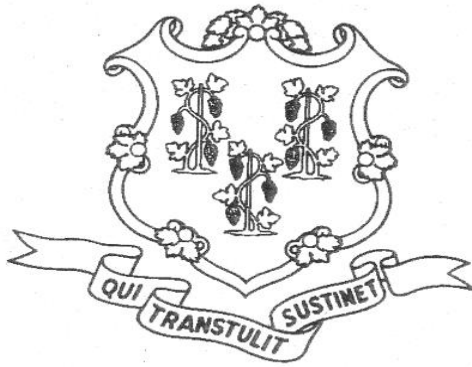


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

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 Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

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

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General Information

Name of Facility (as licensed) Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2017	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, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

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

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Bishop Wicke Health & Rehab Ctr.		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 584 Long Hill Avenue Shelton, Connecticut 06484				
Report Prepared By The Lancaster Group, LLC		Phone Number 717-371-6547	Date 2/11/2018	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-624-3303		Report for Year Ended 9/30/2017	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	9/30/2017	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

Basis for Allocation of Costs

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2017	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.

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.

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	9/30/2017			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						
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter/Fax Machine	04/20/14	60 months	1,248	1,248	
Prism	<input type="radio"/>	<input checked="" type="radio"/>	Copier	03/07/14	60 Months	5,775	5,775	
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
							Total ***	7,023

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

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

General Information and Questionnaire Accounting Basis

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2017	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	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	
4	

Services Provided by This Firm (*describe fully*)

1 Audit	\$ 28,931
2 Medicare & Medicaid Cost Reports	\$ 8,300
3	\$
4	\$
	Charge for Services Provided
	\$ 37,231

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

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Michalik, Bauer, Silvia & Ciccarillo, LLP	9E+09
2 Pullman & Comley LLC	2E+09
3	
4	
5	

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

1 35 Pearl Street, Suite 300, New Britain, CT

2 850 Main Street, Bridgeport, CT 06601-7006

3

4

5

Services Provided by This Firm (*describe fully*)

1 A/R Collections	\$ 300
2 FMLA Claim (Settlement for \$30,000)	\$ 14,300
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 14,600

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 9/30/2017				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			120	120		
B. On last day of THIS report period	120	120			120	120			120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	100	100			100	100			114	114		
B. As of midnight of THIS report period	117	117			114	114			117	117		
3. Total Number of Days Care Provided During Period												
A. Medicare	8,030	8,030			6,152	6,152			1,878	1,878		
B. Medicaid (Conn.)	20,773	20,773			15,155	15,155			5,618	5,618		
C. Medicaid (other states)												
D. Private Pay	7,059	7,059			4,785	4,785			2,274	2,274		
E. State SSI for RCH												
F. Other (Specify) Contracts, HMO, Insurance	3,866	3,866			3,125	3,125			741	741		
G. Total Care Days During Period (3A thru F)	39,728	39,728			29,217	29,217			10,511	10,511		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	39,728	39,728			29,217	29,217			10,511	10,511		

Schedule of Resident Statistics (Cont'd)

Name of Facility Bishop Wicke Health & Rehab Ctr.			License No. 812-C			Report for Year Ended 9/30/2017			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input 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 applicable													
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	20		55		24								
Per Diem Rate													
a. One bed rm.	665.52		220.35		499.90								
b. Two bed rms.	665.52		220.35		459.90								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								4,674	4,674				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								29,736	29,736				
D. Total Physical Therapy Treatments								34,410	34,410				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								328	328				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								1,642	1,642				
D. Total Speech Therapy Treatments								1,970	1,970				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								3,269	3,269				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								30,393	30,393				
D. Total Occupational Therapy Treatments								33,662	33,662				

Report of Expenditures - Salaries & Wages

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2017	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)	117,058	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	248,081	10,595				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	192,672	5,101				
c. Dietary Workers	533,871	38,569				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	277,301	19,505				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	73,392	2,452				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	99,648	3,785				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	270,629	4,160				
b. RN						
1. Direct Care	1,617,785	36,132				
2. Administrative**	280,464	10,701				
c. LPN						
1. Direct Care	780,956	23,952				
2. Administrative**						
d. Aides and Attendants	2,257,207	139,772				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	148,076	6,400				
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	160,069	4,912				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	7,057,209	308,116				

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

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

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

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

Name of Facility				License No.	Report for Year Ended				Page	of
Bishop Wicke Health & Rehab Ctr.				812-C	9/30/2017				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										
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	9/30/2017				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	117,058			Standard Package	COO- Day to Day Operations	2,080	A.2	None		
Section IV - Assistant Administrators										

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

** Include **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	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	5,400	30				
3. Pharmacist	11,412	144				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	597,804	8,840				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	24,000	520				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	14,642	86				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	74,246	1,019				
b. Other						
10. Occupational Therapist						
a. Resident Care	559,937	8,511				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	4,585	42				
2. Administrative***						
b. LPN						
1. Direct Care	30,268	596				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	2,251	67				
B-13 Total Fees Paid in Lieu of Salaries	1,324,545	19,855				

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

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

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

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	9/30/2017		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 348,800	348,800			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 9,692	9,692			
4. Social Security (F.I.C.A.)	\$ 536,386	536,386			
5. Health Insurance	\$ 838,002	838,002			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 90,953	90,953			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 355,204	355,204			
8. Uniform Allowance	\$ 2,154	2,154			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 21,255	21,255			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 497,334	497,334			
d. Accounting and Auditing	\$ 37,231	37,231			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 14,600	14,600			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 47,488	47,488			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 46,473	46,473			
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	\$ 594,067	594,067			
Subtotal	\$ 3,439,639	3,439,639			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2017	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	3,439,639	3,439,639		
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 17,073	17,073		
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 259	259		
5. Education Expenses Related to Seminars and Conventions	\$ 3,453	3,453		
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>)	\$ 3,909	3,909		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)***	\$ 6,520	6,520		
See Attached Schedule				
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 3,978	3,978		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$ 14,997	14,997		
See Attached Schedule				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 3,889	3,889		
10. Contributions***	\$ 899	899		
See Attached Schedule				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 68,761	68,761		
12. Administrative Management Services**	\$ 488,195	488,195		
13. Other (<i>Specify</i>)	\$ 25,334	25,334		
See Attached Schedule				
C-14 Total Administrative & General Expenditures	\$ 4,076,906	4,076,906		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
MARKETING & PROMOTION	\$ 6,520		
Total Other Advertising	\$ 6,520	\$ -	\$ -

Schedule of Dues

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

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
DONATIONS/CONTRIBUTIONS	\$ 899		
Total Contributions	\$ 899	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
LICENSE & FEES	\$ 22,679		
BANK FEES	\$ 2,655		
Total Other Administrative and General	\$ 25,334	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2017	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	22,712	Corporate Office Allocation Direct Benefits	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	70,101	Corporate Office Allocation Indirect Benefits	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	24,126	Corporate Office Allocation Direct & Indirect Taxes	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	280,406	Corporate Office Alloc Indirect Sal	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	90,849	Corporate Allocation Direct Salary	P. 16 M.12 & P. 28, Ln

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

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

Name of Facility Bishop Wicke Health & Rehab Ctr.		License No. 812-C	Report for Year Ended 9/30/2017	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 422,961	422,961		
2.	Non-Food Supplies	\$ 49,274	49,274		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) _____		\$			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 472,235	472,235		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G.	Resident Meals: Total no. of meals served per day:*	328	328		
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify cost.
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No					If yes, specify cost.
					\$2,976
O. Is any revenue collected from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No					If yes, specify amt.
					\$2,976
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					P. 30, IV.1

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility Bishop Wicke Health & Rehab Ctr.		License No. 812-C	Report for Year Ended 9/30/2017	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. \$	18,635	18,635		
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>) (Complete Schedule C-2 att. Page 21)	\$	196,948	196,948		
c. Management Services**	\$				
d. Other (<i>Specify</i>)	\$				
3E. Total Laundry Expenditures (3a + b + c + d)	\$	215,583	215,583		
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

All allocations should add to total recorded in 3E.

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

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

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

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

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

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

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

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

Schedule of Other Resident Care

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

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

Name of Facility Bishop Wicke Health & Rehab Ctr.			License No. 812-C		Report for Year Ended 9/30/2017			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
Winter Bros Waste Systems of CT	307 White Street, DANBURY, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>	None	Rubbish Removal	43,928			22	6F
UNITEX TEXTILE	121-123 Meadow Street, Hartford, CT 06114	<input type="radio"/>	<input checked="" type="radio"/>	None	Laundry - Linens	184,070			19	3B
BOTTOMLINE SOLUTIONS	1508 NW 24th PL, Cape Coral, Florida 33993	<input type="radio"/>	<input checked="" type="radio"/>	None	A/R Services	28,256			16	M
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input 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	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 41,211	41,211				
b. Heat	\$ 38,579	38,579				
c. Light & Power	\$ 241,391	241,391				
d. Water	\$ 19,006	19,006				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 7,023	7,023				
f. Other (<i>itemize</i>)	\$ 76,295	76,295				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 423,505	423,505				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 213,108	213,108				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 41,861	41,861				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 254,969	254,969				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 6,838	6,838				
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 6,838	6,838				
9. Rental payments on leased real property 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	\$ 438	438				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 262,245	262,245				

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

Schedule of Other Repairs and Maintenance

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

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

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line D2c

**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 Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Bishop Wicke Health & Rehab Ctr.			License No. 812-C		Report for Year Ended 9/30/2017			Page 24	of 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	151,453	95,484	Mortgage Life	3	6,838	
2.									
3.									
B-4. Subtotal									6,838
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									6,838

* Straight-line method must be used.

** 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 9/30/2017	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input 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)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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	9/30/2017		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 222,640	222,640		
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)			\$ 222,640	222,640		

(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		9/30/2017			27 37	
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:				222,640	222,640			
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)				\$	117,029	117,029		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	339,669	339,669		
14. Insurance								
a. Insurance on Property (buildings only)				\$	19,307	19,307		
b. Insurance on Automobiles				\$				
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$				
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$	84,509	84,509		
14d. Total Insurance Expenditures (14a + b + c)				\$	103,816	103,816		
15. Total All Expenditures (A-13 thru C-14)				\$	15,116,806	15,116,806		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Bishop Wicke Health & Rehab Ctr.			812-C	9/30/2017	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 **	\$ 14,642	14,642		
6.			Occupational Therapy	\$ 559,937	559,937		
7.			Other - See attached Schedule	\$ 5,400	5,400		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 497,334	497,334		
10.			Accounting & Legal	\$ 300	300		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 6,520	6,520		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 899	899		
21.			Unallowable Management Fees	\$ 221,395	221,395		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 28,256	28,256		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$ 2,976	2,976		
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)				\$ 1,337,659	1,337,659		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B.2	Dentist	\$ 5,400		
Total Other Fees Adjustments			\$ 5,400	\$ -	\$ -

Schedule of Other A&G Adjustments

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

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	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,337,659	1,337,659		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 408,113	408,113		
28.			Ambulance/Limousine	\$ 1,703	1,703		
29.			X-rays, etc	\$ 9,945	9,945		
30.			Laboratory	\$ 26,735	26,735		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 76,555	76,555		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 5,805	5,805		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$ 1,800	1,800		
39.			Other - See Attached Schedule	\$ 1,883	1,883		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$ 88	88		
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$ 116,600	116,600		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 4,678	4,678		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 51,684	51,684		
51.	Total Amount of Decrease (Items 1 - 50)			\$ 2,043,248	2,043,248		

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

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

Schedule of Other Ancillary Costs

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

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

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

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

** 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	RADIOLOGY MEDICARE A	\$ -		
20.5.f	RADIOLOGY - C/A ANCILLARIES MEDICARE A	\$ -		
20.5.f	LABORATORY MEDICARE A	\$ 12,349		
20.5.f	LAB - C/A ANCILLARIES MEDICARE A	\$ (12,349)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

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

Schedule of Other Revenue

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

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	540,669
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,591,049
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	17,925
5. Prepaid Expenses			\$	113,075
a. UNEXPIRED INSURANCE	112,487			
b. PREPAID EXPENSES	588			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	583,737
RESERVE FOR REPLACEMENT	549,196			
REAL ESTATE TAXES & INS - ESCROW	34,541			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,846,455
B. Fixed Assets				
1. Land			\$	24,213
2. Land Improvements	*Historical Cost	246,287	\$	
	Accum. Depreciation	246,287		Net
3. Buildings	*Historical Cost	8,059,609	\$	3,066,954
	Accum. Depreciation	4,992,655		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
6. Movable Equipment	*Historical Cost	1,352,864	\$	123,543
	Accum. Depreciation	1,229,321		Net
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	109,459
Cost Report vs. Financial Statement Difference	109,459			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	3,324,169

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	6,170,624
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>)			\$	362
Name and Address	Amount	Loan Date		
United Methodist Homes, Inc. 580 Long Hill Road, Shelton CT 06484	362	Various		
7. Other Assets (<i>itemize</i>)			\$	1,105,939
	Deferred Financing	151,453		
	Accum. Amort-Deferred Financing	(36,074)		
	Notes Receivable-LT	990,560		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,106,301
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	7,276,925

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

G. Balance Sheet (cont'd)

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2017	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,434,519	
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>)				\$
		8,511,325		
WICKE LOAN PAYABLE-M & T BANK				
DUE FROM AFFILIATES		2,282,888		
				10,794,213
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 10,794,213
C. Total All Liabilities (Lines A-13 + B-5)				\$ 12,228,732

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	9/30/2017	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			\$	(4,841,362)
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	(110,445)
	10/1/2016	thru	9/30/2017	
7. Total Net Worth			\$	(4,951,807)
C. Total Reserves and Net Worth			\$	(4,951,807)
D. Total Liabilities, Reserves, and Net Worth			\$	7,276,925

H. Changes in Total Net Worth

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2017	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	(4,730,307)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	15,006,356
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	15,116,801
D. Net Income or Deficit			\$	(110,445)
E. Balance			\$	(4,840,752)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Current Year Corporate Office Adjustment	(108,781)			
Current Year Insurance Adjustment	(1,893)			
Depreciation Adjustment	(381)			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	(111,055)
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			\$	(4,951,807)

I. Preparer's/Reviewer's Certification

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2017	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 Vice President	Date Signed 2/12/2018		
Printed Name of Preparer The Lancaster Group, LLC				
Address 813 Coopers Court, Lancaster, PA 17601-1477		Phone Number 717-712-5967		

Error Check

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

Error Check

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

Error Check

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

Error Check

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

Error Check

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

Error Check

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

Error Check

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