11/01/19 8:23AI	Λ
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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
MIDDLE DISTRICT OF PENNSYLVANIA	-	
Case number (if known)	Chapter 11	
		Check if this an amended filing

Official Form 201 Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1.	Debtor's name	Fox Nursing Home Corp.					
2.	All other names debtor used in the last 8 years	DBA Fox Subacute at Warrington					
	Include any assumed names, trade names and <i>doing business as</i> names	FDBA Fox Subacute Center					
3.	Debtor's federal Employer Identification Number (EIN)	23-2204004					
4.	Debtor's address	Principal place of business	Mailing address, if different from principal place of business				
		120 S Filbert Street	2644 Bristol Road				
		Mechanicsburg, PA 17055	Warrington, PA 18976				
		Number, Street, City, State & ZIP Code	P.O. Box, Number, Street, City, State & ZIP Code				
		Cumberland County	Location of principal assets, if different from principal place of business				
		County	2644 Bristol Road Warrington, PA 18976				
			Number, Street, City, State & ZIP Code				
5.	Debtor's website (URL)						
6.	Type of debtor	Corporation (including Limited Liability Company	(IIC) and Limited Liability Partnership (IIP))				
		· • • • • • • • • • • • • • • • •					
		Other Specify					

7.	Describe debtor's business	 A. Check one: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Railroad (as defined in 11 U.S.C. § 101(44)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) Clearing Bank (as defined in 11 U.S.C. § 781(3)) None of the above 							
		 B. Check all that apply Tax-exempt entity (as described in 26 U.S.C. §501) Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3) Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11)) 					30a-3)		
					an Industry Classific ırts.gov/four-digit-na		em) 4-digit code that be ciation-naics-codes.	est describes debtor.	
8.	Under which chapter of the Bankruptcy Code is the debtor filing?	Check (Cha Cha Cha	apter 7 apter 9 apter 11. C		are less than \$2,72 The debtor is a sma business debtor, at statement, and fed procedure in 11 U.S A plan is being filed Acceptances of the accordance with 11 The debtor is requii Exchange Commiss attachment to Volu (Official Form 201A	5,625 (ame all busines: tach the m eral income S.C. § 1116 d with this p plan were U.S.C. § ' red to file p sion accorr <i>ntary Petiti</i>	bunt subject to adjustri s debtor as defined in ost recent balance she tax return or if all of th (1)(B). betition. solicited prepetition fro 126(b). eriodic reports (for exa ding to § 13 or 15(d) of on for Non-Individuals form.	excluding debts owed to in nent on 4/01/22 and every 11 U.S.C. § 101(51D). If the set, statement of operation nese documents do not ex own one or more classes of ample, 10K and 10Q) with the Securities Exchange <i>Filing for Bankruptcy unde</i> urities Exchange Act of 19	3 years after that). the debtor is a small s, cash-flow ist, follow the f creditors, in the Securities and Act of 1934. File the er Chapter 11
9.	Were prior bankruptcy cases filed by or against the debtor within the last 8 years? If more than 2 cases, attach a separate list.	No.	District			When		Case number	
			District			When		Case number	
10.	Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? List all cases. If more than 1,	□ No ■ Yes.		For	Subacute at Mcc	hanicehu		Polotionakia	Affiliate
	attach a separate list		Debtor District	Mido	Subacute at Mec Ile District of nsylvania	When	11/01/19	Case number, if known	Affiliate 1:19-bk-04714

Debtor

Name

Fox Nursing Home Corp.

Official Form Case 1:19-bk-04715 - HWW Period 19 Nor Melidian More Page 2 of 4

Case number (if known)

Deb	otor	Fox Nursing Home	e Corp.		Case number (if known)					
		Name									
11.		is the case filed in district?	Check all that apply:								
					ebtor has had its domicile, principal place of business, or principal assets in this district for 180 d eceding the date of this petition or for a longer part of such 180 days than in any other district.						
			■ A	bankruptcy case concerning o	debtor's affiliate, general partner, or partners	hip is pending in this district.					
12.		s the debtor own or e possession of any	No								
	real property property that	property or personal perty that needs	□ Yes.	Answer below for each property that needs immediate attention. Attach additional sheets if needed.							
		immediate attention?		Why does the property ne	Why does the property need immediate attention? (Check all that apply.)						
				\Box It poses or is alleged to p	poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.						
				What is the hazard?							
				□ It needs to be physically	secured or protected from the weather.						
					ods or assets that could quickly deteriorate os, meat, dairy, produce, or securities-related						
				□ Other							
				Where is the property?							
					Number, Street, City, State & ZIP Code						
				Is the property insured?							
				🗆 No							
				Yes. Insurance agency	/						
				Contact name							
				Phone							
		Statistical and admin	istrative i	information							
13.		tor's estimation of		Check one:							
	avai	lable funds		Funds will be available for a	distribution to unsecured creditors.						
			After any administrative expenses are paid, no funds will be available to unsecured creditors.								
14.	Estimated number of creditors		□ 1-49 □ 50-99								
					□ 5001-10,000 □ 10,001-25,000	☐ 50,001-100,000 ☐ More than100,000					
			■ 100- □ 200-9		L 10,001 23,000						
15.	Estimated Assets		□ \$0 - \$		\$1,000,001 - \$10 million	🗖 \$500,000,001 - \$1 billion					
				001 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion					
),001 - \$500,000),001 - \$1 million	□ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion □ More than \$50 billion					
			L \$500	λ,001 - φ1 Πιπισπ	□ \$100,000,001 - \$500 million						
16.	Esti	mated liabilities	□ \$0 - 9	\$50,000	\$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion					
				,001 - \$100,000	\square \$10,000,001 - \$10 million	□ \$1,000,000,001 - \$10 billion					
				0,001 - \$500,000	□ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion					
			□ \$500),001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion					

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both: 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature

of authorized representative of debtor

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11/01/2019 MM/ DD / YYYY 6 Signature of authorized representative of debtor

Title President

James M. Foulke Printed name

18. Signature of attorney

X s/ Robert E. Chernicoff Signature of attorney for debtor

Date 11/01/2019 MM / DD / YYYY

Robert E. Chernicoff, Esquire 23380 Printed name

Cunningham, Chernicoff & Warshawsky, P.C. Firm name

2320 North Second Street Harrisburg, PA 17110 Number, Street, City, State & ZIP Code

Contact phone (717) 238-6570

Email address

23380 PA

Bar number and State