

Ms. Nicole Godburn  
Fiscal Manager, Reimbursement and CON  
Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06105

Ms. Godburn:

This enclosed 2020 Medicaid Cost Report intentionally omits the following disallowances:

- a. Administrator and Related Party salaries
- b. Dues and Membership Fees to Professional Associations
- c. Physical or Speech Therapy salaries or fees
- d. Depreciation and/or interest expense related to capitalized items previously deemed unallowable by the Department

225 Pitkin Street  
East Hartford  
Connecticut 06108

860.610.9009 (t)  
860.610.9030 (f)

cjlc.com



It is our understanding that the software utilized by the Department in the rate setting process computes the necessary disallowances for these areas and our intention is to eliminate the potential for a duplicate disallowance.

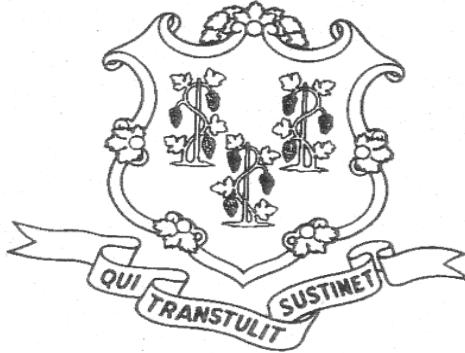
If you have any questions, please contact me at 860-610-9009.

Respectfully,

A handwritten signature in blue ink, appearing to read 'C J Lubitski'.

Craig J. Lubitski, CPA  
Partner

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) The Villa at Stamford	
Address (No. & Street, City, State, Zip Code) 88 Rock Rimmon Rd., Stamford, CT 06903	
Type of Facility	
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 716-C	RHNS	(Specify)	Medicare Provider 07-5153
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Medicaid Provider Numbers:	CCNH 000007161	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

# Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

## General Information

Name of Facility (as licensed) The Villa at Stamford	License No. 716-C	Report for Year Ended 9/30/2020	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 The Villa at Stamford [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, 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) Peter Showstead		Printed Name (Owner) Shlomo Levi		
Subscribed and Sworn to before me:	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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility The Villa at Stamford	Period Covered:		From 10/1/2019	To 9/30/2020
Address of Facility 88 Rock Rimmon Rd., Stamford, CT 06903				
Report Prepared By CJLC LLC	Phone Number 806-610-9009	Date 1/22/2021		
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (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) 322-3428	Report for Year Ended 9/30/2020	Page 2	of 37
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Name of Facility (as shown on license) The Villa at Stamford		Address (No. & Street, City, State, Zip) 88 Rock Rimmon Rd., Stamford, CT 06903		
License Numbers:	CCNH 716-C	RHNS	(Specify)	Medicare Provider No. 07-5153
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input 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.

<b>Administrator</b>		
Name of Administrator Peter Showstead		Nursing Home Administrator's License No.:
Other Operators/Owners who are assistant administrators (full or part time) of this facility.		
Name		License No.:

State of Connecticut

**Annual Report of Long-Term Care Facility**

CSP-3 Rev. 10/2005

**General Information and Questionnaire**  
**Partners/Members**

Name of Facility The Villa at Stamford	License No. 716-C	Report for Year Ended 9/30/2020	Page of 3   37
Legal Name of Partnership/LLC		Business Address	State(s) and/or Town(s) in Which Registered
Smith House Operating LLC		88 Rock Rimmon Rd., Stamford, CT 06903	CT
Name of Partners/Members	Business Address	Title	% Owned
Charles E. Gros	88 Rock Rimmon Rd., Stamford, CT 06903	Member	67
Shlomo Levi	88 Rock Rimmon Rd., Stamford, CT 06903	Member	5
Shlomo Boehm	88 Rock Rimmon Rd., Stamford, CT 06903	Member	28

# **General Information and Questionnaire**

## **Corporate Owners**

Name of Facility The Villa at Stamford	License No. 716-C	Report for Year Ended 9/30/2020	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

# **General Information and Questionnaire**

## **Individual Proprietorship**

Name of Facility The Villa at Stamford	License No. 716-C	Report for Year Ended 9/30/2020	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

## **General Information and Questionnaire**

### **Related Parties\***

Name of Facility The Villa at Stamford	License No. 716-C	Report for Year Ended 9/30/2020			Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?				<input type="radio"/> Yes <input checked="" type="radio"/> 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?				<input checked="" type="radio"/> Yes <input type="radio"/> 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	%**				
Shlomo Levi	88 Rock Rimmon Rd., Stamford, CT 06903	<input type="radio"/>	<input checked="" type="radio"/>		Administrator	10/A1	45,949	45,949
Smith House Realty LLC	88 Rock Rimmon Rd., Stamford, CT 06903	<input type="radio"/>	<input checked="" type="radio"/>		Rental of Facility	22/9	1,410,572	1,410,572
Center Management LLC		<input type="radio"/>	<input checked="" type="radio"/>		Administrative Management	16/m12	204,425	204,425
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.

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

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility The Villa at Stamford	License No. 716-C	Report for Year Ended 9/30/2020	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.

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.

Is a Mileage Log Book Maintained for All Leased Vehicles?

Yes

○ No

Total \*\*\*

257,198

\* 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.

**Villa at Stamford**  
**Lease Schedule-Page 6**  
**9/30/2020**

<b>Vendor</b>	<b>Amount</b>	<b>Description</b>
Accelerated Care	3,244.20	Software Lease
ADM Environmental	10,369.19	Dumpster Rental
American Express	11,576.12	AC Rental
Esolutions	8,453.19	Billing Software lease
Expert Care Staffin	39,537.93	Adj for Software Rent Equip
MatrixCare	12,918.60	EHR software
Pitney Bowes	118.02	Postage Machine Rental
PointClicekCare Tech	27,352.18	Software Maintenance
Relia Tech	17,029.99	Computer network lease
Reliable Health Sys	16,092.00	Software Lease
Reqquer	1,003.00	Maintenance software
SBV	12,650.00	Time Tracking software
TFS Leasing	12,084.92	Copier lease
Unitex Textile	84,768.28	Linen Rental
<hr/>		
		\$ 257,197.62

## General Information and Questionnaire

### Accounting Basis

Name of Facility The Villa at Stamford	License No. 716-C	Report for Year Ended 9/30/2020	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual     Cash     Modified Cash

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

#### Independent Accounting Firm

Name of Accounting Firm 1 Brand Sonnenschine 2 CJLC, LLC 3 HMM CPAs 4	Address (No. & Street, City, State, Zip Code) 299 Broadway, Suite 600, New York, NY 10007-1993 225 Pitkin St., East Hartford, CT 06108 527 Townline Road, Hauppauge, NY
---	--

Services Provided by This Firm (*describe fully*)

1 Accounting and tax services	\$ 31,200
2 Medicaid and Medicare Cost Report, Reimbursement Consulting	\$ 14,600
3 401(k) audit	\$ 8,500
4	\$
	Charge for Services Provided \$ 54,300

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

Yes     No    Pg 15/1d

#### Legal Services Information

Name of Legal Firm or Independent Attorney 1 See Schedule 2 3 4 5	Telephone Number
--	------------------

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

1	
2	
3	
4	
5	

Services Provided by This Firm (*describe fully*)

1	\$ 24,000
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 24,000

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

Yes     No    Pg 15/1e

**The Villa of Stamford****9/30/2020****Legal Schedule**

<b>Inv Date</b>	<b>Vendor</b>	<b>Amount</b>	<b>Description</b>
1/8/2020	AMERICAN ARBITRATIO	325.00	ARBITRATION
2/6/2020	AMERICAN ARBITRATIO	325.00	
8/28/2020	AMERICAN ARBITRATIO	325.00	
8/28/2020	AMERICAN ARBITRATIO	325.00	
	AMERICAN ARBITRATIO	<u>1,300.00</u>	**
6/16/2020	Denise Jean	8,800.00	SETTLEMENT
	Denise Jean	<u>8,800.00</u>	**
4/30/2020	Greater New York He	3,080.00	LABOR AND EMPLOYMENT ISSUES
7/31/2020	Greater New York He	4,290.00	
10/5/2020	Greater New York He	1,155.00	
	Greater New York He	<u>8,525.00</u>	
9/3/2020	HARVEY M. SHRAGE	850.00	ARBITRATOR'S COMPENSATION
	HARVEY M. SHRAGE	<u>850.00</u>	**
6/20/2020	Littler Mendelson P	749.00	LABOR
	Littler Mendelson P	<u>749.00</u>	
10/10/2019	Murtha Cullina LLP	(1,960.00)	
1/31/2020	Murtha Cullina LLP	450.00	HEALTHCARE REGULATORY
2/28/2020	Murtha Cullina LLP	148.50	
5/13/2020	Murtha Cullina LLP	99.00	
	Murtha Cullina LLP	<u>(1,262.50)</u>	
7/15/2020	Rytes Company	3,000.00	COMPLIANCE AND Ethics training
8/1/2020	Rytes Company	1,063.75	
9/1/2020	Rytes Company	1,000.00	
	Rytes Company	<u>5,063.75</u>	
10/10/2019	Tenzer and Lunin LL	375.00	Compliance
	Tenzer and Lunin LL	<u>375.00</u>	
		24,400.25	
**Disallowed		10,950.00	

## Schedule of Resident Statistics

Name of Facility The Villa at Stamford			License No. 716-C				Report for Year Ended 9/30/2020				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					128	128			128	128		
A. On last day of PREVIOUS report period	128	128							128	128		
B. On last day of THIS report period	128	128			128	128			128	128		
2. Number of Residents					126	126			108	108		
A. As of midnight of PREVIOUS report period	126	126							108	108		
B. As of midnight of THIS report period	108	108			108	108			108	108		
3. Total Number of Days Care Provided During Period					5,982	5,982			2,766	2,766		
A. Medicare	8,748	8,748							6,230	6,230		
B. Medicaid (Conn.)	28,992	28,992			22,762	22,762						
C. Medicaid (other states)												
D. Private Pay	4,215	4,215			3,284	3,284			931	931		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	41,955	41,955			32,028	32,028			9,927	9,927		
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. <b>Total Resident Days (3G + 4A + 4B)</b>	<b>41,955</b>	<b>41,955</b>			<b>32,028</b>	<b>32,028</b>			<b>9,927</b>	<b>9,927</b>		

## Schedule of Resident Statistics (Cont'd)

Name of Facility The Villa at Stamford			License No. 716-C			Report for Year Ended 9/30/2020			Page 9	of 37	
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:											
Date of Change	Place of Change			Change in Beds				Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost		Gained		CCNH	RHNS	(Specify)	
(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)			
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			
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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR		
No. of Residents	21	72		15							
Per Diem Rate											
a. One bed rm.		269.85		450.00							
b. Two bed rms.				500.00							
c. Three or more bed rms.											
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)
								10,658	10,658		
A. Medicare - Part B											
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments											
2. Restorative Treatments								2,836	2,836		
C. Other								16,415	16,415		
D. <b>Total Physical Therapy Treatments</b>								29,909	29,909		
8. Total Number of Speech Therapy Treatments											
A. Medicare - Part B								706	706		
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments											
2. Restorative Treatments								256	256		
C. Other								1,541	1,541		
D. <b>Total Speech Therapy Treatments</b>								2,503	2,503		
9. Total Number of Occupational Therapy Treatments											
A. Medicare - Part B								10,972	10,972		
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments											
2. Restorative Treatments								2,622	2,622		
C. Other								15,611	15,611		
D. <b>Total Occupational Therapy Treatments</b>								29,205	29,205		

## Report of Expenditures - Salaries &amp; Wages

Name of Facility	License No.	Report for Year Ended		Page	of		
		716-C	9/30/2020		10	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)	45,949	832					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	170,919	2,120					
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)							
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	330,046	12,534					
5. Dietary Service							
a. Head Dietitian	55,568	1,774					
b. Food Service Supervisor	123,697	4,240					
c. Dietary Workers	421,661	22,390					
6. Housekeeping Service							
a. Head Housekeeper							
b. Other Housekeeping Workers	365,405	21,469					
7. Repairs & Maintenance Services							
a. Engineer or Chief of Maintenance							
b. Other Maintenance Workers	119,429	4,828					
8. Laundry Service							
a. Supervisor							
b. Other Laundry Workers							
9. Barber and Beautician Services							
10. Protective Services	122,707	5,030					
11. Accounting Services							
a. Head Accountant							
b. Other Accountants							
12. Professional Care of Residents							
a. Directors and Assistant Director of Nurses	240,924	4,240					
b. RN							
1. Direct Care	1,040,355	24,310					
2. Administrative**	209,029	2,128					
c. LPN							
1. Direct Care	1,328,338	39,982					
2. Administrative**							
d. Aides and Attendants	2,270,232	103,754					
e. Physical Therapists							
f. Speech Therapists							
g. Occupational Therapists							
h. Recreation Workers	95,272	5,393					
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	213,953	5,190					
n. Marketing							
o. Other (Specify)	49,412	1,375					
A-13. Total Salary Expenditures		7,202,897	261,587				

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

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

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

**Schedule of Other Salaries and Wages (Page 10)**

**Schedule of Other Fees (Page 13)**

State of Connecticut

**Annual Report of Long-Term Care Facility**

CSP-11 Rev. 10/2005

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

Name of Facility The Villa at Stamford				License No. 716-C		Report for Year Ended 9/30/2020			Page 11	of 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)							
<b>Section I - Operators/Owners</b>										
Shlomo Levi	45,949					832	A1			
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

\* 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.

State of Connecticut

**Annual Report of Long-Term Care Facility**

CSP-12 Rev. 10/2005

**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
The Villa at Stamford				716-C		9/30/2020			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)							
<b>Section III - Administrators***</b>										
Peter Showstead	170,919					2,120	A2			
<b>Section IV - Assistant Administrators</b>										

\*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 The Villa at Stamford	License No. 716-C	Report for Year Ended 9/30/2020		Page 13	of 37
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)					
1. Dietitian					
2. Dentist	14,592	96			
3. Pharmacist					
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	536,844	9,351			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	34,200	416			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**					
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	75,487	1,544			
b. Other					
10. Occupational Therapist					
a. Resident Care	516,590	9,755			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	137,343	3,656			
2. Administrative***					
b. LPN					
1. Direct Care	7,532	Contract			
2. Administrative***					
c. Aides	58,244	Contract			
d. Other					
12. Other (Specify)					
See Attached Schedule					
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	1,380,832	24,818			

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

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

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

**Report of Expenditures**  
**Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis\***

Name of Facility The Villa at Stamford		License No. 716-C	Report for Year Ended 9/30/2020		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Jack V. Diteodoro, MD	Medial Director	<input type="radio"/>	<input checked="" type="radio"/>			
Lorraine H. Mulligan	Nursing	<input type="radio"/>	<input checked="" type="radio"/>			
Catherine Eichhorn	Nursing	<input type="radio"/>	<input checked="" type="radio"/>			
Tender Touch Rehab	PT/ST/OT	<input type="radio"/>	<input checked="" type="radio"/>			
Expert Care Staffing	Contract Admissions	<input type="radio"/>	<input checked="" type="radio"/>			
HealthDrive Dental	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>			
Rochel Furman	Nursing	<input type="radio"/>	<input checked="" type="radio"/>			
Rosella Crowley	Nursing	<input type="radio"/>	<input checked="" type="radio"/>			
Sofia Rodriguez	Nursing	<input type="radio"/>	<input checked="" type="radio"/>			
Universal Medical	Nursing	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

\* Use additional sheets if necessary.

\*\* Refer to Page 4 for definition of related.

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

Name of Facility The Villa at Stamford	License No. 716-C	Report for Year Ended 9/30/2020	Page 15	of 37	
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	165,805	165,805		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	69,223	69,223		
4. Social Security (F.I.C.A.)	\$	522,777	522,777		
5. Health Insurance	\$	943,723	943,723		
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$	26,147	26,147		
8. Uniform Allowance	\$				
9. Other (Specify) See Attached Schedule	\$	70,330	70,330		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	190,043	190,043		
d. Accounting and Auditing	\$	54,300	54,300		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$	24,400	24,400		
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$	24,090	24,090		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	29,420	29,420		
2. Cellular Phones	\$				
i. Appraisal ( <i>Specify purpose and attach copy</i> )*	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$	310,983	310,983		
k. Other Taxes ( <i>Not related to property - See Page 22</i> )					
1. Income*	\$				
2. Other (Specify) See Attached Schedule	\$	5,113	5,113		
3. Resident Day User Fee	\$	623,745	623,745		
<b>Subtotal</b>	\$	<b>3,060,099</b>	<b>3,060,099</b>		

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

(Carry Subtotals forward to next page)

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

The Villa at Stamford  
9/30/2020

Attachment Page 15

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	(Specify)
Employee Benefits	\$ 70,330		
<b>Total</b>	<b>\$ 70,330</b>	<b>\$ -</b>	<b>\$ -</b>

---

**Schedule of Other Taxes**

Description	CCNH	RHNS	(Specify)
Sales Tax	\$ 5,113		
<b>Total</b>	<b>\$ 5,113</b>	<b>\$ -</b>	<b>\$ -</b>

---

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

Name of Facility The Villa at Stamford	License No. 716-C	Report for Year Ended 9/30/2020		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
<b><i>Subtotals Brought Forward:</i></b>		3,060,099	3,060,099		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	36,304	36,304		
5. Education Expenses Related to Seminars and Conventions	\$	1,491	1,491		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$	11,688	11,688		
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$				
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	27,021	27,021		
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	\$	2,409	2,409		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	350	350		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	2,109	2,109		
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$	52,405	52,405		
12. Administrative Management Services**	\$	204,425	204,425		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	12,281	12,281		
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$	3,410,583	3,410,583		

\* 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)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Advertising-Newspaper	\$ 7,481		
Marketing	\$ 19,540		
<b>Total Other Advertising</b>	\$ 27,021	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
Dues	\$ 350		
<b>Total Dues</b>	\$ 350	\$ -	\$ -

**Schedule of Contributions**

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

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Criminal Background	\$ 2,737		
Bank-Charges	\$ 2,988		
Permits	\$ 1,380		
Licenses	\$ 524		
Admin - Other	\$ 4,652		
<b>Total Other Administrative and General</b>	\$ 12,281	\$ -	\$ -

State of Connecticut

**Annual Report of Long-Term Care Facility**

CSP-17 Rev. 10/97

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

Name of Facility The Villa at Stamford	License No. 716-C	Report for Year Ended 9/30/2020	Page of 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 #
Center Management Group LLC	204,425	Administrative Management	16 / m12

**\* 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 The Villa at Stamford	License No. 716-C	Report for Year Ended 9/30/2020		Page 18 of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 281,556	281,556		
2. Non-Food Supplies	\$ 31,855	31,855		
3. Other (Specify) _____	\$			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) <i>(Complete Schedule C-2 att. Page 21)</i>	\$			
c. Other (Specify) _____ Supplies	\$			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 313,411</b>	<b>313,411</b>		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*				
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 type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

\* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

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

Name of Facility The Villa at Stamford	License No. 716-C	Report for Year Ended 9/30/2020		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry	Lbs.				
a. In-House Processing*					
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
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)	\$	32,123	32,123		
c. Other (Specify)	\$				
<b>3D. Total Laundry Expenditures (3a + b + c )</b>	\$	32,123	32,123		
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.

\*\*\* 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 The Villa at Stamford	License No. 716-C	Report for Year Ended 9/30/2020		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt. \$				
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )					
b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	Sq. Ft. Serviced by Personnel				
Amt. \$					
C. Other ( <i>Specify</i> ) Supplies	\$	49,822	49,822		
<b>4D. Total Housekeeping Expenditures (4a + b + c )</b>	\$	<b>49,822</b>	<b>49,822</b>		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	222,889	222,889		
b. Medicine Cabinet Drugs	\$	81,963	81,963		
c. Medical and Therapeutic Supplies	\$	295,835	295,835		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	4,093	4,093		
f. X-rays and Related Radiological Procedures***	\$	7,632	7,632		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	45,725	45,725		
i. Recreation	\$	9,872	9,872		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other ( <i>Specify</i> )**** See Attached Schedule	\$	99,694	99,694		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	<b>767,701</b>	<b>767,701</b>		

\* 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.

# The Villa at Stamford

## 9/30/2020

Attachment Page 20

## **Schedule of Other Resident Care**

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

\* 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 The Villa at Stamford	License No. 716-C	Report for Year Ended 9/30/2020			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	13,489	13,489			
b. Heat	\$	121,577	121,577			
c. Light & Power	\$	150,700	150,700			
d. Water	\$	21,816	21,816			
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$	257,198	257,198			
f. Other ( <i>itemize</i> )	\$	147,520	147,520			
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$	<b>712,300</b>	<b>712,300</b>			
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	122,399	122,399			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	106,417	106,417			
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$	<b>228,816</b>	<b>228,816</b>			
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$	5,000	5,000			
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$	<b>5,000</b>	<b>5,000</b>			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	1,410,572	1,410,572			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$	<b>1,644,388</b>	<b>1,644,388</b>			

\* 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)
Maint Purch Services	\$ 48,635		
Extermination	\$ 3,552		
Maint Cont Services	\$ 28,260		
Maint Contr Minor Major Movable	\$ 1,310		
Garbage Removal	\$ 26,119		
Grounds Contract Srv	\$ 31,291		
Elevator	\$ 7,954		
Maint Hardware	\$ 400		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 147,520</b>	<b>\$ -</b>	<b>\$ -</b>

## Depreciation Schedule

## The Villa at Stamford 9/30/2020

**Schedule of Land Improvements Acquired during this report period**

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

**\*Ties to Page 23, Line A3**

**\*\*Ties to Page 23, Line A2**

**Schedule of Building Improvements Acquired during this report period**

\*Ties to Page 23, Line B3

**\*\*Ties to Page 23, Line B2**

**Schedule of Non-Movable Equipment Acquired during this report period**

**\*Ties to Page 23, Line C3**

**\*\*Ties to Page 23, Line C2**

**Schedule of Movable Equipment Acquired during this report period**

\*\*Ties to Page 23, Line D2b

**Ties to Page 25, Line D2b**

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**Schedule of Leasehold Improvements Acquired during this report period**

**\*Ties to Page 24, Line C3**

\*\*Ties to Page 24, Line C2

**The Villa of Stamford**

**9/30/2029**

**Additions**

<b>Movable Equipment</b>	<b>Descriptions of Item</b>	<b>Cost</b>	<b>Useful Life</b>	<b>Depreciation</b>
Acute Care Gases	BIPAP/CPAP	1,079.00	5	215.80
Allstate Medical	PRESSURE MATTRESS SYSTEM	2,889.96	5	577.99
American Express	ID MAKER	951.83	5	190.37
Culinary Depot	STAINLESS STEEL BLIXER	1,216.64	5	243.33
Current Mechanics Electrical Contractors	GENERATOR HOOKUP	4,700.00	5	940.00
ID-Tech Solutions	COMPUTERS	2,419.90	5	483.98
MedaCure Innovative Healthcare Solutions	BARIATRIC LIFT	2,042.00	5	408.40
Relia Tech Network	COMPUTERS/SYSTEM UPGRADE	18,605.71	5	3,721.14
ReMED Services		1,420.00	5	284.00
		<u>35,325.04</u>		<u>7,065.01</u>

**Vehicle**

FORD CREDIT	2019 Ford F250	52,861.67	3	17,620.56
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**Leasehold Improvements**

AE Design Group	WALLPAPER	11,533.66	15	768.91
Allstate Medical	DIGITAL SCALE	774.87	15	51.66
American Express	SHOWER ROOM - TILES	5,740.06	15	382.67
AT-EEZ Plumbing & Heating Inc.	NEW SHOWER BODY	2,315.50	15	154.37
Bay State Elevator	ELEVATOR REPAIRS/ NEW DOOR	29,692.54	15	1,979.50
Bill's Refrigeration	CONDENSER FAN MOTOR	1,767.23	15	117.82
Dobson Turf Irrigation	TWO ZONES ADDED	2,127.00	15	141.80
F&F Mechanical Services	PIPING REPAIR	4,330.88	15	288.73
Fischer Roofing, LLC	ROOF REPAIR	160,675.00	15	10,711.67
Humidaire	OUTSIDE CONDENSER	5,400.00	15	360.00
Johnson Controls	CLAMP AND HANGER INSTALLED	4,791.89	15	319.46
Levller LLC	TWO SHOWER/TOILET ROOM REMODELED	16,000.00	15	1,066.67
Ratick Combustion, inc.	ACTUATOR/VALVE/ OIL PUMP REPLACEMENT	10,044.81	15	669.65
Water Feature Pros	CODE ADJ	(1,998.00)	15	(133.20)
		<u>253,195.44</u>		<u>16,879.70</u>

**Amortization Schedule\***

Name of Facility The Villa at Stamford			License No. 716-C		Report for Year Ended 9/30/2020			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. <b>Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
B. <b>Mortgage Expense</b>				50,000	10,000			5,000	
1.									
2.									
3.									
B-4. Subtotal									5,000
C. <b>Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. <b>Total Amortization</b>									5,000

\* 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 The Villa at Stamford	License No. 716-C	Report for Year Ended 9/30/2020	Page 25	of 37	
11. Property Questionnaire					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	128				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
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					
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
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					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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 The Villa at Stamford	License No. 716-C	Report for Year Ended 9/30/2020			Page 26	of 37
Item		Total	CCNH	RHNS	(Specify)	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
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. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$				

(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 9/30/2020			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
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)		\$				
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>		\$				
14. Insurance						
a. Insurance on Property (buildings only)	\$	104,554	104,554			
b. Insurance on Automobiles	\$	5,854	5,854			
c. Insurance other than Property (as specified above)						
1. Umbrella ( <i>Blanket Coverage</i> )	\$					
2. Fire and Extended Coverage	\$					
3. Other (Specify)	\$					
14d. <b>Total Insurance Expenditures (14a + b + c)</b>	\$	110,408	110,408			
15. <b>Total All Expenditures (A-13 thru C-14)</b>	\$	15,624,464	15,624,464			

## **D. Adjustments to Statement of Expenditures**

Name of Facility The Villa at Stamford				License No. 716-C	Report for Year Ended 9/30/2020		Page 28   of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	b10a	Occupational Therapy	\$ 516,590	516,590		
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 190,043	190,043		
10.			Accounting	\$			
10a.			Legal	\$ 10,950	10,950		
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.	16	m3	Unallowable Advertising *	\$ 27,021	27,021		
19.	15	1j	Income Tax / Corporate Business Tax	\$ 310,733	310,733		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$			
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,055,337	1,055,337		

\* 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)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Fees Adjustments</b>			\$ -	\$ -	\$ -

## **Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other A&amp;G Adjustments</b>			\$ -	\$ -	\$ -

State of Connecticut

**Annual Report of Long-Term Care Facility**

CSP-29 Rev. 10/2006

**D. Adjustments to Statement of Expenditures (cont'd)**

Name of Facility The Villa at Stamford				License No. 716-C	Report for Year Ended 9/30/2020		Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)	
Subtotals Brought Forward				\$ 1,055,337	1,055,337			
<b>Page 20 - Resident Care Supplies***</b>								
27.	20	5a	Prescription Drugs	\$ 222,889	222,889			
28.			Ambulance/Limousine	\$				
29.	20	5f	X-rays, etc	\$ 7,632	7,632			
30.	20	5h	Laboratory	\$ 45,725	45,725			
31.			Medical Supplies	\$				
32.	20	e2	Oxygen (non emergency)	\$ 4,093	4,093			
33.			Occupational Therapy	\$				
34.			Other - See Attached Schedule	\$ 84,562	84,562			
<b>Page 22 - Maintenance and Property</b>								
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$				
36.			Depreciation on Unallowable Motor Vehicles	\$				
37.			Unallowable Property and Real Estate Taxes	\$				
38.			Rental of Building Space or Rooms	\$				
39.			Other - See Attached Schedule	\$				
<b>Page 27 - Insurance</b>								
40.			Mortgage Insurance	\$				
41.			Property Insurance	\$				
<b>Other - Miscellaneous</b>								
42.			Other - Indirect	\$				
43.			Interest Income on Account Rec.	\$				
44.			Other - Miscellaneous Administrative	\$				
45.			Management Fees Direct	\$				
46.			Management Fees Indirect	\$				
47.			Other - Direct	\$				
<b>Not For Profit Providers Only</b>								
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$				
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,420,238	1,420,238			

\*\*\* 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.

## The Villa at Stamford 9/30/2020

### **Schedule of Other Ancillary Costs**

## **Schedule of Excess Movable Equipment Depreciation**

### **Schedule of Other Property Adjustments**

### **Schedule of Unallowable Building Interest**

**F. Statement of Revenue**

Name of Facility The Villa at Stamford	License No. 716-C	Report for Year Ended 9/30/2020			Page 30   37
Item		Total	CCNH	RHNS	(Specify)
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$				
b. Medicaid Room and Board Contractual Allowance **	\$	7,933,443	7,933,443		
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$				
b. Medicare Room and Board Contractual Allowance **	\$	6,763,845	6,763,845		
4. a. Private-Pay Residents and Other	\$				
b. Private-Pay Room and Board Contractual Allowance **	\$	1,905,620	1,905,620		
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$				
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$				
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$				
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$				
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other ( <i>Specify</i> ) - Medicare	\$	526,321	526,321		
b. Other ( <i>Specify</i> ) - Non-Medicare	\$				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$	17,129,229	17,129,229		
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$	267	267		
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$	20,319	20,319		
<b>V. Total Other Revenue</b> (1 thru 8)	\$	20,586	20,586		
<b>VI. Total All Revenue</b> (III +V)	\$	17,149,815	17,149,815		

\* 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.

## Annual Report of Long-Term Care Facility

CSP-30 Rev.10/2005

## F. Statement of Revenue

Name of Facility The Villa at Stamford	License No. 716-C	Report for Year Ended 9/30/2020			Page 30   37
Item		Total	CCNH	RHNS	(Specify)
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 13,640,401	13,640,401			
b. Medicaid Room and Board Contractual Allowance **	\$ (5,706,958)	(5,706,958)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 6,826,711	6,826,711			
b. Medicare Room and Board Contractual Allowance **	\$ (62,866)	(62,866)			
4. a. Private-Pay Residents and Other	\$ 2,069,750	2,069,750			
b. Private-Pay Room and Board Contractual Allowance **	\$ (164,130)	(164,130)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$				
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$				
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$				
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$				
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 526,321	526,321			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 17,129,229	17,129,229			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 267	267			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 20,319	20,319			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 20,586	20,586			
<b>VI. Total All Revenue</b> (III +V)	\$ 17,149,815	17,149,815			

\* 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)
30/II6a	Medicare B Ancillary Revenue	\$ 526,321		
	<b>Total Other Resident Revenue - Medicare</b>	<b>\$ 526,321</b>	<b>\$ -</b>	<b>\$ -</b>

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
	<b>Total Other Resident Revenue</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30/IV5	Interest Income	\$ 267			

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30/IV8	Misc Income	\$ 19,274		
30/IV8	Vending Machines	\$ 1,045		
	<b>Total Other Revenue</b>	<b>\$ 20,319</b>	<b>\$ -</b>	<b>\$ -</b>

**G. Balance Sheet**

Name of Facility The Villa at Stamford	License No. 716-C	Report for Year Ended 9/30/2020	Page 31	of 37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$ 3,882,503	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 2,231,277	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$ 47,985	
a. _____				
b. _____				
c. _____				
d. See Schedule		47,985		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$ 6,161,765	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	2,138,150	\$ 1,694,250	
	Accum. Depreciation	443,899 Net		
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	Net		
5. Non-Movable Equipment	*Historical Cost	_____	\$	
	Accum. Depreciation	Net		
6. Movable Equipment	*Historical Cost	384,919	\$ 85,820	
	Accum. Depreciation	299,099 Net		
7. Motor Vehicles	*Historical Cost	111,928	\$ 41,148	
	Accum. Depreciation	70,780 Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$ (27,201)	
See Schedule		(27,201)		
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$ 1,794,017	

\* 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 The Villa at Stamford	License No. 716-C	Report for Year Ended 9/30/2020	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	7,955,782
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 <b>Total Leasehold or Like Properties</b> (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)			\$	40,000
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	245,147
See Schedule		245,147		
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	285,147
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	8,240,929

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

**Schedule of Prepaid Expenses Page 31 Line A5**

Schedule of Other Current Assets (itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
<b>Total Other Current Assets (Itemize)</b>			\$ -

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

**Schedule of Other Assets Page 32 Line D7**

**Schedule of Notes Payable (Itemize) Page 33 Line A2**

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

Page Ref	Line Ref	Description	
33	A12	Accrued Expenses	\$ 43,551
33	A12	Patient Fund Liabilities	\$ (11,066)
33	A12	Loans & Exchange	\$ 25,934
33	A12	Donations Restricted	\$ 870
33	A12	Stimulus Payable	\$ 29,134
33	A12	PA Corp. Est Tax	\$ 1,883
33	A12	Deferred Tax Liability	\$ 12,600
33	A12	Due to Medicaid	\$ 488,730
33	A12	Due to HHS	\$ 869,944
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 1,461,580</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2020	33	37
Account			Amount	
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable			\$	1,025,677
2. Notes Payable ( <i>itemize</i> )			\$	
See Schedule				
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )			\$	
Name of Lender		Purpose	Amount	Date Due
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )			\$	504,040
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )			\$	
6. Accrued Payroll Taxes Payable			\$	38,559
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	1,092,768
9. Mortgage Payable ( <i>Current Portion</i> )			\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities ( <i>itemize</i> )			\$	1,461,580
See Schedule			1,461,580	
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)			\$	4,122,626

\* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

## G. Balance Sheet (cont'd)

Name of Facility The Villa at Stamford	License No. 716-C	Report for Year Ended 9/30/2020	Page 34	of 37
Account			Amount	
Total Brought Forward:			4,122,626	
<b>Liabilities (cont'd)</b>				
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> )			\$	
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)			\$	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)			\$	
			4,122,626	

## G. Balance Sheet (cont'd)

### Reserves and Net Worth

Name of Facility The Villa at Stamford	License No. 716-C	Report for Year Ended 9/30/2020	Page 35	of 37
Account				Amount
<b>A. Reserves</b>				
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>B. Net Worth</b>				
1. Owner's Capital				\$ (2,965,068)
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ 5,558,022
6. Gain or Loss for Period	10/1/2019	thru	9/30/2020	\$ 1,525,351
7. Total Net Worth				\$ 4,118,304
<b>C. Total Reserves and Net Worth</b>				\$ 4,118,304
<b>D. Total Liabilities, Reserves, and Net Worth</b>				\$ 8,240,930

## H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
The Villa at Stamford	716-C	9/30/2020	36	37
Account				Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2019				\$ 4,370,106
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )				\$ 17,149,815
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )				\$ 15,624,464
D. Net Income or Deficit				\$ 1,525,351
E. Balance				\$ 5,895,457
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
F-3. Total Additions				\$
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )				\$
Name and Address (No., City, State, Zip)		Title	Amount	
2. Other Withdrawings ( <i>Specify</i> )				\$
Purpose		Amount		
3. Total Deductions				\$
H. <b>Balance at End of Period</b>				\$ 5,895,457

## I. Preparer's/Reviewer's Certification

Name of Facility The Villa at Stamford	License No. 716-C	Report for Year Ended 9/30/2020	Page 37	of 37
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*Check appropriate category*

<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)
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### Preparer/Reviewer Certification

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.

Signature of Preparer	Title	Date Signed
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Printed Name of Preparer

CJLC LLC

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