in a common pension plan with other related entities				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Bishop Wicke Health & Rehab Ctr.		812-C		9/30/2018			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						
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter/Fax Machine	04/20/14	60 months	1,248	1,248	
Prism	<input type="radio"/>	<input checked="" type="radio"/>	Copier	03/07/14	60 Months	5,775	5,775	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" type="radio"/> Yes	<input type="radio"/> No
Total ***							7,023	

* 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 Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2018	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 PKF O'Connor Davies, LLP 2 THE LANCASTER GROUP, LLC 3 4	Address (No. & Street, City, State, Zip Code) 100 Great Meadow Road, Suite 401, Wethersfield, CT 06109-2355 813 Coopers Court, Lancaster, PA 17601-1477
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Services Provided by This Firm (*describe fully*)

1 Audit	\$ 29,319
2 Medicare & Medicaid Cost Reports	\$ 8,300
3	\$
4	\$
	Charge for Services Provided
	\$ 37,619

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, Line 1.d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 None 2 3 4 5	Telephone Number
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Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

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

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, Line 1.e

Schedule of Resident Statistics

Name of Facility Bishop Wicke Health & Rehab Ctr.		License No. 812-C			Report for Year Ended 9/30/2018				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other	
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	114	114			114	114			117	117			
B. As of midnight of THIS report period	117	117			117	117			117	117			
3. Total Number of Days Care Provided During Period													
A. Medicare	6,262	6,262			4,775	4,775			1,487	1,487			
B. Medicaid (Conn.)	22,898	22,898			17,083	17,083			5,815	5,815			
C. Medicaid (other states)													
D. Private Pay	8,486	8,486			6,067	6,067			2,419	2,419			
E. State SSI for RCH													
F. Other (Specify) Contracts, HMO, Insurance	3,857	3,857			3,000	3,000			857	857			
G. Total Care Days During Period (3A thru F)	41,503	41,503			30,925	30,925			10,578	10,578			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	144	144			116	116			28	28			
B. Other Bed Reserve Days	147	147			114	114			33	33			
5. Total Resident Days (3G + 4A + 4B)	41,794	41,794			31,155	31,155			10,639	10,639			

Schedule of Resident Statistics (Cont'd)

Name of Facility Bishop Wicke Health & Rehab Ctr.			License No. 812-C			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input checked="" type="radio"/> Yes <input 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	Other	Lost			Gained			CCNH	RHNS	Other	
	(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	Other			
1st change								Not applicable					
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	Other	CCNH	RHNS	Other	R.C.H.	ICF-MR			
No. of Residents	20		55			24							
Per Diem Rate													
a. One bed rm.	673.21		220.57			499.90							
b. Two bed rms.	673.21		220.57			459.90							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments						TOTAL	CCNH	RHNS	Other				
A. Medicare - Part B						3,960	3,960						
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other						25,880	25,880						
D. Total Physical Therapy Treatments						29,840	29,840						
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B						357	357						
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other						2,357	2,357						
D. Total Speech Therapy Treatments						2,714	2,714						
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B						2,110	2,110						
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other						26,007	26,007						
D. Total Occupational Therapy Treatments						28,117	28,117						

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	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)	120,461	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	253,452	10,697				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	297,635	8,821				
c. Dietary Workers	494,744	37,335				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	289,279	20,133				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	94,399	2,959				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	64,458	2,362				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	283,570	4,160				
b. RN						
1. Direct Care	1,624,055	42,012				
2. Administrative**	326,187	10,858				
c. LPN						
1. Direct Care	706,698	20,819				
2. Administrative**						
d. Aides and Attendants	2,268,883	139,951				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	150,026	6,360				
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	144,066	4,958				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	7,117,913	313,505				

* 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
Bishop Wicke Health & Rehab Ctr.				812-C	9/30/2018				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	Other							
Section I - Operators/Owners										
Not applicable										
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
Bishop Wicke Health & Rehab Ctr.				812-C	9/30/2018				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	Other							
Section III - Administrators***										
Debra Samorajczyk	Debra Samorajczyk			Standard Package	COO-Day to Day Operations	2,080	A.2	None		
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		
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	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	5,400	30				
3. Pharmacist	12,066	184				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	528,932	7,739				
b. Other	2,697	45				
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	24,000	356				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	12,008	71				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	108,114	1,501				
b. Other	551	9				
10. Occupational Therapist						
a. Resident Care	463,696	7,209				
b. Other	2,365	39				
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	4,595	46				
2. Administrative***						
b. LPN						
1. Direct Care	84,665	1,634				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	3,173	53				
B-13 Total Fees Paid in Lieu of Salaries	1,252,262	18,916				

* 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.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2018	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 341,246	341,246		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 3,797	3,797		
4. Social Security (F.I.C.A.)	\$ 516,079	516,079		
5. Health Insurance	\$ 772,342	772,342		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 99,200	99,200		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 192,654	192,654		
8. Uniform Allowance	\$ 5,073	5,073		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 17,995	17,995		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 449,304	449,304		
d. Accounting and Auditing	\$ 37,619	37,619		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 59,068	59,068		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 46,469	46,469		
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	\$ 666,606	666,606		
Subtotal	\$ 3,207,452	3,207,452		

* 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**

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Other
EMPLOYEE PHYSICALS	\$ 17,995		
OTHER BENEFITS	\$ -		
Total	\$ 17,995	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	Other
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2018		16	37
Item	Total	CCNH	RHNS	Other	
<i>Subtotals Brought Forward:</i>	3,207,452	3,207,452			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 19,888	19,888			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 832	832			
5. Education Expenses Related to Seminars and Conventions	\$ 2,988	2,988			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 6,018	6,018			
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	\$ 3,894	3,894			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 15,020	15,020			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 3,302	3,302			
10. Contributions*** See Attached Schedule	\$ 1,066	1,066			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 117,495	117,495			
12. Administrative Management Services**	\$ 479,032	479,032			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 28,541	28,541			
<i>C-14 Total Administrative & General Expenditures</i>	\$ 3,885,528	3,885,528			

* 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	Other
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Other
MARKETING & PROMOTION	\$ 6,018		
Total Other Advertising	\$ 6,018	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Other
CT Alliance for Long Term Care	\$ 1,000		
LEADINGAGE CT	\$ 13,280		
Association of Long Term Care Financial Managers	\$ 40		
Greater Valley Chamber	\$ -		
CAHCF (CT Association of Health Care Facilities)	\$ 700		
Total Dues	\$ 15,020	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	Other
DONATIONS/CONTRIBUTIONS	\$ 1,066		
Total Contributions	\$ 1,066	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
LICENSE & FEES	\$ 22,031		
BANK FEES	\$ 6,510		
Total Other Administrative and General	\$ 28,541	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2018	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 #
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	21,596	Corporate Office Allocation Direct Benefits	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	69,624	Corporate Office Allocation Indirect Benefits	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	22,931	Corporate Office Allocation Direct & Indirect Taxes	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	278,495	Corporate Office Alloc Indirect Sal	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	86,386	Corporate Allocation Direct Salary	P. 16 M.12 & P. 28, Ln

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2018		18	37
Item		Total	CCNH	RHNS	Other	
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food	\$	476,495	476,495			
2. Non-Food Supplies	\$	51,410	51,410			
3. Other (<i>Specify</i>) _____	\$					
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$				
c. Other (<i>Specify</i>) _____		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$	527,905	527,905		
2F. Dietary Questionnaire		Total	CCNH	RHNS	Other	
G. Resident Meals:	Total no. of meals served per day:*	344	344			
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 checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost.						\$1,600
O. Is any revenue collected from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt.						\$1,600
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)						P. 30, IV.1

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

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
Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2018		19	37
Item		Total	CCNH	RHNS	Other	
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. \$	23,492	23,492			
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. \$					
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	209,389	209,389			
c. Other (<i>Specify</i>)	\$					
3D. Total Laundry Expenditures (3a + b + c)	\$	232,881	232,881			
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.

*** 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
Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2018		20	37
Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced by Personnel	40,000	40,000		
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	46,481	46,481		
	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. Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	46,481	46,481		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Omnicare	\$	352,415	352,415		
	b. Medicine Cabinet Drugs	\$				
	c. Medical and Therapeutic Supplies	\$	245,506	245,506		
	d. Ambulance/Limousine***	\$	1,219	1,219		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	67,827	67,827		
	f. X-rays and Related Radiological Procedures***	\$	15,371	15,371		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	27,911	27,911		
	i. Recreation	\$	25,082	25,082		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	3,445	3,445		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	738,776	738,776		

* 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 Bishop Wicke Health & Rehab Ctr.			License No. 812-C		Report for Year Ended 9/30/2018				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	Other	Pg	Line
Winter Bros Waste Systems of CT	307 White Street, DANBURY, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>	None	Rubbish Removal	44,689			22	6F
UNITEX TEXTILE	121-123 Meadow Street, Hartford, CT 06114	<input type="radio"/>	<input checked="" type="radio"/>	None	Laundry - Linens	193,352			19	3B
BOTTOMLINE SOLUTIONS	1508 NW 24th PL, Cape Coral, Florida 33993	<input type="radio"/>	<input checked="" type="radio"/>	None	A/R Services	30,600			16	M
Med-Apparel Services Waterbury	100 Turnpike Dr. Middlebury, CT 06762	<input type="radio"/>	<input checked="" type="radio"/>	None	Laundry Service	23,492			19	3B
DiVirgillo, Sandy-SD	95 Chicory Drive, Wolcott, CT 06716	<input type="radio"/>	<input checked="" type="radio"/>	None	Billing Service	34,185			19	3A
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" 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
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2018			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 58,779	58,779				
b. Heat	\$ 36,676	36,676				
c. Light & Power	\$ 250,061	250,061				
d. Water	\$ 17,771	17,771				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 7,702	7,702				
f. Other (<i>itemize</i>)	\$ 80,567	80,567				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 451,556	451,556				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 381	381				
b. Building & Building Improvements	\$ 213,015	213,015				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 40,566	40,566				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 253,962	253,962				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 6,801	6,801				
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 6,801	6,801				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 400	400				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 261,163	261,163				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Other
MAINTENANCE SVC/SUPPLIES	\$ 18,618		
PEST CONTROL	\$ 3,710		
RUBBISH REMOVAL	\$ 44,689		
INTERNET SERVICE	\$ 1,749		
SNOW REMOVAL	\$ 823		
SATELLITE TV	\$ 3,552		
SEWER USAGE	\$ 6,469		
MAINTENANCE - UNIFORMS	\$ 105		
Maintenance Expense - Landscaping	\$ 852		
Total Other Repairs and Maintenance	\$ 80,567	\$ -	\$ -

Depreciation Schedule

Name of Facility Bishop Wicke Health & Rehab Ctr.			License No. 812-C		Report for Year Ended 9/30/2018			Page 23	of 37				
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements													
1. Acquired prior to this report period			246,287		246,287	246,287	Straight-Line	Various	381				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			20,237		20,237		Straight-Line	Various					
A-4. Subtotal										381			
B. Building and Building Improvements													
1. Acquired prior to this report period			8,059,609		8,059,609	4,992,655	Straight-Line	Various	212,357				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			6,567		6,567		Straight-Line	Various	658				
B-4. Subtotal										213,015			
C. Non-Movable Equipment													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period				VARS	2017	1,352,864		1,352,864	1,229,321	Straight-Line	Various	39,958	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)				VARS	2018	8,526	#REF!	#REF!	#REF!	#REF!	#REF!	607	
D-3. Subtotal													40,565
E. Total Depreciation													253,960

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
9/30/2018	Pavement	\$ 20,237	10	\$ -
Total additions for Land Improvement		\$ 20,237		\$ - *
Deletions:				
Total deletions for Land Improvement		\$ -		\$ - **

*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:				
10/25/2017	Install 4 replacement Maglock (wonder guard)	\$ 1,703	5	\$ 312
4/19/2018	Fire Door	\$ 3,682	5	\$ 307
7/16/2018	Condenser Motor	\$ 1,182	5	\$ 39
Total additions for Building Improvement		\$ 6,567		\$ 658 *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*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:				
1/25/2018	Electronic Bed	\$ 576	5	\$ 77
5/14/2018	Electronic Bed	\$ 7,950	5	\$ 530
Total additions for Movable Equipmen		\$ 8,526		\$ 607 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*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:				
Total additions for Leasehold Improvemen		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvemen		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Bishop Wicke Health & Rehab Ctr.			812-C		9/30/2018			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Deferred Financing	6	2012	30	151,453	102,322	Mortgage Life	3	6,801	
2.									
3.									
B-4. Subtotal									6,801
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									6,801

* 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 Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2018	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input 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		1968		
2. Date Structure Completed		1970		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure		05/23/70		
5. Total Licensed Bed Capacity		120		
6. Square Footage		25,363		
7. Acquisition Cost				
a. Land		30,392		
b. Building		944,912		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing		Fixed		
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained		05/06/12		
c. Interest Rate for the Cost Year		3.44%		
d. Term of Mortgage (number of years)		30		
e. Amount of Principal Borrowed		9,559,400		
f. Principal balance outstanding as of 9/30/2018		8,289,359		
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2018			26	37
Item			Total	CCNH	RHNS	Other	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$ 231410	231,410			
Name of Lender		Rate					
MT & T Realty Corporation		3.44%					
Address of Lender							
25 S. Charles Street, 17th Floor Baltimore Maryland 21201							
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)			\$ 231,410	231,410			

(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
Bishop Wicke Health & Rehab Ctr.		812-C		9/30/2018		27	37
Item				Total	CCNH	RHNS	Other
Subtotals Brought Forward:				231,410	231,410		
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)				\$ 108,403	108,403		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 339,813	339,813		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 20,489	20,489		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$ 87,096	87,096		
14d. Total Insurance Expenditures (14a + b + c)				\$ 107,585	107,585		
15. Total All Expenditures (A-13 thru C-14)				\$ 14,961,863	14,961,863		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Bishop Wicke Health & Rehab Ctr.			812-C	9/30/2018	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$ 12,008	12,008		
6.			Occupational Therapy	\$ 466,061	466,061		
7.			Other - See attached Schedule	\$ 5,400	5,400		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 449,304	449,304		
10.			Accounting	\$			
10a.			Legal	\$			
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)	\$ 6,018	6,018		
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 1,066	1,066		
21.			Unallowable Management Fees	\$ 188,146	188,146		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$			
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$ 1,600	1,600		
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)				\$ 1,129,603	1,129,603		

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

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
13	B.2	Dentist	\$ 5,400		
Total Other Fees Adjustments			\$ 5,400	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Other A&G Adjustments			\$ -	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Bishop Wicke Health & Rehab Ctr.			812-C	9/30/2018	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 1,129,603	1,129,603		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 352,415	352,415		
28.			Ambulance/Limousine	\$ 1,219	1,219		
29.			X-rays, etc	\$ 15,371	15,371		
30.			Laboratory	\$ 27,911	27,911		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 67,827	67,827		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 6,540	6,540		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$ 1,800	1,800		
39.			Other - See Attached Schedule	\$ 2,008	2,008		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$ 93	93		
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$ 99,220	99,220		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 2,604	2,604		
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 59,274	59,274		
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,765,884	1,765,884		

*** 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.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Other Ancillary Costs			\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	7d	Movable Equipment Depreciation	\$ 6,540		
Total Excess Movable Equipment Depreciation			\$ 6,540	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22		Maintenance Outpatient Rehab Adjustment	\$ 2,008		
Total Other Property Adjustments			\$ 2,008	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Other
30	IV.8	MEDICAL RECORD COPIES	\$ 759		
10& 20		Housekeeping Outpatient Rehab Adjustment	\$ 1,845		
Total Other Adjustments			\$ 2,604	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
27	12.d	Interest Penalties	\$ 9,182		
22	7.d	Fixed Asset Adjustments	\$ 69		
26	a.1	Mortgage Insurance Premium	\$ 41,955		
22	8.b	Limit amortization expense to refunded loan	\$ 4,651		
22		Fair Rental Outpatient Rehab Adjustment	\$ 1,186		
22		Building Depreciation Outpatient Rehab Adjustment	\$ 947		
27		Building Outpatient Rehab Adjustment	\$ 1,283		
Total Unallowable Building Interest			\$ 59,274	\$ -	\$ -

Bishop Wicke Health & Rehab Ctr
 Depreciation Rollforward Adjustments
 CRYE: 09/30/2018

Date	Item	Cost	Adjustment	Note
2 4/29/2010	Ice Machine	3,672	(367)	See 29.2.1
1 4/13/2005	Rehab Mobility Equipment	5,295	(353)	Unsubstantiated
4 7/1/2012	Phone System	40,638	(5,805)	Unsubstantiated
1/4/2012	Credit related Bed with Pan Deck acquired 9/26/2011 Movable Equipment Depr Disallowed	(864)	(14)	**See comment below
			<u>(6,540)</u>	To 29.35
9/10/2009	FIRE PROTECTION TESTING	691	(69)	Does not qualify for capitalization
	Total Fixed Asset additions		<u>(69)</u>	To 29.50 (Combined with interest penalties & coding of FA adj consistent with auditor classification)

** Credit relates to bed purchased in FY 2011 for \$863.56. The provider is amortizing the credit over 12 year instead of 10 years per the auditor's w/p. The adjustment should only be for the difference in useful lives of \$15 (86) -(72) = (14).

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2018			30	37
Item	Total	CCNH	RHNS	Other		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 9,488,887	9,488,887				
b. Medicaid Room and Board Contractual Allowance **	\$ (4,559,918)	(4,559,918)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,916,610	2,916,610				
b. Medicare Room and Board Contractual Allowance **	\$ 1,243,667	1,243,667				
4. a. Private-Pay Residents and Other	\$ 5,523,030	5,523,030				
b. Private-Pay Room and Board Contractual Allowance **	\$ (191,778)	(191,778)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 202,823	202,823				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (202,823)	(202,823)				
c. Prescription Drugs - Non-Medicare	\$ 152,765	152,765				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (150,219)	(150,219)				
2. a. Medical Supplies - Medicare	\$ 26,099	26,099				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (26,099)	(26,099)				
c. Medical Supplies - Non-Medicare	\$ 55,486	55,486				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (39,268)	(39,268)				
3. a. Physical Therapy - Medicare	\$ 733,911	733,911				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (567,684)	(567,684)				
c. Physical Therapy - Non-Medicare	\$ 345,612	345,612				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (345,523)	(345,523)				
4. a. Speech Therapy - Medicare	\$ 184,585	184,585				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (133,647)	(133,647)				
c. Speech Therapy - Non-Medicare	\$ 82,473	82,473				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (82,473)	(82,473)				
5. a. Occupational Therapy - Medicare	\$ 758,302	758,302				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (634,365)	(634,365)				
c. Occupational Therapy - Non-Medicare	\$ 378,600	378,600				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (378,517)	(378,517)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,780,536	14,780,536				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 1,600	1,600				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 28,421	28,421				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ (28,168)	(28,168)				
V. Total Other Revenue (1 thru 8)	\$ 1,853	1,853				
VI. Total All Revenue (III +V)	\$ 14,782,389	14,782,389				

* 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	Other
20.5.f	RADIOLOGY MEDICARE A	\$ -		
20.5.f	RADIOLOGY - C/A ANCILLARIES MEDICARE A	\$ -		
20.5.f	LABORATORY MEDICARE A	\$ 11,293		
20.5.f	LAB - C/A ANCILLARIES MEDICARE A	\$ (11,293)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Other
20.5.f	LABORATORY MANAGED CARE	\$ 6,438		
20.5.f	LABORATORY -C/A MANAGED CARE	\$ (6,438)		
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Other
Pg 26, Ln 1	Dividend & Interest Income	942	\$ 942		
None	UNITED HEALTHCARE - DIVIDEND MATRIX	27,479	\$ 27,479		
Total Interest Income			\$ 28,421	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
Pg. 16 ln. n	RENTAL - COMM ROOM	\$ 1,800		
		\$ -		
		\$ -		
Pg.22 Line	ENERGY REBATE	\$ -		
Pg. 16 ln. n	MEDICAL RECORD COPIES	\$ 759		
Pg. 16 ln. n	GRANT REVENUE	\$ -		
N/A	Other Income-(For FY 2017 this is Change in Value of Donor Restricted funds held by Affiliat	\$ (30,727)		
Total Other Revenue		\$ (28,168)	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	282,379
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,370,870
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	14,384
5. Prepaid Expenses			\$	375,919
a. UNEXPIRED INSURANCE	375,293			
b. PREPAID EXPENSES	626			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	702,060
RESERVE FOR REPLACEMENT	670,098			
REAL ESTATE TAXES & INS - ESCROW	31,962			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,745,612
B. Fixed Assets				
1. Land			\$	24,213
2. Land Improvements	*Historical Cost	266,524	\$	19,856
	Accum. Depreciation	246,668		Net
3. Buildings	*Historical Cost	8,066,175	\$	2,860,505
	Accum. Depreciation	5,205,670		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
6. Movable Equipment	*Historical Cost	1,361,390	\$	91,504
	Accum. Depreciation	1,269,886		Net
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	109,459
Cost Report vs. Financial Statement Difference	109,459			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	3,105,537

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

(Carry Total forward to next page)

Annual Report of Long-Term Care Facility

CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2018	32	37
Account				Amount	
Total Brought Forward:				\$	6,851,149
C. Leasehold or like property recorded for Equity Purposes.					
1. Land					
\$					
2. Land Improvements					
*Historical Cost _____					
Accum. Depreciation _____ Net					
\$					
3. Buildings					
*Historical Cost _____					
Accum. Depreciation _____ Net					
\$					
4. Non-Movable Equipment					
*Historical Cost _____					
Accum. Depreciation _____ Net					
\$					
5. Movable Equipment					
*Historical Cost _____					
Accum. Depreciation _____ Net					
\$					
6. Motor Vehicles					
*Historical Cost _____					
Accum. Depreciation _____ Net					
\$					
7. Minor Equipment-Not Depreciable					
\$					
C-8 Total Leasehold or Like Properties (C1 thru 7)					
\$					
D. Investment and Other Assets					
1. Deferred Deposits					
\$					
2. Escrow Deposits					
\$					
3. Organization Expense					
*Historical Cost _____					
Accum. Depreciation _____ Net					
\$					
4. Goodwill (Purchased Only)					
\$					
5. Investments Related to Resident Care (<i>itemize</i>)					

\$					
6. Loans to Owners or Related Parties (<i>itemize</i>)					
\$					
Name and Address		Amount	Loan Date		
United Methodist Homes 580 Long Hill Road, Shelton CT 06484			Various		
7. Other Assets (<i>itemize</i>)					
\$					
1,068,411					
Deferred Financing					
151,453					
Accum. Amort-Deferred Financing					
(42,875)					
See Schedule					
959,833					
D-8. Total Investments and Other Assets (Lines D1 thru 7)					
\$					
1,068,411					
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)					
\$					
7,919,560					

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

Schedule of Other Current Assets (itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
Total Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Notes Receivable-LT	\$ 959,833
Total Other Assets			\$ 959,833

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

Schedule of Other Long-Term Liabilities (Itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
Total Other Long-Term Liabilities (Itemize)			\$ -

Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	963,392
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
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>)				\$	528,187
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	38,650
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>)				\$	251,824
ACCRUED EXPENSES		3,200			
ACCRUED PROVIDER TAX PAY		173,626			
SECURITY DEPOSITS LIABILITY		13,152			
DUE TO RESIDENTS TRUST		61,846	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,782,053

* 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 Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2018	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,782,053	
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>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
WICKE LOAN PAYABLE-M & T BANK		8,289,359		
DUE FROM AFFILIATES		3,071,881		
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 11,361,240
C. Total All Liabilities (Lines A-13 + B-5)				\$ 13,143,293

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2018	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			\$	(5,044,260)
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period	10/1/2017	thru 9/30/2018	\$	(179,473)
7. Total Net Worth			\$	(5,223,733)
C. Total Reserves and Net Worth			\$	(5,223,733)
D. Total Liabilities, Reserves, and Net Worth			\$	7,919,560

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2018	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	(4,951,807)		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	14,782,390		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	14,961,863		
D. Net Income or Deficit			\$	(179,473)		
E. Balance			\$	(5,131,280)		
F. Additions						
1. Additional Capital Contributed <i>(itemize)</i>						
2. Other <i>(itemize)</i>						
Current Year Corporate Office Adjustment	(113,455)					
Current Year Insurance Adjustment	(3,410)					
Land Improvement capitalized to agree with FA I	20,237					
Rehab Adjustment	4,174					
F-3. Total Additions					\$	(92,453)
G. Deductions						
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>					\$	
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount				
2. Other Withdrawings <i>(Specify)</i>			\$			
Purpose	Amount					
3. Total Deductions			\$			
H. Balance at End of Period	09/30/18		\$	(5,223,733)		

I. Preparer's/Reviewer's Certification

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2018	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 checked="" type="checkbox"/> Other		
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				
The Lancaster Group, LLC				
Address Address		Phone Number		
813 Coopers Court, Lancaster, PA 17601-1477		717-712-5967		