

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2019

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 type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 812-C	RHNS	(Specify)	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 9/30/2019	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, 2018 and ending September 30, 2019, 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) Debra Samorajczyk			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)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Bishop Wicke Health & Rehab Ctr.	Period Covered:	From 10/1/2018	To 9/30/2019	
Address of Facility 584 Long Hill Avenue Shelton, Connecticut 06484				
Report Prepared By The Lancaster Group, LLC	Phone Number 504-605-8228	Date 2/12/2020		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 203-624-3303		Report for Year Ended 9/30/2019	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	(Specify)	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 type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No                   If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Debra Samorajczyk		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 9/30/2019	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, Lr	84,722	84,722
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, Lr	21,180	21,180
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Office Alloc Direct Taxes	P. 16 M.12 & P. 28, Lr	6,481	6,481
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, Lr	255,587	255,587
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Office Allocation Indirect Benefit	P. 16 M.12 & P. 28, Lr	63,897	63,897
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, Lr	17,686	17,686
		<input type="radio"/>	<input checked="" type="radio"/>		Note above is actual cost to related party be			
		<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 9/30/2019	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.

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. Schedules will be provided upon later request.

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.

### 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		9/30/2019			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	936	
Leafe/Prism	<input type="radio"/>	<input checked="" type="radio"/>	Copier	03/07/14	60 Months	5,775	2,887	
Leafe/Prism	<input type="radio"/>	<input checked="" type="radio"/>	Copier	03/11/19	60 months	4,644	2,344	
	<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 ? <span style="margin-left: 20px;"><input checked="" type="radio"/> Yes</span> <span style="margin-left: 20px;"><input type="radio"/> No</span> <span style="float: right;"><b>Total ***</b></span>							6,167	

\* 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 9/30/2019	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	\$ 29,729
2 Medicare & Medicaid Cost Reports	\$ 8,356
3	\$
4	\$
	Charge for Services Provided
	\$ 38,085

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 Pullman & Comley LLC 2 The Opin Law Firm 3 4 5	Telephone Number (203) 330-2000 (203) 878-5881
--	--

Address (*No. & Street, City, State, Zip Code*)  
 1 850 Main Street, PO Box 7006, Bridgeport, CT 06601-7006  
 2 266 Greens End Pl h, Milford, CT 06460  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1 HR Employment Law	\$ 460
2 Probate Hearing Estate of Richard Debiase	\$ 1,557
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 2,017

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 9/30/2019				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	117	117			117	117			103	103		
B. As of midnight of THIS report period	114	114			103	103			114	114		
3. Total Number of Days Care Provided During Period												
A. Medicare	5,418	5,418			4,356	4,356			1,062	1,062		
B. Medicaid (Conn.)	23,350	23,350			17,625	17,625			5,725	5,725		
C. Medicaid (other states)												
D. Private Pay	8,579	8,579			6,282	6,282			2,297	2,297		
E. State SSI for RCH												
F. Other (Specify) Contract, HMO, Insurance	3,867	3,867			2,726	2,726			1,141	1,141		
G. Total Care Days During Period (3A thru F)	41,214	41,214			30,989	30,989			10,225	10,225		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	127	127			104	104			23	23		
B. Other Bed Reserve Days	160	160			114	114			46	46		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	41,501	41,501			31,207	31,207			10,294	10,294		

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

Name of Facility Bishop Wicke Health & Rehab Ctr.			License No. 812-C			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>													
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									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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR					
No. of Residents	12	62		26									
Per Diem Rate													
a. One bed rm.	673.01	229.57		499.90									
b. Two bed rms.	673.01	229.57		459.90									
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									2,991	2,991			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									24,130	24,130			
D. <b>Total Physical Therapy Treatments</b>									27,121	27,121			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									290	290			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									2,152	2,152			
D. <b>Total Speech Therapy Treatments</b>									2,442	2,442			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									1,962	1,962			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									22,391	22,391			
D. <b>Total Occupational Therapy Treatments</b>									24,353	24,353			

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2019	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	121,013	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	260,157	14,685				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	404,123	13,648				
c. Dietary Workers	412,750	33,808				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	284,276	20,607				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	118,338	4,134				
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	109,625	4,084				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	283,241	4,339				
b. RN						
1. Direct Care	1,489,183	37,139				
2. Administrative**	309,856	10,969				
c. LPN						
1. Direct Care	832,128	25,654				
2. Administrative**						
d. Aides and Attendants	2,258,093	136,520				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	154,597	6,298				
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	133,518	4,285				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	<i>7,170,898</i>	<i>318,250</i>				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

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

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Respiratory Services	\$ 330	5				
<b>Total</b>	\$ 330	5	\$ -	-	\$ -	-



**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		9/30/2019			11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
Not Applicable										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Bishop Wicke Health & Rehab Ctr.				812-C	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Debra Samorajczyk	121,013			Standard Package	COO-Day to Day Operations	2,080	A.2	None		
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2019	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	6,390	21				
3. Pharmacist	12,999	197				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	472,099	6,931				
b. Other	3,916	65				
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	24,000	245				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	12,579	74				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)	97,652	1,355				
9. Speech Therapist						
a. Resident Care	810	14				
b. Other	420,393	6,523				
10. Occupational Therapist						
a. Resident Care	3,487	58				
b. Other	5,340	89				
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	45,194	966				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	330	5				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,105,189</b>	<b>16,543</b>				

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

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

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

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

Name of Facility Bishop Wicke Health & Rehab Ctr.		License No. 812-C		Report for Year Ended 9/30/2019	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Brijesh Chandwani and CT Dental Partners	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	None		
Omnicare, 6990B Snowdrift RD, Allentown, PA 18106	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	None		
Symbria Rehab 28100 Torch Parkway Suit 600 Warrenville, IL 60555	PT/OT/ST	<input type="radio"/>	<input checked="" type="radio"/>	None		
Daniel Wollman, MD 555 Bridgeport Avenue, Shelton CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	None		
Omnicare, 6990B Snowdrift RD, Allentown, PA 18106	RN Pool	<input type="radio"/>	<input checked="" type="radio"/>	None		
AAA Nursing Care 3303 Main Street Stratford, CT 06614	LPN Pool	<input type="radio"/>	<input checked="" type="radio"/>	None		
Travel Nurses USA, 5203 S. Glen Haven Place, Sioux Falls, SD 57108	LPN Pool	<input type="radio"/>	<input checked="" type="radio"/>	None		
		<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"/>			
		<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"/>			

\* 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
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 277,530	277,530		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 1,938	1,938		
4. Social Security (F.I.C.A.)	\$ 521,039	521,039		
5. Health Insurance	\$ 755,056	755,056		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 86,370	86,370		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 198,630	198,630		
8. Uniform Allowance	\$ 1,206	1,206		
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 27,879	27,879		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 412,323	412,323		
d. Accounting and Auditing	\$ 38,085	38,085		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 2,017	2,017		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 59,251	59,251		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 46,789	46,789		
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	\$ 679,367	679,367		
<b>Subtotal</b>	<b>\$ 3,107,480</b>	<b>3,107,480</b>		

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
EMPLOYEE PHYSICALS	\$ 27,879		
OTHER BENEFITS	\$ -		
<b>Total</b>	\$ 27,879	\$ -	\$ -

**Schedule of Other Taxes**

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

**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	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>		3,107,480	3,107,480		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 20,616	20,616			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 496	496			
5. Education Expenses Related to Seminars and Conventions	\$ 5,099	5,099			
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	\$ 6,963	6,963			
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	\$ 3,598	3,598			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 14,954	14,954			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 4,755	4,755			
10. Contributions*** See Attached Schedule	\$ 509	509			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 94,876	94,876			
12. Administrative Management Services**	\$ 449,553	449,553			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 38,271	38,271			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,747,170	3,747,170			

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
MARKETING & PROMOTION	\$ 6,963		
<b>Total Other Advertising</b>	\$ 6,963	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CT Alliance for Long Term Care	\$ 1,000		
LEADINGAGE CT	\$ 13,000		
Association of Long Term Care Financial Managers	\$ 40		
CATRD	\$ 160		
CAHCF (CT Association of Health Care Facilities)	\$ 350		
Dietician ADA Member Dues	\$ 404		
<b>Total Dues</b>	\$ 14,954	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
DONATIONS/CONTRIBUTIONS	\$ 509		
<b>Total Contributions</b>	\$ 509	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
LICENSE & FEES	\$ 31,091		
LATE FEES & CHARGES	\$ 30		
BANK FEES	\$ 7,150		
<b>Total Other Administrative and General</b>	\$ 38,271	\$ -	\$ -



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

Name of Facility	License No.	Report for Year Ended	Page of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2019	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	21,180	Corporate Office Allocation Direct Benefits	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	63,897	Corporate Office Allocation Indirect Benefits	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	24,167	Corporate Office Allocation Direct & Indirect Taxes	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	255,587	Corporate Office Alloc Indirect Sal	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	84,722	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 Bishop Wicke Health & Rehab Ctr.		License No. 812-C	Report for Year Ended 9/30/2019	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 465,460	465,460		
2.	Non-Food Supplies	\$ 54,921	54,921		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) _____		\$			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		\$ 520,381	520,381		
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F.	Resident Meals: Total no. of meals served per day:*	341	341		
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
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 meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Is any revenue collected 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)				
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.	\$2,180
N.	Is any revenue collected from employees?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.	\$2,180
O.	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	9/30/2019		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. \$	24,688	24,688		
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 (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	220,897	220,897		
c. Other (Specify)		\$				
<b>3D. Total Laundry Expenditures (3a + b + c)</b>		\$	<b>245,585</b>	<b>245,585</b>		
3E. Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K.	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 3D.  
 \*\*\* 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	9/30/2019		20	37
Item			Total	CCNH	RHNS	(Specify)
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. \$	46,888	46,888		
	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> )	\$				
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	46,888	46,888		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	346,138	346,138		
	b. Medicine Cabinet Drugs	\$	1,778	1,778		
	c. Medical and Therapeutic Supplies	\$	228,040	228,040		
	d. Ambulance/Limousine***	\$	717	717		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	68,247	68,247		
	f. X-rays and Related Radiological Procedures***	\$	9,875	9,875		
	g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
	h. Laboratory***	\$	23,476	23,476		
	i. Recreation	\$	25,406	25,406		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	4,150	4,150		
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	707,827	707,827		

\* 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 9/30/2019				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
Winter Bros Waste Systems of CT	307 White Street, DANBURY, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>	None	Rubbish Removal	45,739			22	6F
UNITEX TEXTILE	121-123 Meadow Street, Hartford, CT 06114	<input type="radio"/>	<input checked="" type="radio"/>	None	Laundry - Linens	203,195			19	3B
BOTTOMLINE SOLUTIONS	1508 NW 24th PL, Cape Coral, Florida 33993	<input type="radio"/>	<input checked="" type="radio"/>	None	A/R Services	30,319			16	M
Med-Apparel Services Waterbury	100 Turnpike Dr. Middlebury, CT 06762	<input type="radio"/>	<input checked="" type="radio"/>	None	Laundry Service	24,688			19	3B
Crown Uniform & Linen Service	15 Technology Way Nashua, NH 03060	<input type="radio"/>	<input checked="" type="radio"/>	None	Dietary - Laundry Service	17,702			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"/>							
		<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).

## Annual Report of Long-Term Care Facility

CSP-22 Rev. 6/95

**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	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 51,656	51,656				
b. Heat	\$ 43,905	43,905				
c. Light & Power	\$ 255,866	255,866				
d. Water	\$ 17,461	17,461				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 6,167	6,167				
f. Other ( <i>itemize</i> )	\$ 85,807	85,807				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 460,862	460,862				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 11,662	11,662				
b. Building & Building Improvements	\$ 212,193	212,193				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 40,266	40,266				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 264,121	264,121				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 6,754	6,754				
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$ 6,754	6,754				
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	\$ 748	748				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 271,623	271,623				

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
MAINTENANCE SVC/SUPPLIES	\$ 16,141		
PEST CONTROL	\$ 3,834		
RUBBISH REMOVAL	\$ 45,739		
INTERNET SERVICE	\$ 1,999		
SATELLITE TV	\$ 3,791		
SEWER USAGE	\$ 6,469		
Maintenance Expense - Landscaping	\$ 7,836		
<b>Total Other Repairs and Maintenance</b>	\$ 85,807	\$ -	\$ -

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### Depreciation Schedule

Name of Facility Bishop Wicke Health & Rehab Ctr.		License No. 812-C			Report for Year Ended 9/30/2019			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				
<b>A. Land Improvements</b>													
1. Acquired prior to this report period		266,524		266,524	246,667	Straight-Line	Various	2,323					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		124,575		124,575		Straight-Line	Various	9,339					
A-4. Subtotal									11,662				
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period		8,066,175		8,066,175	5,205,670	Straight-Line	Various	211,679					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		10,702		10,702		Straight-Line	Various	514					
B-4. Subtotal									212,193				
<b>C. Non-Movable Equipment</b>													
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								
<b>D. Movable Equipment</b>													
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				VARIC	2018	1,361,390		1,361,390	1,269,886	Straight Line	Various	38,141	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)				VARIC	2019	54,718						2,125	
D-3. Subtotal												40,266	
<b>E. Total Depreciation</b>												264,121	

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
7/23/2019	Discount Fence of CT	\$ 6,950	10	\$ 116
9/5/2019	Discount Fence of CT	\$ 6,950	10	\$ -
11/30/2018	WH Project Cost allocation/ pavement & Others	\$ 110,675	10	\$ 9,223
<b>Total additions for Land Improvement</b>		\$ 124,575		\$ 9,339 *
<b>Deletions:</b>				
<b>Total deletions for Land Improvement</b>		\$ -		\$ - **

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
12/5/2018	Roof Repair	\$ 2,400	5	\$ 360
3/1/2019	Reliefe Valve	\$ 923	3	\$ 154
9/6/2019	Compressor	\$ 3,780	3	\$ -
9/18/2019	Fire pump System	\$ 3,599	3	\$ -
<b>Total additions for Building Improvement</b>		\$ 10,702		\$ 514 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvement</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
11/23/2018	Washing Mashine	\$ 919	5	\$ 153
2/21/2019	Steam Table	\$ 4,049	10	\$ 236
3/22/2019	Electronic Bed	\$ 1,711	5	\$ 171
7/25/2019	Electronic Bed & Mattress	\$ 43,258	5	\$ 1,442
7/9/2019	Refrigerator	\$ 3,099	5	\$ 103
8/15/2019	Commercial Food blender	\$ 1,129	5	\$ 20
9/5/2019	Computer	\$ 553	2	\$ -
<b>Total additions for Movable Equipmen</b>		\$ 54,718		\$ 2,125 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipmen</b>		\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Bishop Wicke Health & Rehab Ctr.			812-C		9/30/2019			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							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1. Deferred Financing	6	2012	30	151,453	109,123	Mortgage Life	3	6,754	
2.									
3.									
B-4. Subtotal									6,754
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									6,754

\* 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 9/30/2019	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input 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 <b>NOT</b> 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		
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
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 _____		8,059,636		
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

**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	9/30/2019		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 237,425	237,425		
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. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$ 237,425	237,425		

*(Carry Subtotals forward to next page )*

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

Name of Facility Bishop Wicke Health & Rehab Ctr		License No. 812-C		Report for Year Ended 9/30/2019		Page 27	of 37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				237,425	237,425		
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) Interest on Refunded Loan				\$ 84,325	84,325		
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$ 321,750	321,750		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 21,908	21,908		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify) See Details Attached				\$ 97,310	97,310		
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 119,218	119,218		
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 14,717,391	14,717,391		

### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Bishop Wicke Health & Rehab Ctr.			812-C	9/30/2019	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$ 12,579	12,579		
6.			Occupational Therapy	\$ 423,880	423,880		
7.			Other - See attached Schedule	\$ 6,390	6,390		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 412,323	412,323		
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)	\$			
18.			Unallowable Advertising *	\$ 6,963	6,963		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 509	509		
21.			Unallowable Management Fees	\$ 160,706	160,706		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$			
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$ 2,180	2,180		
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,025,530	1,025,530		

\* 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)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B.2	Dentist	\$ 6,390		
<b>Total Other Fees Adjustments</b>			\$ 6,390	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other A&amp;G Adjustments</b>			\$ -	\$ -	\$ -

**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	9/30/2019	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,025,530	1,025,530		
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$ 346,138	346,138		
28.			Ambulance/Limousine	\$ 717	717		
29.			X-rays, etc	\$ 9,875	9,875		
30.			Laboratory	\$ 23,476	23,476		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 68,247	68,247		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 5,572	5,572		
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	\$ 2,049	2,049		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$ 101	101		
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$ 1,802	1,802		
43.			Interest Income on Account Rec.	\$ 84,295	84,295		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 48,893	48,893		
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,618,494	1,618,494		

\*\*\* 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.



<b>Total Other Adjustments</b>			\$ 1,802	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

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

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12.d	Interest Penalties	\$ 30		
22	7.d	Fixed Asset Adjustments	\$ 57		
26	a.1	Mortgage Insurance Premium	\$ 40,824		
22	8.b	Limit amortization expense to refunded loan	\$ 4,604		
22	9	Fair Rental Outpatient Rehab Adjustment	\$ 1,186		
22	7.b	Building Depreciation Outpatient Rehab Adjustment	\$ 943		
27	13	Building Outpatient Rehab Adjustment	\$ 1,249		
<b>Total Unallowable Building Interest</b>			\$ 48,893	\$ -	\$ -

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Bishop Wicke Health & Rehab Ctr	812-C	9/30/2019			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 10,107,844	10,107,844				
b. Medicaid Room and Board Contractual Allowance **	\$ (4,738,076)	(4,738,076)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents( <i>all inclusive</i> )	\$ 2,518,374	2,518,374				
b. Medicare Room and Board Contractual Allowance **	\$ 1,061,340	1,061,340				
4. a. Private-Pay Residents and Other	\$ 5,426,710	5,426,710				
b. Private-Pay Room and Board Contractual Allowance **	\$ (178,491)	(178,491)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 175,803	175,803				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (175,803)	(175,803)				
c. Prescription Drugs - Non-Medicare	\$ 148,169	148,169				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (148,169)	(148,169)				
2. a. Medical Supplies - Medicare	\$ 15,074	15,074				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (15,078)	(15,078)				
c. Medical Supplies - Non-Medicare	\$ 40,694	40,694				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (34,037)	(34,037)				
3. a. Physical Therapy - Medicare	\$ 652,420	652,420				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (529,269)	(529,269)				
c. Physical Therapy - Non-Medicare	\$ 343,994	343,994				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (341,677)	(341,677)				
4. a. Speech Therapy - Medicare	\$ 161,814	161,814				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (101,342)	(101,342)				
c. Speech Therapy - Non-Medicare	\$ 75,975	75,975				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (75,881)	(75,881)				
5. a. Occupational Therapy - Medicare	\$ 679,233	679,233				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (567,615)	(567,615)				
c. Occupational Therapy - Non-Medicare	\$ 336,811	336,811				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (334,493)	(334,493)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$					
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 14,504,324	14,504,324				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ 2,180	2,180				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 5,171	5,171				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 6,706	6,706				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 14,057	14,057				
<b>VI. Total All Revenue</b> (III +V)	\$ 14,518,381	14,518,381				

\* 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)
20.5.f	LABORATORY MEDICARE A	\$ 8,674		
20.5.f	LAB - C/A ANCILLARIES MEDICARE A	\$ (8,674)		
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
20.5.f	LABORATORY MANAGED CARE	\$ 6,662		
20.5.f	LABORATORY -C/A MANAGED CARE	\$ (6,662)		
<b>Total Other Resident Revenue</b>		\$ -	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg 26, Ln 12	Dividend & Interest Income	5,171	\$ 5,171		
<b>Total Interest Income</b>		5,171	\$ 5,171	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
Pg. 16 ln. m	RENTAL - COMM ROOM	\$ 1,800		
N/A	OTHER REVENUE - MISCELLANEOUS	\$ 4,906		
<b>Total Other Revenue</b>		\$ 6,706	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2019	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	750,876
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,894,803
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	16,298
5. Prepaid Expenses			\$	289,105
a. UNEXPIRED INSURANCE	288,439			
b. PREPAID EXPENSES	666			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	831,050
RESERVE FOR REPLACEMENT	791,182			
REAL ESTATE TAXES & INS - ESCROW	39,868			
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	3,782,132
B. Fixed Assets				
1. Land			\$	24,213
2. Land Improvements	*Historical Cost	391,099		
	Accum. Depreciation	258,329	Net	132,770
3. Buildings	*Historical Cost	8,076,877		
	Accum. Depreciation	5,417,863	Net	2,659,014
4. Leasehold Improvements	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	
5. Non-Movable Equipment	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	
6. Movable Equipment	*Historical Cost	1,416,108		
	Accum. Depreciation	1,310,152	Net	105,956
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>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	3,031,412

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

(Carry Total forward to next page )



Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
<b>Total Prepaid Expenses</b>			\$ -

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

Page Ref	Line Ref	Description	
<b>Total Other Current Assets (Itemize)</b>			\$ -

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

Page Ref	Line Ref	Description	
<b>Total Other Fixed Assets (Itemize)</b>			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Notes Receivable LT	\$ 911,000
<b>Total Other Assets</b>			\$ 911,000

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			\$ -

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			\$ -

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

Page Ref	Line Ref	Description	
<b>Total Other Long-Term Liabilities (Itemize)</b>			\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$ 6,813,544	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
United Methodist Homes 580 Long Hill Road, Shelton CT 06484		Various		
7. Other Assets ( <i>itemize</i> )			\$ 1,012,824	
	Deferred Financing	151,453		
	Accum. Amort-Deferred Financing	(49,629)		
	See Schedule	911,000		
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$ 1,012,824	
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$ 7,826,368	

\* 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 Bishop Wicke Health & Rehab Ctr.		License No. 812-C	Report for Year Ended 9/30/2019	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,219,070
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> )				\$	529,432
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	40,182
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> )				\$	259,701
ACCRUED EXPENSES		3,200			
ACCRUED PROVIDER TAX PAY		171,439			
SECURITY DEPOSITS LIABILIT		13,152			
DUE TO RESIDENTS TRUST		71,910	See Schedule		
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	2,048,385

\* 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 9/30/2019	Page 34	of 37
Account			Amount	
Total Brought Forward:			2,048,385	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date	\$	
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 11,405,871
WICKE LOAN PAYABLE-M & T BANK		8,059,636		
DUE FROM AFFILIATES		3,346,235		
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 11,405,871
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 13,454,256

**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	9/30/2019	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	(5,428,881)
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period	10/1/2018	thru 9/30/2019	\$	(199,007)
7. Total Net Worth			\$	(5,627,888)
<b>C. Total Reserves and Net Worth</b>			\$	(5,627,888)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	7,826,368

### H. Changes in Total Net Worth

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2019	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	(5,223,733)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	14,518,382
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	14,717,389
D. Net Income or Deficit			\$	(199,007)
E. Balance			\$	(5,422,740)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
Current Year Corporate Office Adjustment			(131,015)	
Current Year Insurance Adjustment			(13,279)	
Post Cost Reporting Adjustment			(69,070)	
Rehab Adjustment			8,215	
F-3. Total Additions			\$	(205,149)
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. <b><i>Balance at End of Period</i></b>			\$	(5,627,889)
09/30/19				

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

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
The Lancaster Group, LLC				
Address Address			Phone Number	
813 Coopers Court, Lancaster, PA 17601-1477			504-605-8228	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Kevin McCall			504-605-8228	
Contact Email Address				
kevin.mccall@tlgconsultants.com				