

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) Bishop Wicke Health & Rehab Ctr.	
Address (No. & Street, City, State, Zip Code) 584 Long Hill Avenue Shelton, Connecticut 06484	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 812-C	RHNS 0	(Specify) 0	Medicare Provider 07-5163
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Medicaid Provider Numbers:	CCNH 8128	RHNS 0	ICF-IID 0
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For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

General Information

Name of Facility (as licensed) Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2020	Page 1	of 37
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Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Bishop Wicke Health & Rehab Ctr. [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

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

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Bishop Wicke Health & Rehab Ctr.	Period Covered:	From 10/1/2019	To 9/30/2020	
Address of Facility 584 Long Hill Avenue Shelton, Connecticut 06484				
Report Prepared By The Lancaster Group, LLC	Phone Number 504-605-8228	Date 3/31/2021		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$ 0	0	0	0
2. Laundry wages paid	\$ 0	0	0	0
3. Housekeeping wages paid	\$ 0	0	0	0
4. Nursing wages paid	\$ 0	0	0	0
5. All other wages paid	\$ 0	0	0	0
6. Total Wages Paid	\$ 0	0	0	0
7. Total salaries paid	\$ 0	0	0	0
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 0	0	0	0

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-624-3303		Report for Year Ended 9/30/2020	Page 2	of 37
Name of Facility (as shown on license) Bishop Wicke Health & Rehab Ctr.		Address (No. & Street, City, State, Zip) 584 Long Hill Avenue Shelton, Connecticut 06484		
License Numbers:	CCNH 812-C	RHNS 0	(Specify) 0	Medicare Provider No. 07-5163
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened 1/0/1900	Date Closed 1/0/1900	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
0				
Administrator				
Name of Administrator Debra Samorajczyk		Nursing Home Administrator's License No.:	1885	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
Not Applicable		0		
0		0		
0		0		
0		0		

General Information and Questionnaire Corporate Owners

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2020	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
Bishop Wicke Health and Rehabilitation Center, Inc.	584 Long Hill, Avenue, Shelton CT 06484		Connecticut	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
David M. Lawlor	580 Long Hill Road, Shelton, CT 06484	resident/Chairman	Not Applicable	
Victoria Dompierre	580 Long Hill Road, Shelton, CT 06484	Secretary	Not Applicable	
Zvonimir Jukic	580 Long Hill Road, Shelton, CT 06484	Director/Treasurer	Not Applicable	
Faith Wajdowicz	580 Long Hill Road, Shelton, CT 06484	Director	Not Applicable	
Debra Samorajczyk	580 Long Hill Road, Shelton, CT 06484	Director	Not Applicable	
Names of Stockholders Owning at Least 10% of Shares				
Not Applicable	0	0	0	
	0	0	0	
	0	0	0	
	0	0	0	
	0	0	0	

**General Information and Questionnaire
Related Parties***

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2020	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>	0%	Corporate Allocation Direct Salary	P. 16 M.12 & P. 28, Lr	75,211	75,211
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>	0%	Corporate Office Allocation Direct Benefits	P. 16 M.12 & P. 28, Lr	18,803	18,803
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>	0%	Corporate Office Alloc Direct Taxes	P. 16 M.12 & P. 28, Lr	5,754	5,754
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>	0%	Corporate Office Alloc Indirect Sal	P. 16 M.12 & P. 28, Lr	244,094	244,904
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>	0%	Corporate Office Allocation Indirect Benefit	P. 16 M.12 & P. 28, Lr	61,023	61,023
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>	0%	Corporate Office Alloc Ind Taxes	P. 16 M.12 & P. 28, Lr	16,834	16,834
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0%	Note above is actual cost to related party be	0	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0%	0	0	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0%	0	0	0	0

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2020	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

Yes

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.
 Related party costs include the Provider's allocated portion of direct and indirect cost (e.g. CEO) from the United Methodist Homes corporate office. The facility is also associated with two related companies providing independent and assisted living. United Methodist Homes provides services on an allocated basis to all three entities. Schedules documenting the allocation are included in this filing. Also the facility is a participant in a common pension plan with other related entities. Schedules will be provided upon later request.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)
 Yes No If "No," explain fully why such allocation was not made.

0

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Bishop Wicke Health & Rehab Ctr.			812-C	9/30/2020			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Leafe/Prism	<input type="radio"/>	<input checked="" type="radio"/>	Copier	03/11/19	60 Months	4,644	4,644	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
Total ***							4,644	

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

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

General Information and Questionnaire
Accounting Basis

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2020	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

0

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, Wethersfield, CT 06109-2355
2 THE LANCASTER GROUP, LLC	813 Coopers Court, Lancaster, PA 17601-1477
3 0	0
4 0	0

Services Provided by This Firm (*describe fully*)

1 Audit	\$	24,401
2 Medicare & Medicaid Cost Reports	\$	8,500
3 0	\$	0
4 0	\$	0
		Charge for Services Provided
		\$ 32,901

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

- Yes No Page 15, Line 1.d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 0	0
2 0	0
3 0	0
4 0	0
5 0	0

Address (*No. & Street, City, State, Zip Code*)

1 0
2 0
3 0
4 0
5 0

Services Provided by This Firm (*describe fully*)

1 0	\$	0
2 0	\$	0
3 0	\$	0
4 0	\$	0
5 0	\$	0
		Charge for Services Provided
		\$ 0

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

- Yes No Page 15, Line 1.e

Schedule of Resident Statistics

Name of Facility Bishop Wicke Health & Rehab Ctr.		License No. 812-C			Report for Year Ended 9/30/2020				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	120	0	0	120	120	0	0	0	0	0	0
B. On last day of THIS report period	120	120	0	0	0	0	0	0	120	120	0	0
2. Number of Residents												
A. As of midnight of PREVIOUS report period	103	103	0	0	103	103	0	0	0	0	0	0
B. As of midnight of THIS report period	77	77	0	0	0	0	0	0	77	77	0	0
3. Total Number of Days Care Provided During Period												
A. Medicare	3,944	3,944	0	0	3,104	3,104	0	0	840	840	0	0
B. Medicaid (Conn.)	16,540	16,540	0	0	13,352	13,352	0	0	3,188	3,188	0	0
C. Medicaid (other states)	0	0	0	0	0	0	0	0	0	0	0	0
D. Private Pay	8,810	8,810	0	0	6,882	6,882	0	0	1,928	1,928	0	0
E. State SSI for RCH	0	0	0	0	0	0	0	0	0	0	0	0
F. Other (Specify) Contracts, HMO, Insurance	3,469	3,469	0	0	2,727	2,727	0	0	742	742	0	0
G. Total Care Days During Period (3A thru F)	32,763	32,763	0	0	26,065	26,065	0	0	6,698	6,698	0	0
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	123	123	0	0	123	123	0	0	0	0	0	0
B. Other Bed Reserve Days	45	45	0	0	34	34	0	0	11	11	0	0
5. Total Resident Days (3G + 4A + 4B)	32,931	32,931	0	0	26,222	26,222	0	0	6,709	6,709	0	0

Schedule of Resident Statistics (Cont'd)

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2020	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
Not applicab				0	0	0	0	0	0	0	0	0	0
1/0/1900				0	0	0	0	0	0	0	0	0	0
1/0/1900				0	0	0	0	0	0	0	0	0	0
1/0/1900				0	0	0	0	0	0	0	0	0	0

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	(Specify)
1st change	Not applicable	0	0
2nd change	0	0	0
3rd change	0	0	0
4th change	0	0	0

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	12	34	0	22	0	0	0	0
Per Diem Rate								
a. One bed rm.	686.21	229.96	0.00	515.00	0.00	0.00	0.00	0.00
b. Two bed rms.	686.21	229.96	0.00	475.00	0.00	0.00	0.00	0.00
c. Three or more bed rms.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,357	2,357	0	0
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	0	0	0	0
2. Restorative Treatments	0	0	0	0
C. Other	16,558	16,558	0	0
D. Total Physical Therapy Treatments	18,915	18,915	0	0

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	147	147	0	0
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	0	0	0	0
2. Restorative Treatments	0	0	0	0
C. Other	2,219	2,219	0	0
D. Total Speech Therapy Treatments	2,366	2,366	0	0

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	1,335	1,335	0	0
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	0	0	0	0
2. Restorative Treatments	0	0	0	0
C. Other	15,476	15,476	0	0
D. Total Occupational Therapy Treatments	16,811	16,811	0	0

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2020	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	0	0	0	0	0	0
2. Administrator(s) (Complete also Sec. III of Schedule A1)	123,592	2,128	0	0	0	0
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	0	0	0	0	0	0
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	272,720	14,575	0	0	0	0
5. Dietary Service						
a. Head Dietitian	0	0	0	0	0	0
b. Food Service Supervisor	346,737	11,938	0	0	0	0
c. Dietary Workers	437,793	32,071	0	0	0	0
6. Housekeeping Service						
a. Head Housekeeper	0	0	0	0	0	0
b. Other Housekeeping Workers	271,599	19,049	0	0	0	0
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	0	0	0	0	0	0
b. Other Maintenance Workers	140,415	5,047	0	0	0	0
8. Laundry Service						
a. Supervisor	0	0	0	0	0	0
b. Other Laundry Workers	0	0	0	0	0	0
9. Barber and Beautician Services	0	0	0	0	0	0
10. Protective Services	0	0	0	0	0	0
11. Accounting Services						
a. Head Accountant	0	0	0	0	0	0
b. Other Accountants	113,568	0	0	0	0	0
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	291,389	4,320	0	0	0	0
b. RN						
1. Direct Care	1,258,117	30,909	0	0	0	0
2. Administrative**	276,617	9,855	0	0	0	0
c. LPN						
1. Direct Care	843,622	26,068	0	0	0	0
2. Administrative**	0	0	0	0	0	0
d. Aides and Attendants	2,077,560	121,178	0	0	0	0
e. Physical Therapists	0	0	0	0	0	0
f. Speech Therapists	0	0	0	0	0	0
g. Occupational Therapists	0	0	0	0	0	0
h. Recreation Workers	161,393	6,596	0	0	0	0
i. Physicians						
1. Medical Director	0	0	0	0	0	0
2. Utilization Review	0	0	0	0	0	0
3. Resident Care***	0	0	0	0	0	0
4. Other (Specify)	0	0	0	0	0	0
j. Dentists	0	0	0	0	0	0
k. Pharmacists	0	0	0	0	0	0
l. Podiatrists	0	0	0	0	0	0
m. Social Workers/Case Management	136,870	4,346	0	0	0	0
n. Marketing	0	0	0	0	0	0
o. Other (Specify) See Attached Schedule	0	0	0	0	0	0
<i>A-13. Total Salary Expenditures</i>	6,751,992	288,080	0	0	0	0

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

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

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

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

Name of Facility				License No.	Report for Year Ended				Page	of
Bishop Wicke Health & Rehab Ctr.				812-C	9/30/2020				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Not Applicable	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
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).										
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	0
0	0	0	0	0	0	0	0	0	0	0

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)				License No.	Report for Year Ended				Page	of
Bishop Wicke Health & Rehab Ctr.				812-C	9/30/2020				12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Debra Samorajczyk	123,592	0	0	Standard Package	COO-Day to Day Operations	2,128	A.2	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
Section IV - Assistant Administrators										
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	0
0	0	0	0	0	0	0	0	0	0	0

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

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

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

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2020	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	0	0	0	0	0	0
2. Dentist	6,480	22	0	0	0	0
3. Pharmacist	10,115	153	0	0	0	0
4. Podiatrist	0	0	0	0	0	0
5. Physical Therapy						
a. Resident Care	335,447	4,893	0	0	0	0
b. Other	2,570	43	0	0	0	0
6. Social Worker	0	0	0	0	0	0
7. Recreation Worker	0	0	0	0	0	0
8. Physicians						
a. Medical Director (entire facility)	24,000	235	0	0	0	0
b. Utilization Review (Title 18 and 19 only) monthly meeting	0	0	0	0	0	0
c. Resident Care**	27,506	162	0	0	0	0
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)	0	0	0	0	0	0
2. Pharmaceutical Committee (Quarterly meetings)	0	0	0	0	0	0
3. Staff Development Committee (Once annually)	0	0	0	0	0	0
e. Other (Specify)						
0	0	0	0	0	0	0
9. Speech Therapist						
a. Resident Care	83,097	1,195	0	0	0	0
b. Other	637	11	0	0	0	0
10. Occupational Therapist						
a. Resident Care	288,171	4,557	0	0	0	0
b. Other	2,208	37	0	0	0	0
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	44,201	416	0	0	0	0
2. Administrative***	0	0	0	0	0	0
b. LPN						
1. Direct Care	63,002	1,221	0	0	0	0
2. Administrative***	0	0	0	0	0	0
c. Aides	4,343	62	0	0	0	0
d. Other	0	0	0	0	0	0
12. Other (Specify)						
See Attached Schedule	0	0	0	0	0	0
B-13 Total Fees Paid in Lieu of Salaries	891,777	13,007	0	0	0	0

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

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

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

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

Name of Facility Bishop Wicke Health & Rehab Ctr.		License No. 812-C	Report for Year Ended 9/30/2020	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
CT Dental Partners, 240 Pomeroy Ave. Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	None	
Omnicare, 6990B Snowdrift RD, Allentown, PA 18106	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	None	
Symbria Rehab 28100 Torch Parkway Suit 600 Warrenville, IL 60555	PT/OT/ST	<input type="radio"/>	<input checked="" type="radio"/>	None	
Daniel Wollman, MD 555 Bridgeport Avenue, Shelton CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	None	
Vicarah, LLC, 941 East Main St. Bridgeport, CT 06608	RN/LPN Pool	<input type="radio"/>	<input checked="" type="radio"/>	None	
The Nurse Network, LLC, 653 Main St. Plantsville, CT 06479	RN/LPN Pool	<input type="radio"/>	<input checked="" type="radio"/>	None	
AAA Nursing Care 3303 Main Street Stratford, CT 06614	LPN/AIDE Pool	<input type="radio"/>	<input checked="" type="radio"/>	None	
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	
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0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2020	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	2,719,238	2,719,238	0	0
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 0	0	0	0
2. Holiday Parties for Staff	\$ 20,276	20,276	0	0
3. Gifts to Staff and Residents	\$ 0	0	0	0
4. Employee Travel	\$ 489	489	0	0
5. Education Expenses Related to Seminars and Conventions	\$ 1,664	1,664	0	0
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 0	0	0	0
7. Other (<i>Specify</i>) See Attached Schedule	\$ 0	0	0	0
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 0	0	0	0
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 0	0	0	0
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 6,914	6,914	0	0
4. Fund-Raising***	\$ 0	0	0	0
5. Medical Records	\$ 0	0	0	0
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 0	0	0	0
7. Postage	\$ 4,152	4,152	0	0
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 14,284	14,284	0	0
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 0	0	0	0
9. Subscriptions	\$ 5,676	5,676	0	0
10. Contributions*** See Attached Schedule	\$ 121	121	0	0
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 67,460	67,460	0	0
12. Administrative Management Services**	\$ 421,719	421,719	0	0
13. Other (<i>Specify</i>) See Attached Schedule	\$ 40,233	40,233	0	0
C-14 Total Administrative & General Expenditures	\$ 3,302,226	3,302,226	0	0

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
MARKETING & PROMOTION	\$ 6,914		
Total Other Advertising	\$ 6,914	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALTCFM (Association of Long Term Care)	\$ 40		
Leading Age CT	\$ 13,000		
CALTC (CT Alliance for Long Term Care)	\$ 1,000		
CATRD	\$ 120		
Jennir Wardo - AANAC	\$ 124		
Total Dues	\$ 14,284	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
DONATIONS/CONTRIBUTIONS	\$ 121		
Total Contributions	\$ 121	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
LICENSE & FEES	\$ 32,956		
LATE FEES & CHARGES	\$ 45		
BANK FEES	\$ 7,232		
Total Other Administrative and General	\$ 40,233	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2020	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	18,803	Corporate Office Allocation Direct Benefits	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	61,023	Corporate Office Allocation Indirect Benefits	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	22,588	Corporate Office Allocation Direct & Indirect Taxes	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	244,094	Corporate Office Alloc Indirect Sal	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	75,211	Corporate Allocation Direct Salary	P. 16 M.12 & P. 28, Ln
0	0	0	0

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2020		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 400,163	400,163	0	0	
2.	Non-Food Supplies	\$ 64,664	64,664	0	0	
3.	Other (<i>Specify</i>) _____ Catered Functions	\$ 0	0	0	0	
	0					
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$ 0	0	0	0	
c. Other (<i>Specify</i>) _____ Equipment Rental Dietician Membership		\$ 0	0	0	0	
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 464,827	464,827	0	0	
2E. Dietary Questionnaire						
F. Resident Meals: Total no. of meals served per day:*		271	271	0	0	
G. Is cost of employee meals included in 2D?		<input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.	\$0	
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)		0				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.	\$0	
K. Is any revenue collected from these people?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.	\$0	
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)		0				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?		<input checked="" type="radio"/> Yes <input type="radio"/> No		If yes, specify cost.	\$1,371	
N. Is any revenue collected from employees?		<input checked="" type="radio"/> Yes <input type="radio"/> No		If yes, specify amt.	\$1,371	
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)		P. 30, IV.1				

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2020		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.	0	0	0	0
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	26,075	26,075	0	0
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.	0	0	0	0
		Amt. \$	0	0	0	0
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.	0	0	0	0
		Amt. \$	0	0	0	0
4. Repair and/or purchase of linens.***		Lbs.	0	0	0	0
		Amt. \$	186,236	186,236	0	0
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	0	0	0	0
c. Other (Specify)		\$	0	0	0	0
0						
3D. Total Laundry Expenditures (3a + b + c)		\$	212,311	212,311	0	0
3E. Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		\$0
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		\$0
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				0
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		\$0
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		\$0
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				0

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3D.
 *** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2020	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Served	40,000	40,000	0	0
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	50,416	50,416	0	0
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Served	0	0	0	0
	by Personnel				
	Amt. \$	0	0	0	0
c. Other (<i>Specify</i>)	\$	0	0	0	0
0					
4D. Total Housekeeping Expenditures (4a + b + c)	\$	50,416	50,416	0	0
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$	0	0	0	0
2. Purchased from	\$	236,029	236,029	0	0
0					
b. Medicine Cabinet Drugs	\$	11,124	11,124	0	0
c. Medical and Therapeutic Supplies	\$	363,094	363,094	0	0
d. Ambulance/Limousine***	\$	836	836	0	0
e. Oxygen					
1. For Emergency Use	\$	0	0	0	0
2. Other***	\$	56,767	56,767	0	0
f. X-rays and Related Radiological Procedures***	\$	9,609	9,609	0	0
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$	0	0	0	0
h. Laboratory***	\$	23,686	23,686	0	0
i. Recreation	\$	16,286	16,286	0	0
j. Direct Management Services*	\$	0	0	0	0
k. Indirect Management Services*	\$	0	0	0	0
l. Other (Specify)**** See Attached Schedule	\$	2,582	2,582	0	0
5M. Total Resident Care Expenditures (5a - 5j)	\$	720,013	720,013	0	0

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

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

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

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

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

Name of Facility Bishop Wicke Health & Rehab Ctr.			License No. 812-C		Report for Year Ended 9/30/2020				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Oak Ridge Hauling	307 White Street, DANBURY, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>	None	Rubbish Removal	43,560	0	0	22	6F
UNITEX TEXTILE	121-123 Meadow Street, Hartford, CT 06114	<input type="radio"/>	<input checked="" type="radio"/>	None	Laundry - Linens	170,051	0	0	19	3B
BOTTOMLINE SOLUTIONS	1508 NW 24th PL, Cape Coral, Florida 33993	<input type="radio"/>	<input checked="" type="radio"/>	None	A/R Services	25,050	0	0	16	M
Med-Apparel Services Waterbury	100 Turnpike Dr. Middlebury, CT 06762	<input type="radio"/>	<input checked="" type="radio"/>	None	Laundry Service	25,430	0	0	19	3B
Crown Uniform & Linen Service	15 Technology Way Nashua, NH 03060	<input type="radio"/>	<input checked="" type="radio"/>	None	Dietary - Laundry Service	15,915	0	0	19	3A
Triple A Supplies	50 Jeanne Dr. Newburgh, NY 12550	<input type="radio"/>	<input checked="" type="radio"/>	None	Housekeeping - Supplies	36,878	0	0	20	4A
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	0	0	0	0	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	0	0	0	0	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	0	0	0	0	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	0	0	0	0	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	0	0	0	0	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	0	0	0	0	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	0	0	0	0	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	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	License No.	Report for Year Ended			Page	of
Bishop Wicke Health & Rehab Ctr	812-C	9/30/2020			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 36,490	36,490	0		0	
b. Heat	\$ 38,387	38,387	0		0	
c. Light & Power	\$ 239,217	239,217	0		0	
d. Water	\$ 16,654	16,654	0		0	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 5,433	5,433	0		0	
f. Other (<i>itemize</i>)	\$ 82,571	82,571	0		0	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 418,752	418,752	0		0	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 14,640	14,640	0		0	
b. Building & Building Improvements	\$ 211,781	211,781	0		0	
c. Non-Movable Equipment	\$ 0	0	0		0	
d. Movable Equipment	\$ 43,763	43,763	0		0	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 270,184	270,184	0		0	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$ 0	0	0		0	
b. Mortgage Expense	\$ 6,694	6,694	0		0	
c. Leasehold Improvements	\$ 0	0	0		0	
d. Other (<i>Specify</i>)	\$ 0	0	0		0	
*8e. Total Amortization Costs (8a + b + c + d)	\$ 6,694	6,694	0		0	
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 0	0	0		0	
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 0	0	0		0	
b. Real estate taxes paid by lessor	\$ 0	0	0		0	
c. Personal property taxes	\$ 545	545	0		0	
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 277,423	277,423	0		0	

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
MAINTENANCE SVC/SUPPLIES	\$ 12,235		
PEST CONTROL	\$ 3,916		
RUBBISH REMOVAL	\$ 43,560		
INTERNET SERVICE	\$ 7,178		
SNOW REMOVAL	\$ 930		
SATELLITE TV	\$ 4,571		
SEWER USAGE	\$ 6,469		
MAINTENANCE - UNIFORMS	\$ 71		
Maintenance Expense - Landscaping	\$ 3,641		
Total Other Repairs and Maintenance	\$ 82,571	\$ -	\$ -

Depreciation Schedule

Name of Facility Bishop Wicke Health & Rehab Ctr.		License No. 812-C			Report for Year Ended 9/30/2020			Page 23	of 37				
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements													
1. Acquired prior to this report period		391,099	0	391,099	258,329	Straight-Line	Various	14,640					
2. Disposals (attach schedule)		0	0	0	0	0	0	0					
3. Acquired during this report period (attach schedule)		0	0	0	0	Straight-Line	Various	0					
A-4. Subtotal									14,640				
B. Building and Building Improvements													
1. Acquired prior to this report period		8,076,878	0	8,076,878	5,417,862	Straight-Line	Various	210,714					
2. Disposals (attach schedule)		0	0	0	0	0	0	0					
3. Acquired during this report period (attach schedule)		6,927	0	6,927	0	Straight-Line	Various	1,067					
B-4. Subtotal									211,781				
C. Non-Movable Equipment													
1. Acquired prior to this report period		0	0	0	0	0	0	0					
2. Disposals (attach schedule)		0	0	0	0	0	0	0					
3. Acquired during this report period (attach schedule)		0	0	0	0	0	0	0					
C-4. Subtotal									0				
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.		0	0	0	0	0	0	0	0	0	0	0	
b.		0	0	0	0	0	0	0	0	0	0	0	
c.		0	0	0	0	0	0	0	0	0	0	0	
d.		0	0	0	0	0	0	0	0	0	0	0	
2. Movable Equipment													
a. Acquired prior to this report period				VARS	2019	1,416,109	0	1,416,109	1,310,152	Straight-Line	Various	43,461	
b. Disposals (attach schedule)				0	0	0	0	0	0	0	0	0	
c. Acquired during this report period (attach schedule)				VARS	2020	1,976	0	1,976	0	0	0	302	
D-3. Subtotal												43,763	
E. Total Depreciation												270,184	

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/1/2019	Doors	\$ 3,625	5	\$ 604
11/6/2019	Heat pump	\$ 693	5	\$ 115
1/7/2020	Door replacement	\$ 2,609	5	\$ 348
Total additions for Building Improvement		\$ 6,927		\$ 1,067 *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/24/2019	kitchen equipment	\$ 1,069	5	\$ 196
2/23/2020	Rehab chairs	\$ 907	5	\$ 106
Total additions for Movable Equipmen		\$ 1,976		\$ 302 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Bishop Wicke Health & Rehab Ctr.			812-C		9/30/2020			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.	0	0	0	0	0	0	0	0	
2.	0	0	0	0	0	0	0	0	
3.	0	0	0	0	0	0	0	0	
A-4. Subtotal									0
B. Mortgage Expense									
1. Deferred Financing	6	2012	30	151,453	115,877	Mortgage Life	3	6,694	
2.	0	0	0	0	0	0	0	0	
3.	0	0	0	0	0	0	0	0	
B-4. Subtotal									6,694
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	0	0	0	0	0	0	0	0	
2. Disposals (attach schedule)	0	0	0	0	0	0	0	0	
3. Acquired during this report period (attach schedule)	0	0	0	0	0	0	0	0	
C-4. Subtotal									0
D. Total Amortization									6,694

* Straight-line method must be used.

** Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.

B. Life of mortgage; OR

C. Remaining Life of Lease; OR

D. Actual Life if owned by Related Party.

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

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2020	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased		1968			
2. Date Structure Completed		1970			
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure		05/23/70			
5. Total Licensed Bed Capacity		120			
6. Square Footage		25,363			
7. Acquisition Cost					
a. Land		30,392			
b. Building		944,912			
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		Fixed	0	0	0
b. Date Mortgage Obtained		05/06/12	01/00/00	01/00/00	01/00/00
c. Interest Rate for the Cost Year		3.44%	0.00%	0.00%	0.00%
d. Term of Mortgage (number of years)		30	0	0	0
e. Amount of Principal Borrowed		9,559,400	0	0	0
f. Principal balance outstanding as of _____		7,821,885	0	0	0
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)		0	0	0	0
h. Date of Refinancing		01/00/00	01/00/00	01/00/00	01/00/00
i. New Interest Rate		0.00%	0.00%	0.00%	0.00%
j. Term of Mortgage (number of years)		0	0	0	0
k. Amount of Principal Borrowed		0	0	0	0
l. Principal Outstanding on Note Paid-Off		0	0	0	0
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
0	01/00/00	01/00/00	0	0	
0	01/00/00	01/00/00	0	0	
0	01/00/00	01/00/00	0	0	
0	01/00/00	01/00/00	0	0	
0	01/00/00	01/00/00	0	0	

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2020			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 241009	241,009	0	0		
Name of Lender		Rate					
MT & T Realty Corporation		3.44%					
Address of Lender							
25 S. Charles Street, 17th Floor Baltimore Maryland 21201							
2. Second Mortgage		\$ 0	0	0	0		
Name of Lender		Rate					
0		0.00%					
Address of Lender							
3. Third Mortgage		\$ 0	0	0	0		
Name of Lender		Rate					
0		0.00%					
Address of Lender							
4. Fourth Mortgage		\$ 0	0	0	0		
Name of Lender		Rate					
0		0.00%					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$ 0					
2. Loan Origination Date		01/00/00					
3. Interest Rate %		0.00%					
4. Term		0					
5. CHEFA Interest Expense		0	0	0	0		
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$ 241,009	241,009	0	0		

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Bishop Wicke Health & Rehab Ctr		812-C		9/30/2020			27	37
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:				241,009	241,009	0	0	
12. C. Movable Equipment								
1. Automotive Equipment				\$ 0	0	0	0	
A. Item		Rate	Amount					
0		0.00%	0					
Lender								
0								
Address of Lender								
2. Other (Specify)				\$ 0	0	0	0	
A. Item		Rate	Amount					
0		0.00%	0					
Lender								
0								
Address of Lender								
B. Item		Rate	Amount					
0		0.00%	0					
Lender								
0								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$ 0	0	0	0	
12. D. Other Interest Expense (Specify)				\$ 71,489	71,489	0	0	
0								
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 312,498	312,498	0	0	
14. Insurance								
a. Insurance on Property (buildings only)				\$ 25,897	25,897	0	0	
b. Insurance on Automobiles				\$ 0	0	0	0	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 0	0	0	0	
2. Fire and Extended Coverage				\$ 0	0	0	0	
3. Other (Specify)				\$ 123,189	123,189	0	0	
0								
14d. Total Insurance Expenditures (14a + b + c)				\$ 149,086	149,086	0	0	
15. Total All Expenditures (A-13 thru C-14)				\$ 13,551,321	13,551,321	0	0	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Bishop Wicke Health & Rehab Ctr.			812-C	9/30/2020	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.	0	0	Outpatient Service Costs	\$ 0	0	0	0
2.	0	0	Salaries not related to Resident Care	\$ 0	0	0	0
3.	0	0	Occupational Therapy	\$ 0	0	0	0
4.	0	0	Other - See attached Schedule	\$ 0	0	0	0
Page 13 - Professional Fees							
5.	0	0	Resident Care Physicians **	\$ 27,506	27,506	0	0
6.	0	0	Occupational Therapy	\$ 290,379	290,379	0	0
7.	0	0	Other - See attached Schedule	\$ 6,480	6,480	0	0
Pages 15 & 16 - Administrative and General							
8.	0	0	Discriminatory Benefits	\$ 0	0	0	0
9.	0	0	Bad Debts	\$ 399,996	399,996	0	0
10.	0	0	Accounting	\$ 0	0	0	0
10a.			Legal	\$ 0	0	0	0
11.	0	0	Telephone	\$ 0	0	0	0
12.	0	0	Cellular Telephone	\$ 0	0	0	0
13.	0	0	Life insurance premiums on the life of Owners, Partners, Operators	\$ 0	0	0	0
14.	0	0	Gifts, flowers and coffee shops	\$ 0	0	0	0
15.	0	0	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 0	0	0	0
16.	0	0	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 0	0	0	0
17.	0	0	Automobile Expense (e.g. personal use)	\$ 6,914	6,914	0	0
18.	0	0	Unallowable Advertising *	\$ 0	0	0	0
19.	0	0	Income Tax / Corporate Business Tax	\$ 121	121	0	0
20.	0	0	Fund Raising / Contributions	\$ 192,519	192,519	0	0
21.	0	0	Unallowable Management Fees	\$ 0	0	0	0
22.	0	0	Barber and Beauty	\$ 0	0	0	0
23.	0	0	Other - See attached Schedule	\$ 45	45	0	0
Page 18 - Dietary Expenditures							
24.	0	0	Meals to employees, guests and others who are not residents	\$ 1,371	1,371	0	0
Page 19 - Laundry Expenditures							
25.	0	0	Laundry services to employees, guests and others who are not residents	\$ 0	0	0	0
Page 20 - Housekeeping Expenditures							
26.	0	0	Housekeeping services to employees, guests and others who are not residents	\$ 0	0	0	0
Subtotal (Items 1 - 26)				\$ 925,331	925,331	0	0

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

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B.2	Dentist	\$ 6,480		
Total Other Fees Adjustments			\$ 6,480	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	13	Late Fee and Charges	\$ 45		
Total Other A&G Adjustments			\$ 45	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Bishop Wicke Health & Rehab Ctr.			812-C	9/30/2020	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 925,331	925,331	0	0
Page 20 - Resident Care Supplies***							
27.	0	0	Prescription Drugs	\$ 236,029	236,029	0	0
28.	0	0	Ambulance/Limousine	\$ 836	836	0	0
29.	0	0	X-rays, etc	\$ 9,609	9,609	0	0
30.	0	0	Laboratory	\$ 23,686	23,686	0	0
31.	0	0	Medical Supplies	\$ 0	0	0	0
32.	0	0	Oxygen (non emergency)	\$ 56,767	56,767	0	0
33.	0	0	Occupational Therapy	\$ 0	0	0	0
34.	0	0	Other - See Attached Schedule	\$ 0	0	0	0
Page 22 - Maintenance and Property							
35.	0	0	Excess Movable Equipment Depreciation See Attached Schedule	\$ 434	434	0	0
36.	0	0	Depreciation on Unallowable Motor Vehicles	\$ 0	0	0	0
37.	0	0	Unallowable Property and Real Estate Taxes	\$ 0	0	0	0
38.	0	0	Rental of Building Space or Rooms	\$ 900	900	0	0
39.	0	0	Other - See Attached Schedule	\$ 1,862	1,862	0	0
Page 27 - Insurance							
40.	0	0	Mortgage Insurance	\$ 0	0	0	0
41.	0	0	Property Insurance	\$ 118	118	0	0
Other - Miscellaneous							
42.	0	0	Other - Indirect	\$ 1,729	1,729	0	0
43.	0	0	Interest Income on Account Rec.	\$ 71,489	71,489	0	0
44.	0	0	Other - Miscellaneous Administrative	\$ 0	0	0	0
45.	0	0	Management Fees Direct	\$ 0	0	0	0
46.	0	0	Management Fees Indirect	\$ 0	0	0	0
47.	0	0	Other - Direct	\$ 0	0	0	0
Not For Profit Providers Only							
48.	0	0	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 47,539	47,539	0	0
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,376,329	1,376,329	0	0

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Schedule of Other Ancillary Costs

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

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7D	Movable Equipment Depreciation	\$ 434		
Total Excess Movable Equipment Depreciation			\$ 434	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6	Maintenance Outpatient Rehab Adjustment	\$ 1,862		
Total Other Property Adjustments			\$ 1,862	\$ -	\$ -

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	4	Housekeeping Outpatient Rehab Adjustment	\$ 1,729		
Total Other Adjustments			\$ 1,729	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
26	a.1	Mortgage Insurance Premium	\$ 39,654		
22	8.b	Limit amortization expense to refunded loan	\$ 4,544		
22	9	Fair Rental Outpatient Rehab Adjustment	\$ 1,186		
22	7.b	Building Depreciation Outpatient Rehab Adjustment	\$ 942		
27	13	Building Outpatient Rehab Adjustment	\$ 1,213		
Total Unallowable Building Interest			\$ 47,539	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Bishop Wicke Health & Rehab Ctr	812-C	9/30/2020			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 8,033,661	8,033,661	0	0		
b. Medicaid Room and Board Contractual Allowance **	\$ (3,755,709)	(3,755,709)	0	0		
2. a. Medicaid (<i>All other states</i>)	\$ 0	0	0	0		
b. Other States Room and Board Contractual Allowance **	\$ 0	0	0	0		
3. a. Medicare Residents(<i>all inclusive</i>)	\$ 1,872,674	1,872,674	0	0		
b. Medicare Room and Board Contractual Allowance **	\$ 825,382	825,382	0	0		
4. a. Private-Pay Residents and Other	\$ 4,365,887	4,365,887	0	0		
b. Private-Pay Room and Board Contractual Allowance **	\$ (252,798)	(252,798)	0	0		
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 104,399	104,399	0	0		
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (104,399)	(104,399)	0	0		
c. Prescription Drugs - Non-Medicare	\$ 123,865	123,865	0	0		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (122,537)	(122,537)	0	0		
2. a. Medical Supplies - Medicare	\$ 11,769	11,769	0	0		
b. Medical Supplies - Medicare Contractual Allowance **	\$ (11,769)	(11,769)	0	0		
c. Medical Supplies - Non-Medicare	\$ 29,410	29,410	0	0		
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (22,776)	(22,776)	0	0		
3. a. Physical Therapy - Medicare	\$ 430,272	430,272	0	0		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (318,921)	(318,921)	0	0		
c. Physical Therapy - Non-Medicare	\$ 260,201	260,201	0	0		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (260,201)	(260,201)	0	0		
4. a. Speech Therapy - Medicare	\$ 125,299	125,299	0	0		
b. Speech Therapy - Medicare Contractual Allowance **	\$ (87,777)	(87,777)	0	0		
c. Speech Therapy - Non-Medicare	\$ 74,192	74,192	0	0		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (74,192)	(74,192)	0	0		
5. a. Occupational Therapy - Medicare	\$ 433,332	433,332	0	0		
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (340,687)	(340,687)	0	0		
c. Occupational Therapy - Non-Medicare	\$ 258,388	258,388	0	0		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (258,388)	(258,388)	0	0		
6. a. Other (<i>Specify</i>) - Medicare	\$ 0	0	0	0		
b. Other (<i>Specify</i>) - Non-Medicare	\$ 0	0	0	0		
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,338,577	11,338,577	0	0		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 1,371	1,371	0	0		
2. Rental of rooms to non-residents	\$ 0	0	0	0		
3. Telephone	\$ 0	0	0	0		
4. Rental of Television and Cable Services	\$ 0	0	0	0		
5. Interest Income (<i>Specify</i>)	\$ 2,178	2,178	0	0		
6. Private Duty Nurses' Fees	\$ 0	0	0	0		
7. Barber, Coffee, Beauty and Gift shops	\$ 0	0	0	0		
8. Other (<i>Specify</i>)	\$ 22,188	22,188	0	0		
V. Total Other Revenue (1 thru 8)	\$ 25,737	25,737	0	0		
VI. Total All Revenue (III +V)	\$ 11,364,314	11,364,314	0	0		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
20.5.f	LABORATORY MEDICARE A	\$ 6,828		
20.5.f	LAB - C/A ANCILLARIES MEDICARE A	\$ (6,828)		
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	\$ 6,514		
20.5.f	LABORATORY -C/A MANAGED CARE	\$ (6,514)		
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg 26, Ln 1	Dividend & Interest Income	2,178	\$ 2,178		
Total Interest Income			\$ 2,178	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
N/A	HHS STIMULUS PAYMENTS	\$ 1,090,025		
N/A	CONTRACTUAL ALLOWANCE - HHS STIMULUS	\$ (1,090,025)		
Pg. 16 ln. n	RENTAL - COMM ROOM	\$ 900		
N/A	OTHER REVENUE - MISCELLANEOUS	\$ 21,288		
Total Other Revenue		\$ 22,188	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2020	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	2,005,704
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,054,280
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	0
4. Inventories			\$	21,624
5. Prepaid Expenses			\$	311,584
a. UNEXPIRED INSURANCE	310,872			
b. PREPAID EXPENSES	712			
c. _____	0			
d. See Schedule	0			
6. Interest Receivable			\$	0
7. Medicare Final Settlement Receivable			\$	0
8. Other Current Assets (<i>itemize</i>)			\$	893,441
RESERVE FOR REPLACEMENT	841,743			
REAL ESTATE TAXES & INS - ESCROW	51,698			
_____	0			
See Schedule	0			
A-9. Total Current Assets (Lines A1 thru 8)			\$	4,286,633
B. Fixed Assets				
1. Land			\$	24,213
2. Land Improvements	*Historical Cost	391,099	\$	118,130
	Accum. Depreciation	272,969		
	Net			
3. Buildings	*Historical Cost	8,083,805	\$	2,454,162
	Accum. Depreciation	5,629,643		
	Net			
4. Leasehold Improvements	*Historical Cost	0	\$	0
	Accum. Depreciation	0		
	Net			
5. Non-Movable Equipment	*Historical Cost	0	\$	0
	Accum. Depreciation	0		
	Net			
6. Movable Equipment	*Historical Cost	1,418,085	\$	64,170
	Accum. Depreciation	1,353,915		
	Net			
7. Motor Vehicles	*Historical Cost	0	\$	0
	Accum. Depreciation	0		
	Net			
8. Minor Equipment-Not Depreciable			\$	0
9. Other Fixed Assets (<i>itemize</i>)			\$	109,457
Cost Report vs. Financial Statement Difference	109,457			
See Schedule	0			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	2,770,132

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	NOTES RECEIVABLE - LT	\$ 911,000
Total Other Assets			\$ 911,000

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2020	32	37
Account			Amount	
Total Brought Forward:			\$	7,056,765
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	0
2. Land Improvements		*Historical Cost <u>0</u>		
		Accum. Depreciation <u>0</u> Net	\$	0
3. Buildings		*Historical Cost <u>0</u>		
		Accum. Depreciation <u>0</u> Net	\$	0
4. Non-Movable Equipment		*Historical Cost <u>0</u>		
		Accum. Depreciation <u>0</u> Net	\$	0
5. Movable Equipment		*Historical Cost <u>0</u>		
		Accum. Depreciation <u>0</u> Net	\$	0
6. Motor Vehicles		*Historical Cost <u>0</u>		
		Accum. Depreciation <u>0</u> Net	\$	0
7. Minor Equipment-Not Depreciable			\$	0
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	0
D. Investment and Other Assets				
1. Deferred Deposits			\$	0
2. Escrow Deposits			\$	0
3. Organization Expense		*Historical Cost <u>0</u>		
		Accum. Depreciation <u>0</u> Net	\$	0
4. Goodwill (Purchased Only)			\$	0
5. Investments Related to Resident Care (<i>itemize</i>)			\$	0
	0	0		
	0	0		
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	120,168
Name and Address		Amount	Loan Date	
United Methodist Homes 580 Long Hill Road, Shelton CT 06484		120,168	Various	
7. Other Assets (<i>itemize</i>)			\$	1,006,131
	Deferred Financing	151,453		
	Accum. Amort-Deferred Financing	(56,322)		
	See Schedule	911,000		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,126,299
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	8,183,064

* 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	9/30/2020	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	948,513
2. Notes Payable (<i>itemize</i>)			\$	0
0	0			
0	0			
0	0			
See Schedule				
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	0
Name of Lender	Purpose	Amount	Date Due	
0	0	0	01/00/00	
0	0	0	01/00/00	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	476,990
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	0
6. Accrued Payroll Taxes Payable			\$	36,485
7. Medicare Final Settlement Payable			\$	0
8. Medicare Current Financing Payable			\$	0
9. Mortgage Payable (<i>Current Portion</i>)			\$	0
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	0
11. Accrued Income Taxes*			\$	0
12. Other Current Liabilities (<i>itemize</i>)			\$	1,314,070
ACCRUED EXPENSES	3,200	DEFERRED REVENUE	1,090,025	
ACCRUED PROVIDER TAX PAY	107,538	0	0	
SECURITY DEPOSITS LIABILIT	13,152	0	0	
DUE TO RESIDENTS TRUST	100,155	See Schedule	0	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	2,776,058

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount
Total Brought Forward:				2,776,058
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
				\$ 0
Name of Lender	Purpose	Amount	Date Due	
0	0	0	1/0/00	
0	0	0	1/0/00	
2. Mortgages Payable				
				\$ 0
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 0
Name and Address of Lender	Amount	Loan Date		
0	0	1/0/00		
0	0	1/0/00		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 13,263,406
WICKE LOAN PAYABLE-M & T BANK		7,821,885		
DUE FROM AFFILIATES		5,441,521		
0		0		
See Schedule		0		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 13,263,406
C. Total All Liabilities (Lines A-13 + B-5)				\$ 16,039,464

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2020	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	0
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	0
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	0
4. Reserve for leasehold real properties on which fair rental value is based			\$	0
5. Reserve for funds set aside as donor restricted			\$	0
6. Total Reserves			\$	0
B. Net Worth				
1. Owner's Capital			\$	(5,669,402)
2. Capital Stock			\$	0
3. Paid-in Surplus			\$	0
4. Treasury Stock			\$	0
5. Cumulated Earnings			\$	0
6. Gain or Loss for Period	10/1/2019	thru 9/30/2020	\$	(2,186,998)
7. Total Net Worth			\$	(7,856,400)
C. Total Reserves and Net Worth			\$	(7,856,400)
D. Total Liabilities, Reserves, and Net Worth			\$	8,183,064

H. Changes in Total Net Worth

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2020	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	(5,627,889)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	11,364,317
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	13,551,316
D. Net Income or Deficit			\$	(2,186,999)
E. Balance			\$	(7,814,888)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
	0	0		
	0	0		
	0	0		
	0	0		
2. Other <i>(itemize)</i>				
	Current Year Corporate Office Adjustment	(32,767)		
	Current Year Insurance Adjustment	(14,747)		
	Rehab Adjustment	5,999		
	Rounding	2		
F-3. Total Additions			\$	(41,512)
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	0
	Name and Address <i>(No., City, State, Zip)</i>	Title	Amount	
	0	0	0	
	0	0	0	
2. Other Withdrawings <i>(Specify)</i>			\$	0
	Purpose	Amount		
	0	0		
	0	0		
3. Total Deductions			\$	0
H. <i>Balance at End of Period</i>			\$	(7,856,400)
	09/30/20			

I. Preparer's/Reviewer's Certification

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2020	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify) 0		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
The Lancaster Group, LLC				
Address Address			Phone Number	
813 Coopers Court, Lancaster, PA 17601-1477			504-605-8228	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Kevin McCall			504-605-8228	
Contact Email Address				
kevin.mccall@tlgconsultants.com				