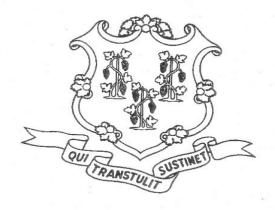
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2017

Name of Facility (as	licensed)							
Bishop Wicke Health	·							
Address (No. & Stree		(ip Code)						
584 Long Hill Avenu	e Shelton, Con	necticut 06484	4					
Type of Facility								
✓ Nursing Home only			Rest Home with Nursing Supervision only □ (Specify) (RHNS)					
Report for Year Beginning 10/1/2016			Report for Year Ending 9/30/2017					
License Numbers:		CCNH 812-C	RHNS	RHNS (Specify)		M	Medicare Provider 07-5163	
Medicaid Provider N	umbers:	CO	CNH RF		HNS		CF-IID	
		8128				-		
For Department Use	e Only							
Sequence Number Assigned	Signed and Notarized	Date Received	Sequence N Assign		Signed an	nd Notarized	Date Received	

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2017	1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT 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, 2016 and ending September 30, 2017, 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)	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
Address of Notary Public			•	•

(Notary Seal)

State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page	of		
	1A	37		
Name of Facility	Period Covered:		From	То
Bishop Wicke Health & Rehab Ctr.			10/1/2016	9/30/2017
Address of Facility				
584 Long Hill Avenue Shelton, Connecticut 06484				
Report Prepared By	Phone Nun	nber	Date	
The Lancaster Group, LLC	717-371-65	547	2/11/2018	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

			ne No. of Fac -624-3303	cility	Report for Ye 9/30/2017	ar Ended	Page 2		of 37
NI CE 'I' / 1 I'		203-		. 0 (7:	Z		31
Name of Facility (as shown on license)			,		Street, City, Sto		06404		
Bishop Wicke Health & Rehab Ctr.	COM			III AV	venue Shelton,	Connect			
	CCNH		RHNS		(Specify)		Medicare P	rovid	er No.
	312-C						07-5163		
Type of Facility (Check appropriate box(es))								
☐ Chronic and Convalescent Nursing Home only (CCNH)			Home with lervision only		- 11	(Specify))		
Type of Ownership (Check appropriate box))								
O Proprietorship O LLC O I	Partnership	0	Profit Corp.	•	Non-Profit Cor	rp. O	Government	0	Trust
				Date	Opened	Date Clo	sed		
If this facility opened or closed during repor	t year provide	e:							
Has there been any change in ownership									
or operation during this report year?		0	Yes	•	No	If "Yes,"	explain full	y.	
Administrator									
Name of Administrator					Nursing Ho	ome			
Debra Samorajczyk					Administrat	or's	1885		
					License N	No.:			
Other Operators/Owners who are assistant a	dministrators	(full	or part time)	of th	•				
Name					License N	No.:			
Not applicable									

CSP-3 Rev. 10/2005

General Information and Questionnaire Partners/Members

Bishop Wicke Health & Rehab Ctr.		License No. 812-C	9/30/2017	ear Ended	Page 3	of 37
Legal Name of Partr		State(s) an Which				
Not applicable						
Name of Partners/Members	Business Ac	ddress		Γitle	% Ov	vned
Not applicable						

CSP-3A Rev. 10/2005

General Information and Questionnaire Corporate Owners

Name of Facility	License No. Report for Year Er	nded	Page of
Bishop Wicke Health & Rehab Ctr.	812-C 9/30/2017		3A 37
If this facility is owned or operated as a corp		tion:	
Legal Name of Corporation	Business Address		ch Incorporated
Bishop Wicke Health and	584 Long Hill, Avenue, Shelton CT	Connecticut	
Rehabilitation Center, Inc.	06484		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
David Lawlor	580 Long Hill Road, Shelton, CT 06484	resident/Chairm	Not Applicable
Vicky Dompierre	580 Long Hill Road, Shelton, CT 06484	Secretary	Not Applicable
Zvonimir Jukic	580 Long Hill Road, Shelton, CT 06484)irector/Treasure	Not Applicable
Faith Wajdowicz	580 Long Hill Road, Shelton, CT 06484	Director	Not Applicable
Peter Beval	580 Long Hill Road, Shelton, CT 06484	ector/Vice Presi	Not Applicable
Names of Stockholders Owning at Least 10% of Shares			
Not Applicable			

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2017	3B	37
If this facility is owned or operated as an individua	al proprietorship,	provide the following informa	tion:	
Ow	ner(s) of Facility			
Not applicable				

General Information and Questionnaire Related Parties*

Name of Facility Bishop Wicke Health & Rehab Ctr. License No. 812-C 9/30/2017 Report for Year Ended 9/30/2017 4 Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? O Yes No complete the information on Page	
Bishop Wicke Health & Rehab Ctr. 812-C 9/30/2017 4 Are any individuals receiving compensation from the facility related through If "Yes," provide the Name/Address	ss and
· ·	
To to complete the information on ruge	I I of the report.
	or 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 • Yes • No	
association to any of the owners, operators, or officials of this facility? If "Yes," provide the following info	ormation:
association to any of the owners, operators, of officials of this facility.	Amatron.
Also Provides Indicate Where	
Goods/Services to Costs are Included	
000000000000000000000000000000000000000	ctual Cost to the
	Related Party
United Methodist Home	
Inc. 580 Long Hill Avenue, Shelton, CT O Corporate Allocation Direct Salary P. 16 M.12 & P. 28, Lr 90,849	90,849
United Methodist Home, 500 Lang Hill Assessed States CT O O C C C C C C C C C C C C C C C C	
Inc. S80 Long Hill Avenue, Shelton, C1	22,712
United Methodist Home, Inc. 580 Long Hill Avenue, Shelton, CT Corporate Office Alloc Direct Taxes P. 16 M.12 & P. 28, Lr 6,950	6.050
United Methodist Home	6,950
Inc. 580 Long Hill Avenue, Shelton, CT Corporate Office Alloc Indirect Sal P. 16 M.12 & P. 28, Lr 280,406	280,406
United Methodist Home	· · · · · · · · · · · · · · · · · · ·
	70,101
Inc. 580 Long Hill Avenue, Shelton, CT Corporate Office Allocation Indirect Benefit P. 16 M.12 & P. 28, Lt 70,101	,
Inc. 580 Long Hill Avenue, Shelton, CT Corporate Office Allocation Indirect Benefit, P. 16 M.12 & P. 28, Lr 70,101 United Methodist Home,	
Inc. 580 Long Hill Avenue, Shelton, CT Corporate Office Allocation Indirect Benefit P. 16 M.12 & P. 28, Lt 70,101	17,176
Inc. 580 Long Hill Avenue, Shelton, CT Corporate Office Allocation Indirect Benefit P. 16 M.12 & P. 28, Lr 70,101 United Methodist Home, Inc. 580 Long Hill Avenue, Shelton, CT Corporate Office Alloc Ind Taxes P. 16 M.12 & P. 28, Lr 17,176	
Inc. 580 Long Hill Avenue, Shelton, CT Corporate Office Allocation Indirect Benefit P. 16 M.12 & P. 28, Lt 70,101 United Methodist Home, Inc. 580 Long Hill Avenue, Shelton, CT Corporate Office Alloc Ind Taxes P. 16 M.12 & P. 28, Lt 17,176 Note above is actual cost to related party before the company of t	
Inc. 580 Long Hill Avenue, Shelton, CT Corporate Office Allocation Indirect Benefit P. 16 M.12 & P. 28, Lr 70,101 United Methodist Home, Inc. 580 Long Hill Avenue, Shelton, CT Corporate Office Alloc Ind Taxes P. 16 M.12 & P. 28, Lr 17,176	

^{*} 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	Vicke Health & Rehab Ctr. 812-C 9/30/2017 5 37 illity is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs allocated to CCNH and RHNS as follows: Item					
Bishop Wicke Health & Rehab Ctr.	812-C		9/30/2017	5 37		
If the facility is licensed as CDH and/or RCH or provides A		IDS or TB	I services with special Medic	aid rates, costs		
must be allocated to CCNH and RHNS as follow	ws:		•			
Item			Method of Allocation	on		
Dietary		Number of	meals served to residents			
Laundry		Number of	pounds processed			
Housekeeping		Number of	square feet serviced			
		Number of	hours of routine care provid	ed by EACH		
Nursing		employee o	classification, i.e., Director (d	or Charge Nurse),		
		Registered	Nurses, Licensed Practical N	Nurses, Aides and		
		Attendants				
Direct Resident Care Consultants		Number of	hours of resident care provide	ded by EACH		
		specialist ((See listing page 13)			
Maintenance and operation of plant		Square feet	į			
Property costs (depreciation)		Square feet				
Employee health and welfare Gross salaries			ries			
Management services		* * *				
All other General Administrative expenses		Total of Di	rect and Allocated Costs			
The preparer of this report must answer the foll-	owing questi	ions applica	able to the cost information p	provided.		
1. In the preparation of this Report, were all	O Voc	O No	If "No," explain fully why s	uch allocation was		
costs allocated as required?	O Tes	O NO	not made.			
2. Explain the allocation of related company ex	penses and a	attach copy	of appropriate supporting da	ata.		
Related party costs include the Provider's alloca	ated portion	of direct an	d indirect cost (e.g. CEO) fr	om the United		
Methodist Homes corporate office. The facility	is also asso	ciated with	two related companies provi	iding independent		
and assisted living. United Methodist Homes p	rovides serv	ices on an a	allocated basis to all three en	tities. Schedules		
documenting the allocation are included in this	filing. Also	the facility	y is a participant in a commo	on pension plan with		
other related entities. Schedules will be provide	ed upon later	request.				
3. Did the Facility appropriately allocate and se	elf-disallow	direct and i	ndirect costs to non-nursing	home cost centers?		
(e.g., Assisted Living, Home Health, Outpati	ient Services	, Adult Day	y Care Services, etc.)			
	O 17	O 11	If "No," explain fully why s	uch allocation was		
	• Yes	O No	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 Y	Year Ended		Page	of
Bishop Wicke Health & Rehab Ctr.			812-C	9/30/2017	1		6	37
	Own Oper	ed * to ners, ators, icers		Date of	Term of	Annual Amount	Amou	ınt
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claim	
Pitney Bowes	0	•	Postage Meter/Fax Machine	04/20/14	60 months	1,248	1,248	
Prism	0	•	Copier	03/07/14	60 Months	5,775	5,775	
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
Is a Mileage Log Book Maintained for Al	1 Leased V	ehicles	o Yes	0	No	Total ***	7,023	

Is a Mileage Log Book Maintained for All Leased Vehicles?

st 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.

CSP-7 Rev. 6/95

General Information and Questionnaire Accounting Basis

Name of Facility License No.	Report for Year Ended		Page	OI
Bishop Wicke Health & Rehab Ctr. 812-C	9/30/2017		7	37
The records of this facility for the period covered by this report	were maintained on the following basis:			
Accrual O Cash O Modified Cash				
Is the accounting basis for this				
period the same as for the • Yes	If "No," explain.			
previous period? O No	•			
Independent Accounting Firm				
Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)			
1 PKF O'Connor Davies, LLP	100 Great Meadow Road, Suite 401, Weth	ersfield, CT	06109-235	55
2 THE LANCASTER GROUP, LLC	813 Coopers Court, Lancaster, PA 17601-	1477		
3				
4				
Services Provided by This Firm (describe fully)				
1 Audit		\$	28,931	
2 Medicare & Medicaid Cost Reports		\$	8,300	
3		\$		
4	1	\$		
		Charge for S	ervices Pro	ovided
		\$	37,231	
Are These Charges Reflected in the Expenditure Portion of This Report? If Y	Yes, Specify Expense Classification and Line No.			
O Yes O No Page 15, Line 1.d				
Legal Services Information Name of Legal Firm or Independent Attorney	ļ	Telephone N	lumban	
		9E+09	umber	
		9E+09 2E+09		
2 Pullman & Comley LLC 3		2E+09		
4				
5				
Address (No. & Street, City, State, Zip Code)				
1 35 Pearl Street, Suite 300, New Britain, CT				
2 850 Main Street, Bridgeport, CT 06601-7006				
3				
4				
5				
Services Provided by This Firm (describe fully)				
1 A/R Collections		\$	300	
2 FMLA Claim (Settlement for \$30,000)		\$	14,300	
3		\$		
4		\$		
5		\$		
		Charge for S	ervices Pro	vided
		\$	14,600	
Are These Charges Reflected in the Expenditure Portion of This Report? If Y	Yes, Specify Expense Classification and Line No.	\$	14,600	
Are These Charges Reflected in the Expenditure Portion of This Report? If Y Page 15, Line 1.e No	Yes, Specify Expense Classification and Line No.	\$	14,600	

Schedule of Resident Statistics

Name of Facility Bishop Wicke Health & Rehab Ctr.	License N	No. 12-C			Report for 9/30/2017	or Year Ende	ed		Page 8	of 37		
						Period 10/	od 10/1 Thru 6/30			Period 7/	1 Thru 9/30	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
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		
Number of Residents A. As of midnight of PREVIOUS report period	100	100			100	100			114	114		
B. As of midnight of THIS report period	117	117			114	114			117	117		
3. Total Number of Days Care Provided During Period												
A. Medicare	8,030	8,030			6,152	6,152			1,878	1,878		
B. Medicaid (Conn.)	20,773	20,773			15,155	15,155			5,618	5,618		
C. Medicaid (other states)												
D. Private Pay	7,059	7,059			4,785	4,785			2,274	2,274		
E. State SSI for RCH												
F. Other (Specify) Contracts, HMO, Insurance	3,866	3,866			3,125	3,125			741	741		
G. Total Care Days During Period (3A thru F)	39,728	39,728			29,217	29,217			10,511	10,511		
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	39,728	39,728			29,217	29,217			10,511	10,511		

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Lice	nse No.				Report	for Year	Ended		Page	of	
Bishop Wicke	Health	& Reha	ıb Ctr.	8	312-C					9/30/201	7		9	37	
	-	-	in the certified b		pacity du	ring t	he repo	ort yea	ır?	0	Yes	0	No		
			f Change		Cł	nange	in Bed	S		Car	pacity Afte	r Change			
Date of		RHNS	(Specify)		Lost			Gaine	d			<u> </u>			
	001111	1111110	(-1)/		2001										
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason fo	or Change	
Not applicab															
	-	_	in certified bed of	_	-	the r	eport y	ear (a:	s report	ed in item	1 4 above)	provide the num	nber of		
			Change in Re	esideı	nt Days						NH	RHNS	(Spe	ecify)	
1st chang									Not	applicable					
2nd char 3rd chan	_														
4th chan	_														
		dents an	d Rates on Septe	mber	30 of Co	st Ye	ar								
			Medicare		Medi					Se	lf-Pay		Other State Assisted		
											_				
	Item		CCNH	C	CCNH	RI	HNS	CO	CNH	RE	INS	(Specify)	R.C.H.	ICF-MR	
No. of R		3	20		55				24						
Per Dien															
a. One b			665.52		220.35				499.90						
b. Two l			665.52		220.35				459.90						
c. Three		e													
bed r	ms.														
7. Total Nu	ımber of	f Physica	al Therapy Treat	ment	s					TO	TAL	CCNH	RHNS	(Specify)	
		re - Par									4,674	4,674			
В.			lusive of Part B)												
			e Treatments												
C	Other	torative	Treatments								29,736	29,736			
		Physical	Therapy Treatn	nents							34,410	34,410			
			Therapy Treatn								5 1,110	3.,.10			
		re - Par									328	328			
			lusive of Part B)												
	1. Mai	ntenanc	e Treatments												
		torative	Treatments												
	Other										1,642	1,642			
			Therapy Treatme								1,970	1,970			
			ational Therapy	l'reat	nents						2.240	2.250			
		re - Par	t B lusive of Part B)								3,269	3,269			
D.			e Treatments												
			Treatments												
C.	Other		***								30,393	30,393			
D.	Total C	Occupati	ional Therapy T	reatn	ients						33,662	33,662			

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Report of Ex	•	- Sararr			T -	-
Name of Facility	License No.		Report for Year	r Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C		9/30/2017		10	37
Are time records maintained by all individuals receiving co	mpensation?	•	Yes	0	No	
			Total Cost a	nd Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
Operators/Owners (Complete also Sec. I						
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	117,058	2,080				
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	248,081	10,595				
Dietary Service a. Head Dietitian						
a. Head Dietitian b. Food Service Supervisor	192,672	5,101				
c. Dietary Workers	533,871	38,569				
6. Housekeeping Service	555,671	20,207				
a. Head Housekeeper						
b. Other Housekeeping Workers	277,301	19,505				
7. Repairs & Maintenance Services						
Engineer or Chief of Maintenance						
b. Other Maintenance Workers	73,392	2,452				
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	99,648	3,785				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	270,629	4,160				
b. RN						
1. Direct Care	1,617,785	36,132				
2. Administrative**	280,464	10,701				
c. LPN	780,956	23,952				
1. Direct Care 2. Administrative**	780,930	23,932				
d. Aides and Attendants	2,257,207	139,772		1		
e. Physical Therapists	2,227,207	-07,112				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	148,076	6,400				
i. Physicians						
1. Medical Director				-		
Utilization Review Resident Care***	+			1		
Resident Care*** Other (Specify)						
4. Onici (Specify)						
j. Dentists	†					
k. Pharmacists						
l. Podiatrists				<u> </u>		
m. Social Workers/Case Management	160,069	4,912				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	7.057.50	200.11		-		
A-13. Total Salary Expenditures	7,057,209	308,116		L		

^{*} 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)

	CC	NH	RH	INS	(Specify)		
Position	\$	Hours	\$	Hours	\$	Hours	
Total	\$ -	-	\$ -	-	\$ -	-	

Schedule of Other Fees (Page 13)

	CC	NH	RF	INS	(Specify)		
Service	\$	Hours	\$	Hours	\$	Hours	
Respiratory Services	\$ 2,251	67					
Total	\$ 2,251	67	\$ -	-	\$ -	-	

CSP-11 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties* License No. Report for Year Ended Name of Facility of Page Bishop Wicke Health & Rehab Ctr. 812-C 9/30/2017 11 37 Salary Paid Fringe Benefits and/or Other Line Where Total Total **Payments** Claimed on Name and Address of All Compensation Full Description of Hours Hours **CCNH RHNS** (Specify) Services Rendered Worked Page 10 Other Employment** Worked Received (describe fully) Name Section I - Operators/Owners Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).

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

^{**} Include all employment worked during the cost year.

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Y	ear Ended		Page	of
Bishop Wicke Health & Rehab Ctr				812-C		9/30/2017			12	37
		Salary Pai		Fringe Benefits and/or Other Payments	Full Description of	Total Hours		Name and Address of All	Total Hours	Compensation
Name	CCNH	RHNS	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***										
Debra Samorajczyk	117,058			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 <u>all</u> other employment worked during the cost year.

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

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Y	Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-	-C	9/30/2017		13	37
•			Total Cost	and Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee						
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	5,400	30				
3. Pharmacist	11,412	144				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	597,804	8,840				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	24,000	520				
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**	14,642	86				
d. Administrative Services facility						
1. Infection Control Committee						
(Quarterly meetings)						
2. Pharmaceutical Committee						
(Quarterly meetings) 3. Staff Development Committee						
(Once annually)						
e. Other (Specify)						
e. Giller (Speelif)						
9. Speech Therapist						
a. Resident Care	74,246	1,019				
b. Other	7 1,2 10	1,017				
10. Occupational Therapist						
a. Resident Care	559,937	8,511				
b. Other	337,737	0,511				
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	4,585	42				
2. Administrative***	.,505	1.2		1		
b. LPN						
1. Direct Care	30,268	596				
2. Administrative***	30,200	370		 		
c. Aides				 		
d. Other				†		
12. Other (Specify)						
See Attached Schedule	2,251	67				
B-13 Total Fees Paid in Lieu of Salaries	1,324,545	19,855	+	+	+	

^{*} 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 \ 9/30/2017	Year Ended	Page 14	of 37		
Name & Address of Individual	Full Explanation of Service		* to Owners, ors, Officers No	Explanation of Relationship				
Brijesh Chandwani 3200 Park Avenue, Unit 10D2 Bridgeport, CT 06604	Dentist	0	•	None				
Omnicare, 6990B Snowdrift RD, Allentown, PA 18106	Pharmacist	0	•	None				
Symbria Rehab 28100 Torch Parkway Suit 600 Warrenville, IL 60555	PT/OT/ST	0	•	None				
Daniel Wollman, MD 555 Bridgeport Avenue, Shelton CT	Medical Director	0	•	None				
AAA Nursing Care 3303 Main Street Stratford, CT 06614	LPN Pool	0	•	None				
Omnicare, 6990B Snowdrift RD, Allentown, PA 18106	RN PRN	0	•	None				
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					

^{*} 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 Y	ear Ended	Page	of
Bishop Wicke Health & Rehab			9/30/2017		15	37
Zishop Wiene Ironia & Ironia	1 012 0		<i>>,00,</i> 201,			
	Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General						
a. Employee Health & Wel	fare Benefits					
1. Workmen's Compen		\$	348,800	348,800		
2. Disability Insurance		\$		·		
3. Unemployment Insu	rance	\$	9,692	9,692		
4. Social Security (F.I.	C.A.)	\$	536,386	536,386		
5. Health Insurance	,	\$	838,002	838,002		
6. Life Insurance (emp.	loyees only)		·	·		
(not-owners and not-		\$	90,953	90,953		
7. Pensions (Non-Discr	•	\$	355,204	355,204		
(not-owners and not-	-	İ				
8. Uniform Allowance	,	\$	2,154	2,154		
9. Other (<i>Specify</i>)		\$	21,255	21,255		
See Attached Schedu	ıle					
b. Personal Retirement Plan		\$				
Profit Sharing Plans for	Owners and					
Operators (Discriminato						
•						
c. Bad Debts*		\$	497,334	497,334		
d. Accounting and Auditin	g	\$	37,231	37,231		
	e fully described on Page 7)	\$	14,600	14,600		
f. Insurance on Lives of O		\$				
Operators (Specify)*						
g. Office Supplies		\$	47,488	47,488		
h. Telephone and Cellular	Phones					
1. Telephone & Pagers		\$	46,473	46,473		
2. Cellular Phones		\$				
i. Appraisal (Specify purpo	ose and	\$				
attach copy)*		l				
j. Corporation Business Ta	axes (franchise tax)	\$				
k. Other Taxes (Not related	l to property - See Page 22)					
1. Income*		\$				
2. Other (<i>Specify</i>)		\$				
See Attached Schedu	ıle	j				
3. Resident Day User F		\$	594,067	594,067		
Subtotal		\$	3,439,639	3,439,639		
						•

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

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

Bishop Wicke Health & Rehab Ctr. 9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

Description	(CCNH	RHNS	(Specify)
EMPLOYEE PHYSICALS	\$	20,236		
OTHER BENEFITS	\$	1,019		
Total	\$	21,255	\$ -	\$ -

Schedule of Other Taxes

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

CSP-16 Rev. 9/2002

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

Report for Year Ended Page 16	of
Subtotals Brought Forward: 3,439,639 3,439,639	37
Subtotals Brought Forward: 3,439,639 3,439,639	
Subtotals Brought Forward: 3,439,639 3,439,639	
1. Travel and Entertainment \$ 2. Holiday Parties for Staff \$ 17,073 3. Gifts to Staff and Residents \$ 4. Employee Travel \$ 259 5. Education Expenses Related to Seminars and Conventions \$ 3,453 6. Automobile Expense (not purchase or depreciation) \$ 7. Other (Specify) \$ 8. Advertising Help Wanted (all such expenses) \$ 3,909 9. Advertising Dephone Directory (all such expenses) \$ 6,520 9. Medical Records \$ 10. Medical Records \$ 11. Advertising Parties (Specify)*** \$ 6,520 12. Advertising Other (Specify)*** \$ 6,520 13. Advertising Other (Specify)*** \$ 6,520 14. Fund-Raising*** \$ 7. Medical Records 15. Medical Records \$ 8 16. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** \$ 3,978 17. Postage \$ 3,978 18. Dues and Membership Fees to Professional Associations (Specify) \$ 14,997 14.997 14,997 14.997 14,997 15. Subscriptions \$ 3,88	(Specify)
1. Resident Travel and Entertainment \$ 2. Holiday Parties for Staff \$ 17,073 17,073 3. Gifts to Staff and Residents \$ 259 259 4. Employee Travel \$ 259 259 5. Education Expenses Related to Seminars and Conventions \$ 3,453 3,453 6. Automobile Expense (not purchase or depreciation) \$ 7 7. Other (Specify) \$ \$ 8 Expected \$ 3,453 9. Advertising General Expenses \$ 3,909 1. Advertising Help Wanted (all such expenses) \$ 3,909 2. Advertising Telephone Directory (all such expenses) \$ 3,909 3. Advertising Other (Specify)*** \$ 6,520 6,520 See Attached Schedule \$ 6,520 6,520 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)*** \$ 3,978 3,978 * 8. Dues and Membership Fees to Professional Associations (Specify) \$ \$ 3,978 <td></td>	
2. Holiday Parties for Staff \$ 17,073 17,073 3. Gifts to Staff and Residents \$ 259 259 4. Employee Travel \$ 259 259 5. Education Expenses Related to Seminars and Conventions \$ 3,453 3,453 6. Automobile Expense (not purchase or depreciation) \$ 7. Other (Specify) \$ 259 259 7. Other (Specify) \$ 3,453 3,453 3,453 8. Advertising Edephone Directory (all such expenses) \$ 3,909 3,909 3,909 9. Advertising Other (Specify)*** \$ 3,909 3,909	
3. Gifts to Staff and Residents \$ 259 259 4. Employee Travel \$ 259 259 5. Education Expenses Related to Seminars and Conventions \$ 3,453 3,453 6. Automobile Expense (not purchase or depreciation) \$ 3,453 3,453 7. Other (Specify) \$ 259 259 8. Automobile Expenses (not purchase or depreciation) \$ 3,453 3,453 9. Other (Specify) \$ 3,453 3,453 9. Subscriptions \$ 3,453 3,453 3. Advertising Cherical Expenses \$ 3,453 3,453 9. Subscriptions \$ 3,453 3,453 3. Advertising Cherical Expenses \$ 3,909 3,909 2. Advertising Help Wanted (all such expenses) \$ 3,909 3,909 2. Advertising Telephone Directory (all such expenses) \$ 6,520 6,520 See Attached Schedule \$ 6,520 6,520 6,520 4. Fund-Raising*** \$ 5 Medical Records 5. Medical Records \$ 5 Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage \$ 3,978	
4. Employee Travel \$ 259 259 \$ 5. Education Expenses Related to Seminars and Conventions \$ 3,453 3,453 \$ 3,453 \$ 6. Automobile Expense (not purchase or depreciation) \$ 7. Other (Specify) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
5. Education Expenses Related to Seminars and Conventions 6. Automobile Expense (not purchase or depreciation) 7. Other (Specify) See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 3. Advertising Telephone Directory (all such expenses) 3. Advertising Other (Specify)*** \$ 6,520 6,520 See Attached Schedule 4. Fund-Raising*** 5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.** 9. Subscriptions 10. Contributions*** * 899 899	
6. Automobile Expense (not purchase or depreciation) 7. Other (Specify) See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 3. Advertising Telephone Directory (all such expenses) 3. Advertising Other (Specify)*** \$ 6,520 6,520 See Attached Schedule 4. Fund-Raising*** 5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage * 8. Dues and Membership Fees to Professional flags of the service of the	
7. Other (Specify) See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 2. Advertising Telephone Directory (all such expenses) 3. Advertising Other (Specify)*** See Attached Schedule 4. Fund-Raising*** 5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 3,889 \$ 3,889 \$ 10. Contributions***	
See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 2. Advertising Telephone Directory (all such expenses)*** 3. Advertising Other (Specify)*** See Attached Schedule 4. Fund-Raising*** 5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 3,989 \$ 3,989 \$ 3,889 \$ 3,889 \$ 3,889 \$ 3,889 \$ 3,889	
m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 2. Advertising Telephone Directory (all such expenses)*** 3. Advertising Other (Specify)*** See Attached Schedule 4. Fund-Raising*** 5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 3,889 10. Contributions*** \$ 3,909 3,909 3,909 3,909 3,909 3,909 4,520 6,520 6,520 6,520 5,520 6,520 6,520 5,520 6	
1. Advertising Help Wanted (all such expenses) \$ 3,909 3,909 2. Advertising Telephone Directory (all such expenses)*** \$ 3. Advertising Other (Specify)*** \$ 6,520 6,520 See Attached Schedule 4. Fund-Raising*** \$ 5. Medical Records \$ 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage \$ 3,978 3,978 * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 9. Subscriptions \$ 3,889 3,889 10. Contributions*** \$ 899 899	
2. Advertising Telephone Directory (all such expenses)*** \$ 3. Advertising Other (Specify)*** \$ 5. See Attached Schedule 4. Fund-Raising*** \$ 5. Medical Records \$ 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage \$ 8. Dues and Membership Fees to Professional \$ 8. Dues and Membership Fees to Professional \$ 8. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 9. Subscriptions \$ 13,889 \$ 10. Contributions***	
3. Advertising Other (Specify)*** See Attached Schedule 4. Fund-Raising*** 5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 3,889 \$ 3,889 \$ 10. Contributions***	
3. Advertising Other (Specify)*** See Attached Schedule 4. Fund-Raising*** 5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 3,889 \$ 3,889 \$ 10. Contributions***	
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 * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 3,889 \$ 3,889 \$ 3,889 \$ 3,889	
5. Medical Records \$ 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage \$ 3,978 3,978 \$ * 8. Dues and Membership Fees to Professional \$ 14,997 14,997 \$ Associations (Specify) \$ See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 9. Subscriptions \$ 3,889 3,889 \$ 10. Contributions*** \$ 899 899	
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage \$ 3,978 3,978 \$ 3,978 \$ 3,978 \$ 14,997 \$ 1	
directly and not by contract or fee for service)*** 7. Postage \$ 3,978 3,978 * 8. Dues and Membership Fees to Professional \$ 14,997 14,997	
directly and not by contract or fee for service)*** 7. Postage \$ 3,978 3,978 * 8. Dues and Membership Fees to Professional \$ 14,997 14,997 Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 9. Subscriptions \$ 3,889 3,889 10. Contributions*** \$ 899 899	
7. Postage \$ 3,978 3,978 * 8. Dues and Membership Fees to Professional \$ 14,997 14,997 Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 9. Subscriptions \$ 3,889 3,889 10. Contributions*** \$ 899 899	
Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 3,889 10. Contributions*** \$ 899	
See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 3,889 10. Contributions*** \$ 899	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 9. Subscriptions \$ 3,889 10. Contributions*** \$ 899	
9. Subscriptions \$ 3,889 3,889 10. Contributions*** \$ 899 899	
9. Subscriptions \$ 3,889 3,889 10. Contributions*** \$ 899 899	
10. Contributions*** \$ 899 899	
See Attached Schedule	
11. Services Provided by Contract (<i>Specify and Complete</i> \$ 68,761 68,761	
Schedule C-2, Page 21 for each firm or individual)	
12. Administrative Management Services** \$ 488,195 488,195	
13. Other (<i>Specify</i>) \$ 25,334 25,334	
See Attached Schedule	
C-14 Total Administrative & General Expenditures \$ 4,076,906 4,076,906	

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCI	NH	RHN	S	(Spec	ify)
MARKETING & PROMOTION	\$	6,520				
Total Other Advertising	\$	6,520	\$	-	\$	-

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CT Alliance for Long Term Care	\$ 1,000		
LEADINGAGE CT (FORMERLY CANPFA)	\$ 13,567		
Association of Long Term Care Financial Managers	\$ 40		
Greater Valley Chamber	\$ 40		
CAHCF (CT Association of Health Care Facilities)	\$ 350		
Total Dues	\$ 14,997	\$ -	\$ -

Schedule of Contributions

Description	CCN	Н	RHNS		(Speci	ify)
DONATIONS/CONTRIBUTIONS	\$	899				
Total Contributions	\$	899	\$	-	\$	-

Schedule of Other Administrative and General

Description	CCNH	RHN	S	(Speci	ify)
LICENSE & FEES	\$ 22,679				
BANK FEES	\$ 2,655				
Total Other Administrative and General	\$ 25,334	\$	-	\$	-

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2017	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	22,712	Corporate Office Allocation Direct Benefits	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	70,101	Corporate Office Allocation Indirect Benefits	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	24,126	Corporate Office Allocation Direct & Indirect Taxes	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	280,406	Corporate Office Alloc Indirect Sal	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	90,849	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 9/30/2017			of 37
	Item			Total		CCNH	RHNS	(S	pecify)
2.	Dietary a. In-House Preparation & Service 1. Raw Food 2. Non-Food Supplies 3. Other (Specify)		\$ \$	49,274		422,961 49,274			
	b. Purchased Services (by contract other than through Management Services)		\$	3					
	(Complete Schedule C-2 att. Page 21) c. Management Services** d. Other (Specify)		9						
2E.	Total Dietary Expenditures (2a + b + c + d)		\$	6 472,235		472,235			
2F.	Dietary Questionnaire			Total		CCNH	RHNS	(S	pecify)
G.	Resident Meals: Total no. of meals served per	day	y:*	328		328			
H.	Is cost of employee meals included in 2E?	0	Yes	•	No)			
I.	Did you receive revenue from employees?	0	Yes	•	No)	If yes, specify amt.		
J.	Where is the revenue received reported in the	Cos	st Repo	rt? (Page/Line	Iten	n)			
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	0	Yes	•	No)	If yes, specify cost.		
L.	Is any revenue collected from these people?	0	Yes	•	No)	If yes, specify amt.		
M.	Where is the revenue received reported in the	Cos	st Repo	rt? (Page/Line	Iten	n)			
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	•	Yes	0	No)	If yes, specify cost.		\$2,976
O.	Is any revenue collected from employees?	0	Yes	0	No)	If yes, specify amt.		\$2,976
P.	Where is the revenue received reported in the	Cos	st Repo	rt? (Page/Line	Iten	n)		P. 30, 1	IV.1

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

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

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

Name of Facility Bishop Wicke Health & Rehab Ctr.	License	e No. B12-C	Report for Y 9/30/2017		Page of 19 37
Bishop wicke Health & Renau Cu.		312-C	9/30/2017	1	19 31
Item		Total	CCNH	RHNS	(Specify)
 3. Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items 	Lbs.	18,635	18,635		
washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.				
processed.***	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) c. Management Services** d. Other (Specify)	\$	196,948	196,948		
3E. <i>Total Laundry Expenditures</i> (3a + b + c + d)	·	215 592	215 592		
3F. Laundry Questionnaire	\$	215,583	215,583		
) Yes	•	No	If yes, specify cost.	
J 1 J) Yes		No	If yes, specify amt.	
I. Where is the revenue received reported in the Co	st Report?		(Page/Line	Item)	
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?) Yes	•	No	If yes, specify cost.	
J 1 1) Yes		No	If yes, specify amt.	
L. Where is the revenue received reported in the Co	st Report?		(Page/Line	Item)	

^{*} Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 3E.

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

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

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

Name of Facility	License No.	Repo	ort for Year E	nded	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C		9/30/2017		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced		40,000	40,000		
a. In-House Care	by Personnel					
1. Supplies - Cleaning (<i>Mops</i> ,	Amt.	\$	48,193	48,193		
pails, brooms, etc.)						
b. Purchased Services (by contract other	Sq. Ft. Serviced					
than through Management Services)	by Personnel					
(Complete Schedule C-2 att.	Amt.	\$				
Page 21)						
c. Management Services*	-	\$				
d. Other (<i>Specify</i>)		\$				
4E. Total Housekeeping Expenditures (4a +	b+c+d)	\$	48,193	48,193		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from		\$	408,113	408,113		
b. Medicine Cabinet Drugs		\$	3,546	3,546		
c. Medical and Therapeutic Supplies		\$	234,392	234,392		
d. Ambulance/Limousine***		\$	1,703	1,703		
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		\$	76,555	76,555		
f. X-rays and Related Radiological		\$	9,945	9,945		
Procedures***						
g. Dental (Not dentists who should be inc	luded under	\$				
salaries or fees)						
h. Laboratory***		\$	26,735	26,735		
i. Recreation		\$	27,761	27,761		
j. Other (Specify)****		\$	4,150	4,150		
See Attached Schedule						
5K. Total Resident Care Expenditures (5a - 5	5j)	\$	792,900	792,900		

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

^{**} Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

^{***} Facility should self-disallow the expense on Page 29 of the Cost Report.

^{****} ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Non-Chargeable Medical & Therapeutic Supplies			
MEDICAL SUPPLIES-NON BILLABLE	\$ 99		
PHYSICAL THERAPY SUPPLIES	\$ 4,051		
SDX Swallowing	\$ -		
Total Other Resident Care	\$ 4,150	\$ -	\$ -

.....

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

Name of Facility Bishop Wicke Health & Rehab Ctr.				License No.	Report for Year Ended					of 37
Bisnop wicke Health & Rena	D Ctr.	1	S12-C 9/30/2017 21					37		
							Total Cost	Page Ref.**	*	
Name of Individual or	Address	Yes	No	_		CCNIII	DIING	(Smaoify)	Da	Lina
Company	307 White Street,	res	INO	Relationship	Service Provided*	ССИП	KIINS	(Specify)	Pg	Line
Winter Bros Waste Systems of CT	DANBURY, CT 06810	0	•	None	Rubbish Removal	43,928			22	6F
UNITEX TEXTILE	121-123 Meadow Street, Hartford, CT 06114	0	•	None	Laundry - Linens	184,070			19	3B
BOTTOMLINE SOLUTIONS	1508 NW 24th PL, Cape Coral, Florida 33993	0	•	None		28,256				M
		0	0							
		0	0							
		0								
		0								
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							

^{*} 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 I	License No.	Report for Y	Page o	of		
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2017		22 3	7	
Item		Total	CCNH	RHNS	(Specify))
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	41,211	41,211			
b. Heat	\$	38,579	38,579			
c. Light & Power	\$	241,391	241,391			
d. Water	\$	19,006	19,006			
e. Equipment Lease (Provide detail on page	ge 6) \$	7,023	7,023			
f. Other (itemize)	\$	76,295	76,295			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6	of) \$	423,505	423,505			
7. Depreciation (complete schedule page 23*)					
a. Land Improvements	\$					
b. Building & Building Improvements	\$	213,108	213,108			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	41,861	41,861			
*7e. <i>Total Depreciation Costs</i> $(7a + b + c + d)$	\$	254,969	254,969			
8. Amortization (Complete att. Schedule Page	e 24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$	6,838	6,838			
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs $(8a + b + c + d)$	\$	6,838	6,838			
9. Rental payments on leased real property lea	ss					_
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	\$	438	438			
11. Total Property Expenses $(7e + 8e + 9 + 10)$	0) \$	262,245	262,245			

^{*} 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	RH	NS	(Specify)
MAINTENANCE SVC/SUPPLIES	\$ 14,098			
PEST CONTROL	\$ 3,598			
RUBBISH REMOVAL	\$ 43,928			
INTERNET SERVICE	\$ 1,498			
SNOW REMOVAL	\$ 1,650			
SATELLITE TV	\$ 3,422			
SEWER USAGE	\$ 6,469			
MAINTENANCE - UNIFORMS	\$ 327			
Maintenance Expense - Landscaping	\$ 1,305			
Total Other Repairs and Maintenance	\$ 76,295	\$	-	\$ -

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Depreciation Schedule

Bishop Wicke Health & Rehab Ctr.	Name of Facility		License No.			Report for Year Ended			Page	of			
Historical Cost Less Exclusive of Exclus							-C						37
Cost Less Exclusive of Salvage Value Depreciation to Beginning of Computing Useful Depreciation Life for This Year Total	Dishop wicke Health & Rehab Cu.									<u> </u>		23	31
Exclusive of Land Cost to Be Depreciated Computing Useful Depreciation Useful Depreciation Useful Depreciation Computing Useful Depreciation Useful Depreciati							T			Madadas			
Cand Depreciated Value Depreciated Value Depreciation Depreciation Life for This Year Total								Cost to Pa			Heaful	Depression	
A. Land Improvements 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) B. Bullding and Building Improvements 1. Acquired prior to this report period 8. O40,109 9. O4,779,547 8. O4,779,547 9. O4,779,5	Property Item							I					Totals
1. Acquired prior to this report period 246.287 246.287 246.287 Straight-Line Various	_ · ·					Land	value	Depreciated	Tear's Operations	Depreciation	Life	ioi iiis i cai	Totals
2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) 8. Building and Building Improvements 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) 4. Acquired during this report period (attach schedule) 5. Acquired during this report period (attach schedule) 6. Non-Movable Equipment 7. Acquired during this report period (attach schedule) 7. Subtotal 8. Building and Building Improvements 8. Building and Building Improvements 8. Building and Building Improvements 9. Building						246 287		246 287	246 287	Straight Lina	Various		
3. Acquired during this report period (attach schedule) A-4. Subtotal B. Building and Building Improvements 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) 4. Acquired during this report period (attach schedule) 5. Acquired during this report period (attach schedule) 6. Non-Movable Equipment 7. Acquired during this report period (attach schedule) 8. Acquired during this report period (attach schedule) 8. Acquired during this report period (attach schedule) 8. Acquired during this report period (attach schedule) 9. Acquired during this report period (attach schedule) 1. Acquired prior to this report period (attach schedule) 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) 4. Accumulated Depreciation to Method of Computing Useful Life for This Year Tot. 5. Accumulated Depreciation to Depreciation to Beginning of Year's Operations Depreciation for This Year Tot. 5. Accumulated Depreciation to Depre						240,287		240,287	240,287	Straight-Line	various		
A-4. Subtotal B. Building and Building Improvements 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) 19,500 19,500 19,500 Straight-Line Various 1,774 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) 2. Disposals (attach schedule) 3. 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? Acquisition Yes No Month Year Land Depreciation to Beginning of Vear's Operations Depreciation to Depreciation to Depreciation to Depreciation and year of each vehicle) a. b.	1	ach sch	adula)							Straight Line	Various		
B. Building and Building Improvements 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) 4. Subtotal C. Non-Movable Equipment 1. Acquired prior to this report period (attach schedule) 2. Disposals (attach schedule) 3. Acquired prior to this report period 4. Acquired prior to this report period 5. Acquired during this report period 6. Disposals (attach schedule) 7. Acquired during this report period (attach schedule) 8.040,109 4.779,547 5. Straight-Line 7. Various 1.774 2. Various 1.774 2. Disposals (attach schedule) 8.040,109 4.779,547 5. Straight-Line 7. Various 1.774 2. Various 1.774 2. Disposals (attach schedule) 8.040,109 4.779,547 5. Straight-Line 7. Various 1.774 2. Various 1.774 2. Various 1.774 2. Various 1. Acquired during this report period (attach schedule) 8.040,109 4.779,547 5. Straight-Line 7. Various 1.774 2. Various 1.774 2. Various 1.774 2. Various 1.774 2. Various 1. Acquired during this report period (attach schedule) 8.040,109 4.779,547 5. Straight-Line 7. Various 1.774 2. Various 1.774 2. Various 1.774 2. Various 1. Acquired during this report period (attach schedule) 8.040,109 4.779,547 5. Straight-Line Various 1.774 2. Various 1. Acquired during this report period (attach schedule) 8.040,109 4.779,547 5. Taright-Line Various 1.774 2. Various 1. Acquired during this report period (attach schedule) 8.040,109 9. Various 1. Acquired during this report period (attach schedule) 8.040,109 9. Various 1. Acquired during this report period (attach schedule) 8.040,109 9. Various 1. Acquired during this report period (attach schedule) 8. Various 9. Various 1. Acquired during this report period (attach schedule) 9. Various 1. Acquired during this report period (attach schedule) 9. Various 1. Acquired during this report period (attach schedule) 9. Various 1. Acquired during this report period (attach schedule) 9. Various 1. Acquire		acii sciic	ieduie)							Straight-Line	various		
1. Acquired prior to this report period													
2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) B-4. Subtotal C. Non-Movable Equipment 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) Total Cost Is a mileage logbook maintained? Acquisition Year No Month Year Land Value Depreciated Year's Operations Depreciation Depreciation						8 040 100		8 040 100	1 770 517	Straight Line	Various	211 334	
3. Acquired during this report period (attach schedule) B-4. Subtotal C. Non-Movable Equipment 1. Acquired prior to this report period 2. Disposals (attach schedule) C-4. Subtotal Is a mileage logbook maintained? Yes No Month Year D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a. Bate of Acquisition Year Historical Cost Less Exclusive of Land Value Depreciated Value Depreciation Value Depreciation Value Depreciation Depreciation Depreciation Depreciation Total						0,040,109		8,040,109	4,779,547	Strangint-Line	various	211,334	
B-4. Subtotal 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? Acquisition Yes No Month Year Land Value Depreciated Poepreciation to Method of Year's Operations Depreciation Life for This Year Tot. D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a. b.		ach sch	nedula)			10 500		10 500		Straight Lina	Various	1 774	
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? Acquisition Date of Acquisition Yes No Month Year Land Value Depreciation Deprecia		acii sciic	ieduie)			19,300		19,300		Straight-Line	various	1,774	213,108
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? Acquisition Yes No Month Year Land Value Depreciated Pepreciation to Method of Year's Operations Period Total Computing Useful Depreciation Life for This Year Total Computing Useful Depreciation Depreciation Life for This Year Total Computing Useful Depreciation Depreciation Life for This Year Total Computing Useful Depreciation Depreciation Life for This Year Total Computing Useful Depreciation Depreciation Depreciation Life for This Year Total Computing Useful Depreciation Depreciation Depreciation Depreciation Depreciation Life for This Year Total Computing Useful Depreciation													213,100
2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) C-4. Subtotal Is a mileage logbook maintained? Acquisition Yes No Month Year D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a. b.													
3. Acquired during this report period (attach schedule) C-4. Subtotal Is a mileage logbook maintained? Yes No Month Year Land Value Depreciated Pack of and year of each vehicle) a. b. Month Year Subtotal Subtotal Sequence of the control of th													
C-4. Subtotal Is a mileage logbook maintained? Date of maintained? Acquisition Yes No Month Year Land Value Depreciated Acquisition Depreciation to Depreciation Depreciatio	1												
Is a mileage logbook maintained? Acquisition Cost Less Cost to Be Beginning of Year's Operations Depreciation Total Accumulated Depreciation to Method of Year's Operations Depreciation Total Total Depreciation Total Total Depreciation Total Tota		acii sciic	icuuic)										
Logbook maintained? Date of Acquisition Cost Less Less Depreciation to Depreciation Depre		$\overline{}$											
Maintained? Acquisition Cost Less Depreciation to Method of Computing Useful Depreciation Total													
Exclusive of Value Cost to Be Depreciated Depreciation Depreciation Depreciation Total		_		1			T			Madadas			
Yes No Month Year Land Value Depreciated Year's Operations Depreciation Life for This Year Total D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a. b.		mainu	tameu?	Acqui	ISITION	1			_		** **		
D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a. b.		37					U					-	T . 1
1. Motor Vehicles (Specify name, model and year of each vehicle) a. b.	5 14 11 5	Yes	No	Month	Year	Land	value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
and year of each vehicle) a. b.													
a. b.													
b.	1												
	-	+'											
	c.	+											
d.													
	Movable Equipment												
			1,345.571		1,345.571	1.187.461	Straight-Line	Various	41.356				
	b. Disposals (attach schedule)		, , 1		,- ·- ,- · -	,==,,:01	, , , g		12,220				
c. Acquired during this report period													
(attach schedule) 7,293 7,293 Various 504						7,293		7,293			Various	504	
						.,,		,,,,,,					41,860
													254,968

Schedule of Land Improvements Acquired during this report period

		Useful					
Acquisition Date	Description of Item	Cost	Life	Depreciation			
Additions:							
otal additions for Land Impro	vements	\$ -		\$ -			
Deletions:							
		_		_			
Fotal deletions for Land Impro	vements	\$ -		\$ -			

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:	Description of item	Cost	Life	Бер	rectation
10/10/2016	Gas regulator	\$ 9,465	10	\$	947
11/19/2016	Gas regulator	\$ 5,159	10	\$	430
12/21/2016	Door	\$ 1,525	5	\$	229
4/24/2017	Heat replacement pump	\$ 2,014	5	\$	168
9/15/2017	Dishwasher booster pump	\$ 1,337	5	\$	-
Total additions for	Building Improvements	\$ 19,500		\$	1,774
Deletions:					
Total deletions for	Building Improvements	\$ -		\$	-

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

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

^{*}Ties to Page 23, Line C3

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{**}Ties to Page 23, Line C2

		Useful								
Acquisition Date	Description of Item	Cost	Life	Depreciation						
Additions:	_									
6/8/2017	Replace booster pump	\$ 5,618	5	\$	281					
1/20/2017	Electronic Bed	\$ 1,675	5	\$	223					
Total additions for	Movable Equipment	\$ 7,293		\$	504					
Deletions:										
Total deletions for	Movable Equipment	\$ -		\$	- ;					

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

			Useful					
Acquisition Date	Description of Item	Cost	Life	Depreciation				
Additions:								
Total additions for 1	Leasehold Improvement	\$ -		\$ -				
Deletions:								
Total deletions for I	Leasehold Improvement	\$ -		\$ -				

^{*}Ties to Page 24, Line C3

^{**}Ties to Page 23, Line D2b

^{**}Ties to Page 24, Line C2

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Amortization Schedule*

Name of Facility			License No.		Report for Yea	r Ended	Page	of		
Bishop Wicke Health & Rehab Ctr.			812-C		9/30/2017			24	37	
						Accumulated				
		Date	e of			Amort. to				
		Acqui	sition			Beginning of	Basis for			
]						
				Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									
	1.									
	2.									
	3.									
A-4.	Subtotal									
B.	Mortgage Expense									
	1. Deferred Financing	6	2012	30	151,453	95,484	Mortgage Life	3	6,838	
	2.									
	3.									
B-4.	Subtotal									6,838
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									6,838

^{*} Straight-line method must be 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.

^{**} Specify which of the following bases were used:

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

Name of Facility	License No.	Report for Year En	ded		Page of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2017			25 37
11. Property Questionnaire					
Part A					
Is the property either owned by the or leased from a Related Party?*) Yes		No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this fa business association to any person a related party transaction.					
Description		Total			
Date Land Purchased		1968			
2. Date Structure Completed		1970			
3. If NOT Original Owner, Date	e of Purchase				
4. Date of Initial Licensure		05/23/70			
5. Total Licensed Bed Capacity		120			
6. Square Footage		25,363			
7. Acquisition Cost		20 202			
a. Land b. Building		30,392 944,912			
	wtica		2nd Montage	3rd Mortgage	4th Montoco
Part B - Owner and Related Pa 1. Financing	rues	1st Mortgage	Zhu Mortgage	3rd Mortgage	4th Mortgage
a. Type of Financing (e.g., f	ived variable)				
b. Date Mortgage Obtained	ixed, variable)				
c. Interest Rate for the Cost	Year				
d. Term of Mortgage (numb					
e. Amount of Principal Borr					
f. Principal balance outstand					
Complete if Mortgage was 1	•				
During Current Cost Ye					
g. Type of Financing (e.g., f					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (numb					
k. Amount of Principal Borr					
Principal Outstanding on					
Part C - Arms-Length Leas	2 0			T	
Name and Address of Lesso	r Pr	operty 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 Yea		Page of	
Bishop Wicke Health & Rehab Ctr.	812-C		9/30/2017			26 37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improver	nent & Non-Movab	ole				
Equipment						
1. First Mortgage		\$	222,640	222,640		
Name of Lender		Rate				
MT & T Realty Corporation Address of Lender		3.44%				
	none Monulond 2120	1 1				
25 S. Charles Street, 17th FloorBaltin 2. Second Mortgage	nore iviaryiana 2120	<u> </u>				
Name of Lender		Rate				
Ivanic 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						
Address of Lender						
B. CHEFA Loan Information	on					
1. Original Loan Amour	nt	\$				
2. Loan Origination Dat						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expe	ense					
12 B7. Total Building Interest Expe		\$	222,640	222,640		
			(6	Subtotals f	7.	. \

(Carry Subtotals forward to next page)

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

Name of Facility License 1	No.		Report for Y		Page of	
Bishop Wicke Health & Rehab Ctr 81	2-C		9/30/2017			27 37
Item			Total	CCNH	RHNS	(Specify)
	otals Brou	ight Forward:	222,640	222,640		
12. C. Movable Equipment						
1. Automotive Equipment	_	\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (<i>Specify</i>)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Inte	rest					
Expense $(C1 + 2)$		\$				
12. D. Other Interest Expense (Specify)		\$	117,029	117,029		
13. Total All Interest Expense (12B7 + 12	2C3 + 12D	9) \$	339,669	339,669		
14. Insurance						
a. Insurance on Property (buildings of	only)	\$	19,307	19,307		
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as	specified a	above) \$				
1. Umbrella (Blanket Coverage)						
2. Fire and Extended Coverage	\$					
3. Other (<i>Specify</i>)		\$	84,509	84,509		
14d. Total Insurance Expenditures (14a +	b+c)	\$	103,816	103,816		
15. Total All Expenditures (A-13 thru C-		\$	·	15,116,806		
• '	-					•

D. Adjustments to Statement of Expenditures

	e of Fa	-	ealth & Rehab Ctr.	Lic	ense No. 812-C	Report for Yea 9/30/2017	r Ended	Page of 28 37
DISH	ρw W	KU TE	eathi & Rehau Ch.	<u> </u>	Total	7/30/201/		20 31
	Page No.		Item Description		Amount of Decrease	CCNH	RHNS	(Specify)
			es and Wages		Decrease	CCIVII	KIIIAS	(Бреспу)
1	10 - 5	ami	Outpatient Service Costs	\$				
2.			Salaries not related to Resident Care	\$				
3.			Occupational Therapy	\$				
4.			Other - See attached Schedule	\$				
Page	13 - F	Profes	sional Fees	,				
5.			Resident Care Physicians **	\$	14,642	14,642		
6.			Occupational Therapy	\$	559,937	559,937		
7.			Other - See attached Schedule	\$	5,400	5,400		
Page	s 15 &	16 -	Administrative and General					
8.			Discriminatory Benefits	\$				
9.			Bad Debts	\$	497,334	497,334		
10.			Accounting & Legal	\$	300	300		
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 *	\$	6,520	6,520		
19.			Income Tax / Corporate Business Tax	\$				
20.			Fund Raising / Contributions	\$	899	899		
21.			Unallowable Management Fees	\$	221,395	221,395		
22.			Barber and Beauty	\$				
23.			Other - See attached Schedule	\$	28,256	28,256		
Page	18 - I		y Expenditures					
24.			Meals to employees, guests and others					
			who are not residents	\$	2,976	2,976		
	19 - I		ry Expenditures					
25.			Laundry services to employees, guests					
			and others who are not residents	\$				
Page	20 - I		keeping Expenditures					
26.			Housekeeping services to employees, guests					
			and others who are not residents	\$				
			Subtotal (Items 1 - 26)	\$	1,337,659	1,337,659		

^{*} All except "Help Wanted".

⁽Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	er Salaries A	Adjustment	\$ -	\$ -	\$ -

.....

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	C	CNH	RHNS	(Specify)
13	B.2	Dentist	\$	5,400		
			•	•		
			•	•		
Total Othe	r Fees Adjı	ustments	\$	5,400	\$ -	\$ -

.....

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	C	CNH	RHNS	(Specify)
16	M.11	A/R Services	\$	28,256		
Total Othe	Total Other A&G Adjustments		\$	28,256	\$ -	\$ -

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

Name of Facility Bishop Wicke Health & Rehab Ctr. License No. Report for Year Ended Page Line No. No. No. Item Description Decrease CCNH RHNS (Specif No. No. No. No. No. Report for Year Ended Page Line No. No. No. Report for Year Ended Page Line No. No. No. Report for Year Ended Page Page Line No. No. No. RHNS (Specif No. No. No. No. RHNS RHN	Nome	of E	oility	D. Adjustments to Statemen		cense No.	,		Dogo	of
Total					LIC			ear Ended	Page	37
Item Page Line No. No. Item Description Decrease CCNH RHNS (Specifically No. No. No. Item Description Decrease CCNH RHNS (Specifically No. No. No. Item Description Decrease CCNH RHNS (Specifically No. No. No. Item Description Decrease CCNH RHNS (Specifically No. No. No. Item Description Decrease CCNH RHNS (Specifically No. No. No. No. Item Description Decrease CCNH RHNS (Specifically No. N	DISHC	p wic	ike ne	eath & Renau Cu.			9/30/2017		29	31
No. No. No. Item Description Decrease CCNH RHNS (Specif Subtotals Brought Forward \$ 1,337,659 1,337,659	Itom	Dogo	Lina							
Subtotals Brought Forward \$ 1,337,659 1,337,659				Itam Dagarintian			CCNH	DUNC	(Sn/	oifu)
Page 20 - Resident Care Supplies*** 27.	NO.	NO.	NO.		Ф			KIIINS	(Spe	ciry)
27. Prescription Drugs \$ 408,113 408,113 28. Ambulance/Limousine \$ 1,703 1,703 29. X-rays, etc \$ 9,945 9,945 30. Laboratory \$ 26,735 26,735 31. Medical Supplies \$ 32. Oxygen (non emergency) \$ 76,555 33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ Page 22 - Maintenance and Property 35. Excess Movable Equipment Depreciation See Attached Schedule \$ 5,805 5,805 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 \$ 41. Property Insurance 40. Mortgage Insurance \$ 41. Property Insurance \$ 41. Property Insurance \$ 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ Attached Schedule \$ Att	Daga	20 1	Dagida		Ф	1,337,039	1,337,039			
28.		20 - N	Lesiue		Ф	409 112	400 112			
29.				i e						
30. Laboratory \$ 26,735 26,735 31. Medical Supplies \$ 32. 33. 34. 35. 36.					_					
31. Medical Supplies S 76,555 76,555					_					
32. Oxygen (non emergency) \$ 76,555 76,555 33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ Page 22 - Maintenance and Property 35. Excess Movable Equipment Depreciation See Attached Schedule \$ 5,805 36. Depreciation on Unallowable Motor Vehicles \$ 37. Unallowable Property and Real Estate Taxes \$ 38. Rental of Building Space or Rooms \$ 1,800 39. Other - See Attached Schedule \$ 1,883 1,883 1,883 Page 27 - Insurance \$ 40. Mortgage Insurance \$ 41. Property Insurance \$ 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 116,600 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 4,678 4,678 Not For Profit Providers Only Building/Non Movable Eq. Depreciation Unallowable Building Interest -				·	_	20,733	20,733			
33. Occupational Therapy S Other - See Attached Schedule S						76 555	76 555			
34.					_	70,333	70,333			
Page 22 - Maintenance and Property 35. Excess Movable Equipment Depreciation See Attached Schedule \$ 5,805 5,805 36. Depreciation on Unallowable Motor Vehicles \$ 5,805 5,805 37. Unallowable Property and Real Estate Taxes \$ 1,800 1,800 39. Other - See Attached Schedule \$ 1,883 1,883 Page 27 - Insurance \$ 88 88 40. Mortgage Insurance \$ 88 88 41. Property Insurance \$ 88 88 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 116,600 116,600 48. Interest Income on Accounts Rec \$ 116,600 116,600 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 4,678 4,678 Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -										
See Attached Schedule \$ 5,805 5,805		22 1	laint		Φ					
See Attached Schedule		22 - 1	aumie I							
36. Depreciation on Unallowable Motor Vehicles \$	33.				Ф	£ 90£	£ 90£			
Motor Vehicles	26				Ф	5,805	5,805			_
37. Unallowable Property and Real Estate Taxes \$ 38. Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$ 1,883 1,800 1,80 1,800 1,	50.				ф					
Estate Taxes	27				Ф					
38. Rental of Building Space or Rooms \$ 1,800 1,800 39. Other - See Attached Schedule \$ 1,883 1,883 Page 27 - Insurance	57.				Ф					
39. Other - See Attached Schedule \$ 1,883 1,883 Page 27 - Insurance	20					1 200	1 200			
Page 27 - Insurance 40. Mortgage Insurance \$ 41. Property Insurance \$ 41. Property Insurance \$ 41. Property Insurance \$ 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ \$ \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 4,678 4,678 Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -					_					
40. Mortgage Insurance \$ 88 88 88		27 1			φ	1,865	1,005			
A1. Property Insurance \$ 88 88		2/-1	nsura		Φ					
Other - Miscellaneous 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 116,600 116,600 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 4,678 4,678 Not For Profit Providers Only \$ \$ 4,678 4,678 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - \$ \$						00	00			
42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 116,600 116,600 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 4,678 4,678		. 1/1:		1 2	Φ	00	00			
43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 116,600 116,600 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 4,678 Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -		r - IVIUS	scenai		Φ					
44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 116,600 116,600 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 4,678 4,678 \$ Not For Profit Providers Only \$ 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -										
45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 116,600 116,600 \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 4,678 4,678 \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -										
46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 116,600 \$ 116,600 \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 4,678 \$ 4,678 \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -					_					
47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 116,600 \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 4,678 \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -										
enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 116,600 116,600 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 4,678 4,678					Þ					
providers interest \$ 48. Interest Income on Accounts Rec \$ 116,600 116,600 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 4,678 4,678	4/.			•						
48. Interest Income on Accounts Rec \$ 116,600 116,600 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 4,678 4,678				*	¢					
49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 4,678	10			1		116 600	116 600			
costs unrelated to resident care) - See Attached Schedule \$ 4,678					φ	110,000	110,000			
Attached Schedule \$ 4,678 4,678 Not For Profit Providers Only	 4 7.			*						
Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -					¢	1 670	1 670			
50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	Not I	Zor D.	ofit D		φ	4,078	4,078			
Unallowable Building Interest -	_	or Fr	oju P	-						
	30.									
					¢	£1 604	51 604			
51. Total Amount of Decrease (Items 1 - 50) \$ 2,043,248 2,043,248	51	Total	Ama		_					

^{***} 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.

Bishop Wicke Health & Rehab Ctr. 9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	r Ancillary	Costs	\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	(CCNH	RHNS	(Specify)
22	7d	Movable Equipment Depreciation	\$	5,805		
Total Exces	otal Excess Movable Equipment Depreciation			5,805	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	C	CCNH	RHNS	(Specify)
22		Maintenance Outpatient Rehab Adjustment	\$	1,883		
Total Othe	r Property	Adjustments	\$	1,883	\$ -	\$ -

Page Ref	Line Ref	Description	(CCNH	RHNS	(Specify)
30	IV.8	Attorney fees on C. Russell Account	\$	2,643		
30	IV.8	MEDICAL RECORD COPIES	\$	203		
10& 20		Housekeeping Outpatient Rehab Adjustment	\$	1,832		
	·					
	·					
Total Othe	otal Other Adjustments		\$	4,678	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	(CCNH	RHNS	(Specify)
27	12.d	Interest Penalties	\$	429		
22	7.d	Fixed Asset Adjustments	\$	69		
26	a.1	Mortgage Insurance Premium	\$	43,048		
22	8.b	Limit amortization expense to refunded loan	\$	4,688		
22		Fair Rental Outpatient Rehab Adjustment	\$	1,186		
22		Building Depreciation Outpatient Rehab Adjustment	\$	947		
27		Building Outpatient Rehab Adjustment	\$	1,317		
Total Unal	lowable Bu	ilding Interest	\$	51,684	\$ -	\$ -

CSP-30 Rev.10/2005

F. Statement of Revenue

Name of Facility Bishop Wicke Health & Rehab Ctr. License No. 812-C	Report for Y 9/30/2017	ear Ended		Page of 30 37
Startey William Control Carl	<i>y,co,</i> 2 017			
Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue				
1. a. Medicaid Residents (CT only)	\$ 8,773,900	8,773,900		
b. Medicaid Room and Board Contractual Allowance **	\$ (4,218,968)	(4,218,968)		
2. <u>a. Medicaid (All other states)</u>	\$			
b. Other States Room and Board Contractual Allowance **	\$			
3. <u>a. Medicare Residents (all inclusive)</u>	\$ 3,847,577	3,847,577		
b. Medicare Room and Board Contractual Allowance **	\$ 1,486,640	1,486,640		
4. <u>a. Private-Pay Residents and Other</u>	\$ 4,995,389	4,995,389		
b. Private-Pay Room and Board Contractual Allowance **	\$ (272,623)	(272,623)		
II. Other Resident Revenue				
a. Prescription Drugs - Medicare	\$ 249,969	249,969		
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (249,969)	(249,969)		
c. Prescription Drugs - Non-Medicare	\$ 146,748	146,748		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (146,265)	(146,265)		
2. a. Medical Supplies - Medicare	\$ 29,006	29,006		
b. Medical Supplies - Medicare Contractual Allowance **	\$ (29,006)	(29,006)		
c. Medical Supplies - Non-Medicare	\$ 38,727	38,727		
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (32,012)	(32,012)		
3. a. Physical Therapy - Medicare	\$ 830,355	830,355		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (697,114)	(697,114)		
c. Physical Therapy - Non-Medicare	\$ 342,923	342,923		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (342,846)	(342,846)		
4. a. Speech Therapy - Medicare	\$ 139,318	139,318		
b. Speech Therapy - Medicare Contractual Allowance **	\$ (108,299)	(108,299)		
c. Speech Therapy - Non-Medicare	\$ 44,543	44,543		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (44,543)	(44,543)		
5. a. Occupational Therapy - Medicare	\$ 909,014	909,014		
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (795,125)	(795,125)		
c. Occupational Therapy - Non-Medicare	\$ 361,318	361,318		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (361,318)	(361,318)		
6. a. Other (Specify) - Medicare	\$			
b. Other (Specify) - Non-Medicare	\$			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,897,339	14,897,339		
IV. Other Revenue*	, , , , , , , , , , , , , , , , , , , ,	, ,		
1. Meals sold to guests, employees & others	\$ 2,976	2,976		
Rental of rooms to non-residents	\$ 2,770	2,770		
3. Telephone	\$			
Rental of Television and Cable Services	\$			
5. Interest Income (Specify)	\$ 21,839	21,839		
6. Private Duty Nurses' Fees	\$ 21,037	21,037		
7. Barber, Coffee, Beauty and Gift shops	\$			
8. Other (<i>Specify</i>)	\$ 84,206	84,206		
V. Total Other Revenue (1 thru 8)	\$ 109,021	109,021		
	-	·		
VI. Total All Revenue (III +V)	\$ 15,006,360	15,006,360		

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

 $^{** \ \}textit{Facility should report all contractual allowances and/or payer discounts}.$

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	(CCNH	RHNS	(Sp	ecify)
20.5.f	RADIOLOGY MEDICARE A	\$	-			
20.5.f	RADIOLOGY - C/A ANCILLARIES MEDICARE A	\$	-			
20.5.f	LABORATORY MEDICARE A	\$	12,349			
20.5.f	LAB - C/A ANCILLARIES MEDICARE A	\$	(12,349)			
Total Othe	Total Other Resident Revenue - Medicare \$			\$ -	\$	-

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
20.5.f	LABORATORY MANAGED CARE	\$ 6,058		
20.5.f	LABORATORY -C/A MANAGED CARE	\$ (6,058)		
Total Othe	er Resident Revenue	\$ -	\$ -	\$ -

.....

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg 26, Ln 1	Dividend & Interest Income	2,394	\$ 2,394		
None	UNITED HEALTHCARE - DIVIDEND MATRIX		\$ 19,445		
Total Inter	rest Income		\$ 21,839	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	(CCNH	RHNS	(Specify)
Pg. 16 ln. r	RENTAL - COMM ROOM	\$	1,800		
Pg.22 Line	ENERGY REBATE	\$	2,643		
Pg. 16 ln. r	MEDICAL RECORD COPIES	\$	203		
N/A	Other Income-(For FY 2017 this is Change in Value of Donor Restricted funds held by Affiliat	\$	79,560		
Total Othe	r Revenue	\$	84,206	\$ -	\$ -

......

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	e of
Bishop Wicke Health & Rehab Ct	r. 812-C	9/30/2017	31	37
	Account			Amount
Assets				
A. Current Assets				
1. Cash (on hand and in ba			\$	540,669
2. Resident Accounts Recei	`		\$	1,591,049
3. Other Accounts Receival	ble (Excluding Owners	or Related Parties)	\$	
4 Inventories			\$	17,925
5. Prepaid Expenses		442.40=	\$	113,075
a. UNEXPIRED INSUR		112,487		
b. PREPAID EXPENSE	S	588	_	
c			_	
d.			Φ.	
6. Interest Receivable	· D		\$	
7. Medicare Final Settleme			\$	502 727
8. Other Current Assets (<i>ite</i> RESERVE FOR REPLACE		549,196	\$	583,737
REAL ESTATE TAXES &		34,541	_	
		,		
A C Total Comment Assets (Lines	A 1 41 O		Φ.	2016155
A-9. Total Current Assets (Lines	(S A1 thru 8)		\$	2,846,455
B. Fixed Assets			Φ.	24.212
1. Land	*II' 1 C	246 207	\$	24,213
2. Land Improvements	*Historical Cost	246,287 246,287	\$	
2 D 11	Accum. Deprecia		¢.	2.066.054
3. Buildings	*Historical Cost	8,059,609	\$	3,066,954
4 7 1 117	Accum. Deprecia	4,992,655 Net	<u> </u>	
4. Leasehold Improvements			\$	
5 Non Moyahla Egyinman	Accum. Deprecia t *Historical Cost	tion Net	<u> </u>	
5. Non-Movable Equipmen		No.	>	
6 Mayahla Egyinmant	Accum. Deprecia		¢	102 542
6. Movable Equipment	*Historical Cost	1,352,864	\$	123,543
7. Motor Vehicles	Accum. Deprecia *Historical Cost	tion 1,229,321 Net	\$	
7. Motor venicles		tion Not	Э	
9 Minor Equipment Not D	Accum. Deprecia	tion Net	\$	
8. Minor Equipment-Not D	epreciable		Э	
9. Other Fixed Assets (item	rize)		\$	109,459
Cost Report vs. Finan	cial Statement Differen	ce 109,459		
B-10. Total Fixed Assets (Line	es B1 thru 9)		\$	3,324,169

^{*} 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		f Facility	License No.	Report for Year Ended		Page		of
Bish	op V	Wicke Health & Rehab Ctr.	812-C	9/30/2017		32		37
			Account			Ar	nount	
				Total Brought Forward:	\$		6,17	70,624
C.	Le	asehold or like property record	ed for Equity Purpos	ses.				
	1.	Land			\$			
	2.	Land Improvements	*Historical Cost					
			Accum. Depreciation	on Net	\$			
	3.	Buildings	*Historical Cost					
			Accum. Depreciation	on Net	\$			
	4.	Non-Movable Equipment	*Historical Cost					
			Accum. Depreciation	on Net	\$			
	5.	Movable Equipment	*Historical Cost					
			Accum. Depreciation	on Net	\$			
	6.	Motor Vehicles	*Historical Cost					
			Accum. Depreciation	on Net	\$			
	7. Minor Equipment-Not Depreciable							
C-8	To	tal Leasehold or Like Properti	ies (C1 thru 7)		\$			
D.	Inv	vestment and Other Assets						
	1.	Deferred Deposits			\$			
	2.	Escrow Deposits			\$			
	3.	Organization Expense	*Historical Cost					
			Accum. Depreciation	on Net	\$			
	4.	Goodwill (Purchased Only)			\$			
	5.	Investments Related to Reside	ent Care (itemize)		\$			
					1			
	6.	Loans to Owners or Related P	Parties (itemize)	<u> </u>	\$			362
		Name and Address	Amount	Loan Date				
		United Methodist Homes,						
		Inc. 580 Long Hill Road,						
		Shelton CT 06484	36	2 Various				
	7.	Other Assets (itemize)			\$		1,10)5,939
		Deferred Financing		151,453				
		Accum. Amort-Deferred F	inancing	(36,074)				
Notes Receivable-LT 990,560								
D-8.		tal Investments and Other Ass	*	7)	\$		1,10	06,301
D-9.	To	tal All Assets (Lines A9 + B10	O + C8 + D8		\$		7,27	76,925

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year	Ended		Page		of	
Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2017			33		37	
			Account				Am	ount	
Liabilities									
A.		rrent Liabilities							
	1.	Trade Accounts Payable				\$		612	,618
	2.	Notes Payable (itemize)				\$			
						1			
						ı			
						H			
	3.	Loans Payable for Equip	ment (Current portio	n) (itemize)		\$			
	<u> </u>	Name of Lender	Purpose	Amount	Date Due	Ψ			
		Traine of Bender	T dipose	- I miount	Bute Bue				
	4.	Accrued Payroll (Exclusion	-			\$		537	,249
	5.	Accrued Payroll (Owners		s only)		\$			
	6.	Accrued Payroll Taxes P	•			\$		37	,967
	7.	Medicare Final Settlemen	•			\$			
	8.	Medicare Current Finance	• •			\$			
	9.	Mortgage Payable (Curre				\$			
		Interest Payable (Exclusi	ve of Owner and/or R	Related Parties)		\$			
		. Accrued Income Taxes*				\$			
	12	Other Current Liabilities				\$		246	,685
		ACCRUED EXPENSES		,218					
		ACCRUED PROVIDER TAX PA							
		SECURITY DEPOSITS LIABILI		.152					
	Ta	DUE TO RESIDENTS TRUST		,896		Φ.		1 46 1	510
A-13	. 10	<i>tal Current Liabilities</i> (Li	nes A1 unu 12)			\$		1,434	,519

^{*} Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

G. Balance Sheet (cont'd)

Name of Facility	· · · · · · · · · · · · · · · · · · ·	Page		of		
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2017		34		37
	Account			Aı	mount	
		Total Broug	ht Forward:		1,43	4,519
Liabilities (cont'd)						
B. Long-Term Liabilities						
 Loans Payable-Equipment 	(itemize)		\$			
Name of Lender	Purpose	Amount	Date Due			
2. Mortgages Payable			\$			
3. Loans from Owners or Re	lated Parties (itemize	?)	\$			
Name and Address of Lender	Amount	Loan D	Date			
			_			
			_			
			_			
			_			
			_			
			_			
			_			
			_			
			_			
4 Other Long Town Linkilia	20 (; t;)		Φ.		10.70	4.012
4. Other Long-Term Liability		0 511 205	\$	_	10,79	4,213
WICKE LOAN PAYABL		8,511,325				
DUE FROM AFFILIATE	<u> </u>	2,282,888				
D. 5. Total I one Town Linkilities	(Lines D1 thms A)		φ.		10.70	4.212
B-5. Total Long-Term Liabilities (C. Total All Liabilities (Lines A			\$			
C. Total All Liabilities (Lines A	-13 + D -3)		\$		12,22	8,732

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

Nan	ne of Facility	License No.	Report for Y	ear Ended	Page	of
Bisl	op Wicke Health & Rehab Ctr.	812-C	9/30/2017		35	37
		Account				Amount
A.	Reserves					
	1. Reserve for value of leased	land			\$	
	2. Reserve for depreciation val					
	to be amortized				\$	
	3. Reserve for depreciation val	lue of leased person	nal property (<i>Eq</i>	uity)	\$	
	4. Reserve for leasehold real p	roperties on which	fair rental value	is based	\$	
	5. Reserve for funds set aside a	as donor restricted			\$	
	6. Total Reserves				\$	
B.	Net Worth					
	1. Owner's Capital				\$	(4,841,362)
	2. Capital Stock				\$	
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	
	6. Gain or Loss for Period	10/1/20	16 thru	9/30/2017	\$	(110,445)
	7. Total Net Worth				\$	(4,951,807)
C.	Total Reserves and Net Worth				\$	(4,951,807)
D.	Total Liabilities, Reserves, and	Net Worth			\$	7,276,925

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year	Ended	Page	of			
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2017		36	37			
	Account							
A. Balance at End of Prior Period	as shown on Report of	of 09/30/2016	9	\$	(4,730,307)			
B. Total Revenue (From Statemen	S	\$	15,006,356					
C. Total Expenditures (From Stat	C. Total Expenditures (From Statement of Expenditures Page 27)							
D. Net Income or Deficit			Š	\$	(110,445)			
E. Balance	9	\$	(4,840,752)					
F. Additions								
Additional Capital Contrib								
Current Year Corporate	•	(108,781)						
Current Year Insurance	Adjustment	(1,893)						
Depreciation Adjustme	nt	(381)						
2. Other (<i>itemize</i>)								
F-3. Total Additions			9	\$	(111,055)			
G. Deductions								
1. Drawings of Owners/Opera		·)	9	\$				
Name and Address (No., C	City, State, Zip)	Title	Amount					
2. Other Withdrawings (Special	ify)	•		<u> </u>				
Purpose	· • ·	Amo						
		1 2223						
			- 1					
			- 1					
			- 1					
3. Total Deductions			9	<u> </u>				
H. Balance at End of Period	09/30	0/17		<u> </u>	(4 051 907)			
11. Dumnet in Line of I thou	09/30	J/ 1 /	4	p	(4,951,807)			

I. Preparer's/Reviewer's Certification

Name of Facility		License No.	Report for Year Ended	Page	of	
Bisho	p Wicke Health & Rehab Ctr.	812-C	9/30/2017	37	37	
		Check appropriate category				
V	Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)			
		Preparer/Reviewer Certificat	tion			
	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.					
Signat	Signature of Preparer Title Date Signed					
Printe	Vice President 2/12/2018 Printed Name of Preparer					
	ancaster Group, LLC					
Address			Phone Number			
813 C	oopers Court, Lancaster, PA 17601-1	477	717-712-5967			

Level	Item	Reported as		
CCH	Page 8 - Total Care Days which are reported as	39,728	is inconsistent with balance of	39,728
RHNS	Page 8 - Total Care Days which are reported as	-	is inconsistent with balance of	-
Other	Page 8 - Total Care Days which are reported as	-	is inconsistent with balance of	-
CCH	Page 8 - Total Days which are reported as	39,728	is inconsistent with balance of	39,728
RHNS	Page 8 - Total Days which are reported as	-	is inconsistent with balance of	-
Other	Page 8 - Total Days which are reported as	-	is inconsistent with balance of	-
Other	Page 8 - Medicaid Days are reported for RCH	-	Should be SSIPD Days	-
CCH	Page 9 - Total Physical Therapy Treatments	34,410	is inconsistent with balance of	34,410
RHNS	Page 9 - Total Physical Therapy Treatments	-	is inconsistent with balance of	-
Other	Page 9 - Total Physical Therapy Treatments	-	is inconsistent with balance of	-
CCH	Page 9 - Total Speech Therapy Treatments	1,970	is inconsistent with balance of	1,970
RHNS	Page 9 - Total Speech Therapy Treatments	-	is inconsistent with balance of	-
Other	Page 9 - Total Speech Therapy Treatments	-	is inconsistent with balance of	-
CCH	Page 9 - Total Occupational Therapy Treatments	33,662	is inconsistent with balance of	33,662
RHNS	Page 9 - Total Occupational Therapy Treatments	-	is inconsistent with balance of	-
Other	Page 9 - Total Occupational Therapy Treatments	-	is inconsistent with balance of	-
CCH	Please complete page 9 for PT Treatments	34,410	As PT Expense is reported as	597,804
RHNS	Please complete page 9 for PT Treatments	-	As PT Expense is reported as	-
Other	Please complete page 9 for PT Treatments	-	As PT Expense is reported as	-
CCH	Please complete page 9 for ST Treatments	1,970	As ST Expense is reported as	74,246
RHNS	Please complete page 9 for ST Treatments	-	As ST Expense is reported as	-
Other	Please complete page 9 for ST Treatments	-	As ST Expense is reported as	-
CCH	Please complete page 9 for OT Treatments	33,662	As OT Expense is reported as	559,937
RHNS	Please complete page 9 for OT Treatments	-	As OT Expense is reported as	-
Other	Please complete page 9 for OT Treatments	-	As OT Expense is reported as	-
CCH	Page 10 - Total Salary Expenditures reported as	7,057,209	is inconsistent with balance of	7,057,209
RHNS	Page 10 - Total Salary Expenditures reported as	-	is inconsistent with balance of	-
Other	Page 10 - Total Salary Expenditures reported as	-	is inconsistent with balance of	-
CCH	Page 10 - Total Salary Hours reported as	308,116	is inconsistent with balance of	308,116

RHNS	Page 10 - Total Salary Hours reported as	-	is inconsistent with balance of	-
Other	Page 10 - Total Salary Hours reported as	-	is inconsistent with balance of	-
CCH	Page 10 - Administrator Compensation	117,058	is inconsistent with page 12 of	117,058
RHNS	Page 10 - Administrator Compensation	-	is inconsistent with page 12 of	-
Other	Page 10 - Administrator Compensation	-	is inconsistent with page 12 of	-
CCH	Page 10 - Assistant Administrator Compensation	-	is inconsistent with page 12 of	-
RHNS	Page 10 - Assistant Administrator Compensation	-	is inconsistent with page 12 of	-
Other	Page 10 - Assistant Administrator Compensation	-	is inconsistent with page 12 of	-
	Page 10 - Administrator Hours	2,080	is inconsistent with page 12 of	2,080
	Page 10 - Assistant Administrator Hours	-	is inconsistent with page 12 of	-
CCH	Page 13 - Total Fees Reported as	1,324,545	is inconsistent with balance of	1,324,545
RHNS	Page 13 - Total Fees Reported as	-	is inconsistent with balance of	-
Other	Page 13 - Total Fees Reported as	-	is inconsistent with balance of	-
CCH	Page 13 - Total Fee Hours Reported as	19,855	is inconsistent with balance of	19,855
RHNS	Page 13 - Total Fee Hours Reported as	-	is inconsistent with balance of	-
Other	Page 13 - Total Fee Hours Reported as	-	is inconsistent with balance of	-
CCH	Page 15 & 16 Total A&G Reported as	4,076,906	is inconsistent with balance of	4,076,906
RHNS	Page 15 & 16 Total A&G Reported as	-	is inconsistent with balance of	-
Other	Page 15 & 16 Total A&G Reported as	-	is inconsistent with balance of	-
CCH	Page 18 - Total Dietary Expense Reported as	472,235	is inconsistent with balance of	472,235
RHNS	Page 18 - Total Dietary Expense Reported as	-	is inconsistent with balance of	-
Other	Page 18 - Total Dietary Expense Reported as	-	is inconsistent with balance of	-
CCH	Page 19 - Total Laundry Expense Reported as	215,583	is inconsistent with balance of	215,583
RHNS	Page 19 - Total Laundry Expense Reported as	-	is inconsistent with balance of	-
Other	Page 19 - Total Laundry Expense Reported as	-	is inconsistent with balance of	-
CCH	Page 20 - Total Housekeeping Expense	48,193	is inconsistent with balance of	48,193
RHNS	Page 20 - Total Housekeeping Expense	-	is inconsistent with balance of	-
	Page 20 - Total Housekeeping Expense	-	is inconsistent with balance of	-
CCH	Page 20 - Total Resident Care Expense	792,900	is inconsistent with balance of	792,900
RHNS	Page 20 - Total Resident Care Expense	-	is inconsistent with balance of	-

Other	Page 20 - Total Resident Care Expense	-	is inconsistent with balance of	-
CCH	Page 22 - Total Repairs and Maintenance Expense	423,505	is inconsistent with balance of	423,505
RHNS	Page 22 - Total Repairs and Maintenance Expense	-	is inconsistent with balance of	-
Other	Page 22 - Total Repairs and Maintenance Expense	-	is inconsistent with balance of	-
CCH	Page 22 - Total Depreciation Expense	254,969	is inconsistent with balance of	254,969
RHNS	Page 22 - Total Depreciation Expense	-	is inconsistent with balance of	-
Other	Page 22 - Total Depreciation Expense	-	is inconsistent with balance of	-
CCH	Page 22 - Total Amortization Expense	6,838	is inconsistent with balance of	6,838
RHNS	Page 22 - Total Amortization Expense	-	is inconsistent with balance of	-
Other	Page 22 - Total Amortization Expense	-	is inconsistent with balance of	-
CCH	Page 22 - Total Property Expense	262,245	is inconsistent with balance of	262,245
RHNS	Page 22 - Total Property Expense	-	is inconsistent with balance of	-
Other	Page 22 - Total Property Expense	-	is inconsistent with balance of	-
	Page 22 - Land Improvement Depreciation	-	is inconsistent with Page 23	-
	Page 22 - Building Depreciation	213,108	is inconsistent with Page 23	213,108
	Page 22 - Non-Movable Depreciation	-	is inconsistent with Page 23	-
	Page 22 - Movable Depreciation	41,861	is inconsistent with Page 23	41,860
	Page 22 - Organization Amortization	-	is inconsistent with Page 24	-
	Page 22 - Mortgage Expense Amortization	6,838	is inconsistent with Page 24	6,838
	Page 22 - Leasehold and Other Amortization	-	is inconsistent with Page 24	-
	Page 23 - Historical Cost of Land Improvements	246,287	is inconsistent with Page 31	246,287
	Page 23 - Historical Cost of Building Improvemen	8,059,609	is inconsistent with Page 31	8,059,609
	Page 23 - Historical Cost of Non-Movable Eq.	-	is inconsistent with Page 31	-
	Page 23 - Historical Cost of Motor Vehicles	-	is inconsistent with Page 31	-
	Page 23 - Historical Cost of Movable Eq.	1,352,864	is inconsistent with Page 31	1,352,864
	Page 23 - Accumulated Dep. of Land Imp.	246,287	is inconsistent with Page 31	246,287
	Page 23 - Accumulated Dep. of Building Improver	4,992,655	is inconsistent with Page 31	4,992,655
	Page 23 - Accumulated Dep. of Non-Movable Eq.	-	is inconsistent with Page 31	-
	Page 23 - Accumulated Dep. of Motor Vehicles	-	is inconsistent with Page 31	-
	Page 23 - Accumulated Dep. of Movable Eq.	1,229,321	is inconsistent with Page 31	1,229,321

	Page 24 - Historical Cost of Organization Expense	-	is inconsistent with Page 32	-
	Page 24 - Accumulated Amort. of Org. Expense	-	is inconsistent with Page 32	-
	Page 24 - Historical Cost of Leasehold Imp.	-	is inconsistent with Page 31	-
	Page 24 - Accumulated Amort. of Leasehold Imp.	-	is inconsistent with Page 31	-
	Page 25 - Total Bed Capacity	120	is inconsistent with page 8	120
CCH	Page 26 - Total Building Interest Expense	222,640	is inconsistent with balance of	222,640
RHNS	Page 26 - Total Building Interest Expense	-	is inconsistent with balance of	-
Other	Page 26 - Total Building Interest Expense	-	is inconsistent with balance of	-
CCH	Page 27 - Total Movable Equipment Interest	-	is inconsistent with balance of	-
RHNS	Page 27 - Total Movable Equipment Interest	-	is inconsistent with balance of	-
Other	Page 27 - Total Movable Equipment Interest	-	is inconsistent with balance of	-
CCH	Page 27 - Total Interest Expense	339,669	is inconsistent with balance of	339,669
RHNS	Page 27 - Total Interest Expense	-	is inconsistent with balance of	-
Other	Page 27 - Total Interest Expense	-	is inconsistent with balance of	-
CCH	Page 27 - Total Insurance Expense	103,816	is inconsistent with balance of	103,816
RHNS	Page 27 - Total Insurance Expense	-	is inconsistent with balance of	-
Other	Page 27 - Total Insurance Expense	-	is inconsistent with balance of	-
CCH	Page 27 - Total Expenses	15,116,806	is inconsistent with balance of	15,116,806
RHNS	Page 27 - Total Expenses	-	is inconsistent with balance of	-
Other	Page 27 - Total Expenses	-	is inconsistent with balance of	-
CCH	Page 29 - Total Adjustments to Expense	#REF!	is inconsistent with balance of	#REF!
RHNS	Page 29 - Total Adjustments to Expense	#REF!	is inconsistent with balance of	#REF!
Other	Page 29 - Total Adjustments to Expense	#REF!	is inconsistent with balance of	#REF!
CCH	Page 30 - Total Resident Revenue	14,897,339	is inconsistent with balance of	14,897,339
RHNS	Page 30 - Total Resident Revenue	-	is inconsistent with balance of	-
Other	Page 30 - Total Resident Revenue	-	is inconsistent with balance of	-
CCH	Page 30 - Total Other Revenue	109,021	is inconsistent with balance of	109,021
RHNS	Page 30 - Total Other Revenue	-	is inconsistent with balance of	-
Other	Page 30 - Total Other Revenue	-	is inconsistent with balance of	-
CCH	Page 30 - Total Revenue	15,006,360	is inconsistent with balance of	15,006,360

RHNS	Page 30 - Total Revenue	-	is inconsistent with balance of	-
Other	Page 30 - Total Revenue	-	is inconsistent with balance of	-
CCH	Page 30 - Out of State Medicaid Revenue	-	Page 8 Out of State Days of	-
RHNS	Page 30 - Out of State Medicaid Revenue	-	Page 8 Out of State Days of	-
Other	Page 30 - Out of State Medicaid Revenue	-	Page 8 Out of State Days of	-
-	Page 31 - Total Current Assets	2,846,455	is inconsistent with balance of	2,846,455
-	Page 31 - Total Fixed Assets	3,324,169	is inconsistent with balance of	3,324,169
-	Page 32 - Total Leasehold Assets	-	is inconsistent with balance of	-
-	Page 32 - Investments and Other Assets	1,106,301	is inconsistent with balance of	1,106,301
-	Page 32 - Total Assets	7,276,925	is inconsistent with balance of	7,276,925
-	Page 33 - Total Current Liabilities	1,434,519	is inconsistent with balance of	1,434,519
-	Page 34 - Total Long Term Liabilities	10,794,213	is inconsistent with balance of	10,794,213
-	Page 34 - Total Liabilities	12,228,732	is inconsistent with balance of	12,228,732
-	Page 35 - Total Reserves	-	is inconsistent with balance of	-
-	Page 35 - Total Net Worth	(4,951,807)	is inconsistent with balance of	(4,951,807)
-	Page 35 - Total Reserves and Net Worth	(4,951,807)	is inconsistent with balance of	(4,951,807)
-	Page 35 - Total Liabilities, Reserves and Net Wort	7,276,925	is inconsistent with balance of	7,276,925
-	Page 35 - Total Liabilities, Reserves and Net Wort	7,276,925	Total Assets	7,276,925
CCH	Page 10 - Other Salaries	-	is Inconsistent with schedule	-
RHNS	Page 10 - Other Salaries	-	is Inconsistent with schedule	-
Other	Page 10 - Other Salaries	-	is Inconsistent with schedule	-
CCH	Page 10 - Other Salary Hours	-	is Inconsistent with schedule	-
RHNS	Page 10 - Other Salary Hours	-	is Inconsistent with schedule	-
Other	Page 10 - Other Salary Hours	-	is Inconsistent with schedule	-
CCH	Page 13 - Other Fees	2,251	is Inconsistent with schedule	2,251
RHNS	Page 13 - Other Fees	-	is Inconsistent with schedule	-
Other	Page 13 - Other Fees	-	is Inconsistent with schedule	-
CCH	Page 13 - Other Fee Hours	67	is Inconsistent with schedule	67
RHNS	Page 13 - Other Fee Hours	-	is Inconsistent with schedule	-
Other	Page 13 - Other Fee Hours	-	is Inconsistent with schedule	-

CCH	Page 15 - Other Employee Benefits	21,255	is Inconsistent with schedule	21,255
RHNS	Page 15 - Other Employee Benefits	-	is Inconsistent with schedule	-
Other	Page 15 - Other Employee Benefits	-	is Inconsistent with schedule	-
CCH	Page 15 - Other Taxes	-	is Inconsistent with schedule	-
RHNS	Page 15 - Other Taxes	-	is Inconsistent with schedule	-
Other	Page 15 - Other Taxes	-	is Inconsistent with schedule	-
CCH	Page 16 - Other Travel and Ent.	-	is Inconsistent with schedule	-
RHNS	Page 16 - Other Travel and Ent.	-	is Inconsistent with schedule	-
Other	Page 16 - Other Travel and Ent.	-	is Inconsistent with schedule	-
CCH	Page 16 - Other Advertising	6,520	is Inconsistent with schedule	6,520
RHNS	Page 16 - Other Advertising	-	is Inconsistent with schedule	-
Other	Page 16 - Other Advertising	-	is Inconsistent with schedule	-
CCH	Page 16 - Dues	14,997	is Inconsistent with schedule	14,997
RHNS	Page 16 - Dues	-	is Inconsistent with schedule	-
Other	Page 16 - Dues	-	is Inconsistent with schedule	-
CCH	Page 16 - Other A&G	25,334	is Inconsistent with schedule	25,334
RHNS	Page 16 - Other A&G	-	is Inconsistent with schedule	-
Other	Page 16 - Other A&G	-	is Inconsistent with schedule	-
CCH	Page 20 - Other Resident Revenue	4,150	is Inconsistent with schedule	4,150
RHNS	Page 20 - Other Resident Revenue	-	is Inconsistent with schedule	-
Other	Page 20 - Other Resident Revenue	-	is Inconsistent with schedule	-
CCH	Page 22 - Other R&M	76,295	is Inconsistent with schedule	76,295
RHNS	Page 22 - Other R&M	-	is Inconsistent with schedule	-
Other	Page 22 - Other R&M	-	is Inconsistent with schedule	-
	Page 23 - Land Improvement Additions	-	is Inconsistent with schedule	-
	Page 23 - Building Improvement Additions	19,500	is Inconsistent with schedule	19,500
	Page 23 - Non-Movable Equipment Additions	-	is Inconsistent with schedule	-
	Page 23 - Movable Additions	7,293	is Inconsistent with schedule	7,293
	Page 24 - Leasehold Improvements	-	is Inconsistent with schedule	-
CCH	Page 30 - Other Resident Revenue Medicare	-	is Inconsistent with schedule	-

RHNS	Page 30 - Other Resident Revenue Medicare	-	is Inconsistent with schedule	-
Other	Page 30 - Other Resident Revenue Medicare	-	is Inconsistent with schedule	-
CCH	Page 30 - Other Resident Revenue	-	is Inconsistent with schedule	-
RHNS	Page 30 - Other Resident Revenue	-	is Inconsistent with schedule	-
Other	Page 30 - Other Resident Revenue	-	is Inconsistent with schedule	-
CCH	Page 30 - Interest Income	21,839	is Inconsistent with schedule	21,839
RHNS	Page 30 - Interest Income	-	is Inconsistent with schedule	-
Other	Page 30 - Interest Income	-	is Inconsistent with schedule	-
CCH	Page 30 - Other Revenue	84,206	is Inconsistent with schedule	84,206
RHNS	Page 30 - Other Revenue	-	is Inconsistent with schedule	-
Other	Page 30 - Other Revenue	-	is Inconsistent with schedule	-