

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)

cjl.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.

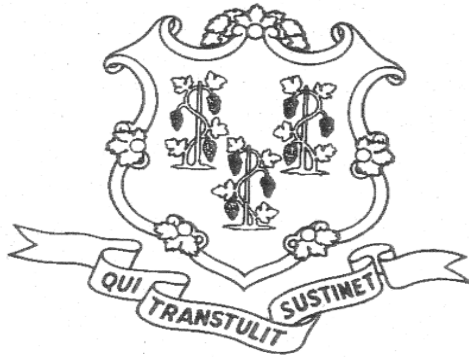
If you have any questions, please contact me at 860-610-9009.

Respectfully,

A handwritten signature in blue ink, appearing to read 'CJL', written in a cursive style.

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 Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

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

Medicaid Provider Numbers:	CCNH 000007161	RHNS	ICF-IID
----------------------------	-------------------	------	---------

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
---	----------------------	------------------------------------	-----------	----------

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:	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 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. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (203) 322-3428		Report for Year Ended 9/30/2020	Page 2	of 37
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 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 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.				
Administrator				
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.:		

**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? 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	%**				
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
---	----------------------	------------------------------------	-----------	----------

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.

Name of Facility The Villa at Stamford			License No. 716-C		Report for Year Ended 9/30/2020		Page 6	of 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						
See Attached	<input type="radio"/>	<input checked="" type="radio"/>					257,198	
	<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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							Total ***	257,198

Yes No

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

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

Vendor	Amount	Description
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
PointClicckCare Tech	27,352.18	Software Maintenance
Relia Tech	17,029.99	Computer network lease
Reliable Health Sys	16,092.00	Software Lease
Reqqer	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
---	----------------------	------------------------------------	-----------	----------

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 Brand Sonnenschine	299 Broadway, Suite 600, New York, NY 10007-1993
2 CJLC, LLC	225 Pitkin St., East Hartford, CT 06108
3 HMM CPAs	527 Townline Road, Hauppauge, NY
4	

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	Telephone Number
1 See Schedule	
2	
3	
4	
5	

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

Inv Date	Vendor	Amount	Description	
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	<u>325.00</u>		
	AMERICAN ARBITRATIO	1,300.00		**
6/16/2020	Denise Jean	<u>8,800.00</u>	SETTLEMENT	
	Denise Jean	8,800.00		**
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	<u>1,155.00</u>		
	Greater New York He	8,525.00		
9/3/2020	HARVEY M. SHRAGE	<u>850.00</u>	ARBITRATOR'S COMPENSATION	
	HARVEY M. SHRAGE	850.00		**
6/20/2020	Littler Mendelson P	<u>749.00</u>	LABOR	
	Littler Mendelson P	749.00		
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	<u>99.00</u>		
	Murtha Cullina LLP	(1,262.50)		
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	<u>1,000.00</u>		
	Rytes Company	5,063.75		
10/10/2019	Tenzer and Lunin LL	<u>375.00</u>	Compliance	
	Tenzer and Lunin LL	375.00		
		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													
A. On last day of PREVIOUS report period	128	128			128	128			128	128			
B. On last day of THIS report period	128	128			128	128			128	128			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	126	126			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													
A. Medicare	8,748	8,748			5,982	5,982			2,766	2,766			
B. Medicaid (Conn.)	28,992	28,992			22,762	22,762			6,230	6,230			
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. Total Resident Days (3G + 4A + 4B)	41,955	41,955			32,028	32,028			9,927	9,927			

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	RHNS	CCNH	RHNS	(Specify)	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)	
A. Medicare - Part B									10,658	10,658			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									2,836	2,836			
C. Other									16,415	16,415			
D. Total Physical Therapy Treatments									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. Total Speech Therapy Treatments									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. Total Occupational Therapy Treatments									29,205	29,205			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
The Villa at Stamford	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)						
See Attached Schedule	49,412	1,375				
<i>A-13. Total Salary Expenditures</i>	<i>7,202,897</i>	<i>261,587</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 of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Salaries Respiratory Therapist	\$ 49,412	1,375				
Total	\$ 49,412	1,375	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

**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	
The Villa at Stamford				716-C	9/30/2020			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										
Shlomo Levi	45,949					832	A1			
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
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)							
Section III - Administrators***										
Peter Showstead	170,919					2,120	A2			
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		
The Villa at Stamford	716-C	9/30/2020	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	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-13 Total Fees Paid in Lieu of Salaries	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	License No.	Report for Year Ended	Page	of
The Villa at Stamford	716-C	9/30/2020	15	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 (<i>Specify</i>) 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 (<i>Specify</i>)*	\$			
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 (<i>Specify</i>) See Attached Schedule	\$ 5,113	5,113		
3. Resident Day User Fee	\$ 623,745	623,745		
Subtotal	\$ 3,060,099	3,060,099		

* 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		
Total	\$ 70,330	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Sales Tax	\$ 5,113		
Total	\$ 5,113	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
The Villa at Stamford	716-C	9/30/2020		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	3,060,099	3,060,099			
i. 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			
C-14 Total Administrative & General Expenditures	\$ 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)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

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

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues	\$ 350		
Total Dues	\$ 350	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Total Contributions	\$ -	\$ -	\$ -

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		
Total Other Administrative and General	\$ 12,281	\$ -	\$ -

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 (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) _____ Supplies		\$			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 313,411	313,411		
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					
a. In-House Processing*		Lbs.			
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 (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	32,123	32,123	
c. Other (Specify)		\$			
3D. Total Laundry Expenditures (3a + b + c)		\$	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		License No.	Report for Year Ended		Page	of
The Villa at Stamford		716-C	9/30/2020		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$				
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C. Other (<i>Specify</i>) Supplies			\$ 49,822	49,822		
4D. Total Housekeeping Expenditures (4a + b + c)			\$ 49,822	49,822		
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		
5M. Total Resident Care Expenditures (5a - 5j)			\$ 767,701	767,701		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Rehab Contracted Svc	\$ 80,937		
Cable TV	\$ 15,131		
Clothing/Shoes	\$ 3,625		
Total Other Resident Care	\$ 99,694	\$ -	\$ -



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

Name of Facility The Villa at Stamford			License No. 716-C	Report for Year Ended 9/30/2020	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	
		<input type="radio"/>	<input checked="" type="radio"/>								
Expert Care Staffing		<input type="radio"/>	<input checked="" type="radio"/>		Fiscal Services	52,405				16	m11
ADM Enviornmental		<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	26,119				22	6f
Gras Lawn Care		<input type="radio"/>	<input checked="" type="radio"/>		Landscaping and Snow Removal	48,635				22	6f
Unitext Textile		<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	32,123				19	4b
		<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"/>								

* 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>) See Attached Schedule	\$	147,520	147,520			
6g. Total Maint. & Operating Expense (6a - 6f)	\$	712,300	712,300			
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			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	228,816	228,816			
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>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	5,000	5,000			
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	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,644,388	1,644,388			

* 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		
Total Other Repairs and Maintenance	\$ 147,520	\$ -	\$ -

Depreciation Schedule

Name of Facility The Villa at Stamford			License No. 716-C			Report for Year Ended 9/30/2020			Page 23	of 37		
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period			1,884,954		1,884,954	321,500	SL	20	105,520			
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)			253,195						16,880			
B-4. Subtotal										122,400		
C. Non-Movable Equipment												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
		Is a mileage logbook maintained?	Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year							
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a. Bus			x		1	2016	59,066	59,066	41,346	SL	5	11,813
b. Ford 2019 F250			x		12	2019	52,862	52,862		SL	3	17,621
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period							349,593	349,593	222,115	SL	5	69,919
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)							35,325				7,065	
D-3. Subtotal												106,417
E. Total Depreciation												228,817

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
Additions:				
Total additions for Land Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3
**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	Various - See Attached	\$ 253,195	15	\$ 16,880
Total additions for Building Improvements		\$ 253,195		\$ 16,880 *
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:				
	Various - See Attached	\$ 35,325	5	\$ 7,065
Total additions for Movable Equipment		\$ 35,325		\$ 7,065 *
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

The Villa of Stamford

9/30/2029

Additions

Movable Equipment	Descriptions of Item	Cost	Useful Life	Depreciation
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		<u>1,420.00</u>	5	<u>284.00</u>
		35,325.04		7,065.01
Vehicle				
FORD CREDIT	2019 Ford F250	52,861.67	3	17,620.56
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
Levler 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	<u>(1,998.00)</u>	15	<u>(133.20)</u>
		253,195.44		16,879.70

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. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.				50,000	10,000			5,000	
2.									
3.									
B-4. Subtotal									5,000
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									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

Part A

Is the property either owned by the Facility or leased from a Related Party?*

Yes 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				

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Villa at Stamford	716-C	9/30/2020	26	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. Total Building Interest Expense (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		Page	of
The Villa at Stamford		716-C		9/30/2020		27	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. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
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 (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 110,408	110,408		
15. Total All Expenditures (A-13 thru C-14)				\$ 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)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	b10a	Occupational Therapy	\$ 516,590	516,590		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
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	\$			
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,055,337	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)
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
The Villa at Stamford				716-C	9/30/2020	29	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		
Page 20 - Resident Care Supplies***							
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		
Page 22 - Maintenance and Property							
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	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Clothing / Shoes	\$ 3,625		
20	5J	Rehab Contracted Svs	\$ 80,937		
Total Other Ancillary Costs			\$ 84,562	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total 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	of 37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
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				
II. Other Resident Revenue						
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	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 17,129,229	17,129,229				
IV. Other Revenue*						
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				
V. Total Other Revenue (1 thru 8)	\$ 20,586	20,586				
VI. Total All Revenue (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.

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
The Villa at Stamford	716-C	9/30/2020			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
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)				
II. Other Resident Revenue						
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	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 17,129,229	17,129,229				
IV. Other Revenue*						
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				
V. Total Other Revenue (1 thru 8)	\$ 20,586	20,586				
VI. Total All Revenue (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		
Total Other Resident Revenue - Medicare		\$ 526,321	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30/IV5	Interest Income		\$ 267		
Total 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		
Total Other Revenue		\$ 20,319	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
The Villa at Stamford	716-C	9/30/2020	31	37
Account			Amount	
Assets				
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				
A-9. Total Current Assets (Lines A1 thru 8)			\$	6,161,765
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>2,138,150</u>		\$	1,694,250
	Accum. Depreciation <u>443,899</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>384,919</u>		\$	85,820
	Accum. Depreciation <u>299,099</u>	Net		
7. Motor Vehicles	*Historical Cost <u>111,928</u>		\$	41,148
	Accum. Depreciation <u>70,780</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(27,201)

See Schedule		(27,201)		
B-10. Total Fixed Assets (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).

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 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)			\$	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. Total Investments and Other Assets (Lines D1 thru 7)			\$	285,147
D-9. Total All Assets (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

Page Ref	Line Ref	Description	
31	A5	Prepaid Insurance	\$ 47,985
Total Prepaid Expenses			\$ 47,985

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

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

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

Page Ref	Line Ref	Description	
31	B9	Book VS Cost Report	\$ (27,201)
Total Other Fixed Assets (Itemize)			\$ (27,201)

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Escrow Reserve	\$ 103,241
32	D7	Due to Realty	\$ 141,907
Total Other Assets			\$ 245,147

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
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
Total Other Current Liabilities (Itemize)			\$ 1,461,580

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

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

G. Balance Sheet (cont'd)

Name of Facility The Villa at Stamford		License No. 716-C	Report for Year Ended 9/30/2020	Page 33	of 37
Account				Amount	
Liabilities					
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
A-13. Total Current Liabilities (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
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>)				\$

See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$
C. Total All Liabilities (Lines A-13 + B-5)				\$ 4,122,626

G. Balance Sheet (cont'd)
Reserves and Net Worth

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

H. Changes in Total Net Worth

Name of Facility The Villa at Stamford	License No. 716-C	Report for Year Ended 9/30/2020	Page 36	of 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 (<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			\$	5,895,457
				09/30/20

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
<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		Date Signed
Printed Name of Preparer				
CJLC LLC				
Address Address			Phone Number	
225 Pitkin Street, East Hartford, CT 06108			860-610-9009	
Annual Report Contact			Phone Number	
CJLC			860-610-9009	
Annual Report Contact Email Address				
annualreports@cjlc.com				