

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

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 10/1/2021	Report for Year Ending 9/30/2022

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

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

General Information

Name of Facility (as licensed) Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2022	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, 2021 and ending September 30, 2022, 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 10/1/2021	To 9/30/2022	
Address of Facility 584 Long Hill Avenue Shelton, Connecticut 06484				
Report Prepared By The Lancaster Group, LLC	Phone Number 504-605-8228	Date 3/30/2023		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-624-3303		Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Bishop Wicke Health & Rehab Ctr.		Address (No. & Street, City, State, Zip) 584 Long Hill Avenue Shelton, Connecticut 06484		
License Numbers:	CCNH 812-C	RHNS (Specify)	Medicare Provider No. 07-5163	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
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 Not Applicable		License No.:		

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2022	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

Not Applicable

**General Information and Questionnaire
Related Parties***

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2022	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Allocation Direct Salary	P. 16 M.12 & P. 28, Ln	62,824	62,824
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Office Allocation Direct Benefits	P. 16 M.12 & P. 28, Ln	15,706	15,706
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Office Alloc Direct Taxes	P. 16 M.12 & P. 28, Ln	4,806	4,806
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Office Alloc Indirect Sal	P. 16 M.12 & P. 28, Ln	228,335	228,335
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Office Allocation Indirect Benefits	P. 16 M.12 & P. 28, Ln	57,084	57,084
United Methodist Home of CT, Inc		<input type="radio"/>	<input checked="" type="radio"/>		Corporate Office Alloc Ind Taxes	P. 16 M.12 & P. 28, Ln	15,475	15,475
		<input type="radio"/>	<input checked="" type="radio"/>		Note above is actual cost to related party bef			
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2022	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.				
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.)				
<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		License No.		Report for Year Ended			Page	of
Bishop Wicke Health & Rehab Ctr.		812-C		9/30/2022			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	
	<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 ***							4,644	

* 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 9/30/2022	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 PKF O'Connor Davies, LLP 2 THE LANCASTER GROUP, LLC 3 4	Address (No. & Street, City, State, Zip Code) 100 Great Meadow Road, Suite 401, Wethersfield, CT 06109-2355 813 Coopers Court, Lancaster, PA 17601-1477
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Services Provided by This Firm (*describe fully*)

1 Audit	\$ 26,917
2 Medicare & Medicaid Cost Reports	\$ 9,025
3	\$
4	\$
	Charge for Services Provided
	\$ 35,942

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 2 3 4 5	Telephone Number
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Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

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

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

Schedule of Resident Statistics

Name of Facility Bishop Wicke Health & Rehab Ctr.		License No. 812-C			Report for Year Ended 9/30/2022				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	120			120	120						
B. On last day of THIS report period	120	120							120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	88	88			88	88						
B. As of midnight of THIS report period	88	88							88	88		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,402	2,402			1,820	1,820			582	582		
B. Medicaid (Conn.)	18,321	18,321			13,656	13,656			4,665	4,665		
C. Medicaid (other states)												
D. Private Pay	8,328	8,328			6,177	6,177			2,151	2,151		
E. State SSI for RCH												
F. Other (Specify) Contracts, HMO, Insurance	1,651	1,651			1,140	1,140			511	511		
G. Total Care Days During Period (3A thru F)	30,702	30,702			22,793	22,793			7,909	7,909		
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	89	89			48	48			41	41		
5. Total Resident Days (3G + 4A + 4B)	30,791	30,791			22,841	22,841			7,950	7,950		

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CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Facility Bishop Wicke Health & Rehab Ctr.			License No. 812-C			Report for Year Ended 9/30/2022			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	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
Not applicab													
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change									Not applicable				
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	6		53		25								
Per Diem Rate													
a. One bed rm.	713.72		263.01		515.00								
b. Two bed rms.	713.72		263.01		475.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments					TOTAL	CCNH	RHNS	(Specify)					
A. Medicare - Part B					1,717	1,717							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other					6,153	6,153							
D. Total Physical Therapy Treatments					7,870	7,870							
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B					631	631							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other					1,696	1,696							
D. Total Speech Therapy Treatments					2,327	2,327							
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B					1,694	1,694							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other					6,152	6,152							
D. Total Occupational Therapy Treatments					7,846	7,846							

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Report of Expenditures - Salaries & Wages

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2022	Page 10	of 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)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	132,369	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	280,488	13,614				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	309,450	9,768				
c. Dietary Workers	525,136	30,980				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	265,942	15,432				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	134,933	4,464				
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	101,480	3,054				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	254,977	4,044				
b. RN						
1. Direct Care	1,016,277	23,020				
2. Administrative**	272,957	7,771				
c. LPN						
1. Direct Care	806,257	21,784				
2. Administrative**						
d. Aides and Attendants	2,196,582	101,269				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	174,064	6,720				
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	136,982	3,995				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	6,607,894	247,995				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

**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	9/30/2022				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										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Bishop Wicke Health & Rehab Ctr.				812-C	9/30/2022			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	132,369			Standard Package	COO-Day to Day Operations	2,080	A.2	None		
Section IV - Assistant Administrators										

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

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

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

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	9/30/2022	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	5,940	20				
3. Pharmacist	10,091	128				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	257,315	1,998				
b. Other	889	9				
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	24,000	201				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	6,487	42				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	107,853	1,228				
b. Other	372	4				
10. Occupational Therapist						
a. Resident Care	214,156	2,127				
b. Other	740	7				
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	123,467	1,167				
2. Administrative***						
b. LPN						
1. Direct Care	187,260	4,283				
2. Administrative***						
c. Aides	165,379	4,612				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	1,103,949	15,826				

* 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 9/30/2022	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		
HealthPro Heritage, 941 East Main Street, Bridgeport, CT 06608	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		
Vicarrah, LLC, 941 East Main St. Bridgeport, CT 06608	RN/LPN Pool	<input type="radio"/>	<input checked="" type="radio"/>	None		
All American Healthcare Services, 494 Broad Street, Suite 302, Newark, NJ 07102	LPN/AIDE Pool	<input type="radio"/>	<input checked="" type="radio"/>	None		
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 105,379	105,379		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 13,152	13,152		
4. Social Security (F.I.C.A.)	\$ 483,031	483,031		
5. Health Insurance	\$ 620,197	620,197		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 61,784	61,784		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 156,671	156,671		
8. Uniform Allowance	\$ 3,515	3,515		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 52,575	52,575		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 474,996	474,996		
d. Accounting and Auditing	\$ 35,942	35,942		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 9,395	9,395		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 44,525	44,525		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 38,438	38,438		
2. Cellular Phones	\$			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 568,549	568,549		
Subtotal	\$ 2,668,149	2,668,149		

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
EMPLOYEE PHYSICALS	\$ 37,445		
OTHER BENEFITS	\$ 15,130		
Total	\$ 52,575	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2022		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,668,149	2,668,149			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 31,157	31,157			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 385	385			
5. Education Expenses Related to Seminars and Conventions	\$ 8,149	8,149			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 6,748	6,748			
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	\$ 5,074	5,074			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 12,125	12,125			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 9,097	9,097			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 122,485	122,485			
12. Administrative Management Services**	\$ 384,231	384,231			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 69,888	69,888			
C-14 Total Administrative & General Expenditures	\$ 3,317,488	3,317,488			

* 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	\$ 6,748		
Total Other Advertising	\$ 6,748	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALTCFM (Association of Long Term Care)	\$ 40		
Leading Age CT	\$ 11,000		
CATRD	\$ 135		
CT Association of Health Care Facilities, Inc.-1824	\$ 350		
CT Association of Health Care Facilities, Inc.-1824	\$ 600		
Total Dues	\$ 12,125	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
LICENSE & FEES	\$ 52,234		
LATE FEES & CHARGES	\$ 107		
BANK FEES	\$ 17,547		
Total Other Administrative and General	\$ 69,888	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2022	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	15,706	Corporate Office Allocation Direct Benefits	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	57,084	Corporate Office Allocation Indirect Benefits	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	20,281	Corporate Office Allocation Direct & Indirect Taxes	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	228,335	Corporate Office Alloc Indirect Sal	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	62,824	Corporate Allocation Direct Salary	P. 16 M.12 & P. 28, Ln

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2022	18	37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$	428,507	428,507		
2. Non-Food Supplies	\$	57,807	57,807		
3. Other (<i>Specify</i>) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
c. Other (<i>Specify</i>) _____					
2D. Total Dietary Expenditures (2a + b + c + d)		\$	486,314	486,314	
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F. Resident Meals:	Total no. of meals served per day:*	253	253		
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No					
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
O. 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 Bishop Wicke Health & Rehab Ctr.		License No. 812-C	Report for Year Ended 9/30/2022		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	40,250	40,250		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$	180,921	180,921		
c. Other (<i>Specify</i>)		\$				
3D. Total Laundry Expenditures (3a + b + c)		\$	221,171	221,171		
3E. Laundry Questionnaire						
F. Is cost of employee laundry included in 3D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2022		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel	40,000	40,000		
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	52,538	52,538		
	b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
	C. Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	52,538	52,538		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	136,108	136,108		
	b. Medicine Cabinet Drugs	\$	10,096	10,096		
	c. Medical and Therapeutic Supplies	\$	188,134	188,134		
	d. Ambulance/Limousine***	\$				
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	57,202	57,202		
	f. X-rays and Related Radiological Procedures***	\$	5,678	5,678		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	16,983	16,983		
	i. Recreation	\$	18,991	18,991		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	2,499	2,499		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	435,691	435,691		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
MEDICAL SUPPLIES-NON BILLABLE	\$ -		
PHYSICAL THERAPY SUPPLIES	\$ 2,499		
SDX Swallowing	\$ -		
Total Other Resident Care	\$ 2,499	\$ -	\$ -

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 9/30/2022			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	46,838			22	6F
UNITEX TEXTILE	121-123 Meadow Street, Hartford, CT 06114	<input type="radio"/>	<input checked="" type="radio"/>	None	Laundry - Linens	157,368			19	3B
Med-Apparel Services Waterbury	100 Turnpike Dr. Middlebury, CT 06762	<input type="radio"/>	<input checked="" type="radio"/>	None	Laundry Service	40,140			16	M
Crown Uniform & Linen Service	15 Technology Way Nashua, NH 03060	<input type="radio"/>	<input checked="" type="radio"/>	None	Dietary - Laundry Service	23,445			19	3B
Triple A Supplies	50 Jeanne Dr. Newburgh, NY 12550	<input type="radio"/>	<input checked="" type="radio"/>	None	Housekeeping - Supplies	30,642			19	3A
PointClickCare Technologies	PO Box 674802 Detroit, MI 48267-4802	<input type="radio"/>	<input checked="" type="radio"/>	None	Gen&Admin	32,964			20	4A
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2022			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 56,720	56,720				
b. Heat	\$ 47,214	47,214				
c. Light & Power	\$ 234,104	234,104				
d. Water	\$ 13,538	13,538				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 5,644	5,644				
f. Other (<i>itemize</i>)	\$ 87,478	87,478				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 444,698	444,698				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 14,481	14,481				
b. Building & Building Improvements	\$ 185,861	185,861				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 44,395	44,395				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 244,737	244,737				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 7,437	7,437				
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 7,437	7,437				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 416	416				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 252,590	252,590				

* 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	\$ 16,207		
PEST CONTROL	\$ 4,566		
RUBBISH REMOVAL	\$ 46,838		
INTERNET SERVICE	\$ 5,810		
SNOW REMOVAL			
SATELLITE TV	\$ 3,804		
SEWER USAGE	\$ 6,469		
MAINTENANCE - UNIFORMS			
Maintenance Expense - Landscaping	\$ 3,785		
Total Other Repairs and Maintenance	\$ 87,478	\$ -	\$ -

Depreciation Schedule

Name of Facility Bishop Wicke Health & Rehab Ctr.		License No. 812-C		Report for Year Ended 9/30/2022				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		391,099	287,450	Straight-Line	Various	14,481					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal									14,481				
B. Building and Building Improvements													
1. Acquired prior to this report period		8,089,868		8,089,868	5,840,630	Straight-Line	Various	184,733					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		56,311		56,311		Straight-Line	Various	1,128					
B-4. Subtotal									185,861				
C. Non-Movable Equipment													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period				VARS	2021	1,438,582		1,438,582	1,397,861	Straight-Line	Various	44,153	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative													
d. Standard Resident				VARS	2022	5,797		5,797		Straight-Line	Various	243	
e. Specialized Resident													
Total Acquired during this report period						5,797		5,797				243	
D-3. Subtotal												44,395	
E. Total Depreciation													244,737

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:				
8/3/2022	Roof Repair	\$ 11,468	10	\$ 535
4/28/2022	Supression System	\$ 3,943	5	\$ 329
7/20/2022	Hyperchlorination of Hot Water	\$ 7,500	10	\$ 125
8/10/2022	Water Tank Replacement	\$ 33,400	20	\$ 139
Total additions for Building Improvement		\$ 56,311		\$ 1,128
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	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
4/25/2022	Conveyor toaster	Standard Resident	\$ 1,699	5	\$ 142
7/20/2022	Refrigerator	Standard Resident	\$ 1,974	5	\$ 66
8/1/2022	Booster Pump	Standard Resident	\$ 2,124	5	\$ 35
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipmen			\$ 5,797		\$ 243
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

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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		9/30/2022			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Deferred Financing	6	2012	30	170,405	122,799	Mortgage Life	3	7,437	
2.									
3.									
B-4. Subtotal									7,437
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									7,437

* 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 9/30/2022	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				
b. Date Mortgage Obtained	05/06/12				
c. Interest Rate for the Cost Year	3.44%				
d. Term of Mortgage (number of years)	30				
e. Amount of Principal Borrowed	9,559,400				
f. Principal balance outstanding as of	7,268,341				
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2022			26	37
Item			Total	CCNH	RHNS	(Specify)	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$ 185,103	185,103			
Name of Lender		Rate					
MT & T Realty Corporation		3.44%					
Address of Lender							
25 S. Charles Street, 17th Floor Baltimore Maryland 21201							
2. Second Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount			\$				
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$ 185,103	185,103			

(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	9/30/2022	27	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	185,103	185,103		
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)	\$	33,128	33,128	
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	218,231	218,231	
14. Insurance				
a. Insurance on Property (buildings only)	\$	30,293	30,293	
b. Insurance on Automobiles	\$			
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$			
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$	144,650	144,650	
14d. Total Insurance Expenditures (14a + b + c)	\$	174,943	174,943	
15. Total All Expenditures (A-13 thru C-14)	\$	13,315,507	13,315,507	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.				812-C	9/30/2022	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
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 **	\$ 6,487	6,487		
6.			Occupational Therapy	\$ 214,895	214,895		
7.			Other - See attached Schedule	\$ 5,940	5,940		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 474,996	474,996		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$ 6,748	6,748		
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 169,926	169,926		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 107	107		
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)				\$ 879,099	879,099		

* 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	\$ 5,940		
Total Other Fees Adjustments			\$ 5,940	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	13	Late Fee and Charges	\$ 107		
Total Other A&G Adjustments			\$ 107	\$ -	\$ -

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	9/30/2022	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 879,099	879,099		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 136,108	136,108		
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$ 5,678	5,678		
30.			Laboratory	\$ 16,983	16,983		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 57,202	57,202		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 14	14		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$ 1,650	1,650		
39.			Other - See Attached Schedule	\$ 1,977	1,977		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$ 137	137		
Other - Miscellaneous							
42.			Other - Indirect	\$ 1,684	1,684		
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 78,200	78,200		
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,178,731	1,178,731		

*** 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	\$ 14		
Total Excess Movable Equipment Depreciation			\$ 14	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6	Maintenance Outpatient Rehab Adjustment	\$ 1,977		
Total Other Property Adjustments			\$ 1,977	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	4	Housekeeping Outpatient Rehab Adjustment	\$ 1,684		
Total Other Adjustments			\$ 1,684	\$ -	\$ -

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)
27	12.d	Interest Penalties	\$ -		
22	7.d	Fixed Asset Adjustments	\$ -		
26	a.1	Mortgage Insurance Premium	\$ 36,967		
22	8.b	Limit amortization expense to refunded loan	\$ 5,287		
22	9	Fair Rental Outpatient Rehab Adjustment	\$ 1,186		
22	7.b	Building Depreciation Outpatient Rehab Adjustment	\$ 826		
27	13	Building Outpatient Rehab Adjustment	\$ 806		
27	12.d	Interest on Refunded Loan	\$ 33,128		
Total Unallowable Building Interest			\$ 78,200	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2022		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 7,826,140	7,826,140			
b. Medicaid Room and Board Contractual Allowance **	\$ (3,219,734)	(3,219,734)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,157,725	1,157,725			
b. Medicare Room and Board Contractual Allowance **	\$ 540,485	540,485			
4. a. Private-Pay Residents and Other	\$ 4,780,257	4,780,257			
b. Private-Pay Room and Board Contractual Allowance **	\$ 7,718	7,718			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 82,669	82,669			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (82,669)	(82,669)			
c. Prescription Drugs - Non-Medicare	\$ 37,875	37,875			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (35,523)	(35,523)			
2. a. Medical Supplies - Medicare	\$ 9,081	9,081			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (9,081)	(9,081)			
c. Medical Supplies - Non-Medicare	\$ 40,633	40,633			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (5,408)	(5,408)			
3. a. Physical Therapy - Medicare	\$ 353,408	353,408			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (187,935)	(187,935)			
c. Physical Therapy - Non-Medicare	\$ 162,660	162,660			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (162,154)	(162,154)			
4. a. Speech Therapy - Medicare	\$ 122,817	122,817			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (74,801)	(74,801)			
c. Speech Therapy - Non-Medicare	\$ 97,673	97,673			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (97,673)	(97,673)			
5. a. Occupational Therapy - Medicare	\$ 183,884	183,884			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (183,806)	(183,806)			
c. Occupational Therapy - Non-Medicare	\$ 137,540	137,540			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (134,922)	(134,922)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 61	61			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,346,920	11,346,920			
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>)	\$ 1,617	1,617			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 1,156,445	1,156,445			
V. Total Other Revenue (1 thru 8)	\$ 1,158,062	1,158,062			
VI. Total All Revenue (III +V)	\$ 12,504,982	12,504,982			

* 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	\$ 5,485		
20.5.f	LAB - C/A ANCILLARIES MEDICARE A	\$ (5,485)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
20.5.f	LABORATORY MEDICAID	\$ 61		
20.5.f	LABORATORY MANAGED CARE	\$ 2,277		
20.5.f	LABORATORY -C/A MANAGED CARE	\$ (2,277)		
Total Other Resident Revenue		\$ 61	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg 26, Ln 1	Dividend & Interest Income	1,617	\$ 1,617		
Total Interest Income			\$ 1,617	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
N/A	HHS STIMULUS PAYMENTS	\$ 458,688		
N/A	DEFERRAL OF HHS STIMULUS	\$ (458,688)		
Pg. 16 ln. n	RENTAL - COMM ROOM	\$ 1,650		
N/A	OTHER REVENUE - MISCELLANEOUS	\$ 21,815		
N/A	FEDERAL COVID STIMULUS	\$ -		
N/A	CT COVID STIMULUS	\$ 32,980		
		\$ -		
N/A	PPP LOAN FORGIVENESS	\$ 1,100,000		
Total Other Revenue		\$ 1,156,445	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	580,591
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	926,611
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	20,414
5. Prepaid Expenses			\$	241,600
a. UNEXPIRED INSURANCE	240,126			
b. PREPAID EXPENSES	1,474			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	1,132,744
RESERVE FOR REPLACEMENT	1,084,609			
REAL ESTATE TAXES & INS - ESCROW	48,135			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,901,960
B. Fixed Assets				
1. Land			\$	24,213
2. Land Improvements	*Historical Cost	391,099	\$	89,168
	Accum. Depreciation	301,931		Net
3. Buildings	*Historical Cost	8,195,292	\$	2,168,801
	Accum. Depreciation	6,026,491		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
6. Movable Equipment	*Historical Cost	1,444,379	\$	2,123
	Accum. Depreciation	1,442,256		Net
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	109,457
Cost Report vs. Financial Statement Difference	109,457			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	2,393,762

* 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 (itemized) Page 31 Line A8

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Investments - Donor Restricted Funds Held by Affiliate	\$ 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)			\$ -

Annual Report of Long-Term Care Facility

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G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2022	32	37
Account				Amount	
Total Brought Forward:				\$	5,295,722
C. Leasehold or like property recorded for Equity Purposes.					
1. Land					
\$					
2. Land Improvements					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
3. Buildings					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
5. Movable Equipment					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
6. Motor Vehicles					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable					
\$					
C-8 Total Leasehold or Like Properties (C1 thru 7)					
\$					
D. Investment and Other Assets					
1. Deferred Deposits					
\$					
2. Escrow Deposits					
\$					
3. Organization Expense					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)					
\$					
5. Investments Related to Resident Care (<i>itemize</i>)					

\$					
6. Loans to Owners or Related Parties (<i>itemize</i>)					
				\$	111
Name and Address		Amount	Loan Date		
United Methodist Homes 580 Long Hill Road, Shelton CT 06484		111	Various		
7. Other Assets (<i>itemize</i>)					
Deferred Financing				170,405	\$
Accum. Amort-Deferred Financing				(70,681)	
See Schedule				911,000	\$
D-8. Total Investments and Other Assets (Lines D1 thru 7)					
\$ 1,010,835					
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)					
\$ 6,306,557					

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

Annual Report of Long-Term Care Facility

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G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2022	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	792,117
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	435,028
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	33,277
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>)				\$	712,817
ACCRUED EXPENSES		3,200	DEFERRED REVENUE	458,688	
ACCRUED PROVIDER TAX PAY		146,110			
SECURITY DEPOSITS LIABILITY		13,152			
DUE TO RESIDENTS TRUST		91,667	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,973,239

* 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 9/30/2022	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,973,239	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				
				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				
				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				
WICKE LOAN PAYABLE-M & T BANK		7,268,341		
DUE FROM AFFILIATES		4,438,289		
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 11,706,630
C. Total All Liabilities (Lines A-13 + B-5)				\$ 13,679,869

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	9/30/2022	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			\$	(6,562,790)
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period	10/1/2021	thru 9/30/2022	\$	(810,523)
7. Total Net Worth			\$	(7,373,313)
C. Total Reserves and Net Worth			\$	(7,373,313)
D. Total Liabilities, Reserves, and Net Worth			\$	6,306,556

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2022	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	(8,090,013)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	12,504,980
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	13,315,503
D. Net Income or Deficit			\$	(810,523)
E. Balance			\$	(8,900,536)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
Current Year Corporate Office Adjustment			(71,904)	
Current Year Insurance Adjustment			(12,654)	
Post Closing Adjustment			1,611,917	
Rehab Adjustment/Rounding			(136)	
F-3. Total Additions			\$	1,527,223
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(7,373,313)
				09/30/22

I. Preparer's/Reviewer's Certification

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2022	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)		
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				