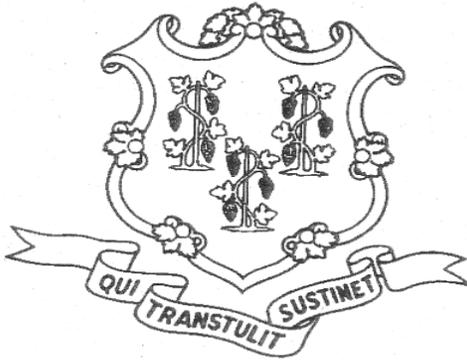


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Bishop Wicke Health & Rehab Ctr	
Address (No. & Street, City, State, Zip Code) 584 Long Hill Avenue Shelton Connecticut 06484	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

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

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

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General Information

Name of Facility (as licensed) Bishop Wicke Health & Rehab Ctr	License No. 812-C	Report for Year Ended 9/30/2015	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, 2014 and ending September 30, 2015, 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 10/1/2014	To 9/30/2015
Address of Facility 584 Long Hill Avenue Shelton Connecticut 06484				
Report Prepared By The Lancaster Group, LLC		Phone Number 717-371-6547	Date 7/28/2016	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$ 0	0	0	0
2. Laundry wages paid	\$ 0	0	0	0
3. Housekeeping wages paid	\$ 0	0	0	0
4. Nursing wages paid	\$ 0	0	0	0
5. All other wages paid	\$ 0	0	0	0
6. Total Wages Paid	\$ 0	0	0	0
7. Total salaries paid	\$ 0	0	0	0
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 0	0	0	0

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Facility 203-624-3303	Report for Year Ended 9/30/2015	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
 Related Parties***

Name of Facility Bishop Wicke Health & Rehab Ctr	License No. 812-C	Report for Year Ended 9/30/2015	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"/>		Management Oversight including financial n	P. 16 M.12 & P. 28, Lr		
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Allocation Direct Salary	P. 10, Line 11.A (\$37,3	91,422	91,422
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Office Allocation Direct Benefits	Incl. in pg. 15.1.a,ln 9	22,855	22,855
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Office Alloc Direct Taxes	Incl in pg. 15.1.a, ln 4	6,994	6,994
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Office Alloc Indirect Sal	P. 10, Line 11.o	288,828	288,828
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Office Allocation Indirect Benefit	Incl. in pg. 15.1.a,ln 9	72,207	72,207
United Methodist Home of CT, Inc		<input type="radio"/>	<input checked="" type="radio"/>		Corporate Office Alloc Ind Taxes	Incl. in pg. 15.1.a,ln 9	16,681	16,681
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Bishop Wicke Health & Rehab Ctr	License No. 812-C	Report for Year Ended 9/30/2015	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. Schedules documenting the allocation are included in this filing.

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	9/30/2015			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	04/20/09	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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input type="radio"/> No
Total ***							7,023	

* 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 9/30/2015	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 O'Connor Davies, LLP	500 Mamaroneck Avenue, Harrison, NY 10528
2 THE LANCASTER GROUP, LLC	813 Coopers Court, Lancaster, PA 17601
3	
4	

Services Provided by This Firm (*describe fully*)

1 Audit	\$ 24,166
2 Medicare & Medicaid Cost Reports	\$ 8,054
3	\$
4	\$
	Charge for Services Provided
	\$ 32,220

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 Martha Cullina LLP	e150
2	
3	
4	
5	

Address (*No. & Street, City, State, Zip Code*)
 1 Cityplace I, 185 Asylum Street, Hartford, CT 06103
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 A/R Collections	\$ 6,592
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 6,592

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 9/30/2015				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	113	113			113	113			105	105		
B. As of midnight of THIS report period	107	107			105	105			107	107		
3. Total Number of Days Care Provided During Period												
A. Medicare	9,380	9,380			7,257	7,257			2,123	2,123		
B. Medicaid (Conn.)	20,036	20,036			14,646	14,646			5,390	5,390		
C. Medicaid (other states)												
D. Private Pay	5,116	5,116			3,796	3,796			1,320	1,320		
E. State SSI for RCH												
F. Other (Specify) Contracts, HMO, Insurance	4,864	4,864			3,571	3,571			1,293	1,293		
G. Total Care Days During Period (3A thru F)	39,396	39,396			29,270	29,270			10,126	10,126		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	111	111			88	88			23	23		
B. Other Bed Reserve Days	92	92			83	83			9	9		
5. Total Resident Days (3G + 4A + 4B)	39,599	39,599			29,441	29,441			10,158	10,158		

Schedule of Resident Statistics (Cont'd)

Name of Facility Bishop Wicke Health & Rehab Ctr			License No. 812-C			Report for Year Ended 9/30/2015			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		CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	19		58		30								
Per Diem Rate													
a. One bed rm.	618.35		217.55		499.90								
b. Two bed rms.	618.35		217.55		459.90								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									6,231	6,231			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									33,705	33,705			
D. Total Physical Therapy Treatments									39,936	39,936			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									371	371			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									1,994	1,994			
D. Total Speech Therapy Treatments									2,365	2,365			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									3,888	3,888			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									31,857	31,857			
D. Total Occupational Therapy Treatments									35,745	35,745			

Report of Expenditures - Salaries & Wages

Name of Facility Bishop Wicke Health & Rehab Ctr	License No. 812-C	Report for Year Ended 9/30/2015	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)	114,251	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	225,524	11,293				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	260,647	8,200				
c. Dietary Workers	432,070	35,648				
6. Housekeeping Service						
a. Head Housekeeper	40,369	2,012				
b. Other Housekeeping Workers	258,492	19,979				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	85,079	2,493				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	38,594	1,020				
b. Other Accountants	146,043	5,758				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	253,101	4,351				
b. RN						
1. Direct Care	1,575,883	43,283				
2. Administrative**	248,337	9,207				
c. LPN						
1. Direct Care	832,587	27,089				
2. Administrative**						
d. Aides and Attendants	2,206,460	142,585				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	135,903	6,201				
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	172,407	5,453				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	288,828	5,194				
<i>A-13. Total Salary Expenditures</i>	<i>7,314,575</i>	<i>331,846</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 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	9/30/2015			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Not Applicable										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended				Page	of
Bishop Wicke Health & Rehab Ctr				812-C	9/30/2015				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	114,251			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	9/30/2015	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	7,650	53				
3. Pharmacist	9,312	96				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	690,931	10,251				
b. Other	2,206	37				
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**	18,851	111				
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	80,596	1,133				
b. Other	257	4				
10. Occupational Therapist						
a. Resident Care	630,682	9,351				
b. Other	2,013	34				
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	13,788	304				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	3,743	16				
B-13 Total Fees Paid in Lieu of Salaries	1,484,029	21,910				

* 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	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 292,716	292,716			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 49,186	49,186			
4. Social Security (F.I.C.A.)	\$ 527,658	527,658			
5. Health Insurance	\$ 851,409	851,409			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 81,427	81,427			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 521,396	521,396			
8. Uniform Allowance	\$ 3,191	3,191			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 108,586	108,586			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 193,200	193,200			
d. Accounting and Auditing	\$ 32,220	32,220			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 6,592	6,592			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 48,505	48,505			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 41,887	41,887			
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	\$ 539,163	539,163			
Subtotal	\$ 3,297,136	3,297,136			

* 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) - 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 9/30/2015	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. \$	17,191	17,191	
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. \$	203,183	203,183	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify)		\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	220,374	220,374	
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	9/30/2015	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. \$	42,759	42,759		
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)		\$ 42,759	42,759		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Omnicare	\$	494,246	494,246		
b. Medicine Cabinet Drugs	\$	802	802		
c. Medical and Therapeutic Supplies	\$	223,570	223,570		
d. Ambulance/Limousine***	\$	93	93		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	67,285	67,285		
f. X-rays and Related Radiological Procedures***	\$	17,473	17,473		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	28,990	28,990		
i. Recreation	\$	25,067	25,067		
j. Other (Specify)**** See Attached Schedule	\$	5,843	5,843		
5K. Total Resident Care Expenditures (5a - 5j)		\$ 863,369	863,369		

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

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

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

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

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

Name of Facility Bishop Wicke Health & Rehab Ctr			License No. 812-C		Report for Year Ended 9/30/2015				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	42,016			22	6F
UNITEX TEXTILE	PARKWAY, MOUNT VERNON, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>	None	Laundry - Linens	188,201			19	3B
BOTTOMLINE SOLUTIONS	1508 NW 24th PL, Cape Coral, Florida 33993	<input type="radio"/>	<input checked="" type="radio"/>	None	A/R Services	32,363			16	M
CROWN LINEN	AVENUE, WINDSOR, CT 06095	<input type="radio"/>	<input checked="" type="radio"/>	None	Laundry	14,184			19	3B
		<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	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 31,448	31,448				
b. Heat	\$ 53,708	53,708				
c. Light & Power	\$ 221,567	221,567				
d. Water	\$ 22,626	22,626				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 7,023	7,023				
f. Other (<i>itemize</i>)	\$ 86,259	86,259				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 422,631	422,631				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ (3,955)	(3,955)				
b. Building & Building Improvements	\$ 223,105	223,105				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 46,013	46,013				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 265,163	265,163				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 6,880	6,880				
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 6,880	6,880				
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	\$ 397	397				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 272,440	272,440				

* 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	\$ 17,758		
OTHER SERVICE CONTRACTS			
PEST CONTROL	\$ 1,572		
RUBBISH REMOVAL	\$ 42,016		
LANDSCAPING	\$ 700		
SNOW REMOVAL	\$ 2,146		
SATELLITE TV	\$ 3,240		
GENERATOR LEASE	\$ 18,827		
Total Other Repairs and Maintenance	\$ 86,259	\$ -	\$ -

Bishop Wicke Health & Rehab Ctr
9/30/2015

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:				
	Prior Year Correction			\$ (6,288)
Total deletions for Land Improvements		\$ -		\$ (6,288) **

*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:				
12/30/2014	Water heater part	\$ 1,447	10	\$ 109
2/12/2015	Generator	\$ 74,738	10	\$ 4,360
2/19/2015	Circulator pump heat system	\$ 1,531	10	\$ 89
3/18/2015	Electrical work on generator	\$ 1,785	10	\$ 89
4/9/2015	Pump replacement	\$ 1,261	10	\$ 53
7/8/2015	Replace carrier unit Pav#3	\$ 9,175	10	\$ 153
Total additions for Building Improvements		\$ 89,937		\$ 4,853 *
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:				
5/13/2015	OVEN IGNITOR LIGHT	\$ 2,211	10	\$ 20,761
Total additions for Movable Equipment		\$ 2,211		\$ 20,761 *
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

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Bishop Wicke Health & Rehab Ctr			812-C		9/30/2015			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Deferred Financing	6	2012	30	151,453	88,604	Mortgage Life	3	6,880	
2.									
3.									
B-4. Subtotal									6,880
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									6,880

* 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 9/30/2015	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		1968		
2. Date Structure Completed		1970		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure		05/23/70		
5. Total Licensed Bed Capacity		120		
6. Square Footage		25,363		
7. Acquisition Cost				
a. Land		30,392		
b. Building		944,912		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		05/06/12		
c. Interest Rate for the Cost Year		3.44%		
d. Term of Mortgage (number of years)		30		
e. Amount of Principal Borrowed		9,559,400		
f. Principal balance outstanding as of _____		8,933,024		
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	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 215,611	215,611		
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)			\$ 215,611	215,611		

(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		9/30/2015		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				215,611	215,611		
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)				\$	142,284	142,284	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	357,895	357,895	
14. Insurance							
a. Insurance on Property (buildings only)				\$	17,208	17,208	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	85,250	85,250	
14d. Total Insurance Expenditures (14a + b + c)				\$	102,458	102,458	
15. Total All Expenditures (A-13 thru C-14)				\$	14,995,742	14,995,742	

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)
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

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

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	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 737,547	737,547		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 494,246	494,246		
28.			Ambulance/Limousine	\$ 93	93		
29.			X-rays, etc	\$ 17,473	17,473		
30.			Laboratory	\$ 28,990	28,990		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 67,285	67,285		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 7,650	7,650		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 6,233	6,233		
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	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
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	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 145,609	145,609		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 2,369	2,369		
51.			Total Amount of Decrease (Items 1 - 50)	\$ 1,509,295	1,509,295		

*** 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
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b.2	Dentist	\$ 7,650		
Total Other Ancillary Costs			\$ 7,650	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Movable Equipment Depreciation	\$ 6,233		
Total Excess Movable Equipment Depreciation			\$ 6,233	\$ -	\$ -

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12.d	Intercompany Interest	\$ 139,985		
30	IV.8	ENERGY REBATE	\$ 122		
30	IV.8	MEDICAL RECORD COPIES	\$ 474		
22	8.b	Limit amortization expense to refunded loan	\$ 4,730		
20	5.i	Cocktails and miscellaneous unallowable costs	\$ 298		
Total Other Adjustments			\$ 145,609	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12.d	Interest Penalties	\$ 2,300		
22	7.d	Fixed Asset Adjustments	\$ 69		
Total Unallowable Building Interest			\$ 2,369	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Bishop Wicke Health & Rehab Ctr	812-C	9/30/2015			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 8,605,921	8,605,921				
b. Medicaid Room and Board Contractual Allowance **	\$ (4,247,534)	(4,247,534)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 4,456,926	4,456,926				
b. Medicare Room and Board Contractual Allowance **	\$ 1,345,039	1,345,039				
4. a. Private-Pay Residents and Other	\$ 4,444,770	4,444,770				
b. Private-Pay Room and Board Contractual Allowance **	\$ (356,105)	(356,105)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 298,369	298,369				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (298,369)	(298,369)				
c. Prescription Drugs - Non-Medicare	\$ (16,239)	(16,239)				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ 17,036	17,036				
2. a. Medical Supplies - Medicare	\$ 34,170	34,170				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (34,170)	(34,170)				
c. Medical Supplies - Non-Medicare	\$ 22,821	22,821				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (14,681)	(14,681)				
3. a. Physical Therapy - Medicare	\$ 1,002,186	1,002,186				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (812,813)	(812,813)				
c. Physical Therapy - Non-Medicare	\$ 414,453	414,453				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (417,717)	(417,717)				
4. a. Speech Therapy - Medicare	\$ 161,143	161,143				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (118,190)	(118,190)				
c. Speech Therapy - Non-Medicare	\$ 53,434	53,434				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (53,619)	(53,619)				
5. a. Occupational Therapy - Medicare	\$ 1,010,801	1,010,801				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (865,270)	(865,270)				
c. Occupational Therapy - Non-Medicare	\$ 419,895	419,895				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (420,298)	(420,298)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,631,959	14,631,959				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 5,082	5,082				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 1,080	1,080				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 2,396	2,396				
V. Total Other Revenue (1 thru 8)	\$ 8,558	8,558				
VI. Total All Revenue (III +V)	\$ 14,640,517	14,640,517				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
20.5.f	LABORATORY MEDICARE A	\$ 13,462		
20.5.f	LAB - C/A ANCILLARIES MEDICARE A	\$ (13,462)		
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	\$ 1,242		
20.5.f	LABORATORY -C/A MANAGED CARE	\$ (1,242)		
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg 26, Ln 1	Dividend & Interest Income		\$ 1,080		
Total Interest Income			\$ 1,080	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
Pg. 16 ln. n	RENTAL - COMM ROOM	\$ 1,800		
Pg.22 Line	ENERGY REBATE	\$ 122		
Pg. 16 ln. n	MEDICAL RECORD COPIES	\$ 474		
Total Other Revenue		\$ 2,396	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr	812-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	527,719
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,614,783
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	18,661
5. Prepaid Expenses			\$	384,487
a. UNEXPIRED INSURANCE	371,582			
b. PREPAID EXPENSES	12,905			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	469,387
RESERVE FOR REPLACEMENT	434,088			
REAL ESTATE TAXES & INS - ESCROW	35,299			
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,015,037
B. Fixed Assets				
1. Land			\$	24,213
2. Land Improvements	*Historical Cost	246,287	\$	
	Accum. Depreciation	246,287		Net
3. Buildings	*Historical Cost	7,979,213	\$	3,421,577
	Accum. Depreciation	4,557,636		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
6. Movable Equipment	*Historical Cost	1,316,510	\$	172,923
	Accum. Depreciation	1,143,587		Net
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	111,253
Cost Report vs. Financial Statement Difference	111,253			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	3,729,966

* 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	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	6,745,003
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>)			\$	1,452,536
Name and Address	Amount	Loan Date		
United Methodist Homes 580 Long Hill Road, Shelton CT 06484	1,452,536	Various		
7. Other Assets (<i>itemize</i>)			\$	1,040,081
	Deferred Financing	151,453		
	Accum. Amort-Deferred Financing	(22,372)		
	Notes Receivable-LT	911,000		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	2,492,617
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	9,237,620

* 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 9/30/2015		Page 34	of 37
Account				Amount	
Total Brought Forward:				3,555,251	
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>)				\$ 8,933,024	
WICKE LOAN PAYABLE-M & T BANK		8,933,024			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 8,933,024	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 12,488,275	

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	9/30/2015	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			\$	(2,895,603)
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	(355,052)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	(3,250,655)
C. Total Reserves and Net Worth			\$	(3,250,655)
D. Total Liabilities, Reserves, and Net Worth			\$	9,237,620

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr	812-C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(2,519,563)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	14,640,693
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	14,995,745
D. Net Income or Deficit			\$	(355,052)
E. Balance			\$	(2,874,615)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
Prior Year Audit Adjustments				(282,223)
Current Year Corporate Office Adjustment				(87,265)
CY Lease Adjustments, 895 net of Depr. Red (1,				(887)
Current Year Insurance Ad, (5,660) & Rounding				(5,664)
F-3. Total Additions			\$	(376,040)
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			\$	(3,250,655)
	09/30/15			

I. Preparer's/Reviewer's Certification

Name of Facility Bishop Wicke Health & Rehab Ctr	License No. 812-C	Report for Year Ended 9/30/2015	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 2/12/2016		
Printed Name of Preparer The Lancaster Group, LLC				
Address 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	39,396	is inconsistent with balance of	39,396
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	39,599	is inconsistent with balance of	39,599
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	39,936	is inconsistent with balance of	39,936
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	2,365	is inconsistent with balance of	2,365
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	35,745	is inconsistent with balance of	35,745
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	39,936	As PT Expense is reported as	690,931
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	2,365	As ST Expense is reported as	80,596
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	35,745	As OT Expense is reported as	630,682
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	7,314,575	is inconsistent with balance of	7,314,575
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	331,846	is inconsistent with balance of	331,846

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	114,251	is inconsistent with page 12 of	114,251
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	1,484,029	is inconsistent with balance of	1,484,029
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	21,910	is inconsistent with balance of	21,910
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	3,431,655	is inconsistent with balance of	3,431,655
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	483,557	is inconsistent with balance of	483,557
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	220,374	is inconsistent with balance of	220,374
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	42,759	is inconsistent with balance of	42,759
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	863,369	is inconsistent with balance of	863,369
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	422,631	is inconsistent with balance of	422,631
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	265,163	is inconsistent with balance of	265,163
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	6,880	is inconsistent with balance of	6,880
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	272,440	is inconsistent with balance of	272,440
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	(3,955)	is inconsistent with Page 23	(3,955)
	Page 22 - Building Depreciation	223,105	is inconsistent with Page 23	223,105
	Page 22 - Non-Movable Depreciation	-	is inconsistent with Page 23	-
	Page 22 - Movable Depreciation	46,013	is inconsistent with Page 23	46,013
	Page 22 - Organization Amortization	-	is inconsistent with Page 24	-
	Page 22 - Mortgage Expense Amortization	6,880	is inconsistent with Page 24	6,880
	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	7,979,213	is inconsistent with Page 31	7,979,213
	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.	1,316,510	is inconsistent with Page 31	1,316,510
	Page 23 - Accumulated Dep. of Land Imp.	246,287	is inconsistent with Page 31	246,287
	Page 23 - Accumulated Dep. of Building Improver	4,557,636	is inconsistent with Page 31	4,557,636
	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.	1,143,587	is inconsistent with Page 31	1,143,587

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	215,611	is inconsistent with balance of	215,611
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	357,895	is inconsistent with balance of	357,895
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	102,458	is inconsistent with balance of	102,458
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	14,995,742	is inconsistent with balance of	14,995,742
RHNS	Page 27 - Total Expenses	-	is inconsistent with balance of	-
Other	Page 27 - Total Expenses	-	is inconsistent with balance of	-
CCH	Page 30 - Total Resident Revenue	14,631,959	is inconsistent with balance of	14,631,959
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	8,558	is inconsistent with balance of	8,558
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	14,640,517	is inconsistent with balance of	14,640,517
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	-

Error Check

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	3,015,037	is inconsistent with balance of	3,015,037
-	Page 31 - Total Fixed Assets	3,729,966	is inconsistent with balance of	3,729,966
-	Page 32 - Total Leasehold Assets	-	is inconsistent with balance of	-
-	Page 32 - Investments and Other Assets	2,492,617	is inconsistent with balance of	2,492,617
-	Page 32 - Total Assets	9,237,620	is inconsistent with balance of	9,237,620
-	Page 33 - Total Current Liabilities	3,555,251	is inconsistent with balance of	3,555,251
-	Page 34 - Total Long Term Liabilities	8,933,024	is inconsistent with balance of	8,933,024
-	Page 34 - Total Liabilities	12,488,275	is inconsistent with balance of	12,488,275
-	Page 35 - Total Reserves	-	is inconsistent with balance of	-
-	Page 35 - Total Net Worth	(3,250,655)	is inconsistent with balance of	(3,250,655)
-	Page 35 - Total Reserves and Net Worth	(3,250,655)	is inconsistent with balance of	(3,250,655)
-	Page 35 - Total Liabilities, Reserves and Net Worth	9,237,620	is inconsistent with balance of	9,237,620
-	Page 35 - Total Liabilities, Reserves and Net Worth	9,237,620	Total Assets	9,237,620
CCH	Page 10 - Other Salaries	288,828	is Inconsistent with schedule	288,828
RHNS	Page 10 - Other Salaries	-	is Inconsistent with schedule	-
Other	Page 10 - Other Salaries	-	is Inconsistent with schedule	-
CCH	Page 10 - Other Salary Hours	5,194	is Inconsistent with schedule	5,194
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	3,743	is Inconsistent with schedule	3,743
RHNS	Page 13 - Other Fees	-	is Inconsistent with schedule	-
Other	Page 13 - Other Fees	-	is Inconsistent with schedule	-
CCH	Page 13 - Other Fee Hours	16	is Inconsistent with schedule	16
RHNS	Page 13 - Other Fee Hours	-	is Inconsistent with schedule	-
Other	Page 13 - Other Fee Hours	-	is Inconsistent with schedule	-
CCH	Page 15 - Other Employee Benefits	108,586	is Inconsistent with schedule	108,586
RHNS	Page 15 - Other Employee Benefits	-	is Inconsistent with schedule	-
Other	Page 15 - Other Employee Benefits	-	is Inconsistent with schedule	-

Error Check

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	629	is Inconsistent with schedule	629
RHNS	Page 16 - Other Advertising	-	is Inconsistent with schedule	-
Other	Page 16 - Other Advertising	-	is Inconsistent with schedule	-
CCH	Page 16 - Dues	14,014	is Inconsistent with schedule	14,014
RHNS	Page 16 - Dues	-	is Inconsistent with schedule	-
Other	Page 16 - Dues	-	is Inconsistent with schedule	-
CCH	Page 16 - Other A&G	9,108	is Inconsistent with schedule	9,108
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	5,843	is Inconsistent with schedule	5,843
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	86,259	is Inconsistent with schedule	86,259
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	89,937	is Inconsistent with schedule	89,937
	Page 23 - Non-Movable Equipment Additions	-	is Inconsistent with schedule	-
	Page 23 - Movable Additions	2,211	is Inconsistent with schedule	2,211
	Page 24 - Leasehold Improvements	-	is Inconsistent with schedule	-
CCH	Page 30 - Other Resident Revenue Medicare	-	is Inconsistent with schedule	-
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	-

Error Check

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	1,080	is Inconsistent with schedule	1,080
RHNS	Page 30 - Interest Income	-	is Inconsistent with schedule	-
Other	Page 30 - Interest Income	-	is Inconsistent with schedule	-
CCH	Page 30 - Other Revenue	2,396	is Inconsistent with schedule	2,396
RHNS	Page 30 - Other Revenue	-	is Inconsistent with schedule	-
Other	Page 30 - Other Revenue	-	is Inconsistent with schedule	-