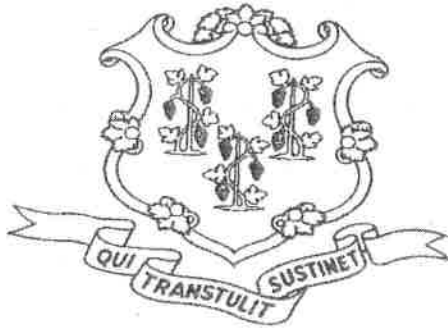


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) Villa Maria Nursing and Rehabilitation Community	
Address (No. & Street, City, State, Zip Code) 20 Babcock Avenue, Plainfield, CT 06374	
Type of Facility	
<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)	
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 1006-C	RHNS	(Specify)	Medicare Provider 07-5084
------------------	----------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH	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)	License No.	Report for Year Ended	Page	of
Villa Maria Nursing and Rehabilitation Community	1006-C	9/30/2020	1	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 Villa Maria Nursing and Rehabilitation Community [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
<i>Cindy A. Disco</i>		<i>2-9-21</i>	<i>Cindy A. Disco</i>		<i>2-9-21</i>
Printed Name (Administrator)			Printed Name (Owner)		
Cindy A. Disco			Cindy A. Disco		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
<i>Christine M. Ezzell</i>	<i>CT</i>	<i>2-9-21</i>	<i>Christine M. Ezzell</i>	<i>12/31/2023</i>	
Address of Notary Public					
<i>504 Kate Downing Road, Plainfield, CT 06374</i>					

(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 Villa Maria Nursing and Rehabilitation Community		Period Covered:	From 10/1/2019	To 9/30/2020
Address of Facility 20 Babcock Avenue, Plainfield, CT 06374				
Report Prepared By Citrin Cooperman & Company, LLP		Phone Number 401-421-4800	Date	
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 860-564-3387		Report for Year Ended 9/30/2020	Page 2	of 37
Name of Facility (as shown on license) Villa Maria Nursing and Rehabilitation Community		Address (No. & Street, City, State, Zip) 20 Babcock Avenue, Plainfield, CT 06374		
License Numbers:	CCNH 1006-C	RHNS	(Specify)	Medicare Provider No. 07-5084
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" 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 Cindy A. Disco		Nursing Home Administrator's License No.:	001468	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Partners/Members**

Name of Facility Villa Maria Nursing and Rehabilitation Community		License No. 1006-C	Report for Year Ended 9/30/2020	Page 3	of 37
Legal Name of Partnership/LLC Babcock Avenue, LLC		Business Address 20 Babcock Avenue, Plainfield, CT 06374		State(s) and/or Town(s) in Which Registered Connecticut	
Name of Partners/Members	Business Address	Title		% Owned	
Bruce E. Disco	20 Babcock Avenue, Plainfield, CT 06374	Member		50	
Cindy A. Disco	20 Babcock Avenue, Plainfield, CT 06374	Member		50	
	SEE ATTACHED PAGE 3.1 FOR ADDITIONAL DETAIL				

State of Connecticut
Annual Report of Long-Term Care Facility

Villa Maria Nursing & Rehabilitation Community
License #1006-C
Report Year Ended 9/30/20

PAGE 3, GENERAL INFORMATION DETAIL:

This annual report includes the accounts and transactions of Villa Maria Nursing & Rehabilitation Community, Inc. (the Corporation) and the related limited liability company (the LLC). The LLC owns the building from which operations are conducted and the land upon which the building is located. The Corporation rents the facility from the LLC and operates the nursing home. The LLC and the Corporation operate under the same name of Villa Maria Nursing & Rehabilitation Community. Accordingly, this Annual Report has been prepared on a combined basis, reporting the combined accounts and balances of the Corporation and the LLC's real estate operations. Transactions between the Corporation and the LLC have been eliminated.

General Information and Questionnaire
Corporate Owners

Name of Facility Villa Maria Nursing and Rehabilitation Comm	License No. 1006-C	Report for Year Ended 9/30/2020	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation Villa Maria Nursing & Rehabilitation Community, Inc	Business Address 20 Babcock Avenue, Plainfield, CT 06374	State(s) in Which Incorporated Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
SAME AS STOCKHOLDERS	SEE BELOW FOR DETAILS			
Names of Stockholders Owning at Least 10% of Shares				
Bruce E. Disco	20 Babcock Avenue, Plainfield, CT 06374	Pres. & Treas.	2000	
Cindy A. Disco	20 Babcock Avenue, Plainfield, CT 06374	Secretary	2000	

**General Information and Questionnaire
 Related Parties***

Name of Facility Villa Maria Nursing and Rehabilitation Community		License No. 1006-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 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 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 %**				
Babcock Avenue, LLC	c/o Villa Maria Nursing and Rehabilitation Community, Inc.	<input type="radio"/>	<input type="radio"/>	Accounting Services	P. 15, 1.d	2,225	2,225
Babcock Avenue owns the land and building (nursing home) which are leased to Villa Maria	20 Babcock Avenue, Plainfield, CT 06374	<input type="radio"/>	<input type="radio"/>	Depreciation	P. 22, 7.b	14,990	14,990
Nursing & Rehabilitation Community, Inc.		<input type="radio"/>	<input type="radio"/>	Amortization	P. 22 8. b	4,199	4,199
Community Avenue LLC	22 Babcock Avenue, Plainfield, CT 06374	<input type="radio"/>	<input type="radio"/>	Mortgage Interest	P. 26 12.A.1	55,200	55,200
Community Ave owns the building which is leased to Villa (nursing home) for business offices		<input type="radio"/>	<input type="radio"/>	Rent	P. 16, m. 13	16,800	5,434
		<input type="radio"/>	<input type="radio"/>	Real Estate Tax	P. 16, m. 13	4,367	4,367
		<input type="radio"/>	<input type="radio"/>	Fire Tax	P. 16, m. 13	262	262
		<input type="radio"/>	<input type="radio"/>	Property Insurance	P. 27, 14.a	785	785

* Use additional sheets if necessary.

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

State of Connecticut
Annual Report of Long-Term Care Facility

Villa Maria Nursing & Rehabilitation Community
License #1006-C
Report Year Ended 9/30/20

PAGE 4, RELATED PARTIES DETAIL:

Community Avenue LLC owns three pieces of real estate, one of which is rented to Villa Maria Nursing & Rehabilitation Community, Inc. whose expenses are included in this annual report in accordance with the letter dated January 28, 2013 from Kathleen Shaughnessy. The remaining two pieces of real estate are excluded from this annual report.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Villa Maria Nursing and Rehabilitation Commu	License No. 1006-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 (See listing page 13)		
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? <input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
#REF!				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
N/A				
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.)				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
N/A - NO NON-NURSING HOME BUSINESS				



CANON FINANCIAL SERVICES, INC. (CFS)
 Remittance Address: 14904 Collections Center Dr.
 Chicago, Illinois 60693 (800) 220-0200

**TOTAL SOLUTION
 LEASE AGREEMENT**
 CFS-1015 (01/17)

LESSOR'S AGREEMENT
 NUMBER: _____

COMPANY LEGAL NAME Villa Maria Nursing & Rehabilitation Community, Inc.		DBA	PHONE (Customer) 860-564-3387	
BILLING ADDRESS 20 Babcock Ave.	CITY Plainfield	COUNTY	STATE CT	ZIP 06374
EQUIPMENT ADDRESS same	CITY	COUNTY	STATE	ZIP

Make / Model / Accessory	Serial Number	Monthly Guaranteed Minimum Copies		Overage Copy Charge *		Initial Meter Reading	
		(Black & White)	(Color)	(Black & White)	(Color)	(Black & White)	(Color)
Canon Ir-4551 w/Stand& Fax	2ND04653	17000	n/a	.009	n/a		
TOTALS		17000		.009			

Guaranteed Copy Plan:	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Aggregate (Totals only required)	Term: 48 months
Payment Frequency:	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: _____	Minimum Monthly Rental Payment *: \$509.41
Meter Reading Frequency:	<input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other: _____	Service and Supplies Included *: <input checked="" type="checkbox"/> Supplies <input checked="" type="checkbox"/> Maintenance
End of Term Purchase Option:	<input type="checkbox"/> \$1.00 <input checked="" type="checkbox"/> Fair Market Value <input type="checkbox"/> Other: _____	* Plus Applicable Taxes

THIS AGREEMENT IS NON-CANCELABLE BY CUSTOMER. CUSTOMER REPRESENTS THAT ALL ACTION REQUIRED TO AUTHORIZE EXECUTION OF THIS AGREEMENT ON BEHALF OF CUSTOMER BY THE FOLLOWING SIGNATORIES HAS BEEN TAKEN. THE UNDERSIGNED HAS READ, UNDERSTANDS AND HEREBY AGREES TO ALL OF THE TERMS AND CONDITIONS SET FORTH IN THIS AGREEMENT.

ACCEPTED	AUTHORIZED CUSTOMER SIGNATURE
DEALER: _____ ("Dealer")	By: <u>Cindy Disco</u> Title: <u>Admin</u>
By: _____	Printed Name: <u>Cindy Disco</u> Email address: _____
Print Name: _____	Tax ID#: <u>06-1041522</u> If proprietor, DOB: _____ Date: <u>2-15-2020</u>
Title: _____	By: X _____ Title: _____
Date: _____	Printed Name: _____ Email address: _____

ACCEPTANCE CERTIFICATE

To: Dealer Customer certifies that (a) the Equipment referred to in this Agreement has been examined, (b) installation has been completed, (c) the Equipment has been examined by Customer and is in good operating order and condition and is, in all respects, satisfactory to Customer, and (d) the Equipment is irrevocably accepted by Customer for all purposes under this Agreement. Accordingly, Customer hereby authorizes billing under this Agreement.

Signature: Cindy Disco Printed Name: Cindy Disco Title (if any): Admin Date: 2/27/2020

TERMS AND CONDITIONS

- AGREEMENT:** Dealer rents to Customer, a _____ organized under the laws of the State of _____, with its chief executive office at _____ and Customer rents from Dealer all the equipment described above, together with all replacement parts and substitutions for and additions to such equipment ("Equipment") upon the terms and conditions set forth in this Total Solution Lease Agreement ("Agreement"). This Agreement is entered into between Customer and Dealer, but Dealer intends to assign it to Canon Financial Services, Inc. ("CFS"), with its place of business at 158 Gailher Drive, Suite 200, Mount Laurel, New Jersey 08054, and CFS shall succeed to Dealer's rights and benefits hereunder, including ownership of and title to the Equipment, but not the Dealer's obligations hereunder. Prior to such assignment, Dealer shall be "Lessor", after such assignment, CFS shall be "Lessor".
- TERM OF AGREEMENT:** This Agreement shall be effective on the date the Equipment is delivered to Customer ("Commencement Date"), provided Customer executes Lessor's form of acceptance ("Acceptance Certificate") or otherwise accepts the Equipment as specified herein. The term of this Agreement begins on the date accepted by Lessor or any later date that Lessor designates ("Agreement Date"), and shall consist of the payment periods specified above, any Interim Period, and any renewal periods. After acceptance of the Equipment, Customer shall have no right to revoke such acceptance or cancel this Agreement during the term hereof. The term of this Agreement shall end, unless sooner terminated by Lessor, when all amounts required to be paid by Customer under this Agreement have been paid as provided and either (a) Customer has purchased the Equipment in accordance with the terms hereof or (b) the Equipment has been returned at the end of the scheduled term or renewal term in accordance with the terms hereof. Customer has no right to return the Equipment to Lessor prior to the end of the scheduled term of this Agreement for any reason whatsoever, including, without limitation, payment of all amounts due hereunder prior to the end of the scheduled term.
- PAYMENTS:** Customer agrees to pay to Lessor, as invoiced, during the term of this Agreement, (a) the payments specified under "Minimum Monthly Rental Payment" and any "Overage Copy Charges" above and (b) such other amounts permitted hereunder as invoiced by Lessor ("Payments"). Customer also agrees to pay to Lessor an interim payment in an amount equal to 1/30th of the monthly amount of the Payment multiplied by the number of days between the Commencement Date and the Agreement Date ("Interim Period") as determined by Lessor. The amount of each Payment and the End of Term Purchase Option ("Purchase Option") price specified above are based on the supplier's best estimate of the cost of the Equipment and any related services and supplies. Customer authorizes Lessor to adjust the Payment and Purchase Option herein by up to fifteen percent (15%) if the actual total cost of the Equipment and any related services and supplies, including any sales or use tax, is more or less than originally estimated. Once in each twelve (12) month period following the first anniversary of this Agreement, Dealer has the right to increase both (i) the portion of the Minimum Monthly Rental Payment related to copy charges and (ii) the Overage Copy Charge on each anniversary of the Commencement Date in an amount not to exceed fifteen percent (15%) of such charges which were in effect immediately prior to such price increase. Customer shall remit all Payments hereunder directly to CFS at 14904 Collections Center Drive, Chicago, Illinois 60693, unless otherwise directed by Lessor. Customer's obligation to pay all amounts due under this Agreement and all other obligations hereunder is absolute and unconditional and is not subject to any abatement, set-off, defense, or counterclaim for any reason whatsoever.
- APPLICATION OF PAYMENTS; METER READING:** All Payments received by Lessor from Customer under this Agreement will be applied to amounts due and payable hereunder chronologically, based on the date of the charge shown on the invoice for each such amount and among amounts having the same date in such order as Lessor, in its discretion, may determine. Customer agrees to advise Dealer of the meter readings for the Equipment upon request.
- NO LESSOR WARRANTIES; CUSTOMER ACKNOWLEDGES THAT NEITHER DEALER NOR CFS IS A MANUFACTURER, AND CFS IS NOT A DEALER OR SUPPLIER OF THE EQUIPMENT. CUSTOMER AGREES THAT THE EQUIPMENT IS LEASED "AS IS" AND IS OF A SIZE, DESIGN, AND CAPACITY SELECTED BY CUSTOMER. CUSTOMER ACKNOWLEDGES THAT NEITHER DEALER NOR CFS HAS MADE ANY REPRESENTATION OR WARRANTY WITH RESPECT TO THE**

PERSONAL GUARANTY

The undersigned (whether one or more are specified, "Guarantor(s)"), in consideration of the Dealer identified above ("Dealer") entering into, and Canon Financial Services, Inc. ("CFS") accepting an assignment of (prior to such assignment, Dealer shall be the "Lessor", and after such assignment, CFS shall be "Lessor"), an agreement (together with any schedules or supplements thereto, "Agreement") with Customer identified above ("Customer") irrevocably and unconditionally, jointly and severally, guarantee to Lessor, and its successors and assigns, the payment when due of all amounts owed under the Agreement (whether at maturity or upon the occurrence of an event of default or otherwise) and the performance of all terms of the Agreement and any other transaction between Customer and Lessor (collectively, "Liabilities"). If Customer shall fail to pay or perform any Liabilities when due, Guarantors shall, upon demand, pay any amounts which may be due from Customer and take any action required of Customer under the Agreement. This is an absolute and continuing guaranty, and Guarantors' liability under this Guaranty is primary and will not be affected by any settlement, extension, renewal or modification of the Agreement or any discharge or release of Customer's obligations, whether by agreement or operation of law.

If any payment on the Liabilities is thereafter set aside, recovered or required to be returned for any reason (including without limitation the bankruptcy, insolvency or reorganization of Customer or any other person), the Liabilities to which such payment was applied shall for the purposes of this Guaranty be deemed to have continued in existence, notwithstanding such application, and this Guaranty shall be enforceable as to such Liabilities as fully as if such application had never been made. This Guaranty may be terminated only upon sixty (60) days' prior written notice to Lessor, and such termination shall be effective only as to Liabilities arising under schedules, supplements, or agreements entered into after the effective date of termination and shall not affect Lessor's rights under this Guaranty arising out of the Agreement or other agreements entered into prior to such date.

Guarantors waive all damages, demands, presentments and notices of every kind and nature, any rights of set-off, and any defenses available to a guarantor (other than the defense of payment and performance in full) under applicable law. Guarantors further waive any (i) notice of the incurring of indebtedness by Customer and the acceptance of this Guaranty, (ii) right to require suit against Customer or any other party before enforcing this Guaranty and (iii) right of subrogation to Lessor's rights against Customer until the Liabilities are satisfied in full. Any (a) renewals and extensions of time of payment, (b) release, substitution or compromise of or realization upon the Equipment, other guaranties or any collateral security and (c) exercise of any other right under this or any other agreement between Lessor and Customer or any third party, may be made, granted and effected by Lessor without notice to Guarantors and without in any manner affecting Guarantors' liability under this Guaranty.

Guarantors shall pay all expenses (including attorneys' fees and legal expenses) paid or incurred by Lessor in endeavoring to collect the Liabilities, or any part thereof and in enforcing this Guaranty. THIS GUARANTY SHALL FOR ALL PURPOSES BE DEEMED A CONTRACT ENTERED INTO IN THE STATE OF NEW JERSEY. THE RIGHTS OF THE PARTIES UNDER THIS GUARANTY SHALL BE GOVERNED BY THE LAWS OF THE STATE OF NEW JERSEY WITHOUT REFERENCE TO CONFLICT OF LAW PRINCIPLES. ANY ACTION BETWEEN GUARANTORS AND LESSOR SHALL BE BROUGHT IN ANY STATE OR FEDERAL COURT LOCATED IN THE COUNTY OF CAMDEN OR HURLINGTON, NEW JERSEY, OR AT LESSOR'S SOLE OPTION, IN THE STATE WHERE ANY GUARANTOR, CUSTOMER OR EQUIPMENT IS LOCATED. GUARANTORS, BY THEIR EXECUTION AND DELIVERY HEREOF, IRREVOCABLY WAIVE OBJECTIONS TO THE JURISDICTION OF SUCH COURTS AND OBJECTIONS TO VENUE AND CONVENIENCE OF FORUM. GUARANTORS, BY THEIR EXECUTION AND DELIVERY HEREOF, AND LESSOR, BY ITS ACCEPTANCE HEREOF, HEREBY IRREVOCABLY WAIVES ANY RIGHT TO A JURY TRIAL IN ANY SUCH PROCEEDINGS.

Guarantors agree that Lessor may accept a facsimile or other electronic transmission of this Guaranty as an original, and that facsimile or electronically transmitted copies of Guarantors' signatures will be treated as an original for all purposes.

Printed Name: _____	Signature: _____ (no title)	Date: _____
Address: _____		Phone: _____
Printed Name: _____	Signature: _____ (no title)	Date: _____
Address: _____		Phone: _____

SUITABILITY OR DURABILITY OF THE EQUIPMENT, THE ABSENCE OF ANY CLAIM OF INFRINGEMENT OR THE LIKE, OR ANY OTHER REPRESENTATION OR WARRANTY, EXPRESS OR IMPLIED, WITH RESPECT TO THE EQUIPMENT INCLUDING, WITHOUT LIMITATION, THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. Any warranty with respect to the Equipment made by the manufacturer, Dealer, or supplier is separate from, and is not a part of this Agreement, and shall be for the benefit of CFS, Customer, and CFS' successors or assignees, if any. So long as Customer is not in breach or default of this Agreement, CFS assigns to Customer any warranties (including those agreed to between Customer and the manufacturer, Dealer, or supplier) which CFS may have with respect to any item of Equipment provided that the scope and limitations of any such warranty shall be solely as set out in any agreement between Customer and such manufacturer, Dealer, or supplier or as otherwise specified in warranty materials from such manufacturer, Dealer, or supplier and shall not include any implied warranties arising solely from Lessor's acquisition of the Equipment. CUSTOMER ACKNOWLEDGES THAT NEITHER THE SUPPLIER NOR ANY DEALER IS AUTHORIZED TO WAIVE OR ALTER ANY TERM OF THIS AGREEMENT OR ANY SCHEDULE, OR TO MAKE ANY REPRESENTATION OR WARRANTY WITH RESPECT TO THIS AGREEMENT OR THE EQUIPMENT ON BEHALF OF CFS.

6. ACCEPTANCE; DELIVERY: Customer's execution of the Acceptance Certificate, or other confirmation of Customer's acceptance of the Equipment, shall conclusively establish that the Equipment has been delivered to and accepted by Customer for all purposes of this Agreement and Customer may not, for any reason, revoke that acceptance; however, if Customer has not, within ten (10) days after delivery of such Equipment, delivered to Lessor written notice of any non-acceptance, specifying the reasons therefor and specifically referencing this Agreement, Customer shall be deemed to have irrevocably accepted such Equipment. Lessor is the owner of the Equipment and has leased the Equipment to Customer under this Agreement. As between Lessor and Customer, this Agreement shall supersede any Customer purchase order in its entirety, notwithstanding anything to the contrary contained in any such purchase order. Customer agrees to waive any right of specific performance of this Agreement and shall hold CFS harmless from damages if for any reason the Equipment is not delivered as ordered, if the Equipment is unsatisfactory, or if CFS does not accept assignment of this Agreement. Customer agrees that any delay in delivery of the Equipment shall not affect the validity of this Agreement.

7. LOCATION; LIENS; NAMES; OFFICES: Customer shall not move the Equipment from the location specified herein except with the prior written consent of Lessor. Customer shall keep the Equipment free and clear of all claims and liens other than those in favor of Lessor. Customer's legal name (as set forth in its constituent documents filed with the appropriate governmental office or agency) is as set forth herein. The jurisdiction of organization and chief executive office address of Customer are as set forth herein. Customer shall provide Lessor with written notice at least thirty (30) days prior to any change of its legal name, chief executive office address or its form of organization (including, without limitation, its jurisdiction of organization), and shall execute and deliver to Lessor such documents as required or appropriate.

8. WARRANTY OF BUSINESS PURPOSE; USE; PERSONAL PROPERTY; FINANCING STATEMENTS: Customer represents and warrants that the Equipment will not be used for personal, family, or household purposes. Customer shall comply with all laws and regulations relating to the use and maintenance of the Equipment. Customer shall put the Equipment only to the use contemplated by the manufacturer. The Equipment shall remain personal property regardless of whether it becomes affixed to real property or permanently rests upon any real property or any improvement to real property. Customer authorizes Lessor (and any third party filing service designated by Lessor) to execute and file (a) financing statements evidencing the interest of Lessor in the Equipment (including forms containing a broader description of the Equipment than the description set forth herein), (b) continuation statements in respect thereof, and (c) amendments thereto, and Customer irrevocably waives any right to notice thereof.

9. INDEMNITY: Dealer is responsible for installation of the Equipment. Customer shall reimburse Lessor for and defend Lessor against any claim for losses or injury caused by the Equipment. This Section shall survive termination of this Agreement.

10. MAINTENANCE: The charges established by this Agreement include payments for services and supplies, and Dealer is responsible for providing those services and supplies described in "Service and Supplies Included" above. Service will be performed by Dealer during regular business hours (9:00 a.m. to 5:00 p.m., Monday through Friday, except holidays) at no cost to Customer other than as set forth below. Customer shall use reasonable care in handling and operation of the Equipment. Dealer shall have the right to inspect, repair and remove Equipment and/or read the meter at any time during Customer's business hours. Any service work made necessary by Customer's willful act or negligence (including, without limitation, damage to any photocopier copier drums ("Copier Drums") and use of supplies other than those distributed by Dealer which cause abnormally frequent service calls or service problems), or any service work Customer may request to be performed outside regular business hours, shall be invoiced in accordance with Dealer's established service policies. Dealer shall have the right to substitute equivalent Equipment at any time during the term of this Agreement. Paper must be purchased separately by Customer. Customer acknowledges that CFS is not responsible for any service, repairs or maintenance of the Equipment, whether provided for in this Agreement or in any other agreement between Dealer and Customer, and that if Customer has a dispute regarding the Equipment or the maintenance thereof, Customer shall continue to pay all charges due under this Agreement without deducting or withholding any amounts.

11. TAXES; OTHER FEES AND CHARGES: CUSTOMER SHALL PAY AND DISCHARGE WHEN DUE ALL LICENSE AND REGISTRATION FEES, ASSESSMENTS, SALES, USE, PROPERTY AND OTHER TAXES, AND OTHER EXPENSES AND CHARGES, together with any applicable penalties, interest, and administrative fees now or at any time imposed upon any Equipment, the Payments, or Customer's performance or non-performance of its obligations hereunder, whether payable by or assessed to Lessor or Customer. If Customer fails to pay any such fees, assessments, taxes, expenses or charges as required hereunder, Lessor shall have the right but not the obligation to pay these fees, assessments, taxes, expenses and charges, and Customer shall promptly reimburse Lessor, upon demand, for all such payments made plus administrative fees and costs; if any. Customer acknowledges that, where required by law, Lessor will file any notices and pay personal property taxes levied on the Equipment. Customer shall reimburse Lessor for the expense of such personal property taxes as levied by Lessor and pay Lessor a processing fee not to exceed \$50 per year per item of Equipment that is subject to such tax. Customer agrees that Lessor has not, and will not, tender tax advice to Customer, and that payment of such taxes is an administrative act. ON THE DATE OF THE FIRST SCHEDULED PAYMENT AND THE DATE OF THE FIRST SCHEDULED PAYMENT AFTER THE ADDITION OF ANY EQUIPMENT, CUSTOMER SHALL PAY TO LESSOR A DOCUMENTATION FEE, IN THE AMOUNT OF \$85, TO REIMBURSE LESSOR FOR ITS ADMINISTRATIVE AND RECORDING COSTS.

12. INSURANCE: Customer, at its sole cost and expense, shall, during the term hereof including all renewals and extensions, obtain, maintain and pay for (a) insurance against the loss, theft, or damage to the Equipment for the full replacement value thereof, and (b) comprehensive public liability and property damage insurance. All such insurance shall provide for a deductible not exceeding \$5,000 and be in form and amount, and with companies satisfactory to Lessor. Each insurer providing such insurance shall name Lessor as additional insured and loss payee and provide Lessor thirty (30) days' written notice before the policy in question shall be materially altered or canceled. Customer shall pay the premiums for such insurance, shall be responsible for all deductible portions thereof, and shall deliver certificates or other evidence of insurance to Lessor. The proceeds of such insurance, at the option of Lessor, shall be applied to (a) replace or repair the Equipment, or (b) pay Lessor the "Remaining Lease Balance," which shall be the sum of: (i) all amounts then owed by Customer to Lessor under this Agreement, plus (ii) the present value of all remaining Payments for the full term of this Agreement, plus (iii) the "Asset Value," which shall be: (A) for an Agreement with a \$1.00 Purchase Option, \$1.00, (B) for an Agreement with a Fair Market Value Purchase Option or no Purchase Option selected, the Fair Market Value of the Equipment (as defined herein), and (C) for an Agreement with an Other Purchase Option, the respective dollar amount of such Purchase Option indicated on the face of this Agreement, plus (iv) any applicable taxes, expenses, charges and fees. For purposes of determining present value under this Agreement, Payments shall be discounted at three percent (3%) per year. Customer hereby appoints Lessor as Customer's attorney-in-fact solely to make claim for, receive payment of, and execute and endorse all documents, checks, or drafts for any loss or damage under any such insurance policy. If within ten (10) days after Lessor's request, Customer fails to deliver satisfactory evidence of such insurance to Lessor, then Lessor shall have the right, but not the obligation, to obtain insurance covering Lessor's interests in the Equipment, and add the costs of acquiring and maintaining such insurance, and an administrative fee, to the amounts due from Customer under this Agreement. Lessor and any of its affiliates may make a profit on the foregoing.

13. LOSS; DAMAGE: Customer assumes and shall bear the entire risk of loss, theft, or damage to the Equipment from any cause whatsoever, effective upon delivery to Customer. No such loss, theft, or damage shall relieve Customer of any obligation under this Agreement. In the event of damage to any Equipment, Customer shall immediately repair such damage at Customer's expense. If any Equipment is lost, stolen, or damaged beyond repair, Customer, at the option of Lessor, will (a) replace the same with like equipment in a condition acceptable to Lessor and convey clear title to such equipment to Lessor (and such equipment will become "Equipment" and be subject to the terms of this Agreement), or (b) pay Lessor the Remaining Lease Balance. Upon Lessor's receipt of the Remaining Lease Balance, Lessor shall transfer the applicable Equipment to Customer "AS-IS, WHERE-IS" without any representation or warranty whatsoever, except for title, and this Agreement shall terminate with respect to such Equipment.

14. DEFAULT: Any of the following events or conditions shall constitute an Event of Default under this Agreement: (a) Customer defaults in the payment when due of any indebtedness of Customer to Lessor, whether or not arising under this Agreement, without notice or demand by Lessor; (b) Customer or any guarantor of Customer's obligations hereunder ("Guarantor") ceases doing business as a going concern; (c) Customer or any Guarantor becomes insolvent or makes an assignment for the benefit of creditors; (d) a petition or proceeding is filed by or against Customer or any Guarantor under any bankruptcy or insolvency law; (e) a receiver, trustee, conservator, or liquidator is appointed for Customer, any Guarantor, or any of their property; (f) any statement, representation or warranty made by Customer or any Guarantor to Lessor is incorrect in any material respect; or (g) Customer or any Guarantor who is a natural person dies.

15. REMEDIES: Upon the happening of any one or more Events of Default, Lessor shall have the right to exercise any one or all of the following remedies (which shall be cumulative, simultaneously, or jointly, and in any order): (a) to require

Customer to immediately pay all Payments hereunder (whether or not then due) and other amounts due under this Agreement, with Lessor retaining title to the Equipment; (b) to terminate any and all agreements with Customer; (c) to or without notice, demand or legal process, to enter upon the premises wherever the Equipment may be found, to retake possession of any or all of the Equipment, and (d) to retain such Equipment and all Payments and other sums paid hereunder, or (e) to sell the Equipment and recover from Customer the amount by which the Remaining Lease Balance exceeds the net amount received by Lessor from such sale; or (f) to pursue any other remedy permitted at law or in equity. Lessor (i) may dispose of the Equipment in its then present condition or following such preparation and processing as Lessor deems commercially reasonable; (ii) shall have no duty to prepare or process the Equipment prior to sale; (iii) may disclaim warranties of title, possession, quiet enjoyment and the like; and (iv) may comply with any applicable state or federal law requirements in connection with a disposition of the Equipment and none of the foregoing actions shall be deemed to adversely affect the commercial reasonableness of the disposition of the Equipment. If the Equipment is not available for sale, Customer shall be liable for the Remaining Lease Balance and any other amount due under this Agreement. No waiver of any of Customer's obligations, conditions or covenants shall be effective unless contained in a writing signed by Lessor. Failure to exercise any remedy that Lessor may have shall not constitute a waiver of any obligation with respect to which Customer is in default.

16. LATE CHARGES; EXPENSES OF ENFORCEMENT: If Customer fails to pay any sum to be paid by Customer to Lessor under this Agreement on or before the due date, Customer shall pay Lessor, upon demand, an amount equal to the greater of ten percent (10%) of each such delayed Payment or twenty five dollars (\$25) for each billing period or portion of a billing period such Payment is delayed, in each case to the extent permitted by applicable law. The amounts specified above shall be paid as liquidated damages and as compensation for Lessor's internal operating expenses incurred in connection with such late payment. In addition, Customer shall reimburse Lessor for all of its out-of-pocket costs and expenses incurred in exercising any of its rights or remedies hereunder or in enforcing any of the terms of this Agreement, including, without limitation, reasonable fees and expenses of attorneys and collection agencies, whether or not suit is brought. If Lessor should bring court action, Customer and Lessor agree that attorney's fees equal to twenty-five percent (25%) of the total amount sought by Lessor shall be deemed reasonable for purposes of this Agreement.

17. ASSIGNMENT: CUSTOMER SHALL NOT ASSIGN OR PLEDGE THIS AGREEMENT IN WHOLE OR IN PART, NOR SHALL CUSTOMER SUBLET OR LEND ANY EQUIPMENT WITHOUT PRIOR WRITTEN CONSENT OF LESSOR. Lessor may pledge or transfer this Agreement. Customer agrees that if Lessor transfers this Agreement, the assignee will have the same rights and benefits that Lessor has now and will not have to perform any of Dealer's or CFS' obligations which Dealer or CFS will continue to perform. Customer agrees that the rights of the assignee will not be subject to any claims, defenses, or set-offs that Customer may have against Lessor. If Customer is given notice of any such transfer, Customer agrees, if so directed therein, to pay directly to the assignee at or any part of the amounts payable hereunder.

18. RENEWAL; RETURN: Except in the case of an Agreement containing a \$1.00 Purchase Option, this Agreement shall automatically renew on a month-to-month basis at the same Payment amount and frequency unless Customer sends written notice to Lessor at least sixty (60) days before the end of the scheduled term or any renewal term that Customer either (i) shall exercise the Purchase Option in accordance with the terms hereof and at the end of such term exercises such Purchase Option, or (ii) does not want to renew this Agreement, and at the end of such term returns the Equipment as provided below. Unless this Agreement automatically renews or Customer purchases the Equipment as provided herein, Customer shall, at the termination of this Agreement, return the Equipment at its sole cost and expense in good operating condition, ordinary wear and tear resulting from proper use excepted, to a location specified by Lessor. Lessor may charge Customer a return fee equal to the greater of one Payment or \$250 for the processing of returned Equipment. If for any reason Customer shall fail to return the Equipment to Lessor as provided herein, Customer shall pay to Lessor upon demand one billing period's Payment for each billing period or portion thereof that such return is delayed. Customer shall reimburse Lessor for any costs incurred by Lessor to place the Equipment in good operating condition.

19. PURCHASE OPTION: (A) END OF TERM PURCHASE OPTION. To exercise this option, Customer shall give Lessor sixty (60) days' prior irrevocable written notice (unless the Purchase Option is \$1.00) that it will purchase all the Equipment at the end of the initial term or any renewal term for the Purchase Option price indicated on the face of this Agreement, plus any applicable taxes, expenses, charges and fees. (B) PRIOR TO MATURITY PURCHASE. Customer may, at any time, upon sixty (60) days' prior irrevocable written notice purchase all (but not less than all) the Equipment at a price equal to the sum of all remaining Payments due the Fair Market Value, plus any applicable taxes, expenses, charges and fees. For purposes of this Agreement, "Fair Market Value" shall be Lessor's retail price at the time Customer notifies Lessor of its intent to purchase the Equipment. Upon proper notice and payment by Customer of the amounts specified above, Lessor shall transfer the Equipment to Customer "AS-IS WHERE-IS" without any representation or warranty whatsoever, except for title, and this Agreement shall terminate.


20. DATA: Customer acknowledges that the hard drive(s) on the Equipment, including attached devices, may retain images, content or other data that Customer may store for purposes of normal operation of the Equipment ("Data"). Customer acknowledges that CFS is not storing Data on behalf of Customer and that exposure or access to the Data by CFS or Dealer, if any, is purely incidental to the services performed by CFS and Dealer. Neither CFS nor Dealer nor any of their affiliates has an obligation to erase or overwrite Data upon Customer's return of the Equipment to CFS. Customer is solely responsible for: (A) its compliance with applicable law and legal requirements pertaining to data privacy, storage, security, retention and protection; and (B) all decisions related to erasing or overwriting Data. Without limiting the foregoing, if applicable, Customer should (i) enable the Hard Disk Drive (HDD) data erase functionality that is a standard feature on certain Equipment, and/or (ii) prior to return or other disposition of the Equipment, utilize the HDD (or comparable) formatting function (which may be referred to as "Initialized All Data/Sellings" function) if found on the Equipment to perform a one pass overwrite of Data or, if the Equipment has higher security requirements, Customer may purchase from its Dealer at current rates an appropriate option for the Equipment, which may include (a) an HDD Data Encryption Kit option which disperses information before it is written to the hard drive using encryption algorithms, (b) an HDD Data Erase Kit that can perform up to a 3-pass overwrite of Data (for Equipment not containing data erase functionality as a standard feature), or (c) a replacement hard drive (in which case Customer should properly destroy the replaced hard drive). Customer shall indemnify Dealer and CFS, their subsidiaries, directors, officers, employees and agents from and against any and all costs, expenses, liabilities, claims, damages, losses, judgments or fees (including reasonable attorney's fees) arising or related to the storage, transmission, or destruction of the Data. This section survives termination or expiration of this Agreement. The terms of this section shall solely govern as to Data, notwithstanding that any provisions of this Agreement or any separate confidentiality or data security or other agreement now or hereafter entered into between Customer, Dealer and CFS applies, or could be construed to apply to Data.

21. MAXIMUM INTEREST; RECHARACTERIZED AGREEMENT: No Payment is intended to exceed the maximum amount of interest permitted to be charged or collected by applicable laws, and any such excess Payment will be applied to payments due under this Agreement. In inverse order of maturity, and thereafter shall be refunded. If this Agreement is recharacterized as a conditional sale or loan, Customer hereby grants to Lessor, its successors and assigns a security interest in the Equipment to secure payment and performance of Customer's obligations under this Agreement.

22. UCC - ARTICLE 2A: CUSTOMER ACKNOWLEDGES AND AGREES THAT THIS AGREEMENT IS INTENDED AS A "FINANCE LEASE" AS THAT TERM IS DEFINED IN ARTICLE 2A OF THE UNIFORM COMMERCIAL CODE ("UCC 2A"), AND LESSOR IS ENTITLED TO ALL BENEFITS, PRIVILEGES AND PROTECTIONS OF A LESSOR UNDER A FINANCE LEASE. CUSTOMER WAIVES ITS RIGHTS AS A LESSEE UNDER UCC 2A SECTIONS 508-522.

23. GOVERNING LAW; VENUE; WAIVER OF JURY TRIAL: THIS AGREEMENT SHALL FOR ALL PURPOSES BE DEEMED A CONTRACT ENTERED INTO IN, THE STATE OF NEW JERSEY. THE RIGHTS OF THE PARTIES UNDER THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF NEW JERSEY WITHOUT REFERENCE TO CONFLICT OF LAW PRINCIPLES. ANY ACTION BETWEEN CUSTOMER AND LESSOR SHALL BE BROUGHT IN ANY STATE OR FEDERAL COURT LOCATED IN THE COUNTY OF CAMDEN OR BURLINGTON, NEW JERSEY, OR AT LESSOR'S SOLE OPTION, IN THE STATE WHERE CUSTOMER OR THE EQUIPMENT IS LOCATED. CUSTOMER, BY ITS EXECUTION AND DELIVERY HEREOF, IRREVOCABLY WAIVES OBJECTIONS TO THE JURISDICTION OF SUCH COURTS AND OBJECTIONS TO VENUE AND CONVENIENCE OF FORUM. CUSTOMER, BY ITS EXECUTION AND DELIVERY HEREOF, AND LESSOR, BY ITS ACCEPTANCE HEREOF, HEREBY IRREVOCABLY WAIVE ANY RIGHT TO A JURY TRIAL IN ANY SUCH PROCEEDINGS.

24. MISCELLANEOUS: All notices required or permitted under this Agreement shall be sufficient if delivered personally, sent via facsimile or other electronic transmission, or mailed to such party at the address set forth in this Agreement, or at such other address as such party may designate in writing from time to time. Any notice from Lessor to Customer shall be effective three (3) days after it has been deposited in the mail, duly addressed. All such notices to Lessor from Customer shall be effective after it has been received via U.S. mail, express delivery, facsimile or other electronic transmission. If there should be more than one party executing this Agreement as Customer, all obligations to be performed by Customer shall be the joint and several liability of all such parties. Customer's representations, warranties and covenants under this Agreement shall survive the delivery and return of the Equipment. Any provision of this Agreement that may be determined by competent authority to be prohibited or unenforceable in any jurisdiction shall, as to such jurisdiction, be ineffective to the extent of such prohibition or unenforceability without invalidating the remaining provisions of this Agreement. No such prohibition or unenforceability in any jurisdiction shall invalidate or render unenforceable such provision in any other jurisdiction. Customer agrees that Lessor may insert missing information or correct other information on this Agreement including the Equipment's description, serial number, and location, and corrections to Customer's legal name, otherwise, this Agreement contains the entire agreement between Customer and Lessor and no modifications of this Agreement shall be effective unless in writing and signed by the parties. Customer agrees that Lessor may accept a facsimile or other electronic transmission of this Agreement or any Acceptance Certificate as an original, and that facsimile or electronically transmitted copies of Customer's and Dealer's signature will be treated as an original for all purposes.

Initial: 

General Information and Questionnaire
Accounting Basis

Name of Facility Villa Maria Nursing and Rehabilita	License No. 1006-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 1 Citrin Cooperman & Company, LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 500 Exchange St., Suite 9-100, Providence, RI 02903
---	--

Services Provided by This Firm (*describe fully*)

1 Year-end services: accounting services, Medicaid and Medicare cost reports; preparation of corporate tax returns.	\$ 32,100
2 Services regarding interim accounting and corporate tax planning matters	\$ 2,225
3 COVID Related Matters	\$ 4,350
4	\$
	Charge for Services Provided
	\$ 38,675

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

Yes No Page 15, Line 1.d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Brown Jacobson Attorneys at Law 2 Murtha Cullina LLP 3 Plainfield-Killingly Probate Court 4 5	Telephone Number (860) 889-3321 (203) 653-5400 (860) 230-3031
---	--

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

1 22 Courthouse Square, Norwich, CT 06360
2 177 Broad St. F14, Stamford, CT 06901
3 8 Community Ave, Plainfield, CT 06374
4
5

Services Provided by This Firm (*describe fully*)

1 Various employment and corporate matters	\$ 3,750
2 Various employment and corporate matters	\$ 96
3 Conservatorship matters	\$ 309
4	\$
5	\$
	Charge for Services Provided
	\$ 4,155

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

Yes No Page 15, Line 1.e

Schedule of Resident Statistics

Name of Facility Villa Maria Nursing and Rehabilitation Community	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Report for Year Ended 9/30/2020			Page 8	of 37			
					License No. 1006-C					Period 7/1 Thru 9/30		
					Total	CCNH	RHNS			Total	CCNH	RHNS
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	62	62			62							
B. On last day of THIS report period	62	62					62					
2. Number of Residents												
A. As of midnight of PREVIOUS report period	55	55			55							
B. As of midnight of THIS report period	51	51					51					
3. Total Number of Days Care Provided During Period												
A. Medicare	2,336	2,336			1,739	1,739		597				
B. Medicaid (Conn.)	14,054	14,054			10,605	10,605		3,449				
C. Medicaid (other states)												
D. Private Pay	1,528	1,528			963	963		565				
E. State SSI for RCH												
F. Other (Specify) Contract, Hospice, M/C Replac	1,556	1,556			1,332	1,332		224				
G. Total Care Days During Period (3A thru F)	19,474	19,474			14,639	14,639		4,835				
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	8	8			8	8						
5. Total Resident Days (3G + 4A + 4B)	19,482	19,482			14,647	14,647		4,835				

Schedule of Resident Statistics (Cont'd)

Name of Facility Villa Maria Nursing and Rehabilitation Comm			License No. 1006-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	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	9		37		5								
Per Diem Rate													
a. One bed rm.	Various PDPM Rates		205.73		345.00								
b. Two bed rms.	Various PDPM Rates		205.73		315.00								
c. Three or more bed rms.	Various PDPM Rates		205.73		290.00								
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								5,229	5,229				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								6,878	6,878				
D. Total Physical Therapy Treatments								12,107	12,107				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								313	313				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								341	341				
D. Total Speech Therapy Treatments								654	654				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								4,926	4,926				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								6,996	6,996				
D. Total Occupational Therapy Treatments								11,922	11,922				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Villa Maria Nursing and Rehabilitation Community	1006-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)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	78,050	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	185,834	7,444				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	48,840	1,248				
c. Dietary Workers	218,377	13,000				
6. Housekeeping Service						
a. Head Housekeeper	16,280	416				
b. Other Housekeeping Workers	104,569	4,152				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	35,603	1,919				
8. Laundry Service						
a. Supervisor	16,280	416				
b. Other Laundry Workers	68,198	3,802				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	102,380	2,171				
b. RN						
1. Direct Care	663,544	16,391				
2. Administrative**						
c. LPN						
1. Direct Care	555,359	16,674				
2. Administrative**	81,684	2,066				
d. Aides and Attendants	889,796	43,677				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	84,520	3,573				
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	46,508	2,108				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	3,195,822	121,137				

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

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

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

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

Name of Facility	License No.	Report for Year Ended		Page	of				
		9/30/2020	11			37			
Name	CCNH	RHNS	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Line Where Claimed on Page 10	Total Hours Worked	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners									
Bruce E. Disco	43,405			Controller/Bookkeeper	A.4	1,560	N/A	N/A	N/A
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).									
Denise Ormstead	15,662			Recreation	A.12.h	832	N/A	N/A	N/A
Denise Ormstead	11,813			Office	A.4	425	N/A	N/A	N/A
Denise Ormstead	7,831			Social Services	A.12.m	416	N/A	N/A	N/A
Gianna Ormstead/Morgan Disco	9,255			Recreation	A.12.h	583	N/A	N/A	N/A

* 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		
Villa Maria Nursing and Rehabilitation Community		1006-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***									
Cindy A. Disco	78,050			Administrator	2,080	A.2	N/A	N/A	N/A
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		
Villa Maria Nursing and Rehabilitation Community	1006-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	12,390	354				
2. Dentist	6,733	96				
3. Pharmacist	4,787	48				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	268,547	2,971				
b. Other						
6. Social Worker	2,200	22				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	16,800	72				
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)	300	4				
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	50,845	409				
b. Other						
10. Occupational Therapist						
a. Resident Care	247,133	2,904				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	258	2				
B-13 Total Fees Paid in Lieu of Salaries	609,993	6,882				

* 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 Villa Maria Nursing and Rehabilitation Community		License No. 1006-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		
Alison E. Dvorak, 726 Route 32, North Franklin, CT 06254	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Dental Group, 85 Barnes Road, Suite 207, Wallingford, CT 06492	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Joan Paulinsky, 105 Cedar Rd, Charlestown, RI 02813	Social Services	<input type="radio"/>	<input checked="" type="radio"/>		
Wagdy Habashy, 31 Dow Road, Plainfield, CT 06374	Medical Board	<input type="radio"/>	<input checked="" type="radio"/>		
RxHealth Pharmacy Services, 70 Inwood Road, Suite 5, Rocky Hill, CT 06067	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Richard Jay Wilcon, 187 Deerfield Road, Pomfret Center, CT 06259	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Philip Raiford, MD 45 Green Hollow Road, Danielson, CT 06239	Medical Board	<input type="radio"/>	<input checked="" type="radio"/>		
Westview Health Care Center, 150 Ware Road, P.O. Box 428, Dayville, CT 06241	Therapies: PT, OT, & ST (through March 2020)	<input type="radio"/>	<input checked="" type="radio"/>		
Paragon Rehabilitation, 495 New Boston Rd, Fall River, MA 02720	Therapies: PT, OT, & ST (beginning April 2020)	<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"/>		
		<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
Villa Maria Nursing and Rehabilitation Commu	1006-C	9/30/2020		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 154,769	154,769			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 38,572	38,572			
4. Social Security (F.I.C.A.)	\$ 242,852	242,852			
5. Health Insurance	\$ 85,786	85,786			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 3,143	3,143			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 38,675	38,675			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 4,155	4,155			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 21,519	21,519			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 6,554	6,554			
2. Cellular Phones	\$ 5,628	5,628			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	250			
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$ 129,724	129,724			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 1,236	1,236			
3. Resident Day User Fee	\$ 331,841	331,841			
Subtotal	\$ 1,064,704	1,064,704			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Villa Maria Nursing and Rehabilitation Community	1006-C	9/30/2020	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	1,064,704	1,064,704		
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 6,348	6,348		
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$ 3,860	3,860		
4. Employee Travel	\$ 410	410		
5. Education Expenses Related to Seminars and Conventions	\$ 3,080	3,080		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 1,678	1,678		
7. Other (<i>Specify</i>) See Attached Schedule	\$ 583	583		
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 21,314	21,314		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 560	560		
4. Fund-Raising***	\$			
5. Medical Records	\$ 928	928		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 5,166	5,166		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 1,736	1,736		
9. Subscriptions	\$ 4,420	4,420		
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>)	\$ 19,060	19,060		
12. Administrative Management Services**	\$			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 44,122	44,122		
C-14 Total Administrative & General Expenditures	\$ 1,177,969	1,177,969		

* 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.

VILLA MARIA NURSING & REHABILITATION COMMUNITY
License # 1006-C
Report Year Ended September 30, 2020
Attachment to Page 16

Breakdown of services provided by contract (line m.11.)

Computer consultant	14,745
Admin fee for profit sharing plan	<u>4,315</u>
	<u><u>19,060</u></u>

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Business Meals	\$ 583		
Total Other Travel and Entertainment	\$ 583	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising - Promotional	\$ 560		
Total Other Advertising	\$ 560	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 4,581		
ALTCFM	\$ 85		
BJs	\$ (120)		
AHCA	\$ 620		
Total Dues	\$ 5,166	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses	\$ 2,758		
Federal Subscriber Line	\$ 207		
Payroll Services	\$ 12,532		
Expenses of Community Ave presented in accordance with letter dated 1/28/13 from Kathleen Shaughnessy			
Maintenance expense	\$ 634		
Heating	\$ 2,026		
Electric	\$ 1,705		
Water	\$ 708		
Sewer	\$ 496		
Rent	\$ 16,800		
Real estate tax	\$ 4,367		
Fire tax	\$ 262		
Property insurance	\$ 524		
Expenses of 2 Mill Street (rent to unrelated)			
Water	\$ 254		
Miscellaneous	\$ 452		
Property insurance	\$ 397		
Total Other Administrative and General	\$ 44,122	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Villa Maria Nursing and Rehabilitation C	License No. 1006-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 #

* 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 Villa Maria Nursing and Rehabilitation Community		License No. 1006-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	\$ 158,435	158,435			
2.	Non-Food Supplies	\$ 14,472	14,472			
3.	Other (Specify) _____ Supplements	\$ 5,452	5,452			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) _____		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 178,359	178,359			
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
F.	Resident Meals: Total no. of meals served per day:*	160	160			
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
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)	N/A				
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K.	Is any revenue collected 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)	N/A				
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)	N/A				

* 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 Villa Maria Nursing and Rehabilitation Community		License No. 1006-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)	\$	11,363	11,363		
c. Other (Specify) Supplies	\$	8,291	8,291		
3D. Total Laundry Expenditures (3a + b + c)	\$	19,654	19,654		
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			N/A	
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			N/A	

* 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 3D.

*** 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
Villa Maria Nursing and Rehabilitation Commu		1006-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.	\$ 15,468	15,468		
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>)		\$			
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 15,468	15,468		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from Medicare A, Medicare Replacement & Private Insurance		\$ 98,723	98,723		
b.	Medicine Cabinet Drugs		\$ 16,193	16,193		
c.	Medical and Therapeutic Supplies		\$ 133,803	133,803		
d.	Ambulance/Limousine***		\$ 9,643	9,643		
e.	Oxygen					
	1. For Emergency Use		\$			
	2. Other***		\$ 16,702	16,702		
f.	X-rays and Related Radiological Procedures***		\$ 4,696	4,696		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 3,172	3,172		
i.	Recreation		\$ 5,599	5,599		
j.	Direct Management Services*		\$			
k.	Indirect Management Services*		\$			
l.	Other (Specify)**** See Attached Schedule		\$ 38,413	38,413		
5M.	Total Resident Care Expenditures (5a - 5j)		\$ 326,944	326,944		

* 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)
Disposable Diapers	\$ 36,324		
Other Patient Care & Services	\$ 1,374		
Desi Drugs (Medicaid)	\$ 715		
Total Other Resident Care	\$ 38,413	\$ -	\$ -

C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property

Name of Facility	License No.	Report for Year Ended			Page	of
Villa Maria Nursing and Rehabilitation Comm	1006-C	9/30/2020			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 10,704	10,704				
b. Heat	\$ 21,917	21,917				
c. Light & Power	\$ 30,759	30,759				
d. Water	\$ 19,308	19,308				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 8,876	8,876				
f. Other (<i>itemize</i>)	\$ 60,952	60,952				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 152,516	152,516				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 44,062	44,062				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 16,041	16,041				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 60,103	60,103				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 4,199	4,199				
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 4,199	4,199				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 40,176	40,176				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 4,169	4,169				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 108,647	108,647				

* 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)
Repairs & Maintenance - Various Contractors	\$ 26,530		
Contracted Maintenance:			
Trash removal	\$ 10,248		
Medical waste removal	\$ 1,698		
Grounds	\$ 11,633		
Fire suppression - various vendors	\$ 8,197		
General building repairs and maintenance - various vendors	\$ 2,646		
Total Other Repairs and Maintenance	\$ 60,952	\$ -	\$ -

Schedule of Land Improvements Acquired during this report period

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

*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:				
7/7/2020	Install of Roam alert system	\$ 3,998	10	\$ 200
7/14/2020	Install of Roam alert system	\$ 8,998	10	\$ 450
Total additions for Building Improvement		\$ 12,996		\$ 650 *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*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 Equipmen		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipmen		\$ -		\$ - **

*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:				
Total additions for Movable Equipmen		\$ -		\$ - *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility	Community	Date of Acquisition		License No.	Report for Year Ended	Page	of
		Month	Year				
Villa Maria Nursing and Rehabilitation Community				1006-C	9/30/2020	24	37
A. Organization Expense							
1.							
2.							
3.							
A-4. Subtotal							
B. Mortgage Expense							
1. Financing Fees		9	2013				
2. Financing Fees		10	2014				
3.							
B-4. Subtotal							
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							
							4,199

* 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 Villa Maria Nursing and Rehabilitation	License No. 1006-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?*				
		<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		05/08/81		
4. Date of Initial Licensure		05/08/81		
5. Total Licensed Bed Capacity		62		
6. Square Footage		12,392		
7. Acquisition Cost				
a. Land		29,388		
b. Building		301,351		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		09/06/13		
c. Interest Rate for the Cost Year		4.00%		
d. Term of Mortgage (number of years)		10		
e. Amount of Principal Borrowed		1,700,000		
f. Principal balance outstanding as of 9/30/2020		1,260,052		
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
Villa Maria Nursing and Rehabilitatio		1006-C	9/30/2020		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 55200	55,200		
Name of Lender		Rate				
Berkshire Bank		4.25%				
Address of Lender						
45 Lyman Street Westborough, MA 01581						
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)			\$ 55,200	55,200		

(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
Villa Maria Nursing and Rehabilitat		1006-C		9/30/2020			27	37
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:				55,200	55,200			
12. C. Movable Equipment								
1. Automotive Equipment				\$ 934	934			
A. Item		Rate	Amount					
2016 Chevrolet Silverado		6.45%	46,763					
Lender								
Ally Bank								
Address of Lender								
P.O. Box 380901Bloomington, MN 55438								
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)				\$ 934	934			
12. D. Other Interest Expense (Specify)				\$ 8,496	8,496			
Interest on Line of Credit								
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 64,630	64,630			
14. Insurance								
a. Insurance on Property (buildings only)				\$ 13,097	13,097			
b. Insurance on Automobiles				\$ 1,800	1,800			
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$				
2. Fire and Extended Coverage				\$ 27,770	27,770			
3. Other (Specify)				\$ 692	692			
Crime								
14d. Total Insurance Expenditures (14a + b + c)				\$ 43,359	43,359			
15. Total All Expenditures (A-13 thru C-14)				\$ 5,893,361	5,893,361			

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Villa Maria Nursing and Rehabilitation Community				1006-C	9/30/2020	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 247,133	247,133		
7.			Other - See attached Schedule	\$ 6,733	6,733		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1.d.	Accounting	\$ 1,934	1,934		
10a.			Legal	\$			
11.			Telephone	\$			
12.	15	1.h.2.	Cellular Telephone	\$ 4,548	4,548		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	1.3.	Gifts, flowers and coffee shops	\$ 2,085	2,085		
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	1.m.3	Unallowable Advertising *	\$ 560	560		
19.	15	1.k.1.	Income Tax / Corporate Business Tax	\$ 129,724	129,724		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 14,391	14,391		
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)				\$ 407,108	407,108		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B.2	Dentist	\$ 6,733		
Total Other Fees Adjustments			\$ 6,733	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	1.m.8a	Dues - Chamber of Commerce	\$ 1,736		
16	1.L.7	Business Meals	\$ 583		
16	1.m.13	Community Ave rent in excess of building depreciation	\$ 11,366		
16	1.m.13	2 Mill Street - water, electric, and heating	\$ 706		
Total Other A&G Adjustments			\$ 14,391	\$ -	\$ -

State of Connecticut
Annual Report of Long-Term Care Facility

Villa Maria Nursing & Rehabilitation Community
License #1006-C
Report Year Ended 9/30/20

The following adjustments are calculated in accordance with results of the 9/30/07 Medicaid field audit:

CALCULATION OF NON-ALLOWABLE ACCOUNTING FEES:

Year-end services, reported on Annual Report page 7	\$ 38,675
Percentage non-allowable allocated to Babcock Avenue, LLC	<u>5%</u>
Non-allowable expense, reported on Annual Report page 28, line 10:	<u>\$ 1,934</u>

CALCULATION OF NON-ALLOWABLE EMPLOYEE GIFT EXPENSE:

Amount reported on Annual Report page 16, line 1.3.	\$ 3,860
Employee gift allowable expense:	
Allowable amount per employee	\$ 25
Active employees at year end per payroll records	<u>71</u> (1,775) Allowable
Non-allowable expense, reported on Annual Report page 28, line 14:	<u>\$ 2,085</u>

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

Name of Facility				License No.	Report for Year Ended	Page	of
Villa Maria Nursing and Rehabilitation Community				1006-C	9/30/2020	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 407,108	407,108		
Page 20 - Resident Care Supplies***							
27.	20	5.a.2	Prescription Drugs	\$ 98,723	98,723		
28.	20	5.d.	Ambulance/Limousine	\$ 9,643	9,643		
29.	20	5.f.	X-rays, etc	\$ 4,696	4,696		
30.	20	5.h.	Laboratory	\$ 3,172	3,172		
31.			Medical Supplies	\$			
32.	20	5.e.2	Oxygen (non emergency)	\$ 16,702	16,702		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 2,274	2,274		
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.	27	14a	Property Insurance	\$ 1,182	1,182		
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)				\$ 543,500	543,500		

*** 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.

VILLA MARIA NURSING & REHABILITATION COMMUNITY
License # 1006-C
Report Year Ended September 30, 2020
Attachment to Page 29

Breakdown of property insurance (line 41)

2 Mill Street (p.16 1m.13)	397
24 Babcock Ave	359
2 Community Ave	<u>426</u>
	<u><u>1,182</u></u>

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5.1.	Desi Drugs	\$ 715		
20	5.1.	Other Patient Care & Services	\$ 1,559		
Total Other Ancillary Costs			\$ 2,274	\$ -	\$ -

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			\$ -	\$ -	\$ -

Schedule of Other - Indirect Adjustments

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct 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	License No.	Report for Year Ended		Page	of
Villa Maria Nursing and Rehabilitation C	1006-C	9/30/2020		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$ 4,427,010	4,427,010			
b. Medicaid Room and Board Contractual Allowance **	\$ (1,433,471)	(1,433,471)			
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$ 735,840	735,840			
b. Medicare Room and Board Contractual Allowance **	\$ 836,272	836,272			
4. a. Private-Pay Residents and Other	\$ 965,873	965,873			
b. Private-Pay Room and Board Contractual Allowance **	\$ 181,475	181,475			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 175,125	175,125			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (175,125)	(175,125)			
c. Prescription Drugs - Non-Medicare	\$ 3,543	3,543			
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	\$ 317,431	317,431			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (152,645)	(152,645)			
c. Physical Therapy - Non-Medicare	\$				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 52,580	52,580			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (23,692)	(23,692)			
c. Speech Therapy - Non-Medicare	\$				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 308,377	308,377			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (154,793)	(154,793)			
c. Occupational Therapy - Non-Medicare	\$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (Specify) - Medicare	\$				
b. Other (Specify) - Non-Medicare	\$ (1,876)	(1,876)			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,061,924	6,061,924			
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 (Specify)	\$ 21	21			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (Specify)	\$ 6,418	6,418			
V. Total Other Revenue (1 thru 8)	\$ 6,439	6,439			
VI. Total All Revenue (III +V)	\$ 6,068,363	6,068,363			

* 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)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30, II6b	Prior Year Billing Adjustments	\$ (1,876)		
Total Other Resident Revenue		\$ (1,876)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30, IV5	Interest income		\$ 21		
Total Interest Income			\$ 21	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30, IV8	Rental income - 2 Mill Street	\$ 6,240		
30, IV8	Miscellaneous	\$ 178		
Total Other Revenue		\$ 6,418	\$ -	\$ -

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

**Villa Maria Nursing & Rehabilitation Community
License #1006-C
Report Year Ended 9/30/20**

ASSETS RELATED TO INTEREST INCOME REPORTED ON PAGE 30, LINE IV.5:

ASSET CATEGORY ON BALANCE SHEET	ACCOUNT BALANCE AT 9/30/20	DESCRIPTION	INTEREST EARNED
Cash	\$1,719,345	Interest from Citizens Bank sweep account	\$ 21

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Villa Maria Nursing and Rehabilitation	1006-C	9/30/2020	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,774,595
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	557,427
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	47,597
a. See detail attached page 31A	47,597			
b. _____				
c. _____				
d. See Schedule				
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)			\$	2,379,619
B. Fixed Assets				
1. Land			\$	95,810
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost 1,931,095		\$	169,487
	Accum. Depreciation 1,761,608	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost 33,763		\$	
	Accum. Depreciation 33,763	Net		
6. Movable Equipment	*Historical Cost 600,382		\$	6,677
	Accum. Depreciation 593,705	Net		
7. Motor Vehicles	*Historical Cost 60,263		\$	6,025
	Accum. Depreciation 54,238	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	277,999

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

(Carry Total forward to next page)

VILLA MARIA NURSING & REHABILITATION COMMUNITY
License # 1006-C
Report Year Ended September 30, 2020
Attachment to Page 31

Prepaid Expenses
Page 31, line A.5.

Real estate and property taxes	11,287
Sewer use charge	2,672
Prepaid maintenance costs for office rented from Community Avenue LLC	1,266
Health insurance	11,187
General insurance	334
Maintenance contracts	663
Federal tax deposits	20,188
Total prepaid expenses	<u>47,597</u>

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Villa Maria Nursing and Rehabilitation		1006-C	9/30/2020	32	37
Account				Amount	
Total Brought Forward:				\$	2,657,618
C. Leasehold or like property recorded for Equity Purposes.					
1. Land					
2. Land Improvements					
*Historical Cost _____					
Accum. Depreciation _____				Net	\$
3. Buildings					
*Historical Cost _____					
Accum. Depreciation _____				Net	\$
4. Non-Movable Equipment					
*Historical Cost _____					
Accum. Depreciation _____				Net	\$
5. Movable Equipment					
*Historical Cost _____					
Accum. Depreciation _____				Net	\$
6. Motor Vehicles					
*Historical Cost _____					
Accum. Depreciation _____				Net	\$
7. Minor Equipment-Not Depreciable					
\$					
C-8 Total Leasehold or Like Properties (C1 thru 7)					
\$					
D. Investment and Other Assets					
1. Deferred Deposits					
\$					
2. Escrow Deposits					
\$					
3. Organization Expense					
*Historical Cost _____					
Accum. Depreciation _____				Net	\$
4. Goodwill (Purchased Only)					
\$					
5. Investments Related to Resident Care (<i>itemize</i>)					
\$					

6. Loans to Owners or Related Parties (<i>itemize</i>)					
\$					
Name and Address		Amount	Loan Date		
_____		_____	_____		
_____		_____	_____		
7. Other Assets (<i>itemize</i>)					
\$					

See Schedule					
D-8. Total Investments and Other Assets (Lines D1 thru 7)					
\$					
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)					
\$ 2,657,618					

* 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		License No.	Report for Year Ended		Page	of
Villa Maria Nursing and Rehabilitation Comm		1006-C	9/30/2020		33	37
Account					Amount	
Liabilities						
A. Current Liabilities						
1. Trade Accounts Payable					\$	240,221
2. Notes Payable (<i>itemize</i>)					\$	200,000
Line of credit						200,000
See Schedule						
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)					\$	22,852
Name of Lender		Purpose	Amount	Date Due		
Ally Bank		Auto Loan	9,076	09/30/21		
Eversource		Energy Efficiency	13,776	08/13/21		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)					\$	184,796
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)					\$	21,822
6. Accrued Payroll Taxes Payable					\$	7,419
7. Medicare Final Settlement Payable					\$	
8. Medicare Current Financing Payable					\$	
9. Mortgage Payable (<i>Current Portion</i>)					\$	74,000
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)					\$	
11. Accrued Income Taxes*					\$	
12. Other Current Liabilities (<i>itemize</i>)					\$	1,669,450
Security Deposit		1,020	Accrued Workers Compe	22,961		
Accrued Water		795	Accrued Nursing Home	84,104		
Patient Fund		(60)				
Accrued Accounting Fee		31,850	See Schedule	1,528,780		
A-13. Total Current Liabilities (Lines A1 thru 12)					\$	2,420,560

* 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 Villa Maria Nursing and Rehabilitation Com		License No. 1006-C	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,420,560	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 1,186,052	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 160,000	
Name and Address of Lender	Amount	Loan Date			
Cindy and Bruce Disco	100,000	1/29/19			
Community Ave LLC	60,000	11/8/19			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ (12,601)	
Deferred Financing Fees		(12,601)			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,333,451	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,754,011	

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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	
Total Other Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

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	Insurance Recovery	\$ (109)
33	A12	Medicare Advance Payment	\$ 408,397
33	A12	CARES Act Provider Relief Funds	\$ 412,597
33	A12	Paycheck Protection Program Loan	\$ 604,500
33	A12	Sales Tax Payable	\$ 1,236
33	A12	Accrued Taxes	\$ 102,159
Total Other Current Liabilities (Itemize)			\$ 1,528,780

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)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Villa Maria Nursing and Rehabilitation	1006-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. Capital Stock			\$	20,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,291,395)
6. Gain or Loss for Period			\$	175,002
	10/1/2019	thru 9/30/2020		
7. Total Net Worth			\$	(1,096,393)
C. Total Reserves and Net Worth			\$	(1,096,393)
D. Total Liabilities, Reserves, and Net Worth			\$	2,657,618

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Villa Maria Nursing and Rehabilitation C	1006-C	9/30/2020	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	(1,085,875)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	6,068,363
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	5,893,361
D. Net Income or Deficit			\$	175,002
E. Balance			\$	(910,873)
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>			\$	185,520
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
Bruce and Cindy Disco 20 Babcock Avenue, Plainfield, CT		wners/Sharehold	185,520	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	185,520
H. Balance at End of Period		09/30/20	\$	(1,096,393)

I. Preparer's/Reviewer's Certification

Name of Facility Villa Maria Nursing and Rehabilitation	License No. 1006-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 (C.CNH)	<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 Partner	Date Signed January 28, 2021		
Printed Name of Preparer Michael E. Criscione, CPA, Citrin Cooperman & Company, LLP				
Address Address 500 Exchange St., Suite 9-100, Providence, RI 02903		Phone Number (401) 421-4800		
Contacted Person Regarding Additional Information Needed Regarding This Report Cindy A. Disco		Phone Number 860-564-3387		
Contact Email Address villamaria@atlanticbbn.net				