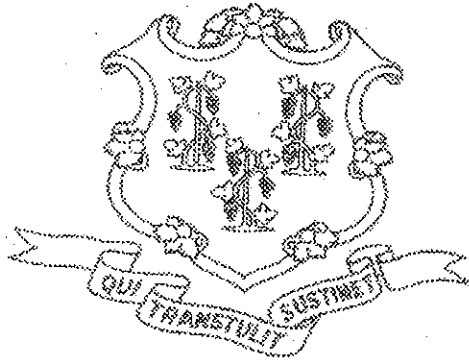


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Bidwell Care Center, LLC	
Address (No. & Street, City, State, Zip Code) 333 Bidwell Street Manchester, CT 06040	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2148-C	RHNS	Other	Medicare Provider 07-5314
------------------	----------------	------	-------	------------------------------

Medicaid Provider Numbers:	CCNH CCH 0020123	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) Bidwell Care Center, LLC	License No. 2148-C	Report for Year Ended 9/30/2018	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Bidwell Care Center, LLC [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Patrick Neagle			Printed Name (Owner) Chris Wright		2/13/19
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
Brenda Walsh	CT	2/13/19	Brenda Walsh	BRENDAL WALSH Notary Public - Connecticut My Commission Expires February 29, 2020	
Address of Notary Public 341 Bidwell St., Manchester, CT 06040					

(Notary Seal)

General Information

Name of Facility (as licensed) Bidwell Care Center,LLC	License No. 2148-C	Report for Year Ended 9/30/2018	Page 1	of 37
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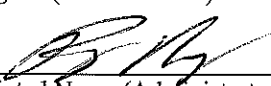
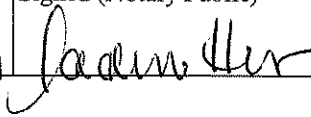
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I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Bidwell Care Center,LLC [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator) 		Date 2-6-19	Signed (Owner)		Date
Printed Name (Administrator) Patrick Neagle			Printed Name (Owner) Chris Wright		
Subscribed and Sworn to before me:	State of CT	Date 02/06/19	Signed (Notary Public) 		<p>SANDRA M. HOLLIS NOTARY PUBLIC MY COMMISSION EXPIRES APR. 30, 2019</p>
Address of Notary Public 341 BIDWELL STREET, MANCHESTER, CT 06040					

(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 Bidwell Care Center, LLC	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 333 Bidwell Street Manchester, CT 06040				
Report Prepared By iCare Management, LLC	Phone Number 860-570-2140	Date 2/15/2019		
Item	Total	CCNH	RHNS	Other
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-645-4888		Report for Year Ended 9/30/2018		Page 2	of 37
Name of Facility (as shown on license) Bidwell Care Center, LLC			Address (No. & Street, City, State, Zip) 333 Bidwell Street Manchester, CT 06040		
License Numbers:		CCNH 2148-C	RHNS	Other	Medicare Provider No. 07-5314
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input checked="" type="checkbox"/> Other	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:				Date Opened	Date Closed
Has there been any change in ownership or operation during this report year?					
		<input type="radio"/> Yes		<input checked="" type="radio"/> No	
If "Yes," explain fully.					
Administrator					
Name of Administrator Patrick Neagle			Nursing Home Administrator's License No.:		1704
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name				License No.:	

Related Parties*

Name of Facility Bidwell Care Center, LLC	License No. 2148-C	Report for Year Ended 9/30/2018		Page 4	of 37	
		Also Provides Goods/Services to Non- Related Parties	Description of Goods/Services Provided			Indicate Where Costs are Included in Annual Report Page # / Line #
Name of Related Individual or Company	Business Address	Yes	No	%**		
Bidwell Care Center, LLC	333 Bidwell St. Manchester, CT 06040				Shared Employees	-
Chelsea Place Care Center, LLC	25 Lorraine St. Hartford, CT 06105				Shared Employees	-
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088			19	Laundry Services	3
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088				Shared Employees	(3,434)
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032			16	Bank Fees	M
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032				Shared Employees	574
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			19	Laundry Services	3
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088				Shared Employees	6,540
Meriden Care Center, LLC (Silver Springs)	33 Roy St. Meriden, CT 06450				Shared Employees	2,413
Trinity Hill Care Center, LLC	151 Hillside Ave. Hartford, CT 06106				Shared Employees	13,460
Westside Care Center, LLC	349 Bidwell St. Manchester, CT 06040				Shared Employees	(15,211)
Wintonbury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002				Shared Employees	14,100
Secure Care Center LLC	80 West Street, Rocky Hill, CT 06067				Shared Employees	13,722
Touchpoints at Homecare LLC	1838 Silas Deane Hwy, Rocky Hill, CT 06067				Shared Employees	-
Touchpoints therapy	171 Main St. East Windsor, CT 06088			13	OT/PT/ST	5,8,10
Bidwell Realty, LLC	341 Bidwell St. Manchester, CT 06040			22,22,27	Building Lease & Rent	10,9,14
iCare Management, LLC	341 Bidwell St. Manchester, CT 06040			16, 15	Postage & Legal	M,E
iCare Health Management, LLC	341 Bidwell St. Manchester, CT 06040				Shared EEs not part of mgmt agmt Management Services, Direct	147,809
				20	Management Services, Indirect	(142,832)
				20	Management Services, Administrative	19,579
				16	Management Services, Administrative	(456,838)
All Care Centers, mgmt co, reaty cos					Share Common 401k, Pension and Insurance plans, courier, legal and various other services	-

* 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 Bidwell Care Center, LLC	License No. 2148-C	Report for Year Ended 9/30/2018	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist <i>(See listing page 13)</i>			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

**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 Bidwell Care Center, LLC		License No. 2148-C	Report for Year Ended 9/30/2018	Page 6	of 37			
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Accelerated Care Plus Corp. 4850 Joule Street, Suite A-1 Reno, ADP, Inc., One ADP Drive MS-100, Augusta, GA. 30909	<input type="radio"/>	<input checked="" type="radio"/>	Omnistim Electrotherapy and Omnisound Therapeutic Ultrasound Equipment Time Clocks and Payroll Punch Equip	05/18/10	1 yr with automatic 60 months & automatic	14,102	14,102	
GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphia, PA 19101	<input type="radio"/>	<input checked="" type="radio"/>	Copier	06/01/10	48 months Month to month	8,471	8,471	
Neopost USA, Inc, 25880 Network Place, Chicago, IL 60673	<input type="radio"/>	<input checked="" type="radio"/>	Postage Rental	03/05/14		570	570	
	<input type="radio"/>	<input checked="" type="radio"/>		04/16/13				
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?						<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total ***
								32,262

* 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 Bidwell Care Center, LLC	License No. 2148-C	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 O'Connor, Davies LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 100 Great Meadow Road, Ste 401, Wethersfield, CT 06109
--	---

Services Provided by This Firm (*describe fully*)

1 Taxes, financial statements, accounting support	\$ 9,749
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 9,749

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

Yes No 15D

Legal Services Information

Name of Legal Firm or Independent Attorney 1 iCare Health Management, LLC 2 Starble and Harris 3 Durant Nichols / Robinson & Cole, LLP 4 Various others (American Arbitration , Various Arbitration, Murtha Cullina, Jackson Lewis) 5 Starble and Harris, iCare Health Management LLC	Telephone Number 860-570-2140 860-678-7775 860-275-8200 860-678-7775 & 860-570-2140
--	---

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

- 1 341 Bidwell Street, Manchester CT
- 2 32 Main Street, Avon, CT
- 3 280 Trumbull St, Hartford, CT
- 4
- 5 32 Main Street, Avon, CT & 341 Bidwell Street, Manchester CT

Services Provided by This Firm (*describe fully*)

1 Lease and contract issues, general legal advice, Labor Law	\$ 7,542
2 Lease and contract issues, general legal advice, union funds advice	\$ 1,941
3 Employment law, arbitrations, contract negotiations	\$ 139
4 Employment Arbitrations, healthcare law	\$ 2,620
5 Conservatorships & Collections	\$ 195
	Charge for Services Provided
	\$ 12,437

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

Yes No 15E

Schedule of Resident Statistics

	Name of Facility Bidwell Care Center, LLC	License No. 2148-C	Report for Year Ended 9/30/2018				Period 7/1 Thru 9/30											
			Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Total	CCNH	RHNS	Other								
											CCNH	RHNS	Other					
1. Certified Bed Capacity																		
A. On last day of PREVIOUS report period	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131
B. On last day of THIS report period	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131
2. Number of Residents																		
A. As of midnight of PREVIOUS report period	119	119	119	119	119	119	119	119	119	119	119	119	119	119	119	119	119	119
B. As of midnight of THIS report period	126	126	126	126	126	126	126	126	126	126	126	126	126	126	126	126	126	126
3. Total Number of Days Care Provided During Period																		
A. Medicare	4,174	4,174	4,174	4,174	4,174	4,174	4,174	4,174	4,174	4,174	4,174	4,174	4,174	4,174	4,174	4,174	4,174	4,174
B. Medicaid (Conn.)	38,467	38,467	38,467	38,467	38,467	38,467	38,467	38,467	38,467	38,467	38,467	38,467	38,467	38,467	38,467	38,467	38,467	38,467
C. Medicaid (other states)																		
D. Private Pay	317	317	317	317	317	317	317	317	317	317	317	317	317	317	317	317	317	317
E. State SSI for RCH																		
F. Other (Specify) Insurance	1,983	1,983	1,983	1,983	1,983	1,983	1,983	1,983	1,983	1,983	1,983	1,983	1,983	1,983	1,983	1,983	1,983	1,983
G. Total Care Days During Period (3A thru F)	44,941	44,941	44,941	44,941	44,941	44,941	44,941	44,941	44,941	44,941	44,941	44,941	44,941	44,941	44,941	44,941	44,941	44,941
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds																		
A. Medicaid Bed Reserve Days																		
B. Other Bed Reserve Days																		
5. Total Resident Days (3G + 4A + 4B)	44,941	44,941	44,941	44,941	44,941	44,941	44,941	44,941	44,941	44,941	44,941	44,941	44,941	44,941	44,941	44,941	44,941	44,941

Schedule of Resident Statistics (Cont'd)

Name of Facility Bidwell Care Center, LLC			License No. 2148-C			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Other	Lost			Gained			CCNH	RHNS	Other	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Other	
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	Other			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR				
No. of Residents	8		108		10								
Per Diem Rate													
a. One bed rm.	463.00		252.00		329.00								
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	Other		
A. Medicare - Part B								3,022	3,022				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								416	416				
2. Restorative Treatments								696	696				
C. Other								9,468	9,468				
D. Total Physical Therapy Treatments								13,602	13,602				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								207	207				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								70	70				
2. Restorative Treatments								116	116				
C. Other								776	776				
D. Total Speech Therapy Treatments								1,169	1,169				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								2,163	2,163				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								829	829				
2. Restorative Treatments								141	141				
C. Other								8,679	8,679				
D. Total Occupational Therapy Treatments								11,812	11,812				

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Bidwell Care Center, LLC	2148-C	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	139,379	2,094				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	172,829	7,533				
5. Dietary Service						
a. Head Dietitian	80,281	2,086				
b. Food Service Supervisor	51,584	2,141				
c. Dietary Workers	450,256	24,882				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	64,083	2,022				
b. Other Maintenance Workers	37,539	2,431				
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						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	210,680	4,239				
b. RN						
1. Direct Care	447,702	10,444				
2. Administrative**	262,962	6,239				
c. LPN						
1. Direct Care	1,192,222	38,504				
2. Administrative**						
d. Aides and Attendants	1,928,784	105,323				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	186,209	8,774				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	185,460	5,882				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	52,778	3,387				
A-13. Total Salary Expenditures	5,462,747	225,980				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
UNIT SECRETARIES SALARIES	\$ 33,953	2,093			\$ -	-
MEDICAL RECORDS SALARIES	\$ -	-			\$ -	-
CENTRAL SUPPLY SALARIES	\$ 18,825	1,294			\$ -	-
RESPIRATORY THERAPY SALARIES	\$ -	-			\$ -	-
Total	\$ 52,778	3,387	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
MEDICAL RECORDS CONTRACT SERVICE	\$ 28,272	1,066			\$ -	-
ADMISSIONS C/S LABOR	\$ 41,688	915			\$ -	-
CENTRAL SUPPLY CONTRACT SERVICE	\$ 1,582	44			\$ -	-
ADMINISTRATIVE CONTRACT SERVICE LABOR	\$ 110,312	3,511			\$ -	-
RESPIRATORY THERAPY CONTRACT SERVICES	\$ 1,650	-			\$ -	-
PHYSICAL THERAPY C/S MEDICIAID	\$ 23,224	305			\$ -	-
SPEECH THERAPY C/S Medicaid	\$ 6,886	90			\$ -	-
OCCUPATIONAL THERAPY C/S MEDICIAID	\$ 20,276	266			\$ -	-
Total	\$ 233,889	6,197	\$ -	-	\$ -	-

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

Name of Facility Bidwell Care Center, LLC	License No. 2148-C		Report for Year Ended 9/30/2018		Page 11	of 37			
	Salary Paid		Full Description of Services Rendered	Line Where Claimed on Page 10			Total Hours Worked	Total Hours Worked	Compensation Received
Name	CCNH	RHNS			Other	Fringe Benefits and/or Other Payments (describe fully)			
Section I - Operators/Owners									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

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

Name of Facility (as licensed) Bidwell Care Center, LLC		License No. 2148-C		Report for Year Ended 9/30/2018		Page 12	of 37		
Name	Salary Paid			Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other						
Section III - Administrators***									
Tracy Newport	139,379			Administrator	2,094	A2			
				same as employees less union funds					
				same as employees less union funds		A2			
				same as employees less union funds		A2			
Section IV - Assistant Administrators									

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Bidwell Care Center, LLC	2148-C	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist	19,035	391				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	230,976	3,199				
b. Other						
6. Social Worker	4,800					
7. Recreation Worker	20,216	35+Cable				35+Cable
8. Physicians						
a. Medical Director (entire facility)	61,400	537				
b. Utilization Review (Title 18 and 19 only) monthly meeting		5				
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Physician Care Contract Services	22,605	98				
9. Speech Therapist						
a. Resident Care	40,214	486				
b. Other						
10. Occupational Therapist						
a. Resident Care	202,030	2,656				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	106,876	1,494				
2. Administrative***	47,002	963				
b. LPN						
1. Direct Care	8,582	205				
2. Administrative***						
c. Aides	(5,213)	(128)				
d. Other						
12. Other (Specify) See Attached Schedule	233,889	6,197				
B-13 Total Fees Paid in Lieu of Salaries	992,412	16,101				

* 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 Bidwell Care Center,LLC		License No. 2148-C		Report for Year Ended 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Omnicare/ Pharm Scripts	Pharmacy Consulting	<input checked="" type="radio"/>	<input type="radio"/>			
Tocuhpoints Therapy	Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Chelsea Place, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver Springs, Westside Care Centers, iCare Health and iCare Management, SecureCare Options, Home Care	Shared Employees	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Healthdrive Physician Services	Audiology, Dental and Podiatry	<input type="radio"/>	<input checked="" type="radio"/>			
Ready Nurse, Nurse Network	Nursing pool (RN, LPN,CNA)	<input type="radio"/>	<input checked="" type="radio"/>			
Dr Bodanski	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Bogacki Robert	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Bidwell Care Center, LLC	2148-C	9/30/2018	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 193,423	193,423		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 459,997	459,997		
5. Health Insurance	\$ 943,925	943,925		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 308,120	308,120		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 37,954	37,954		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 97,631	97,631		
d. Accounting and Auditing	\$ 9,749	9,749		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 12,437	12,437		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 19,417	19,417		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 19,755	19,755		
2. Cellular Phones	\$ 384	384		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 944,660	944,660		
Subtotal	\$ 3,047,453	3,047,453		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Bidwell Care Center, LLC	2148-C	9/30/2018	16	37	
Item		Total	CCNH	RHNS	Other
Subtotals Brought Forward:		3,047,453	3,047,453		
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	555	555		
3. Gifts to Staff and Residents	\$	167	167		
4. Employee Travel	\$	688	688		
5. Education Expenses Related to Seminars and Conventions	\$	7,462	7,462		
6. Automobile Expense (not purchase or depreciation)	\$	833	833		
7. Other (Specify) See Attached Schedule	\$	170	170		
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$	4,858	4,858		
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)*** See Attached Schedule	\$	32,640	32,640		
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	\$	2,090	2,090		
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$	9,270	9,270		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$	1,490	1,490		
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$	130,329	130,329		
12. Administrative Management Services**	\$	456,838	456,838		
13. Other (Specify) See Attached Schedule	\$	35,795	35,795		
C-14 Total Administrative & General Expenditures		\$ 3,730,639	3,730,639		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Other
MEALS	\$ 170		\$ -
Total Other Travel and Entertainment	\$ 170	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Other
COMMUNICATIONS SPECIAL EVENTS	\$ 32,640		\$ -
Total Other Advertising	\$ 32,640	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Other
ALTCFM			
CAHCF DUES	\$ 9,110		\$ -
OTHER DUES	\$ 160		\$ -
Total Dues	\$ 9,270	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	Other
CONTRIBUTIONS	\$ 1,490		\$ -
Total Contributions	\$ 1,490	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
SOCIAL SERVICE SUPPLIES	\$ -		\$ -
SOC SVC MINOR EQUIPMENT	\$ -		\$ -
ADMINISTRATIVE MINOR EQUIPMENT	\$ 1,261		\$ -
EMPLOYEE RELATIONS	\$ 3,397		\$ -
EMPLOYEE RELATIONS-OTHER	\$ 236		\$ -
PERMITS & LICENSES	\$ 1,536		\$ -
VOLUNTEER EXPENSE	\$ -		\$ -
BANK FEES	\$ 10,936		\$ -
CMS REVISIT USER FEES	\$ -		\$ -
PENALTIES	\$ 7,150		\$ -
LATE FEES	\$ 433		\$ -
INTERNET EXPENSES	\$ 10,847		\$ -
Rounding			\$ -
Total Other Administrative and General	\$ 35,795	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page	of
Bidwell Care Center, LLC	2148-C	9/30/2018	17	37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #	
iCare Management, LLC/iCare Health Management, LLC	456,838	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12	
iCare Management, LLC/iCare Health Management, LLC	142,832	MANAGEMENT FEES- DIRECT CARE	Pg 20 j	
iCare Management, LLC/iCare Health Management, LLC	19,579	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j	

* 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 Bidwell Care Center, LLC		License No. 2148-C	Report for Year Ended 9/30/2018	Page 18	of 37
Item	Total	CCNH	RHNS	Other	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 276,049	276,049			
2. Non-Food Supplies	\$ 31,804	31,804			
3. Other (Specify) _____ DIETARY SUPPLEMENTS	\$ 18,121	18,121			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ (44,678)	(44,678)			
c. Other (Specify) _____ DIETARY MINOR EQUIPMENT	\$ 4,240	4,240			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 285,535	285,535			
2F. Dietary Questionnaire					
G. Resident Meals: Total no. of meals served per day:*	369	369			
H. Is cost of employee meals included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
I. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
L. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
O. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility Bidwell Care Center,LLC		License No. 2148-C	Report for Year Ended 9/30/2018	Page 19	of 37
Item		Total	CCNH	RHNS	Other
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	84	84		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	344,694	344,694		
c. Other (Specify) LAUNDRY MINOR EQUIPMENT	\$	31	31		
3D. Total Laundry Expenditures (3a + b + c)	\$	344,809	344,809		
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Bidwell Care Center, LLC		2148-C	9/30/2018		20	37
Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	25,321	25,321		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$	360,511	360,511		
C. Other (<i>Specify</i>)			\$			
HOUSEKEEPING MINOR EQUIPMENT						
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 385,832	385,832		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from OMNICARE PHARMACY		\$ 216,888	216,888		
b.	Medicine Cabinet Drugs		\$ 2,777	2,777		
c.	Medical and Therapeutic Supplies		\$ 92,599	92,599		
d.	Ambulance/Limousine***		\$			
e.	Oxygen					
	1. For Emergency Use		\$ 10,454	10,454		
	2. Other***		\$			
f.	X-rays and Related Radiological Procedures***		\$ 7,568	7,568		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 23,947	23,947		
i.	Recreation		\$			
j.	Direct Management Services*		\$			
k.	Indirect Management Services*		\$			
l.	Other (Specify)**** See Attached Schedule		\$ 295,967	295,967		
5M.	Total Resident Care Expenditures (5a - 5j)		\$ 650,200	650,200		

* 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	Other
NURSING ADMIN SUPPLIES	\$ 624		\$ -
NURSING MINOR EQUIP	\$ 13,921		\$ -
MEDICAL RECORDS SUPPLIES	\$ 10		\$ -
MEDICAL RECORDS MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATIONS - DIRECT	\$ 142,832		\$ -
NON-COVERED PPS DR. VISITS	\$ 1,464		\$ -
RESIDENT CARE SUPPLIES	\$ 12		\$ -
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 10,441		\$ -
PERSONAL CARE SUPPLIES	\$ 2,978		\$ -
INCONTINENCY SUPPLIES	\$ 12,390		\$ -
VACCINE RESIDENTS	\$ 1,672		\$ -
PATIENT SPECIAL NEEDS	\$ 72		\$ -
PHYSICAL THERAPY SUPPLIES	\$ -		\$ -
PHYSICAL THERAPY EQUIPMENT RENT	\$ -		\$ -
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -		\$ -
OCCUPATIONAL THERAPY SUPPLIES	\$ -		\$ -
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -		\$ -
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -		\$ -
SPEECH THERAPY SUPPLIES	\$ -		\$ -
SPEECH THERAPY EQUIPMENT RENT	\$ -		\$ -
SPEECH THERAPY MINOR EQUIPMENT	\$ -		\$ -
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 49,216		\$ -
EQUIPMENT RENTAL: AIDS UNIT	\$ -		\$ -
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 605		\$ -
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ 71		\$ -
HI-LOW BED RENTAL & MATTRESSES	\$ 287		\$ -
IV THERAPY SUPPLIES	\$ 32,282		\$ -
IV THERAPY CONTRACT SERVICE	\$ -		\$ -
MEDICAL WASTE CONTRACT SERVICE	\$ 1,239		\$ -
ACTIVITIES SUPPLIES	\$ 5,293		\$ -
ACTIVITIES MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATION - INDIRECT	\$ 19,579		\$ -
ADMISSIONS SUPPLIES	\$ -		\$ -
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ 980		\$ -
STRIKE COSTS NON REIMBURSABLE	\$ -		\$ -
Total Other Resident Care	\$ 295,967	\$ -	\$ -

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

Name of Facility Bidwell Care Center, LLC		License No. 2148-C	Report for Year Ended 9/30/2018	Page of 21 37							
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***					
		Yes	No			CCNH	RHNS	Other	Pg	Line	
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	O	⊙	VENDOR	Housekeeping Services	360,511				20	4b
Health Services Group/Unitex Textile Rental Services	3220 Tillman Drive, Bensalem, PA 19020	O	⊙	VENDOR	Laundry Services	344,694				19	3b
Eagle Elevator		O	⊙	VENDOR	Elevator Contract	7,622				22	6F
Bioserve, Inc.		O	⊙	VENDOR	Medical Waste Snow	1,239				22	6F
Brightview Landscaping/Primary Landscaping		O	⊙	VENDOR	Removal/Landscaping	32,399				22	6F
CWPM		O	⊙	VENDOR	Trash removal	21,315				22	6F
American HealthTech		O	⊙	VENDOR	Software Maintenance Contract	18,039				16	M11
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	O	⊙	VENDOR	Payroll Services	42,952				16	M11
National Datacare Corp		O	⊙	VENDOR	Resident Trust Software	3,266				16	M11
Prime Care Technology services		O	⊙	VENDOR	Computer Consulting Services	35,669				16	M11
Priority Express		O	⊙	VENDOR	Courier Services	2,943				16	M11
Point Right Inc		O	⊙	VENDOR	Nursing Software	4,680				16	M11
Aron Security Inc		O	⊙	VENDOR	Security Contract Services					22	6F

* 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
Bidwell Care Center, LLC	2148-C	9/30/2018			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 63,269	63,269				
b. Heat	\$ 12,977	12,977				
c. Light & Power	\$ 111,536	111,536				
d. Water	\$ 51,386	51,386				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 32,262	32,262				
f. Other (<i>itemize</i>)	\$ 97,387	97,387				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 368,818	368,818				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 29,421	29,421				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 34,730	34,730				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 64,150	64,150				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 44,691	44,691				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 44,691	44,691				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 420,747	420,747				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 103,941	103,941				
c. Personal property taxes	\$ 11,910	11,910				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 645,439	645,439				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Other
PLANT SUPPLIES	\$ 9,896		\$ -
PLANT CONTRACT SERVICE LABOR	\$ -		\$ -
ELEVATOR CONTRACT SERVICE	\$ 7,622		\$ -
FIRE/SPRINKLER CONTRACT SERVICE	\$ 5,584		\$ -
LANDSCAPING CONTRACT SERVICE	\$ 7,928		\$ -
SNOW REMOVAL CONTRACT SERVICE	\$ 24,471		\$ -
TRASH REMOVAL CONTRACT SERVICE	\$ 21,315		\$ -
HVAC CONTRACT SERVICE	\$ -		\$ -
SECURITY CONTRACT SERVICE	\$ -		\$ -
PLANT CONTRACT SERVICE OTHER	\$ 6,954		\$ -
PLANT MINOR EQUIPMENT	\$ 10,903		\$ -
RENT AUTO	\$ -		\$ -
RENT EQUIPMENT	\$ 2,714		\$ -
RENT OTHER	\$ -		\$ -
Total Other Repairs and Maintenance	\$ 97,387	\$ -	\$ -

Depreciation Schedule

Name of Facility		License No.		Report for Year Ended				Page	of
Bidwell Care Center, LLC		2148-C		9/30/2018				23	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	
									Is a mileage logbook maintained?
Yes	No	Month	Year						
A. Land Improvements									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
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)									
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									
D. Movable Equipment									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a. Van Repair: Hillside Automotive Cex									
b.									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period									
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)									
D-3. Subtotal									
E. Total Depreciation									
							5,157	34,730	
							29,421	64,150	

Bidwell Care Center, LLC
9/30/2018

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/23/2017	Beds & Mattresses: Medline	\$ 14,873	60	\$ 2,479
12/7/2017	Refrigerator: Direct Supply	\$ 3,531	120	\$ 265
10/19/2017	Replace Dishwasher Booster: Proline	\$ 4,254	120	\$ 390
1/26/2018	Furniture: Medline	\$ 2,603	120	\$ 174
3/16/2018	Mattress: Medline	\$ 3,596	60	\$ 360
3/23/2018	Cabinets & Tables: Medline	\$ 7,509	180	\$ 250
4/2/2018	Bed & Mattress: Direct Supply	\$ 3,970	60	\$ 331
4/25/2018	Floor Lift: Direct Supply	\$ 4,206	120	\$ 175
5/28/2018	Mattress: Medline	\$ 2,504	60	\$ 167
7/11/2018	Auto Food Slicer: Proline	\$ 3,377	120	\$ 56
7/18/2018	BP Monitor: Medline	\$ 3,459	72	\$ 96
9/24/2018	Repair Dishwasher: Proline	\$ 2,670	120	-
9/24/2018	Storage Container: Supreme Storage Trailer Comp.	\$ 4,158	120	-
9/27/2018	Beds & Mattress: Medline	\$ 6,653	60	-
4/30/2018	Laptop: Prime Care Technologies	\$ 2,983	36	414.36
Total additions for Movable Equipment		\$ 70,346		\$ 5,157 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*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:				
10/11/2017	Lobby Renovations: Shalom, Sahar	\$ 2,680	120	\$ 246
10/11/2017	1st Floor Renovations: Shalom, Sahar	\$ 7,976	120	\$ 731
10/25/2017	1st Floor Renovations: Shalom, Sahar	\$ 7,976	120	\$ 731
11/19/2017	Flooring: HD Supply	\$ 23,954	240	\$ 998
12/20/2017	Flooring: Medallion Healthcare Furnishing	\$ 22,280	240	\$ 836
10/10/2017	Vinyl Floor: HD Supply	\$ 86,945	120	\$ 7,970
10/11/2017	Paint Wall: Shalom, Sahar	\$ 3,446	60	\$ 632
2/9/2018	Door Frame Protector: Construction Specialties	\$ 3,574	120	\$ 209
5/2/2018	New nurse station - Medallion healthcare	\$ 13,294	180	\$ 295
7/31/2018	Repair Hydrant: ADB Construction	\$ 4,440	120	\$ 74
6/25/2018	Upgrade Door Alarm System: S&S Wired Systems	\$ 2,887	120	\$ 72
9/1/2016	Repair Digital Analog & Control Board: Multiple Vendors	\$ 14,964	120	\$ 125
9/12/2018	Roof Repair: Hartford Restoration	\$ 4,126	60	-
9/25/2018	AC/Heat Pump: Climatech Mechanical Serv.	\$ 10,260	120	-
2/6/2018	Metal Door: HD Supply	2,602.45	240	75.9
Total additions for Leasehold Improvement		\$ 211,406		\$ 12,994 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended		Page	of		
Bidwell Care Center, LLC		2148-C		9/30/2018		24	37		
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				646,449	503,585			31,697	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				211,406				12,994	
C-4. Subtotal									
D. Total Amortization									
									44,691
									44,691

* 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 Bidwell Care Center, LLC	License No. 2148-C	Report for Year Ended 9/30/2018	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased	12/01/03			
2. Date Structure Completed	12/01/03			
3. If NOT Original Owner, Date of Purchase	12/01/03			
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	131			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
Summit Manchester, LLC	333 Bidwell Street, Manchester, CT	08/09/17	15 year with 2- year extension	\$472,500 yr 1

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
Bidwell Care Center,LLC		2148-C	9/30/2018		26	37
Item			Total	CCNH	RHNS	Other
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Bidwell Care Center, LLC	2148-C	9/30/2018	27	37		
Item			Total	CCNH	RHNS	Other
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment						
\$	A. Item	Rate	Amount			
Lender						
Address of Lender						
\$	2. Other (Specify)					
\$	A. Item	Rate	Amount			
Lender						
Address of Lender						
\$	B. Item	Rate	Amount			
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)						
\$	12. D. Other Interest Expense (Specify)					
\$	INTEREST					
\$	13. Total All Interest Expense (12B7 + 12C3 + 12D)					
14. Insurance						
\$	a. Insurance on Property (buildings only)					
\$	b. Insurance on Automobiles					
c. Insurance other than Property (as specified above)						
\$	1. Umbrella (Blanket Coverage)					
\$	2. Fire and Extended Coverage					
\$	3. Other (Specify)					
	Other insurance, crime					
\$	14d. Total Insurance Expenditures (14a + b + c)					
\$	15. Total All Expenditures (A-13 thru C-14)					

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Bidwell Care Center, LLC			2148-C	9/30/2018	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 97,631	97,631		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 32,640	32,640		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 96,553	96,553		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 226,824	226,824		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
16a		PENALTIES	\$ 7,150		\$ -
16a		LATE FEES	\$ 433		\$ -
16a		PRIOR PERIOD EXPENSES			
		rounding	\$ -		
		Provider User Fee for Medicare days	\$ 88,970		\$ -
Total Other A&G Adjustments			\$ 96,553	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Bidwell Care Center, LLC			2148-C	9/30/2018	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 226,824	226,824		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$ 7,568	7,568		
30.			Laboratory	\$ 23,947	23,947		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 2,712	2,712		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 17	17		
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 261,068	261,068		

*** 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.

Bidwell Care Center, LLC
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Other
20	5J		1,464.38		-
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	416		
13	B9A	ST-Resident Care (for outpatient therapy - see schedule)	416		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	416		
Total Other Ancillary Costs			\$ 2,712	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	Other
20	4A1	Houskeeping Supplies (for Outpatient Therapy - see schedule)	\$ 1		
20	4B	Housekeeping purchased services (for Outpatient Therapy see schedule)	\$ 10		
22	6B	Heat (for outpatient Therapy see schedule)	\$ 2		
22	6C	Light and Power (for outpatient therapy see schedule)	\$ 0		
22	6D	water (for outpatient therapy see schedule)	\$ 3		
22	6A	Repair&Maint (for outpatient therapy see schedule)	\$ 1		
Total Other Adjustments			\$ 17	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Bidwell Care Center,LLC	2148-C	9/30/2018			30	37
Item	Total	CCNH	RHNS	Other		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 9,649,639	9,649,639				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,932,256	1,932,256				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 793,043	793,043				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 146,790	146,790				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (146,790)	(146,790)				
c. Prescription Drugs - Non-Medicare	\$ 74,547	74,547				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (74,547)	(74,547)				
2. a. Medical Supplies - Medicare	\$ 1,324	1,324				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (1,324)	(1,324)				
c. Medical Supplies - Non-Medicare	\$ 2,262	2,262				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (2,262)	(2,262)				
3. a. Physical Therapy - Medicare	\$ 340,080	340,080				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (274,474)	(274,474)				
c. Physical Therapy - Non-Medicare	\$ 98,062	98,062				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (98,062)	(98,062)				
4. a. Speech Therapy - Medicare	\$ 77,296	77,296				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (59,714)	(59,714)				
c. Speech Therapy - Non-Medicare	\$ 24,894	24,894				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (24,894)	(24,894)				
5. a. Occupational Therapy - Medicare	\$ 329,100	329,100				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (262,300)	(262,300)				
c. Occupational Therapy - Non-Medicare	\$ 84,257	84,257				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (57,328)	(57,328)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 20,576	20,576				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 54,636	54,636				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 12,627,067	12,627,067				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 6	6				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 2,057	2,057				
V. Total Other Revenue (1 thru 8)	\$ 2,063	2,063				
VI. Total All Revenue (III + V)	\$ 12,629,130	12,629,130				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Other
	Lab Medicare	\$ 81,733		
	Lab Medicare CA	\$ (81,733)		
	Oxygen Medicare	\$ 183		
	Oxygen Medicare CA	\$ (183)		
	Equipment rental	\$ 11,038		
	Equipment rental CA	\$ (11,038)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds Medicare	\$ 493		
	Therapy Beds Medicare CA	\$ (493)		
	Radiology Medicare	\$ 7,243		
	Radiology Medicare CA	\$ (7,243)		
	IV Therapy	\$ 30,800		
	IV Therapy CA	\$ (30,800)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose testing	\$ -		
	Glucose testing CA	\$ -		
	Outpatient therapy Medicare	\$ 20,576		
	Total Other Resident Revenue - Medicare	\$ 20,576	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Other
	Lab	12,026.78		
	Lab CA	(12,026.78)		
	Oxygen	\$ 946		\$ -
	Oxygen CA	\$ (946)		\$ -
	Equipment rental	\$ 18,288		
	Equipment rental CA	\$ (18,288)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds	\$ 947		
	Therapy Beds CA	\$ (947)		
	Radiology	\$ 325		
	Radiology CA	\$ (325)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose Testing	\$ -		
	Glucose Testing CA	\$ -		
	IV therapy	\$ 19,011		\$ -
	IV therapy CA	\$ (19,011)		\$ -
	Flu shot revenue	\$ 5,643		
	Outpatient therapy	\$ 6,960		
	start period revenue	\$ 42,034		
	Ophum B	\$ -		
	Ophum B CA	\$ -		
	rounding	\$ (0)		
	Total Other Resident Revenue	\$ 54,636	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Other
	INTEREST INCOME		\$ 6		
	Total Interest Income		\$ 6	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
	MEALS	\$ -		
	TELEVISION INCOME	\$ -		
	CONCESSIONS / VENDING INCOME	\$ -		
	RESIDENT LATE FEE REVENUE	\$ -		
	RESIDENT ATTORNEY FEE REVENUE	\$ -		
	TELEPHONE INCOME	\$ -		
	OTHER INCOME	\$ 2,057		
	OPTUM DIVIDENDS REVENUE	\$ -		
	Total Other Revenue	\$ 2,057	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bidwell Care Center, LLC	2148-C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	(187,631)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,748,030
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	946,750
a. Prepaid Insurance	910,757			
b. Prepaid Property Taxes	34,565			
c. Prepaid Expenses Other	1,427			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(396,069)
Due From (to) Related Parties	(48,521)			
Other Owners reserves	(347,548)			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,111,080
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost	287,612	\$	189,452
	Accum. Depreciation	98,160	Net	
4. Leasehold Improvements	*Historical Cost	857,855	\$	309,579
	Accum. Depreciation	548,276	Net	
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost	1,050,636	\$	111,490
	Accum. Depreciation	939,146	Net	
7. Motor Vehicles	*Historical Cost	7,009	\$	
	Accum. Depreciation	7,009	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	6,375
Construction in Progress	6,375			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	616,896

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Bidwell Care Center, LLC	2148-C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	2,727,976
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
			\$	
2. Land Improvements				
		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
3. Buildings				
		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
4. Non-Movable Equipment				
		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
5. Movable Equipment				
		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
6. Motor Vehicles				
		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
7. Minor Equipment-Not Depreciable				
			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)				
			\$	
D. Investment and Other Assets				
1. Deferred Deposits				
			\$	
2. Escrow Deposits				
			\$	263,266
3. Organization Expense				
		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
4. Goodwill (Purchased Only)				
			\$	
5. Investments Related to Resident Care (<i>itemize</i>)				
Patient Trust Funds			47,658	
Long Term Deposit - primecare			2,555	
6. Loans to Owners or Related Parties (<i>itemize</i>)				
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)				
			\$	
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	313,480
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	3,041,455

* 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
Bidwell Care Center,LLC		2148-C	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	809,203
2. Notes Payable (<i>itemize</i>)				\$	564,345
Working Capital Line of Credit					564,345
See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	399,650
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	2,379,828
Related Party Payables			1,536,828		
Accrued Expenses			(35,784)		
Accrued Resident User Fees			219,967		
Accrued Workers Comp Expense			658,817	See Schedule	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	4,153,026

* 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 Bidwell Care Center, LLC	License No. 2148-C	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount
Total Brought Forward:				4,153,026
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		\$
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 47,658
Patient Trust Funds		47,658		
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 47,658
C. Total All Liabilities (Lines A-13 + B-5)				\$ 4,200,684

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bidwell Care Center, LLC	2148-C	9/30/2018	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	25,000
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(904,362)
6. Gain or Loss for Period			\$	(279,866)
	10/1/2017	thru 9/30/2018		
7. Total Net Worth			\$	(1,159,229)
C. Total Reserves and Net Worth			\$	(1,159,229)
D. Total Liabilities, Reserves, and Net Worth			\$	3,041,455

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Bidwell Care Center, LLC	2148-C	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$ 12,629,130	
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$ 12,908,996	
D. Net Income or Deficit			\$ (279,866)	
E. Balance			\$ (279,866)	
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <i>Balance at End of Period</i>			\$ (279,866)	
			09/30/18	

I. Preparer's/Reviewer's Certification

Name of Facility Bidwell Care Center, LLC	License No. 2148-C	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Other		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
iCare Management, LLC				
Address: Address			Phone Number	
341 Bidwell Street, Manchester, CT 06040			860-570-2140	
Annual Report Contact			Phone Number	
Annual Report Contact Email Address				