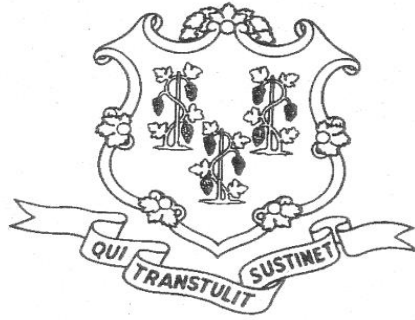


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2023

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 Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <span style="margin-left: 150px;"><input type="checkbox"/> (Specify)</span> <span style="margin-left: 150px;"><input type="checkbox"/> (Specify)</span>	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 812-C	(Specify) 0	(Specify) 0	Medicare Provider 07-5163
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Medicaid Provider Numbers:	CCNH / RHNS 8128	(Specify) 0	(Specify) 0
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**General Information**

Name of Facility (as licensed) Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2023	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, 2022 and ending September 30, 2023, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

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

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Bishop Wicke Health & Rehab Ctr.		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 584 Long Hill Avenue Shelton, Connecticut 06484				
Report Prepared By The Lancaster Group, LLC		Phone Number 504-605-8228	Date 3/1/2024	
Item	Total	CCNH / RHNS	(Specify)	(Specify)
1. Dietary wages paid	\$ 0	0	0	0
2. Laundry wages paid	\$ 0	0	0	0
3. Housekeeping wages paid	\$ 0	0	0	0
4. Nursing wages paid	\$ 0	0	0	0
5. All other wages paid	\$ 0	0	0	0
6. <b>Total Wages Paid</b>	<b>\$ 0</b>	<b>0</b>	<b>0</b>	<b>0</b>
7. Total salaries paid	\$ 0	0	0	0
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	<b>\$ 0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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 9/30/2023	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 / RHNS 812-C	(Specify) 0	(Specify) 0	Medicare Provider No. 07-5163
Type of Facility (Check appropriate box(es)) Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box) <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> Trust				
If this facility opened or closed during report year provide:		Date Opened 1/0/1900	Date Closed 1/0/1900	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No   If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Debra Samorajczyk		Nursing Home Administrator's License No.:	1885	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Not Applicable		License No.:		0
0				0
0				0
0				0



**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2023	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Bishop Wicke Health and Rehabilitation Center, Inc.	584 Long Hill, Avenue, Shelton CT 06484	Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
David M. Lawlor	580 Long Hill Road, Shelton, CT 06484	resident/Chairman	Not Applicable	
Victoria Dompierre	580 Long Hill Road, Shelton, CT 06484	Secretary	Not Applicable	
Zvonimir Jukic	580 Long Hill Road, Shelton, CT 06484	Director/Treasurer	Not Applicable	
Debra Samorajczyk	580 Long Hill Road, Shelton, CT 06484	Director	Not Applicable	
	0	0	0	0
Names of Stockholders Owning at Least 10% of Shares				
Not Applicable	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0





### General Information and Questionnaire Related Parties\*

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2023	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>	0%	Corporate Allocation Direct Salary	P. 16 M.12 & P. 28, Lt	74,169	74,169
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>	0%	Corporate Office Allocation Direct Benefits	P. 16 M.12 & P. 28, Lt	18,542	18,542
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>	0%	Corporate Office Alloc Direct Taxes	P. 16 M.12 & P. 28, Lt	5,674	5,674
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>	0%	Corporate Office Alloc Indirect Sal	P. 16 M.12 & P. 28, Lt	223,097	223,097
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>	0%	Corporate Office Allocation Indirect Benefit	P. 16 M.12 & P. 28, Lt	55,774	55,774
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>	0%	Corporate Office Alloc Ind Taxes	P. 16 M.12 & P. 28, Lt	14,290	14,290
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0%	Note above is actual cost to related party bef	0	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0%	0	0	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0%	0	0	0	0

\* Use additional sheets if necessary.

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

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2023	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

YES

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

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes       No      If "No," explain fully why such allocation was not made.

0

**General Information and Questionnaire**  
**Other Lines of Business**

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		45,269		
<b>Outpatient Therapy</b>				
Does the Facility provide outpatient therapy services?		YES		
<i>If yes, please complete the following:</i>				
3,360	Square footage of therapy space.			
<b>Meals on Wheels</b>				
Does the facility provide Meals on Wheels?		No		
<i>If yes, please complete the following:</i>				
	Square footage of kitchen			
	Number of meals served per week			
No	Are meals included in meals served on page 18 of the Annual Report?			
No	Are direct costs included in the Annual Report?			
	<i>If yes, please state where costs are reported.</i>			
No	Are drivers for the program included in the facility's payroll?			
	<i>If yes, please complete the following:</i>			
	Amount Reported			
	Annual Report page and line			
	Please state the salary amounts of specific cooks and/or dietary aides			
	Please state where the cooks and/or dietary aides are reported in the Annual Report			
<b>Apartments, Independent Living, Assisted Living</b>				
Does the facility have apartments, independent living, and/or assisted living?		No		
<i>If yes, please complete the following:</i>				
	Square footage of apartments			
	Square footage of independent living			
	Square footage of assisted living			
	Please identify the services provided:			

**General Information and Questionnaire**  
**Other Lines of Business (Continued)**

Name of Facility Bishop Wicke Health	License No. 812-C	Report for Year Ended 9/30/2023	Page 7	of 37
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**Child Day Care**

Does the Facility provide Child Day Care?  No

*If yes, please complete the following:*

	Square footage of child day care space.
	Average number of daily participants.
	Number of meals per day provided to child day care.
	Nature of services provided:

**Adult Day Care**

Does the Facility provide Adult Day Care?  No

*If yes, please complete the following:*

	Square footage of adult day care space.
	Please state where it is located in relation to the facility.
	Average number of daily participants.
	Number of meals per day provided to adult day care.
	Nature of services provided:

**Schedule of Resident Statistics**

Name of Facility Bishop Wicke Health & Rehab Ctr.			License No. 812-C		Report for Year Ended 9/30/2023				Page 8	of 37		
	Total All Levels	Total CCNH / RHNS Level	Total	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	120	0	0	120	120	0	0	0	0	0	0
B. On last day of THIS report period	120	120	0	0	0	0	0	0	120	120	0	0
2. Number of Residents												
A. As of midnight of PREVIOUS report period	88	88	0	0	88	88	0	0	0	0	0	0
B. As of midnight of THIS report period	85	85	0	0	0	0	0	0	85	85	0	0
3. Total Number of Days Care Provided During Period												
A. Medicare	2,515	2,515	0	0	2,090	2,090	0	0	425	425	0	0
B. Medicaid (Conn.)	18,920	18,920	0	0	14,103	14,103	0	0	4,817	4,817	0	0
C. Medicaid (other states)	0	0	0	0	0	0	0	0	0	0	0	0
D. Private Pay	7,429	7,429	0	0	5,527	5,527	0	0	1,902	1,902	0	0
E. State SSI for RCH	0	0	0	0	0	0	0	0	0	0	0	0
F. Other (Specify) Contracts, HMO, Insurance	2,819	2,819	0	0	2,021	2,021	0	0	798	798	0	0
G. Total Care Days During Period (3A thru F)	31,683	31,683	0	0	23,741	23,741	0	0	7,942	7,942	0	0
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	0	0	0	0	0	0	0	0	0	0	0	0
B. Other Bed Reserve Days	120	120	0	0	67	67	0	0	53	53	0	0
5. <b>Total Resident Days (3G + 4A + 4B)</b>	31,803	31,803	0	0	23,808	23,808	0	0	7,995	7,995	0	0

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

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2023	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?  Yes  No  
 If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH / RHNS	CCNH / RHNS	(Specify)	CCNH / RHNS	(Specify)	(Specify)	R.C.H.	ICF-MR
No. of Residents	5	53	0	18	0	0	0	0
Per Diem Rate								
a. One bed rm.	681.24	#####	0.00	589.00	0.00	0.00	0.00	0.00
b. Two bed rms.	681.24	#####	0.00	546.00	0.00	0.00	0.00	0.00
c. Three or more bed rms.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	4,448	4,448	0	0	0
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	0	0	0	0	0
2. Restorative Treatments	0	0	0	0	0
C. Other	12,829	12,829	0	0	0
<b>D. Total Physical Therapy Treatments</b>	<b>17,277</b>	<b>17,277</b>	<b>0</b>	<b>0</b>	<b>0</b>

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	482	482	0	0	0
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	0	0	0	0	0
2. Restorative Treatments	0	0	0	0	0
C. Other	1,314	1,314	0	0	0
<b>D. Total Speech Therapy Treatments</b>	<b>1,796</b>	<b>1,796</b>	<b>0</b>	<b>0</b>	<b>0</b>

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	893	893	0	0	0
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	0	0	0	0	0
2. Restorative Treatments	0	0	0	0	0
C. Other	10,818	10,818	0	0	0
<b>D. Total Occupational Therapy Treatments</b>	<b>11,711</b>	<b>11,711</b>	<b>0</b>	<b>0</b>	<b>0</b>

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2023	Page 10	of 37
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Are time records maintained by all individuals receiving compensation?  Yes  No

Item	Total Cost and Hours								
	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
<b>A. Salaries and Wages*</b>									
1. Operators/Owners (Complete also Sec. I of Schedule A1)	0	0	0	0	0	0	0	0	0
2. Administrator(s) (Complete also Sec. III of Schedule A1)	136,164	0	2,222	0	0	0	0	0	0
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	0	0	0	0	0	0	0	0	0
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	284,322	0	10,725	0	0	0	0	0	0
5. Dietary Service									
a. Head Dietitian	0	0	0	0	0	0	0	0	0
b. Food Service Supervisor	285,769	0	9,155	0	0	0	0	0	0
c. Dietary Workers	560,970	0	32,958	0	0	0	0	0	0
6. Housekeeping Service									
a. Head Housekeeper	0	0	0	0	0	0	0	0	0
b. Other Housekeeping Workers	299,294	0	16,755	0	0	0	0	0	0
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance	0	0	0	0	0	0	0	0	0
b. Other Maintenance Workers	135,705	0	4,368	0	0	0	0	0	0
8. Laundry Service									
a. Supervisor	0	0	0	0	0	0	0	0	0
b. Other Laundry Workers	0	0	0	0	0	0	0	0	0
9. Barber and Beautician Services	0	0	0	0	0	0	0	0	0
10. Protective Services	0	0	0	0	0	0	0	0	0
11. Accounting Services									
a. Head Accountant	0	0	0	0	0	0	0	0	0
b. Other Accountants	127,253	0	3,515	0	0	0	0	0	0
12. Professional Care of Residents									
a. Directors and Assistant Director of Nurses	226,465	0	4,343	0	0	0	0	0	0
b. RN									
1. Direct Care	843,359	0	18,547	0	0	0	0	0	0
2. Administrative**	290,601	0	8,033	0	0	0	0	0	0
c. LPN									
1. Direct Care	1,001,299	0	27,593	0	0	0	0	0	0
2. Administrative**	0	0	0	0	0	0	0	0	0
d. Aides and Attendants	2,424,850	0	105,806	0	0	0	0	0	0
e. Physical Therapists	0	0	0	0	0	0	0	0	0
f. Speech Therapists	0	0	0	0	0	0	0	0	0
g. Occupational Therapists	0	0	0	0	0	0	0	0	0
h. Recreation Workers	180,477	0	6,647	0	0	0	0	0	0
i. Physicians									
1. Medical Director	0	0	0	0	0	0	0	0	0
2. Utilization Review	0	0	0	0	0	0	0	0	0
3. Resident Care***	0	0	0	0	0	0	0	0	0
4. Other (Specify)	0	0	0	0	0	0	0	0	0
j. Dentists	0	0	0	0	0	0	0	0	0
k. Pharmacists	0	0	0	0	0	0	0	0	0
l. Podiatrists	0	0	0	0	0	0	0	0	0
m. Social Workers/Case Management	149,214	0	4,115	0	0	0	0	0	0
n. Marketing	0	0	0	0	0	0	0	0	0
o. Other (Specify) See Attached Schedule	0	0	0	0	0	0	0	0	0
<i>A-13. Total Salary Expenditures</i>	<i>6,945,742</i>	<i>0</i>	<i>254,782</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>

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

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

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





**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	9/30/2023			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)	(Specify)							
<b>Section I - Operators/Owners</b>										
Not Applicable	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										
0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Bishop Wicke Health & Rehab Ctr.				812-C	9/30/2023			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)	(Specify)							
<b>Section III - Administrators***</b>										
Debra Samorajczyk	136,164	0	0	Standard Package	COO-Day to Day Operations	2,222	A.2	None	0	0
0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0
<b>Section IV - Assistant Administrators</b>										
0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0

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

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

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

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

Name of Facility	License No.	Report for Year Ended						Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2023						13	37
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>									
1. Dietitian	0	0	0	0	0	0	0	0	0
2. Dentist	6,480	0	56	0	0	0	0	0	0
3. Pharmacist	13,224	0	152	0	0	0	0	0	0
4. Podiatrist	0	0	0	0	0	0	0	0	0
5. Physical Therapy									
a. Resident Care	322,151	0	4,357	0	0	0	0	0	0
b. Other	3,209	0	32	0	0	0	0	0	0
6. Social Worker	0	0	0	0	0	0	0	0	0
7. Recreation Worker	0	0	0	0	0	0	0	0	0
8. Physicians									
a. Medical Director (entire facility)	24,000	0	211	0	0	0	0	0	0
b. Utilization Review (Title 18 and 19 only) monthly meeting	0	0	0	0	0	0	0	0	0
c. Resident Care**	2,266	0	16	0	0	0	0	0	0
d. Administrative Services facility									
1. Infection Control Committee (Quarterly meetings)	0	0	0	0	0	0	0	0	0
2. Pharmaceutical Committee (Quarterly meetings)	0	0	0	0	0	0	0	0	0
3. Staff Development Committee (Once annually)	0	0	0	0	0	0	0	0	0
e. Other (Specify)									
0	0	0	0	0	0	0	0	0	0
9. Speech Therapist									
a. Resident Care	69,810	0	878	0	0	0	0	0	0
b. Other	695	0	7	0	0	0	0	0	0
10. Occupational Therapist									
a. Resident Care	212,294	0	2,975	0	0	0	0	0	0
b. Other	2,115	0	21	0	0	0	0	0	0
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	44,741	0	576	0	0	0	0	0	0
2. Administrative***	0	0	0	0	0	0	0	0	0
b. LPN									
1. Direct Care	297,241	0	4,967	0	0	0	0	0	0
2. Administrative***	0	0	0	0	0	0	0	0	0
c. Aides	110,281	0	4,053	0	0	0	0	0	0
d. Other	0	0	0	0	0	0	0	0	0
12. Other (Specify)									
See Attached Schedule	0	0	1,741	0	0	0	0	0	0
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,108,507</b>	<b>0</b>	<b>20,042</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

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

\*\*\* 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 9/30/2023		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		
Vicarah, LLC, 941 East Main St. Bridgeport, CT 06608	RN/LPN/AIDE 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		
Dela-T Group Hartford, PO Box 884, Bryn Mawr, PA 19010	AIDE Pool	<input type="radio"/>	<input checked="" type="radio"/>	None		
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0		
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0		
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0		
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0		
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0		
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0		
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0		
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0		
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0		
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0		
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0		
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0		
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0		
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0		
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0		

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

**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended					Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2023					15	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
<b>I. Administrative and General</b>								
<b>a. Employee Health &amp; Welfare Benefits</b>								
1. Workmen's Compensation	\$ 108,251	108,251	0	0	0	0	0	
2. Disability Insurance	\$ 0	0	0	0	0	0	0	
3. Unemployment Insurance	\$ 9,566	9,566	0	0	0	0	0	
4. Social Security (F.I.C.A.)	\$ 512,326	512,326	0	0	0	0	0	
5. Health Insurance	\$ 666,379	666,379	0	0	0	0	0	
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 56,386	56,386	0	0	0	0	0	
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 162,099	162,099	0	0	0	0	0	
8. Uniform Allowance	\$ 193	193	0	0	0	0	0	
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 46,896	46,896	0	0	0	0	0	
<b>b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*</b> 0	\$ 0	0	0	0	0	0	0	
<b>c. Bad Debts*</b>	\$ 399,996	399,996	0	0	0	0	0	
<b>d. Accounting and Auditing</b>	\$ 38,876	38,876	0	0	0	0	0	
<b>e. Legal (<i>Services should be fully described on Page 15b</i>)</b>	\$ 53,162	53,162	0	0	0	0	0	
<b>f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*</b>	\$ 0	0	0	0	0	0	0	
<b>g. Office Supplies</b>	\$ 52,791	52,791	0	0	0	0	0	
<b>h. Telephone and Cellular Phones</b>								
1. Telephone & Pagers	\$ 39,137	39,137	0	0	0	0	0	
2. Cellular Phones	\$ 0	0	0	0	0	0	0	
<b>i. Appraisal (<i>Specify purpose and attach copy</i>)*</b> 0	\$ 0	0	0	0	0	0	0	
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$ 0	0	0	0	0	0	0	
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>								
1. Income*	\$ 0	0	0	0	0	0	0	
2. Other ( <i>Specify</i> ) See Attached Schedule	\$ 0	0	0	0	0	0	0	
3. Resident Day User Fee	\$ 557,999	557,999	0	0	0	0	0	
<b>Subtotal</b>	\$ 2,704,057	2,704,057	0	0	0	0	0	

\* Facility should self-disallow the expense in the Adjustment column.

(Carry Subtotals forward to next page)

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

**Schedule of Other Employee Benefits**

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
EMPLOYEE PHYSICALS	\$ 31,766					
OTHER BENEFITS	\$ 15,130					
<b>Total</b>	\$ 46,896	\$ -	\$ -	\$ -	\$ -	\$ -

**Schedule of Other Taxes**

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

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2023	Page 15b	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

0

**Independent Accounting Firm**

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1    PKF O'Connor Davies, LLP	100 Great Meadow Road, Suite 401, Wethersfield, CT 06109-2355
2    THE LANCASTER GROUP, LLC	813 Coopers Court, Lancaster, PA 17601-1477
3            0	0
4            0	0

Services Provided by This Firm (*describe fully*)

1    Audit	\$    29,776
2    Medicare & Medicaid Cost Reports	\$      9,100
3            0	\$            0
4            0	\$            0
<b>Charge for Services Provided</b>	
\$      38,876	

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    0

**Legal Services Information**

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

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

1            0  
 2            0  
 3            0  
 4            0  
 5            0

Services Provided by This Firm (*describe fully*)

1            0	\$            0
2            0	\$            0
3            0	\$            0
4            0	\$            0
5            0	\$            0
<b>Charge for Services Provided</b>	
\$            0	

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    0

**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	9/30/2023					16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
<b>Subtotals Brought Forward:</b>	2,704,057	2,704,057	0	0	0	0	0	
<b>l. Travel and Entertainment</b>								
1. Resident Travel and Entertainment	\$ 0	0	0	0	0	0	0	
2. Holiday Parties for Staff	\$ 22,223	22,223	0	0	0	0	0	
3. Gifts to Staff and Residents	\$ 0	0	0	0	0	0	0	
4. Employee Travel	\$ 707	707	0	0	0	0	0	
5. Education Expenses Related to Seminars and Conventions	\$ 2,498	2,498	0	0	0	0	0	
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 0	0	0	0	0	0	0	
7. Other ( <i>Specify</i> ) See Attached Schedule	\$ 0	0	0	0	0	0	0	
<b>m. Other Administrative and General Expenses</b>								
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 0	0	0	0	0	0	0	
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$ 0	0	0	0	0	0	0	
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 6,112	6,112	0	0	0	0	0	
4. Fund-Raising***	\$ 0	0	0	0	0	0	0	
5. Medical Records	\$ 0	0	0	0	0	0	0	
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 0	0	0	0	0	0	0	
7. Postage	\$ 4,258	4,258	0	0	0	0	0	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 12,402	12,402	0	0	0	0	0	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 0	0	0	0	0	0	0	
9. Subscriptions	\$ 4,662	4,662	0	0	0	0	0	
10. Contributions*** See Attached Schedule	\$ 666	666	0	0	0	0	0	
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 65,887	65,887	0	0	0	0	0	
12. Administrative Management Services**	\$ 391,545	391,545	0	0	0	0	0	
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 73,318	73,318	0	0	0	0	0	
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,288,335	3,288,335	0	0	0	0	0	

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

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

\*\*\* Facility should self-disallow the expense in the Adjustment column.



Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
MARKETING & PROMOTION	\$ 6,112					
<b>Total Other Advertising</b>	\$ 6,112	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
ALTCFM (Association of Long Term Care)	\$ -					
Leading Age CT	\$ 11,000					
CATRD	\$ 135					
CT Association of Health Care Facilities, Inc.-1824	\$ 350					
AANAC Member Dues	\$ 917					
<b>Total Dues</b>	\$ 12,402	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
DONATIONS/CONTRIBUTIONS	\$ 666					
<b>Total Contributions</b>	\$ 666	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
LICENSE & FEES	\$ 50,961					
LATE FEES & CHARGES	\$ 105					
BANK FEES	\$ 22,252					
<b>Total Other Administrative and General</b>	\$ 73,318	\$ -	\$ -	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2023	17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	18,542	Corporate Office Allocation Direct Benefits	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	55,774	Corporate Office Allocation Indirect Benefits	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	19,963	Corporate Office Allocation Direct & Indirect Taxes	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	223,097	Corporate Office Alloc Indirect Sal	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	74,169	Corporate Allocation Direct Salary	P. 16 M.12 & P. 28, Ln
0	0	0	0

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 459,529	459,529	0	0	0	0	0	
2. Non-Food Supplies	\$ 76,244	76,244	0	0	0	0	0	
3. Other (Specify) _____	\$ 0	0	0	0	0	0	0	
0								
0								
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 0	0	0	0	0	0	0	
c. Other (Specify) _____	\$ 0	0	0	0	0	0	0	
0								
0								
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 535,773</b>	<b>535,773</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
2E. Dietary Questionnaire		Total	CCNH / RHNS		(Specify)	(Specify)		
F. Resident Meals: Total no. of meals served per day:*		261	261		0	0		
G. Is cost of employee meals included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No							
H. Did you receive revenue from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	0			
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)						0		
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.	0			
K. Is any revenue collected from these people?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	0			
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)						0		
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify cost.	82.5			
N. Is any revenue collected from employees?	<input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify amt.	82.5			
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)						0		

\* 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 9/30/2023				Page 19	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
3. Laundry								
a. In-House Processing*	Lbs.	0	0	0	0	0	0	0
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	41,851	41,851	0	0	0	0	0
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.	0	0	0	0	0	0	0
	Amt. \$	0	0	0	0	0	0	0
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.	0	0	0	0	0	0	0
	Amt. \$	0	0	0	0	0	0	0
4. Repair and/or purchase of linens.***	Lbs.	0	0	0	0	0	0	0
	Amt. \$	0	0	0	0	0	0	0
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	194,823	194,823	0	0	0	0	0
c. Other (Specify) 0	\$	0	0	0	0	0	0	0
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	<b>\$</b>	<b>236,674</b>	<b>236,674</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>3E. Laundry Questionnaire</b>								
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No				If yes, specify cost.	0	
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No				If yes, specify amt.	0	
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)					0		
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No				If yes, specify cost.	0	
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No				If yes, specify amt.	0	
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)					0		

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2023				20	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping		40,000	40,000	0	0	0	0
a.	In-House Care							
	1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$ 56,246	56,246	0	0	0	0	0
	b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel	0	0	0	0	0	0
		Amt. \$ 0	0	0	0	0	0	0
	C. Other ( <i>Specify</i> )	\$ 0	0	0	0	0	0	0
4D.	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$ 56,246	56,246	0	0	0	0	0
5.	Resident Care (Supplies)**							
a.	Prescription Drugs***							
	1. Own Pharmacy	\$ 0	0	0	0	0	0	0
	2. Purchased from Omnicare	\$ 171,671	171,671	0	0	0	0	0
	b. Medicine Cabinet Drugs	\$ 13,859	13,859	0	0	0	0	0
	c. Medical and Therapeutic Supplies	\$ 198,364	198,364	0	0	0	0	0
	d. Ambulance/Limousine***	\$ 0	0	0	0	0	0	0
	e. Oxygen							
	1. For Emergency Use	\$ 0	0	0	0	0	0	0
	2. Other***	\$ 56,551	56,551	0	0	0	0	0
	f. X-rays and Related Radiological Procedures***	\$ 5,699	5,699	0	0	0	0	0
	g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$ 0	0	0	0	0	0	0
	h. Laboratory***	\$ 23,542	23,542	0	0	0	0	0
	i. Recreation	\$ 15,491	15,491	0	0	0	0	0
	j. Direct Management Services*	\$ 0	0	0	0	0	0	0
	k. Indirect Management Services*	\$ 0	0	0	0	0	0	0
	l. Cable TV	\$ 0	0	0	0	0	0	0
	m. Other (Specify)**** See Attached Schedule	\$ 33,216	33,216	0	0	0	0	0
	n. Physical Therapy Expense	\$ 0	0	0	0	0	0	0
	o. Speech Therapy Expense	\$ 0	0	0	0	0	0	0
5P.	<b>Total Resident Care Expenditures (5a - 5o)</b>	\$ 518,393	518,393	0	0	0	0	0

\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.  
 \*\* Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.  
 \*\*\* Facility should self-disallow the expense in the Adjustment column.  
 \*\*\*\* ICFMR's should provide a detailed schedule of all Day Program Costs.



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

Name of Facility Bishop Wicke Health & Rehab Ctr.			License No. 812-C		Report for Year Ended 9/30/2023				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)	(Specify)	Pg	Line
Oak Ridge Hauling	307 White Street, DANBURY, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>	None	Rubbish Removal	55,139	0	0	22	6F
UNITEX TEXTILE	121-123 Meadow Street, Hartford, CT 06114	<input type="radio"/>	<input checked="" type="radio"/>	None	Laundry - Linens	168,296	0	0	19	3B
Med-Apparel Services Waterbury	100 Turnpike Dr. Middlebury, CT 06762	<input type="radio"/>	<input checked="" type="radio"/>	None	Laundry Service	41,851	0	0	16	M
Crown Uniform & Linen Service	15 Technology Way Nashua, NH 03060	<input type="radio"/>	<input checked="" type="radio"/>	None	Dietary - Laundry Service	26,528	0	0	19	3B
Triple A Supplies	50 Jeanne Dr. Newburgh, NY 12550	<input type="radio"/>	<input checked="" type="radio"/>	None	Housekeeping - Supplies	33,274	0	0	19	3A
PointClickCare Technologies	PO Box 674802 Detroit, MI 48267-4802	<input type="radio"/>	<input checked="" type="radio"/>	None	Software	33,890	0	0	20	4A
Water Boy, LLC	70 Comstock Trail East Hampton, CT 06424	<input type="radio"/>	<input checked="" type="radio"/>	None	Repairs & Maintenance	18,800	0	0	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	0	0	0	0	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	0	0	0	0	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	0	0	0	0	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	0	0	0	0	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	0	0	0	0	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	0	0	0	0	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0	0	0	0	0	0	0

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

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

Name of Facility	License No.	Report for Year Ended					Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2023					22	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 65,996	65,996	0	0	0	0	0	
b. Heat	\$ 59,047	59,047	0	0	0	0	0	
c. Light & Power	\$ 205,832	205,832	0	0	0	0	0	
d. Water	\$ 14,367	14,367	0	0	0	0	0	
e. Equipment Lease (Provide detail on page 22b)	\$ 5,202	5,202	0	0	0	0	0	
f. Other (itemize)	\$ 105,492	105,492	0	0	0	0	0	
See Attached Schedule								
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 455,936	455,936	0	0	0	0	0	
7. Depreciation (complete schedule page 23*)								
a. Land Improvements	\$ 14,481	14,481	0	0	0	0	0	
b. Building & Building Improvements	\$ 180,515	180,515	0	0	0	0	0	
c. Non-Movable Equipment	\$ 0	0	0	0	0	0	0	
d. Movable Equipment	\$ 50,680	50,680	0	0	0	0	0	
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 245,676	245,676	0	0	0	0	0	
8. Amortization (Complete att. Schedule Page 24*)								
a. Organization Expense	\$ 0	0	0	0	0	0	0	
b. Mortgage Expense	\$ 7,336	7,336	0	0	0	0	0	
c. Leasehold Improvements	\$ 0	0	0	0	0	0	0	
d. Other (Specify)	\$ 0	0	0	0	0	0	0	
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$ 7,336	7,336	0	0	0	0	0	
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 0	0	0	0	0	0	0	
10. Property Taxes								
a. Real estate taxes paid by owner	\$ 0	0	0	0	0	0	0	
b. Real estate taxes paid by lessor	\$ 0	0	0	0	0	0	0	
c. Personal property taxes	\$ 0	0	0	0	0	0	0	
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 253,012	253,012	0	0	0	0	0	

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



Schedule of Other Repairs and Maintenance

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
MAINTENANCE SVC/SUPPLIES	\$ 21,250					
PEST CONTROL	\$ 5,070					
RUBBISH REMOVAL	\$ 55,139					
INTERNET SERVICE	\$ 7,210					
SNOW REMOVAL						
SATELLITE TV	\$ 3,947					
SEWER USAGE	\$ 9,248					
MAINTENANCE - UNIFORMS						
Maintenance Expense - Landscaping	\$ 3,629					
<b>Total Other Repairs and Maintenance</b>	\$ 105,492	\$ -	\$ -	\$ -	\$ -	\$ -

### 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	9/30/2023			22b	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	4,687	
0	<input checked="" type="radio"/>	<input type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
<b>Total ***</b>							4,687	

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes       No

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

### Depreciation Schedule

Name of Facility Bishop Wicke Health & Rehab Ctr.			License No. 812-C		Report for Year Ended 9/30/2023			Page 23	of 37				
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
<b>A. Land Improvements</b>													
1. Acquired prior to this report period			391,099	0	391,099	301,931	Straight-Line	Various	14,481				
2. Disposals (attach schedule)			0	0	0	0	0	0	0				
3. Acquired during this report period (attach schedule)			0	0	0	0	0	0	0				
A-4. Subtotal										14,481			
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period			7,364,522	0	7,364,522	6,026,491	Straight-Line	Various	177,784				
2. Disposals (attach schedule)			0	0	0	0	0	0	0				
3. Acquired during this report period (attach schedule)			60,385	0	60,385	0	Straight-Line	Various	2,731				
B-4. Subtotal										180,515			
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period			0	0	0	0	0	0	0				
2. Disposals (attach schedule)			0	0	0	0	0	0	0				
3. Acquired during this report period (attach schedule)			0	0	0	0	0	0	0				
C-4. Subtotal										0			
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.			0	0	0	0	0	0	0	0	0		
b.			0	0	0	0	0	0	0	0	0		
c.			0	0	0	0	0	0	0	0	0		
d.			0	0	0	0	0	0	0	0	0		
2. Movable Equipment													
a. Acquired prior to this report period					VARS	2022	2,379,244	0	2,379,244	1,442,014	Straight-Line	Various	44,153
b. Disposals (attach schedule)					0	0	0	0	0	0	0	0	
Acquired during this report period (attach schedule):													
c. Administrative					VARS	2023	0	0	0	0	0	0	
d. Standard Resident					0	0	13,054	0	0	0	0	6,527	
e. Specialized Resident					0	0	0	0	0	0	0	0	
Total Acquired during this report period							13,054	0	0			6,527	
D-3. Subtotal												50,680	
<b>E. Total Depreciation</b>												245,676	

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
12/9/2022	Roof Repair	\$ 1,386	-	\$ 92
1/20/2023	Window Project	\$ 56,044	-	\$ 2,491
2/23/2023	Roof Repair	\$ 2,955	-	\$ 148
<b>Total additions for Building Improvements</b>		\$ 60,385		\$ 2,731 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
<b>Additions:</b>					
7/26/2022	Air Cooler	Standard Resident	\$ 3,774	-	\$ 1,887
12/21/2022	Table over bed	Standard Resident	\$ 995	-	\$ 497
1/24/2023	Table over bed	Standard Resident	\$ 1,326	-	\$ 663
12/21/2022	Table over bed	Standard Resident	\$ 995	-	\$ 497
11/22/2022	Computer	Standard Resident	\$ 1,313	-	\$ 656
6/29/2023	AC	Standard Resident	\$ 1,190	-	\$ 595
8/1/2023	Refrigerator	Standard Resident	\$ 3,461	-	\$ 1,731
<b>Total additions for Movable Equipment</b>			\$ 13,054		\$ 6,527 *
<b>Deletions:</b>					
<b>Total deletions for Movable Equipment</b>			\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Bishop Wicke Health & Rehab Ctr.			812-C		9/30/2023			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.	0	0	0	0	0	0	0	0	
2.	0	0	0	0	0	0	0	0	
3.	0	0	0	0	0	0	0	0	
A-4. Subtotal									0
<b>B. Mortgage Expense</b>									
1. Deferred Financing	6	2012	30	177,355	130,236	Mortgage Life	3	7,336	
2.	0	0	0	0	0	0	0	0	
3.	0	0	0	0	0	0	0	0	
B-4. Subtotal									7,336
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	0	0	0	0	0	0	0	0	
2. Disposals (attach schedule)	0	0	0	0	0	0	0	0	
3. Acquired during this report period (attach schedule)	0	0	0	0	0	0	0	0	
C-4. Subtotal									0
<b>D. Total Amortization</b>									7,336

\* 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 9/30/2023	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased		1968			
2. Date Structure Completed		1970			
3. If <b>NOT</b> Original Owner, Date of Purchase					
4. Date of Initial Licensure		05/23/70			
5. Total Licensed Bed Capacity		120			
6. Square Footage		25,363			
7. Acquisition Cost					
a. Land		30,392			
b. Building		944,912			
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	Fixed	0	0	0	0
b. Date Mortgage Obtained	05/06/12	01/00/00	01/00/00	01/00/00	01/00/00
c. Interest Rate for the Cost Year	3.44%	0.00%	0.00%	0.00%	0.00%
d. Term of Mortgage (number of years)	30	0	0	0	0
e. Amount of Principal Borrowed	9,559,400	0	0	0	0
f. Principal balance outstanding as of _____	6,978,601	0	0	0	0
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)	0	0	0	0	0
h. Date of Refinancing	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00
i. New Interest Rate	0.00%	0.00%	0.00%	0.00%	0.00%
j. Term of Mortgage (number of years)	0	0	0	0	0
k. Amount of Principal Borrowed	0	0	0	0	0
l. Principal Outstanding on Note Paid-Off	0	0	0	0	0
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
0	01/00/00	01/00/00	0		0
0	01/00/00	01/00/00	0		0
0	01/00/00	01/00/00	0		0
0	01/00/00	01/00/00	0		0
0	01/00/00	01/00/00	0		0

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2023				26	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
12. Interest								
A. Building, Land Improvement & Non-Movable Equipment								
1. First Mortgage		\$ 183350	0	183,350	0	0	0	0
Name of Lender		Rate						
MT & T Realty Corporation		3.44%						
Address of Lender								
25 S. Charles Street, 17th Floor Baltimore Maryland 21201								
2. Second Mortgage		\$ 0	0	0	0	0	0	0
Name of Lender		Rate						
0		0.00%						
Address of Lender								
3. Third Mortgage		\$ 0	0	0	0	0	0	0
Name of Lender		Rate						
0		0.00%						
Address of Lender								
4. Fourth Mortgage		\$ 0	0	0	0	0	0	0
Name of Lender		Rate						
0		0.00%						
Address of Lender								
B. CHEFA Loan Information								
1. Original Loan Amount		\$ 0						
2. Loan Origination Date		01/00/00						
3. Interest Rate %		0.00%						
4. Term		0						
5. CHEFA Interest Expense		0	0	0	0	0	0	0
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$ 0	0	183,350	0	0	0	0

(Carry Subtotals forward to next page)



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

Name of Facility		License No.		Report for Year Ended				Page	of	
Bishop Wicke Health & Rehab Ctr		812-C		9/30/2023				27	37	
Item				Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:				0	0	183,350	0	0	0	0
12. C. Movable Equipment										
1. Automotive Equipment				\$ 0	0	0	0	0	0	0
A. Item		Rate	Amount							
0	0	0.00%	0							
Lender										
0										
Address of Lender										
2. Other (Specify)				\$ 0	0	0	0	0	0	0
A. Item		Rate	Amount							
0	0	0.00%	0							
Lender										
0										
Address of Lender										
B. Item		Rate	Amount							
0	0	0.00%	0							
Lender										
0										
Address of Lender										
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$ 0	0	0	0	0	0	0
12. D. Other Interest Expense (Specify)				\$ 26,450	0	26,450	0	0	0	0
Interest on Refunded Loan										
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 209,800	0	209,800	0	0	0	0
14. Insurance										
a. Insurance on Property (buildings only)				\$ 38,017	0	38,017	0	0	0	0
b. Insurance on Automobiles				\$ 0	0	0	0	0	0	0
c. Insurance other than Property (as specified above)										
1. Umbrella (Blanket Coverage)				\$ 0	0	0	0	0	0	0
2. Fire and Extended Coverage				\$ 0	0	0	0	0	0	0
3. Other (Specify)				\$ 135,574	0	135,574	0	0	0	0
See Detailed Attached										
14d. Total Insurance Expenditures (14a + b + c)				\$ 173,591	0	173,591	0	0	0	0
15. Total All Expenditures (A-13 thru C-14)				\$ 13,782,009	13,398,618	383,391	0	0	0	0

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended		Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2023		30	37
Item	Total	CCNH / RHNS	(Specify)	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 8,543,178	8,543,178	0	0	
b. Medicaid Room and Board Contractual Allowance **	\$ (3,579,406)	(3,579,406)	0	0	
2. a. Medicaid ( <i>All other states</i> )	\$ 0	0	0	0	
b. Other States Room and Board Contractual Allowance **	\$ 0	0	0	0	
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,310,576	1,310,576	0	0	
b. Medicare Room and Board Contractual Allowance **	\$ 363,575	363,575	0	0	
4. a. Private-Pay Residents and Other	\$ 5,253,303	5,253,303	0	0	
b. Private-Pay Room and Board Contractual Allowance **	\$ (105,257)	(105,257)	0	0	
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 76,997	76,997	0	0	
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (76,997)	(76,997)	0	0	
c. Prescription Drugs - Non-Medicare	\$ 63,138	63,138	0	0	
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (62,728)	(62,728)	0	0	
2. a. Medical Supplies - Medicare	\$ 7,773	7,773	0	0	
b. Medical Supplies - Medicare Contractual Allowance **	\$ (7,773)	(7,773)	0	0	
c. Medical Supplies - Non-Medicare	\$ 49,769	49,769	0	0	
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (8,430)	(8,430)	0	0	
3. a. Physical Therapy - Medicare	\$ 308,085	308,085	0	0	
b. Physical Therapy - Medicare Contractual Allowance **	\$ (190,516)	(190,516)	0	0	
c. Physical Therapy - Non-Medicare	\$ 240,783	240,783	0	0	
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (236,585)	(236,585)	0	0	
4. a. Speech Therapy - Medicare	\$ 65,030	65,030	0	0	
b. Speech Therapy - Medicare Contractual Allowance **	\$ (39,062)	(39,062)	0	0	
c. Speech Therapy - Non-Medicare	\$ 71,926	71,926	0	0	
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (71,926)	(71,926)	0	0	
5. a. Occupational Therapy - Medicare	\$ 175,684	175,684	0	0	
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (175,684)	(175,684)	0	0	
c. Occupational Therapy - Non-Medicare	\$ 188,826	188,826	0	0	
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (188,419)	(188,419)	0	0	
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 0	0	0	0	
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 0	0	0	0	
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 11,975,860	11,975,860	0	0	
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$ 83	83	0	0	
2. Rental of rooms to non-residents	\$ 0	0	0	0	
3. Telephone	\$ 0	0	0	0	
4. Rental of Television and Cable Services	\$ 0	0	0	0	
5. Interest Income ( <i>Specify</i> )	\$ 2,536	2,536	0	0	
6. Private Duty Nurses' Fees	\$ 0	0	0	0	
7. Barber, Coffee, Beauty and Gift shops	\$ 0	0	0	0	
8. Other ( <i>Specify</i> )	\$ 31,971	31,971	0	0	
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 34,590	34,590	0	0	
<b>VI. Total All Revenue</b> (III +V)	\$ 12,010,450	12,010,450	0	0	

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
20.5.f	LABORATORY MEDICARE A	\$ 4,268		
20.5.f	LAB - C/A ANCILLARIES MEDICARE A	\$ (4,268)		
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
20.5.f	LABORATORY MANAGED CARE	\$ 5,636		
20.5.f	LABORATORY -C/A MANAGED CARE	\$ (5,636)		
<b>Total Other Resident Revenue</b>		\$ -	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
Pg 26, Ln 1	Dividend & Interest Income	2,536	\$ 2,536		
<b>Total Interest Income</b>			\$ 2,536	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
Pg. 16 ln. n	RENTAL - COMM ROOM	\$ 1,800		
N/A	OTHER REVENUE - MISCELLANEOUS	\$ 30,171		
<b>Total Other Revenue</b>		\$ 31,971	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2023	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	155,112
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,579,656
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	0
4. Inventories			\$	20,420
5. Prepaid Expenses			\$	242,375
a. UNEXPIRED INSURANCE	240,779			
b. PREPAID EXPENSES	1,596			
c. _____	0	0		
d. See Schedule		0		
6. Interest Receivable			\$	0
7. Medicare Final Settlement Receivable			\$	0
8. Other Current Assets ( <i>itemize</i> )			\$	1,138,835
RESERVE FOR REPLACEMENT	1,074,076			
REAL ESTATE TAXES & INS - ESCROW	64,759			
_____	0	0		
See Schedule		0		
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	3,136,398
B. Fixed Assets				
1. Land			\$	24,213
2. Land Improvements	*Historical Cost	391,099	\$	74,687
	Accum. Depreciation	316,412		Net
3. Buildings	*Historical Cost	7,424,907	\$	1,217,901
	Accum. Depreciation	6,207,006		Net
4. Leasehold Improvements	*Historical Cost	0	\$	0
	Accum. Depreciation	0		Net
5. Non-Movable Equipment	*Historical Cost	0	\$	0
	Accum. Depreciation	0		Net
6. Movable Equipment	*Historical Cost	2,392,298	\$	899,604
	Accum. Depreciation	1,492,694		Net
7. Motor Vehicles	*Historical Cost	0	\$	0
	Accum. Depreciation	0		Net
8. Minor Equipment-Not Depreciable			\$	0
9. Other Fixed Assets ( <i>itemize</i> )			\$	35,775
Cost Report vs. Financial Statement Difference	35,775			
See Schedule		0		
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	2,252,180

\* 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 Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Notes Receivable - LT	\$ 911,000
Total Other Assets			\$ 911,000

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2023	32	37
<b>Account</b>			<b>Amount</b>	
Total Brought Forward:			\$	5,388,578
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land			\$	0
2. Land Improvements				
*Historical Cost			0	
Accum. Depreciation			0	Net
			\$	0
3. Buildings				
*Historical Cost			0	
Accum. Depreciation			0	Net
			\$	0
4. Non-Movable Equipment				
*Historical Cost			0	
Accum. Depreciation			0	Net
			\$	0
5. Movable Equipment				
*Historical Cost			0	
Accum. Depreciation			0	Net
			\$	0
6. Motor Vehicles				
*Historical Cost			0	
Accum. Depreciation			0	Net
			\$	0
7. Minor Equipment-Not Depreciable			\$	0
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	0
<b>D. Investment and Other Assets</b>				
1. Deferred Deposits			\$	0
2. Escrow Deposits			\$	0
3. Organization Expense				
*Historical Cost			0	
Accum. Depreciation			0	Net
			\$	0
4. Goodwill (Purchased Only)			\$	0
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	0
0			0	
0			0	
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	0
Name and Address	Amount	Loan Date		
United Methodist Homes 580 Long Hill Road, Shelton CT 06484	0	Various		
7. Other Assets ( <i>itemize</i> )			\$	1,010,337
Deferred Financing			177,355	
Accum. Amort-Deferred Financing			(78,018)	
See Schedule			911,000	
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	1,010,337
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	6,398,915

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

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

Name of Facility Bishop Wicke Health & Rehab Ctr.		License No. 812-C	Report for Year Ended 9/30/2023	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,131,736
2. Notes Payable ( <i>itemize</i> )				\$	0
_____ 0				0	
_____ 0				0	
_____ 0				0	
See Schedule				0	
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	0
Name of Lender		Purpose	Amount	Date Due	
0		0	0	01/00/00	
0		0	0	01/00/00	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	446,531
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	0
6. Accrued Payroll Taxes Payable				\$	34,150
7. Medicare Final Settlement Payable				\$	0
8. Medicare Current Financing Payable				\$	0
9. Mortgage Payable ( <i>Current Portion</i> )				\$	0
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	0
11. Accrued Income Taxes*				\$	0
12. Other Current Liabilities ( <i>itemize</i> )				\$	268,472
ACCRUED EXPENSES				23,950	0
ACCRUED PROVIDER TAX PAY.				142,347	0
SECURITY DEPOSITS LIABILITY				13,152	DUE TO RESIDENTS T 89,023
SECURITY DEPOSITS-ACCR INT				0	See Schedule 0
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				\$	<b>1,880,889</b>

\* 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 9/30/2023		Page 34	of 37
Account				Amount	
Total Brought Forward:				1,880,889	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
				\$	0
Name of Lender	Purpose	Amount	Date Due		
0	0	0	1/0/00		
0	0	0	1/0/00		
2. Mortgages Payable					
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$	0
Name and Address of Lender	Amount	Loan Date			
0	0	1/0/00			
0	0	1/0/00			
4. Other Long-Term Liabilities ( <i>itemize</i> )					
WICKE LOAN PAYABLE-M & T BANK		6,978,601			
DUE FROM AFFILIATES		6,338,289			
0	0				
See Schedule		0			
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$	13,316,890
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$	15,197,779



**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	9/30/2023	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	0
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	0
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	0
4. Reserve for leasehold real properties on which fair rental value is based			\$	0
5. Reserve for funds set aside as donor restricted			\$	0
6. Total Reserves			\$	0
<b>B. Net Worth</b>				
1. Owner's Capital			\$	(7,027,300)
2. Capital Stock			\$	0
3. Paid-in Surplus			\$	0
4. Treasury Stock			\$	0
5. Cumulated Earnings			\$	0
6. Gain or Loss for Period			\$	(1,771,565)
	10/1/2022	thru	9/30/2023	
7. Total Net Worth			\$	(8,798,865)
<b>C. Total Reserves and Net Worth</b>			\$	(8,798,865)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	6,398,914

### H. Changes in Total Net Worth

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2023	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	(7,373,313)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	12,010,448
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	13,782,013
D. Net Income or Deficit			\$	(1,771,565)
E. Balance			\$	(9,144,878)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
0	0			
0	0			
0	0			
0	0			
2. Other <i>(itemize)</i>				
Current Year Corporate Office Adjustment	(88,772)			
Current Year Insurance Adjustment	(12,771)			
Post Closing Adjustment	458,688			
Rehab Adjustment	(11,132)			
F-3. Total Additions			\$	346,013
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	0
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
0	0	0		
0	0	0		
2. Other Withdrawings <i>(Specify)</i>			\$	0
Purpose	Amount			
0	0			
0	0			
3. Total Deductions			\$	0
H. <b>Balance at End of Period</b>			\$	(8,798,865)

Form of Approval  
 for the Use of  
 the **Emergency Condition**

<b>Emergency Condition</b>	
Name of the Person	Signature
Date	Time
<b>Emergency Condition</b>	
I hereby certify that the above information is true and correct and that the person named herein is qualified to perform the duties of the position mentioned herein. I further certify that the person named herein is not under any suspension or other disciplinary action.	
Name of the Person	Signature
Date	Time
<b>Emergency Condition</b>	
I hereby certify that the above information is true and correct and that the person named herein is qualified to perform the duties of the position mentioned herein. I further certify that the person named herein is not under any suspension or other disciplinary action.	
Name of the Person	Signature
Date	Time