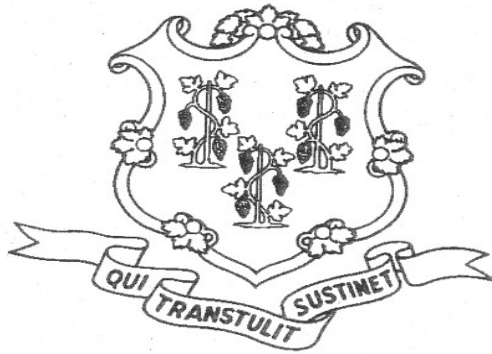


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2021

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 Chronic and Convalescent                      Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH)    (RHNS)	
Report for Year Beginning 10/1/2020	Report for Year Ending 9/27/2021

License Numbers:	CCNH 1006-C	RHNS	(Specify)	Medicare Provider 07-5084
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Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
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**For Department Use Only**

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

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### General Information

Name of Facility (as licensed) Villa Maria Nursing and Rehabilitation Community	License No. 1006-C	Report for Year Ended 9/27/2021	Page 1	of 37
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#### Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Villa Maria Nursing and Rehabilitation Community [facility name], for the cost report period beginning October 1, 2020 and ending September 27, 2021, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Cindy A. Disco			Printed Name (Owner) Cindy A. Disco		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

State of Connecticut  
**Department of Social Services**  
 55 Farmington Avenue, Hartford, Connecticut 06105

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Villa Maria Nursing and Rehabilitation Community	Period Covered:	From 10/1/2020	To 9/27/2021	
Address of Facility 20 Babcock Avenue, Plainfield, CT 06374				
Report Prepared By Citrin Cooperman Advisors LLC	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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility		Report for Year Ended		Page	of
1-860-428-1018		9/27/2021		2	37
Name of Facility (as shown on license)			Address (No. & Street, City, State, Zip)		
Villa Maria Nursing and Rehabilitation Community			20 Babcock Avenue, Plainfield, CT 06374		
License Numbers:		CCNH	RHNS	(Specify)	Medicare Provider No.
1006-C					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 checked="" type="radio"/> Yes		<input type="radio"/> No	
If "Yes," explain fully.					
Villa Maria Nursing and Rehabilitation Community was sold on 9/27/2021					
<b>Administrator</b>					
Name of Administrator			Nursing Home Administrator's License No.:		
Cindy A. Disco					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 9/27/2021	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 Period Ended 9/27/2021

**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 Com	License No. 1006-C	Report for Year Ended 9/27/2021	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Villa Maria Nursing & Rehabilitation Community, Inc	20 Babcock Avenue, Plainfield, CT 06374	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 9/27/2021	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?  Yes  No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Babcock Avenue, LLC	c/o Villa Maria Nursing and Rehabilitation Community, Inc.	<input type="radio"/>	<input checked="" type="radio"/>		Accounting Services	P. 15, 1.d	2,350	2,350
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 checked="" type="radio"/>		Depreciation	P. 22, 7.b	14,990	14,990
Nursing & Rehabilitation Community, Inc.		<input type="radio"/>	<input checked="" type="radio"/>		Amortization	P. 22 8. b	4,199	4,199
Community Avenue LLC	20 Babcock Avenue, Plainfield, CT 06374	<input type="radio"/>	<input checked="" type="radio"/>		Mortgage Interest	P. 26 12.A.1	52,118	52,118
Community Ave owns the building which is leased to Villa (nursing home) for business offices	#REF!	<input type="radio"/>	<input checked="" type="radio"/>		Rent	P. 16, m.13	16,800	5,434
		<input type="radio"/>	<input checked="" type="radio"/>			P. 16, m.13	4,368	4,368
		<input type="radio"/>	<input checked="" type="radio"/>		Fire Tax	P. 16, m.13	277	277
		<input type="radio"/>	<input checked="" type="radio"/>		Property Insurance	P. 27, 14.a	803	803
		<input type="radio"/>	<input checked="" type="radio"/>					

\* 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 Period Ended 9/27/2021

**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 9/27/2021	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "No," explain fully why such allocation was not made.				
N/A FACILITY IS ONLY ONE LEVEL (CCNH)				
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				

### General Information and Questionnaire Leases (Excluding Real Property)

**Operating Leases** - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility Villa Maria Nursing and Rehabilitation Community			License No. 1006-C	Report for Year Ended 9/27/2021			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Canon Financial Services, Inc.	<input type="radio"/>	<input checked="" type="radio"/>	Copier (IR1435)	03/01/18	39 months	915	915	
Canon Financial Services, Inc.	<input type="radio"/>	<input checked="" type="radio"/>	Copier (IR4551)	03/01/20	48 months	8,234	8,234	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
							<b>Total ***</b>	9,149

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

\*\* Attach copies of newly acquired leases.

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

### General Information and Questionnaire Accounting Basis

Name of Facility Villa Maria Nursing and Rehabilita	License No. 1006-C	Report for Year Ended 9/27/2021	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 Citrin Cooperman Advisors LLC 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 Cost reports, accounting services, and tax returns - including Babcock	\$	25,325
2 COVID Related Matters	\$	7,460
3 Business Related Matters	\$	9,750
4	\$	
<b>Charge for Services Provided</b>		
\$		42,535

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

**Legal Services Information**

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

Address (No. & Street, City, State, Zip Code)	
1	22 Courthouse Square, Norwich, CT 06360
2	177 Broad St. F14, Stamford, CT 06901
3	
4	
5	

**Services Provided by This Firm (describe fully)**

1 Various employment and corporate matters	\$	39,849
2 Covid Visitation Requirement	\$	99
3	\$	
4	\$	
5	\$	
<b>Charge for Services Provided</b>		
\$		39,948

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

### Schedule of Resident Statistics

Name of Facility Villa Maria Nursing and Rehabilitation Community			License No. 1006-C			Report for Year Ended 9/27/2021				Page 8		of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	62	62			62	62							
B. On last day of THIS report period	62	62							62	62			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	51	51			51	51							
B. As of midnight of THIS report period	53	53							53	53			
3. Total Number of Days Care Provided During Period													
A. Medicare	4,041	4,041			3,685	3,685			356	356			
B. Medicaid (Conn.)	9,631	9,631			6,833	6,833			2,798	2,798			
C. Medicaid (other states)													
D. Private Pay	2,373	2,373			1,294	1,294			1,079	1,079			
E. State SSI for RCH													
F. Other (Specify) Contract, Hospice, M/C Replac	1,735	1,735			1,107	1,107			628	628			
G. Total Care Days During Period (3A thru F)	17,780	17,780			12,919	12,919			4,861	4,861			
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	35	35			35	35							
5. <b>Total Resident Days (3G + 4A + 4B)</b>	17,815	17,815			12,954	12,954			4,861	4,861			

**Schedule of Resident Statistics (Cont'd)**

Name of Facility Villa Maria Nursing and Rehabilitation Center	License No. 1006-C	Report for Year Ended 9/27/2021	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?       Yes       No  
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	(Specify)
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	5	31		17				
Per Diem Rate								
a. One bed rm.	Various PDPM Rates	240.37	345.00					
b. Two bed rms.	Various PDPM Rates	240.37	315.00					
c. Three or more bed rms.	Various PDPM Rates	240.37	290.00					

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,052	2,052		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	7,123	7,123		
<b>D. Total Physical Therapy Treatments</b>	<b>9,175</b>	<b>9,175</b>		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	191	191		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	341	341		
<b>D. Total Speech Therapy Treatments</b>	<b>532</b>	<b>532</b>		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	2,399	2,399		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	7,478	7,478		
<b>D. Total Occupational Therapy Treatments</b>	<b>9,877</b>	<b>9,877</b>		



### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Villa Maria Nursing and Rehabilitation Community	1006-C	9/27/2021	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
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	73,976	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	240,957	7,227				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	48,596	1,248				
c. Dietary Workers	209,294	10,537				
6. Housekeeping Service						
a. Head Housekeeper	16,256	416				
b. Other Housekeeping Workers	122,079	2,479				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	33,040	1,565				
8. Laundry Service						
a. Supervisor	16,256	416				
b. Other Laundry Workers	41,306	2,798				
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	102,557	2,080				
b. RN						
1. Direct Care	650,232	11,015				
2. Administrative**	14,566	451				
c. LPN						
1. Direct Care	444,507	9,946				
2. Administrative**	61,199	1,949				
d. Aides and Attendants	792,873	32,399				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	89,008	2,614				
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	48,584	1,575				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	3,005,286	90,795				

\* 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		
Villa Maria Nursing and Rehabilitation Community			1006-C	9/27/2021			11	37		
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
Bruce E. Disco	85,554				Controller/Bookkeeper	1,618	A.4	N/A	N/A	N/A
				Note: All hours on	pages 11 & 12 are			reported on a	"PAID"	basis
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										
Denise Ormstead	44,303				Office	2,256	A.4	N/A	N/A	N/A
Denise Ormstead	2,200				Social Services	112	A.12.m	N/A	N/A	N/A
Denise Ormstead	4,714				Recreation	240	A.12.h	N/A	N/A	N/A
Gianna Ormstead/Morgan Disco	7,507				Recreation	582	A.12.h	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	9/27/2021				12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Cindy A. Disco	73,976				Administrator	2,080	A.2	N/A	N/A	N/A
<b>Section IV - Assistant Administrators</b>										

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

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

\*\*\* If more than one Administrator is reported, include dates of employment for each.

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Villa Maria Nursing and Rehabilitation Community	1006-C	9/27/2021	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	12,915	369				
2. Dentist	4,489	64				
3. Pharmacist	6,750	48				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	197,690	2,316				
b. Other						
6. Social Worker	800	8				
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)	525	4				
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	72,290	335				
b. Other						
10. Occupational Therapist						
a. Resident Care	209,137	2,498				
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	34,972	961				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>556,368</b>	<b>6,675</b>				

\* 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 9/27/2021	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"/>		
Paragon Rehabilitation, 495 New Boston Rd, Fall River, MA 02720	Therapies: PT, OT, & ST	<input type="radio"/>	<input checked="" type="radio"/>		
Amplisound Hearing Services, 19 Quinebaug Ave, Putnam, CT 06260	Hearing Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Wachusett Consulting, 11 Mayor Thomas J. McGrath Hwy, Quiney, MA 02169	Managed Care Consultant	<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 Communit	1006-C	9/27/2021		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 144,460	144,460			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 41,024	41,024			
4. Social Security (F.I.C.A.)	\$ 190,905	190,905			
5. Health Insurance	\$ 85,155	85,155			
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	\$ 9,272	9,272			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 42,535	42,535			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 39,948	39,948			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 20,432	20,432			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 7,493	7,493			
2. Cellular Phones	\$ 4,416	4,416			
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$				
k. Other Taxes ( <i>Not related to property - See Page 22</i> )					
1. Income*	\$ 109,606	109,606			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$ 270	270			
3. Resident Day User Fee	\$ 255,414	255,414			
<b>Subtotal</b>	\$ 950,930	950,930			

\* 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 Villa Maria Nursing and Rehabilitation Community	License No. 1006-C	Report for Year Ended 9/27/2021	Page 16	of 37
Item	Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>				
	950,930	950,930		
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 5,290	5,290		
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$ 5,714	5,714		
4. Employee Travel	\$			
5. Education Expenses Related to Seminars and Conventions	\$ 1,660	1,660		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 824	824		
7. Other ( <i>Specify</i> ) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 34,259	34,259		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$			
4. Fund-Raising***	\$			
5. Medical Records	\$ 2,638	2,638		
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	\$ 5,417	5,417		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 726	726		
9. Subscriptions	\$ 3,070	3,070		
10. Contributions*** See Attached Schedule	\$ 800	800		
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 171,416	171,416		
12. Administrative Management Services**	\$			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 56,242	56,242		
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>\$ 1,238,986</b>	<b>1,238,986</b>		

\* 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 Period September 27, 2021  
Attachment to Page 16

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

Operations consultant	143,421
Computer consultant	18,865
Admin fee for profit sharing plan	<u>9,130</u>
	<u><u>171,416</u></u>

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

Schedule of Other Advertising

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

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 4,231		
ALTCFM	\$ 85		
CT LT Mutual Aid Program	\$ 350		
AANAC	\$ 131		
AHCA	\$ 620		
<b>Total Dues</b>	\$ 5,417	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Plainfield Fire Department	\$ 500		
Killingly High School class of 2021	\$ 300		
<b>Total Contributions</b>	\$ 800	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses	\$ 1,347		
Federal Subscriber Line	\$ 297		
Payroll Services	\$ 14,342		
Residents TV Costs	\$ 404		
Penalties	\$ 11,535		
Expenses of Community Ave presented in accordance with letter dated 1/28/13 from Kathleen Shaughnessy			
Maintenance expense	\$ 635		
Heating	\$ 2,287		
Electric	\$ 1,176		
Water	\$ 698		
Sewer	\$ 618		
Rent	\$ 16,800		
Real estate tax	\$ 4,368		
Fire tax	\$ 277		
Property insurance	\$ 654		
Expenses of 2 Mill Street (rent to unrelated)			
Water	\$ 268		
Miscellaneous	\$ 146		
Property insurance	\$ 390		
<b>Total Other Administrative and General</b>	\$ 56,242	\$ -	\$ -

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

Name of Facility Villa Maria Nursing and Rehabilitation C	License No. 1006-C	Report for Year Ended 9/27/2021	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 9/27/2021	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 141,491	141,491		
2.	Non-Food Supplies	\$ 14,764	14,764		
3.	Other (Specify) _____ Supplements	\$ 4,756	4,756		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) _____		\$			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		\$ 161,011	161,011		
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F.	Resident Meals: Total no. of meals served per day:*	147	147		
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		License No.	Report for Year Ended	Page	of
Villa Maria Nursing and Rehabilitation Community		1006-C	9/27/2021	19	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 ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	\$	24,666	24,666		
c. Other ( <i>Specify</i> ) Supplies	\$	8,475	8,475		
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	\$	<b>33,141</b>	<b>33,141</b>		
<b>3E. Laundry Questionnaire</b>					
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 Comm		1006-C	9/27/2021		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.	\$ 21,575	21,575		
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.	<b>Total Housekeeping Expenditures</b> (4a + b + c)		\$ 21,575	21,575		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy		\$			
2.	Purchased from Medicare A, Medicare Replacement & Private Insurance		\$ 139,851	139,851		
b.	Medicine Cabinet Drugs		\$ 7,907	7,907		
c.	Medical and Therapeutic Supplies		\$ 127,139	127,139		
d.	Ambulance/Limousine***		\$ 17,632	17,632		
e.	Oxygen					
1.	For Emergency Use		\$			
2.	Other***		\$ 13,241	13,241		
f.	X-rays and Related Radiological Procedures***		\$ 3,969	3,969		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )		\$			
h.	Laboratory***		\$ 9,837	9,837		
i.	Recreation		\$ 5,195	5,195		
j.	Direct Management Services*		\$			
k.	Indirect Management Services*		\$			
l.	Other (Specify)**** See Attached Schedule		\$ 31,860	31,860		
5M.	<b>Total Resident Care Expenditures</b> (5a - 5j)		\$ 356,631	356,631		

\* 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	\$ 20,871		
Other Patient Care & Services	\$ 10,989		
<b>Total Other Resident Care</b>	\$ 31,860	\$ -	\$ -

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

Name of Facility Villa Maria Nursing and Rehabilitation Community			License No. 1006-C		Report for Year Ended 9/27/2021			Page of 21   37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Unitex Textile Rental Services	South Windsor, CT 06074	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	24,666			19	3.b.
PointClickCare Technologies	Bloomington, MN 55431	<input type="radio"/>	<input checked="" type="radio"/>		Computer Consulting	18,865			16	l.m.11
Wachusett Ventures	Quincy, MA 02169	<input type="radio"/>	<input checked="" type="radio"/>		Operations Consulting	143,421			16	l.m.11
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
#REF!		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

\* List all contracted services over \$10,000. Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.  
 \*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Villa Maria Nursing and Rehabilitation Comm	1006-C	9/27/2021			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 11,090	11,090				
b. Heat	\$ 29,567	29,567				
c. Light & Power	\$ 30,999	30,999				
d. Water	\$ 23,517	23,517				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 9,149	9,149				
f. Other ( <i>itemize</i> )	\$ 56,213	56,213				
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 160,535	160,535				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 40,890	40,890				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 9,240	9,240				
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 50,130	50,130				
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. <b>Total Amortization Costs</b> (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	\$ 40,316	40,316				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 2,492	2,492				
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 97,137	97,137				

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Repairs & Maintenance - Various Contractors	\$ 23,398		
Contracted Maintenance:			
Trash removal	\$ 10,650		
Medical waste removal	\$ 426		
Grounds	\$ 13,143		
Fire suppression - various vendors	\$ 4,276		
General building repairs and maintenance - various vendors	\$ 4,320		
<b>Total Other Repairs and Maintenance</b>	\$ 56,213	\$ -	\$ -

-----



Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

\*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
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Leasehold Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

### Amortization Schedule\*

Name of Facility Villa Maria Nursing and Rehabilitation Community			License No. 1006-C		Report for Year Ended 9/27/2021			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1. Financing Fees	9	2013	10	38,487		Life of mortgage	10	3,849	
2. Financing Fees	10	2014	10	3,507		Life of mortgage	10	350	
3.									
B-4. Subtotal									4,199
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									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 9/27/2021	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If <b>NOT</b> 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			
<b>Part B - Owner and Related Parties</b>	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	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 9/27/2021	1,185,846			
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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



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

Name of Facility		License No.	Report for Year Ended			Page	of
Villa Maria Nursing and Rehabilitati		1006-C	9/27/2021			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 52118	52,118				
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. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$ 52,118	52,118				

(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 Rehabil		1006-C		9/27/2021		27   37	
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				52,118	52,118		
12. C. Movable Equipment							
1. Automotive Equipment				\$ 369	369		
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)				\$ 369	369		
12. D. Other Interest Expense (Specify)				\$ 9,150	9,150		
Interest on Line of Credit							
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$ 61,637	61,637		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 15,102	15,102		
b. Insurance on Automobiles				\$ 887	887		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$ 43,582	43,582		
3. Other (Specify)				\$ 692	692		
Crime							
14d. <b>Total Insurance Expenditures</b> (14a + b + c)				\$ 60,263	60,263		
15. <b>Total All Expenditures</b> (A-13 thru C-14)				\$ 5,752,570	5,752,570		

### 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	9/27/2021	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 209,137	209,137		
7.			Other - See attached Schedule	\$ 4,489	4,489		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1.d.	Accounting	\$ 11,877	11,877		
10a.			Legal	\$ 34,777	34,777		
11.			Telephone	\$			
12.	15	1.h.2.	Cellular Telephone	\$ 3,336	3,336		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	1.3.	Gifts, flowers and coffee shops	\$ 3,964	3,964		
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.			Unallowable Advertising *	\$			
19.	15	1.k.1.	Income Tax / Corporate Business Tax	\$ 109,606	109,606		
20.	16	m.10	Fund Raising / Contributions	\$ 800	800		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 25,541	25,541		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 403,527	403,527		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

## Schedule of Other Salaries Adjustment

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

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B.2	Dentist	\$ 4,489		
<b>Total Other Fees Adjustments</b>			\$ 4,489	\$ -	\$ -

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	1.m.8a	Dues - Chamber of Commerce	\$ 726		
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	\$ 414		
16	1.m.13	Penalties	\$ 11,535		
16	1.m.11	Costs to terminate pension plan	\$ 1,500		
<b>Total Other A&amp;G Adjustments</b>			\$ 25,541	\$ -	\$ -

State of Connecticut  
Annual Report of Long-Term Care Facility

Villa Maria Nursing & Rehabilitation Community  
License #1006-C  
Report Period Ended 9/27/2021

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	\$ 42,535	MCD Report
Percentage non-allowable allocated to Babcock Avenue, LLC	<u>5%</u>	
Non-allowable expense, reported on Annual Report page 28, line 10:	2,127	
Consulting costs related to the sale	<u>9,750</u>	
	<u>\$ 11,877</u>	

**CALCULATION OF NON-ALLOWABLE EMPLOYEE GIFT EXPENSE:**

Amount reported on Annual Report page 16, line 1.3.	\$ 5,714	MCD Report
Employee gift allowable expense:		
Allowable amount per employee	\$ 25	
Active employees at year end per payroll records	<u>70</u>	(1,750) Allowable
Non-allowable expense, reported on Annual Report page 28, line 14:	<u>\$ 3,964</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	9/27/2021	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 403,527	403,527		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5.a.2	Prescription Drugs	\$ 139,851	139,851		
28.	20	5.d.	Ambulance/Limousine	\$ 17,632	17,632		
29.	20	5.f.	X-rays, etc	\$ 3,969	3,969		
30.	20	5.h.	Laboratory	\$ 9,837	9,837		
31.			Medical Supplies	\$			
32.	20	5.e.2	Oxygen (non emergency)	\$ 13,241	13,241		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 10,989	10,989		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.	27	14a	Property Insurance	\$ 1,193	1,193		
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 600,239	600,239		

\*\*\* 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 Period Ended September 27, 2021**  
**Attachment to Page 29**

Breakdown of property insurance (line 41)

2 Mill Street (p.16 1m.13)	390
24 Babcock Ave	371
2 Community Ave	432
	<hr/>
	1,193
	<hr/> <hr/>

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5.1.	Other Patient Care & Services	\$ 10,989		
<b>Total Other Ancillary Costs</b>			\$ 10,989	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

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



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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended		Page	of
Villa Maria Nursing and Rehabilitation C 1006-C		9/27/2021		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 3,033,765	3,033,765			
b. Medicaid Room and Board Contractual Allowance **	\$ (931,411)	(931,411)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,272,915	1,272,915			
b. Medicare Room and Board Contractual Allowance **	\$ 1,517,773	1,517,773			
4. a. Private-Pay Residents and Other	\$ 1,291,348	1,291,348			
b. Private-Pay Room and Board Contractual Allowance **	\$ 207,678	207,678			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 223,092	223,092			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (223,092)	(223,092)			
c. Prescription Drugs - Non-Medicare	\$ 1,382	1,382			
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	\$ 226,734	226,734			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (156,265)	(156,265)			
c. Physical Therapy - Non-Medicare	\$				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 47,076	47,076			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (29,947)	(29,947)			
c. Speech Therapy - Non-Medicare	\$				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 228,833	228,833			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (154,308)	(154,308)			
c. Occupational Therapy - Non-Medicare	\$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other ( <i>Specify</i> ) - Medicare	\$				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (14,846)	(14,846)			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 6,540,727	6,540,727			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 233	233			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 1,014,778	1,014,778			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 1,015,011	1,015,011			
<b>VI. Total All Revenue</b> (III +V)	\$ 7,555,738	7,555,738			

\* 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)
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

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

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30, II6b	Prior Year Billing Adjustments	\$ (14,846)		
<b>Total Other Resident Revenue</b>		\$ (14,846)	\$ -	\$ -

**Interest Income**

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30, IV5	Interest income		\$ 233		
<b>Total Interest Income</b>			\$ 233	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30, IV8	Rental income - 2 Mill Street	\$ 6,240		
30, IV8	PPP loan forgiveness	\$ 604,500		
30, IV8	CARES Act Provider Relief Funds	\$ 450,416		
30, IV8	Miscellaneous	\$ 8,622		
30, IV8	Return of Medicaid rate advances for March and April 2020	\$ (55,000)		
<b>Total Other Revenue</b>		\$ 1,014,778	\$ -	\$ -

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

**Villa Maria Nursing & Rehabilitation Community  
License #1006-C  
Report Period Ended 9/27/2021**

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

<b>ASSET CATEGORY ON BALANCE SHEET</b>	<b>ACCOUNT BALANCE AT 9/27/2021</b>	<b>DESCRIPTION</b>	<b>INTEREST EARNED</b>
Cash	\$870,463	Interest from Citizens Bank sweep account	\$ 233

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Villa Maria Nursing and Rehabilitation	1006-C	9/27/2021	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	1,485,007
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	705,699
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	9,370
4 Inventories			\$	
5. Prepaid Expenses			\$	148,877
a. See detail attached page 31A	148,877			
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	2,348,953
B. Fixed Assets				
1. Land			\$	95,810
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost 1,931,095		\$	128,597
	Accum. Depreciation 1,802,498	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 600,381		\$	3,462
	Accum. Depreciation 596,919	Net		
7. Motor Vehicles	*Historical Cost 60,263		\$	
	Accum. Depreciation 60,263	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
_____				
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	227,869

\* 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 Period Ended September 27, 2021**  
**Attachment to Page 31**

**Prepaid Expenses**

Page 31, line A.5.

Real estate and property taxes	11,102
Sewer use charge	2,672
Prepaid maintenance costs for office rented from Community Avenue LLC	631
General insurance	74,229
Maintenance contracts	663
Federal tax deposits	59,580
Total prepaid expenses	<u>148,877</u>

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

Name of Facility Villa Maria Nursing and Rehabilitation	License No. 1006-C	Report for Year Ended 9/27/2021	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 2,576,822	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
\$				
2. Land Improvements				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
3. Buildings				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
4. Non-Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
5. Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
6. Motor Vehicles				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
7. Minor Equipment-Not Depreciable				
\$				
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)				
\$				
D. Investment and Other Assets				
1. Deferred Deposits				
\$				
2. Escrow Deposits				
\$				
3. Organization Expense				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
4. Goodwill (Purchased Only)				
\$				
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. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)				
\$				
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)				
\$ 2,576,822				

\* 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	9/27/2021	33	37
<b>Account</b>			<b>Amount</b>	
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable			\$	294,885
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> )			\$	
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )			\$	147,659
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )			\$	3,319
6. Accrued Payroll Taxes Payable			\$	17,329
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable ( <i>Current Portion</i> )			\$	77,000
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )			\$	
11. Accrued Income Taxes*			\$	2,159
12. Other Current Liabilities ( <i>itemize</i> )			\$	182,772
Security Deposit	1,020	Accrued Workers Compe	10,396	
Accrued Water	34	Accrued Nursing Home 1	83,767	
Patient Fund	(114)			
Accrued Accounting Fee	21,975	See Schedule	65,694	
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>			<b>\$</b>	<b>925,123</b>

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

*(Carry Total forward to next page)*





Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
<b>Total Prepaid Expenses</b>			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
<b>Total Other Assets</b>			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			\$ -

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

Page Ref	Line Ref	Description	
33	A12	Insurance Recovery	\$ (109)
33	A12	Sales Tax Payable	\$ 1,505
33	A12	Medicare Rate adjustment recoupement	\$ 55,000
33	A12	CMS Penalties	10846
33	A12	FFCRA (Covid sick pay)	-1548
<b>Total Other Current Liabilities (Itemize)</b>			\$ 65,694

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

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


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

Name of Facility	License No.	Report for Year Ended	Page	of
Villa Maria Nursing and Rehabilitatio	1006-C	9/27/2021	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	20,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,431,913)
6. Gain or Loss for Period			\$	1,803,168
7. Total Net Worth			\$	391,255
<b>C. Total Reserves and Net Worth</b>			\$	391,255
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	2,576,822

### H. Changes in Total Net Worth

Name of Facility Villa Maria Nursing and Rehabilitation C	License No. 1006-C	Report for Year Ended 9/27/2021	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	(1,096,393)
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	7,555,738
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	5,752,139
D. Net Income or Deficit			\$	1,803,168
E. Balance			\$	706,775
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	706,775
				09/27/21

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

Name of Facility Villa Maria Nursing and Rehabilitation	License No. 1006-C	Report for Year Ended 9/27/2021	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<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 February 14, 2022		
Printed Name of Preparer Michael E. Criscione, Citrin Cooperman Advisors, LLC				
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 1-860-428-1018		
Contact Email Address villamaria0921@gmail.com				

**Villa Maria Nursing & Reha**

Year End: September 30, 2021  
 Crosswalk Medicaid Groupings

**CROSS TB**

Prepared by 1 <a href="#">MA 1/21/2022</a>	Prepared by 2	Prepared by 3	Reviewed by 1 <a href="#">LF2 2/2/2022</a>
Reviewed by 2	Reviewed by 3	Reviewed by QC	

Account	Rep
401.00 VMNRC Administrator	73,976.00
<b>10-02 A2-Administrator</b>	<b>73,976.00</b>
402.00 VMNRC Office	225,212.00
414.00 VMNRC Medical Recorder	15,745.00
Villa Maria Nursing & Rehabilitation Community	240,957.00
<b>10-04 A4-Other Admin Salaries</b>	<b>240,957.00</b>
403.00 VMNRC Food Service Supervisor	48,596.00
<b>10-06 5b-Food Service Supervisor</b>	<b>48,596.00</b>
404.00 VMNRC Other Dietary	209,294.00
<b>10-07 5c-Dietary Workers</b>	<b>209,294.00</b>
405.00 VMNRC Housekeeping Supervisor	16,256.00
<b>10-08 6a-Head Housekeeper</b>	<b>16,256.00</b>
405.20 VMNRC Other Housekeeping	122,079.00
<b>10-09 6b-Other Housekeeping</b>	<b>122,079.00</b>
407.00 VMNRC Other Maintenance	33,040.00
<b>10-11 7b-Other Maint. Workers</b>	<b>33,040.00</b>
405.10 VMNRC Laundry Supervisor	16,256.00
<b>10-12 8a-Laundry Supervisor</b>	<b>16,256.00</b>
405.30 VMNRC Other Laundry	41,306.00
<b>10-13 8b-Other Laundry Workers</b>	<b>41,306.00</b>
408.00 VMNRC Director of Nursing	102,557.00
<b>10-18 12a-Director of Nurses</b>	<b>102,557.00</b>
409.00 VMNRC Registered Nurses	664,798.00
<b>10-19 12b-RNs</b>	<b>664,798.00</b>

**Villa Maria Nursing & Reha**

Year End: September 30, 2021  
 Crosswalk Medicaid Groupings

**CROSS TB-1**

Prepared by 1 <a href="#">MA 1/21/2022</a>	Prepared by 2	Prepared by 3	Reviewed by 1 <a href="#">LF2 2/2/2022</a>
Reviewed by 2	Reviewed by 3	Reviewed by QC	

Account	Rep
410.00 VMNRC Licensed Practical Nurses	505,706.00
<b>10-20 12c-LPN's</b>	<b>505,706.00</b>
411.00 VMNRC Certified Nurses Aides	792,873.00
<b>10-21 12d-Aides and Attendants</b>	<b>792,873.00</b>
412.00 VMNRC Recreation	89,008.00
<b>10-25 12h-Recreation Workers</b>	<b>89,008.00</b>
413.00 VMNRC Social Service	48,584.00
<b>10-33 12m-Social Workers</b>	<b>48,584.00</b>
451.00 VMNRC Dietitian	12,915.00
<b>13-01 B1-Dietician</b>	<b>12,915.00</b>
452.00 VMNRC Dentist	4,489.00
<b>13-02 B2-Dentist</b>	<b>4,489.00</b>
453.00 VMNRC Pharmacist	6,750.00
<b>13-03 B3-Pharmacist</b>	<b>6,750.00</b>
455.00 VMNRC Physical Therapist	197,690.00
<b>13-05 B5a-PT Resident Care</b>	<b>197,690.00</b>
456.00 VMNRC Social Worker (Backus Hospital)	800.00
<b>13-07 B6-Social Worker</b>	<b>800.00</b>
457.00 VMNRC Medical Director (Visits)	16,800.00
<b>13-09 B8a-Medical Director (entire fac.)</b>	<b>16,800.00</b>
461.00 VMNRC Medical Board (Staff Meetings)	525.00
<b>13-14 B8d.3-Staff development Comm.</b>	<b>525.00</b>

**Villa Maria Nursing & Reha**

Year End: September 30, 2021  
 Crosswalk Medicaid Groupings

**CROSS TB-2**

Prepared by 1 MA 1/21/2022	Prepared by 2	Prepared by 3	Reviewed by 1 LF2 2/2/2022
Reviewed by 2	Reviewed by 3	Reviewed by QC	

Account	Rep
460.00 VMNRC Speech Therapist	72,290.00
<b>13-16 B9a-ST Resident Care</b>	<u>72,290.00</u>
458.00 VMNRC Occupational Therapist	209,137.00
<b>13-18 B10a-OT Resident Care</b>	<u>209,137.00</u>
464.00 VMNRC Managed Care Consultant	34,872.00
465.00 VMNRC Hearing Consultant	100.00
466.00 VMNRC Eye Care	<u>0.00</u>
Villa Maria Nursing & Rehabilitation Community	34,972.00
<b>13-24 12-Other direct care consultants</b>	<u>34,972.00</u>
501.00 VMNRC Workers Compensation Ins.	144,460.00
<b>15-01 1a.1-A&amp;G-Workers' Comp.</b>	<u>144,460.00</u>
502.00 VMNRC Federal Unemployment Tax	4,366.00
503.00 VMNRC State Unemployment Tax	<u>36,658.00</u>
Villa Maria Nursing & Rehabilitation Community	41,024.00
<b>15-03 1a.3-A&amp;G-Unemployment Ins,</b>	<u>41,024.00</u>
504.00 VMNRC F.I.C.A	228,889.00
505.00 VMNRC FFCRA (Covid Sick Pay)	<u>(37,984.00)</u>
Villa Maria Nursing & Rehabilitation Community	190,905.00
<b>15-04 1a.4-A&amp;G-FICA</b>	<u>190,905.00</u>
510.00 VMNRC Employee Health Ins.	67,620.00
515.00 VMNRC Emp Life & Short Term Dis. Ins.	(186.00)
516.00 VMNRC Employer Health Ins Deductible	<u>17,721.00</u>
Villa Maria Nursing & Rehabilitation Community	85,155.00
<b>15-05 1a.5-A&amp;G-Health Ins.</b>	<u>85,155.00</u>
509.00 VMNRC Employee Physicals	9,272.00
<b>15-09 1a.9-A&amp;G-Other EE Benefits</b>	<u>9,272.00</u>
521.00 VMNRC Bad Debt Provision	0.00
<b>15-11 1c-A&amp;G-Bad debts</b>	<u>0.00</u>



**Villa Maria Nursing & Reha**

Year End: September 30, 2021  
 Crosswalk Medicaid Groupings

**CROSS TB-3**

Prepared by 1 <a href="#">MA 1/21/2022</a>	Prepared by 2	Prepared by 3	Reviewed by 1 <a href="#">LF2 2/2/2022</a>
Reviewed by 2	Reviewed by 3	Reviewed by QC	

Account	Rep
522.00 VMNRC Accounting Fees	40,185.00
522.00 BAL Accounting Fees	2,350.00
<b>15-12 1d-A&amp;G-Accounting / Auditing</b>	<b>42,535.00</b>
523.00 VMNRC Legal Fees	39,948.00
<b>15-13 1e-A&amp;G-Legal</b>	<b>39,948.00</b>
524.00 VMNRC Office Expenses/Supplies	15,848.00
790.00 VMNRC Bank Charges	145.00
796.00 VMNRC Miscellaneous Expenses	1,684.00
Villa Maria Nursing & Rehabilitation Community	17,677.00
795.00 BAL Property Tax - old business office	2,755.00
<b>15-15 1g-A&amp;G-Office Supplies</b>	<b>20,432.00</b>
525.00 VMNRC Telephone	7,493.00
<b>15-16 1h1-A&amp;G-telephone</b>	<b>7,493.00</b>
530.00 VMNRC Cellular Phone/Beeper	4,416.00
<b>15-17 1h2-A&amp;G-cell phone</b>	<b>4,416.00</b>
777.00 VMNRC Business Entity Tax	0.00
<b>15-18 1 j - Corporation business taxes</b>	<b>0.00</b>
794.00 VMNRC Federal Corporation Tax	115,000.00
795.00 VMNRC Connecticut Corporate Tax	(66,835.00)
Villa Maria Nursing & Rehabilitation Community	48,165.00
799.00 BAL CT Pass Through Entity Tax	61,441.00
<b>15-19 1 k.1 - A&amp;G Income taxes</b>	<b>109,606.00</b>
775.00 VMNRC Sales & Use Tax	270.00
<b>15-20 1 k.2 - Other taxes</b>	<b>270.00</b>
776.00 VMNRC Nursing Home Tax	255,414.00

**Villa Maria Nursing & Reha**

Year End: September 30, 2021  
 Crosswalk Medicaid Groupings

**CROSS TB-4**

Prepared by 1 MA 1/21/2022	Prepared by 2	Prepared by 3	Reviewed by 1 LF2 2/2/2022
Reviewed by 2	Reviewed by 3	Reviewed by QC	

Account	Rep
<b>15-21 1 k.3 - Resident Day User Fees</b>	<b>255,414.00</b>
527.00 VMNRC Cable Television	5,290.00
<b>16-01 1L.1-T&amp;E-Resident Travel</b>	<b>5,290.00</b>
542.00 VMNRC Other Fringe Benefits	5,714.00
<b>16-03 1L.3-T&amp;E-Gifts-Staff &amp; Residents</b>	<b>5,714.00</b>
543.00 VMNRC Employee Travel Exp (Mileage)	0.00
<b>16-04 1L.4-T&amp;E-Employee Travel</b>	<b>0.00</b>
544.00 VMNRC Employee Educ. Exp (Sem & Conf)	1,630.00
548.00 VMNRC Employee Educ. Exp (Books etc.)	30.00
Villa Maria Nursing & Rehabilitation Community	1,660.00
<b>16-05 1L.5-T&amp;E-Seminars and Conventions</b>	<b>1,660.00</b>
545.00 VMNRC Automobile Expense	824.00
<b>16-06 1L.6-T&amp;E-Automobile Expenses</b>	<b>824.00</b>
549.00 VMNRC Business Meals	0.00
<b>16-07 1L.7-T&amp;E-Other</b>	<b>0.00</b>
551.00 VMNRC Advertising - Help Wanted	34,259.00
<b>16-08 1m.1-Ads-Help Wanted</b>	<b>34,259.00</b>
553.00 VMNRC Advertising - Promotional	0.00
<b>16-10 1m.3-Ads-Other</b>	<b>0.00</b>
529.00 VMNRC Computerized Medical Records	2,638.00
<b>16-12 1m.5-Medical Records</b>	<b>2,638.00</b>
554.00 VMNRC Dues & Membership Fees - CAHCF	4,231.00
555.00 VMNRC Dues & Membership Fees - Other	1,912.00
Villa Maria Nursing & Rehabilitation Community	6,143.00

**Villa Maria Nursing & Reha**

Year End: September 30, 2021  
 Crosswalk Medicaid Groupings

**CROSS TB-5**

Prepared by 1 MA 1/21/2022	Prepared by 2	Prepared by 3	Reviewed by 1 LF2 2/2/2022
Reviewed by 2	Reviewed by 3	Reviewed by QC	

Account	Rep
<b>16-15 1m.8-Dues and membership fees</b>	<b>6,143.00</b>
556.00 VMNRC Subscriptions	3,070.00
<b>16-17 1m.9-Subscriptions</b>	<b>3,070.00</b>
557.00 VMNRC Charitable Contributions	800.00
<b>16-18 1m.10-Contributions</b>	<b>800.00</b>
526.00 VMNRC Federal Subscriber Line	297.00
528.00 VMNRC Payroll Service	14,342.00
558.00 VMNRC Licenses	1,347.00
742.10 VMNRC Maintenance Expense-22 Babcock	635.00
742.20 VMNRC Resident TV costs	404.00
743.10 VMNRC Heating - 22 Babcock Ave	2,287.00
744.10 VMNRC Electric - 22 Babcock Ave	1,176.00
746.10 VMNRC Water - 22 Babcock Ave	698.00
747.10 VMNRC Sewer - 22 Babcock Ave	618.00
762.00 VMNRC Rent - 22 Babcock Ave	16,800.00
773.10 VMNRC Real Estate Tax-22 Babcock Ave	4,368.00
774.10 VMNRC Fire Tax - 22 Babcock	277.00
797.00 VMNRC Penalties	11,535.00
Villa Maria Nursing & Rehabilitation Community	54,784.00
796.00 BAL Misc Expense	146.00
798.10 BAL Water - old business office	268.00
Babcock Avenue, LLC	414.00
<b>16-20 1m.13-Other A&amp;G expense</b>	<b>55,198.00</b>
450.00 VMNRC Computer Consultant	18,865.00
450.01 VMNRC Operational Consultant	143,421.00
512.00 VMNRC Profit Sharing Plan - Admin Fee	9,130.00
Villa Maria Nursing & Rehabilitation Community	171,416.00
<b>16-21 1m11-Services provided by contract</b>	<b>171,416.00</b>
601.00 VMNRC Dietary - Raw Food	141,491.00
<b>18-01 2a.1-Raw food</b>	<b>141,491.00</b>
602.00 VMNRC Dietary - Non-Food Supplies	12,950.00
603.00 VMNRC Dietary - Other	1,814.00
Villa Maria Nursing & Rehabilitation Community	14,764.00

**Villa Maria Nursing & Reha**

Year End: September 30, 2021  
 Crosswalk Medicaid Groupings

**CROSS TB-6**

Prepared by 1 MA 1/21/2022	Prepared by 2	Prepared by 3	Reviewed by 1 LF2 2/2/2022
Reviewed by 2	Reviewed by 3	Reviewed by QC	

Account	Rep
<b>18-02 2a.2-Non-food supplies</b>	<b>14,764.00</b>
601.01 VMNRC Dietary - Supplements	4,756.00
<b>18-03 2a.3-Dietary-other</b>	<b>4,756.00</b>
711.00 VMNRC Laundry - Purchased Services	24,666.00
<b>19-05 3b-Laundry-purchased services</b>	<b>24,666.00</b>
712.00 VMNRC Laundry - Supplies	8,475.00
<b>19-07 3d-Laundry-other</b>	<b>8,475.00</b>
721.00 VMNRC Housekeeping - Cleaning Supplie	10,992.00
723.00 VMNRC Housekeeping - Other	10,583.00
Villa Maria Nursing & Rehabilitation Community	21,575.00
<b>20-01 41-Housekeeping supplies</b>	<b>21,575.00</b>
731.00 VMNRC Rx Drugs - M/C A	82,049.00
731.30 VMNRC Rx Drugs - MCR	57,802.00
Villa Maria Nursing & Rehabilitation Community	139,851.00
<b>20-06 51.2-RC-Drugs from Mcr A</b>	<b>139,851.00</b>
732.00 VMNRC Medicine Cabinet Supplies - Int	7,907.00
<b>20-07 5b-RC-Medicine Cabinet Drugs</b>	<b>7,907.00</b>
734.00 VMNRC Medical Supplies - External	8,823.00
735.00 VMNRC Medical Supplies	118,316.00
Villa Maria Nursing & Rehabilitation Community	127,139.00
<b>20-08 5c-RC sipplies -medical</b>	<b>127,139.00</b>
740.02 VMNRC Ambulance - MC/ A	17,632.00
<b>20-09 5d-RC-Ambulance/Limo</b>	<b>17,632.00</b>
737.00 VMNRC Oxygen	13,241.00
<b>20-11 5e.2-RC-Oxygen-other use</b>	<b>13,241.00</b>

**Villa Maria Nursing & Reha**

Year End: September 30, 2021  
 Crosswalk Medicaid Groupings

**CROSS TB-7**

Prepared by 1 MA 1/21/2022	Prepared by 2	Prepared by 3	Reviewed by 1 LF2 2/2/2022
Reviewed by 2	Reviewed by 3	Reviewed by QC	

Account	Rep
740.03 VMNRC X-Ray Fees - MC/A	3,969.00
<b>20-12 5f-RC-X-rays</b>	<b>3,969.00</b>
740.00 VMNRC Lab Fees	865.00
740.04 VMNRC Lab Fees - MC/ A	8,972.00
Villa Maria Nursing & Rehabilitation Community	9,837.00
<b>20-14 5h-RC-Laboratory</b>	<b>9,837.00</b>
724.00 VMNRC Recreation	5,195.00
<b>20-15 5i-RC-Recreation</b>	<b>5,195.00</b>
730.00 VMNRC Desi Drugs (Medicaid)	(576.00)
736.00 VMNRC Disposable Diapers	20,871.00
738.00 VMNRC Other Patient Care & Services	11,565.00
Villa Maria Nursing & Rehabilitation Community	31,860.00
<b>20-16 5j-Resident Care-other</b>	<b>31,860.00</b>
742.00 VMNRC Maintenance Supplies	11,090.00
<b>22-01 6a-Repairs and Maint.</b>	<b>11,090.00</b>
743.00 VMNRC Heating	14,756.00
749.00 VMNRC Gas Services	14,811.00
Villa Maria Nursing & Rehabilitation Community	29,567.00
<b>22-02 6b-Heat</b>	<b>29,567.00</b>
744.00 VMNRC Electricity	30,999.00
<b>22-03 6c-Light and power</b>	<b>30,999.00</b>
746.00 VMNRC Water	13,448.00
747.00 VMNRC Sewer	10,069.00
Villa Maria Nursing & Rehabilitation Community	23,517.00
<b>22-04 6d-Water</b>	<b>23,517.00</b>
741.00 VMNRC Repairs & Maint. (Contractors)	23,398.00
748.00 VMNRC Annually Contracted Maintenance	41,964.00
Villa Maria Nursing & Rehabilitation Community	65,362.00

**Villa Maria Nursing & Reha**

Year End: September 30, 2021  
 Crosswalk Medicaid Groupings

**CROSS TB-8**

Prepared by 1 MA 1/21/2022	Prepared by 2	Prepared by 3	Reviewed by 1 LF2 2/2/2022
Reviewed by 2	Reviewed by 3	Reviewed by QC	

Account	Rep
<b>22-06 6f-Maint &amp; Operations-other</b>	<b>65,362.00</b>
751.00 VMNRC Depr. - Building Improvements	24,689.00
754.00 VMNRC Depr. - Land Improvements	1,211.00
Villa Maria Nursing & Rehabilitation Community	25,900.00
751.00 BAL Depn - Bldg & Impr	14,990.00
<b>22-08 7b-Depn Bldg &amp; Impr</b>	<b>40,890.00</b>
752.00 VMNRC Depr. - Equipment	3,215.00
753.00 VMNRC Depr. - Vehicles	6,025.00
Villa Maria Nursing & Rehabilitation Community	9,240.00
<b>22-10 7d-Depn-Movable Equip</b>	<b>9,240.00</b>
750.00 BAL Amortization Expense	4,199.00
<b>22-12 8b-Mortgage expense</b>	<b>4,199.00</b>
761.00 VMNRC Rental of Building	336,000.00
309.00 BAL Rental Income - nursing home	(336,000.00)
310.00 BAL Rental Income - old business office	(6,240.00)
Babcock Avenue, LLC	(342,240.00)
<b>22-15 9-Rent</b>	<b>(6,240.00)</b>
772.00 VMNRC Real Estate Tax - 20 Babcock	36,476.00
773.00 VMNRC Real Estate Tax - 2 1/2 Mill St	1,296.00
774.00 VMNRC Fire Tax	2,544.00
Villa Maria Nursing & Rehabilitation Community	40,316.00
<b>22-16 10a-RE taxes-paid by owner</b>	<b>40,316.00</b>
770.00 VMNRC Automobile Tax	182.00
771.00 VMNRC Personal Property Tax	2,310.00
Villa Maria Nursing & Rehabilitation Community	2,492.00
<b>22-18 10c-Personal Property Taxes</b>	<b>2,492.00</b>
789.00 BAL Interest Expense - Mortgage	52,118.00
<b>26-01 12A-Mort Interest</b>	<b>52,118.00</b>

**Villa Maria Nursing & Reha**

Year End: September 30, 2021  
 Crosswalk Medicaid Groupings

**CROSS TB-9**

Prepared by 1 MA 1/21/2022	Prepared by 2	Prepared by 3	Reviewed by 1 LF2 2/2/2022
Reviewed by 2	Reviewed by 3	Reviewed by QC	

Account	Rep
789.00 VMNRC Interest Expense - Other	9,519.00
<b>27-03 12D-Other Interest Expense</b>	<b>9,519.00</b>
791.00 VMNRC Insurance Expense	61,307.00
<b>27-04 14a-Insurance on property</b>	<b>61,307.00</b>
303.00 VMNRC R&B - Medicaid (State)	(1,945,224.00)
303.22 VMNRC R&B Medicaid Pending	(157,130.00)
Villa Maria Nursing & Rehabilitation Community	(2,102,354.00)
<b>30-01 1.1.a. Rev-R&amp;B Medicaid (CT)</b>	<b>(2,102,354.00)</b>
302.00 VMNRC R&B - Medicare	(1,272,915.00)
<b>30-05 1.3.a. Rev-R&amp;B Medicare</b>	<b>(1,272,915.00)</b>
341.00 VMNRC C/A - R&B M/C A	(1,517,773.00)
<b>30-06 1.3.b. MCR R&amp;B C/A</b>	<b>(1,517,773.00)</b>
301.00 VMNRC R&B - Self Paid (Private)	(138,690.00)
301.01 VMNRC R&B - Self Paid (Semi-Pvt)	(537,705.00)
301.02 VMNRC R&B - Self Paid (3-4 Bed)	(86,710.00)
301.05 VMNRC R&B - Medicare Replacement(MCR)	(468,105.00)
301.06 VMNRC R&B - Private Ins. (not MCR)	(7,875.00)
301.07 VMNRC R&B - Hospice (State)	(48,957.00)
301.08 VMNRC R&B - Hospice (non State)	(3,306.00)
341.10 VMNRC C/A - R&B MCR	(199,440.00)
341.20 VMNRC C/A - R&B Private Ins.	(8,238.00)
Villa Maria Nursing & Rehabilitation Community	(1,499,026.00)
<b>30-07 1.4.a. Rev-R&amp;B Private and Other</b>	<b>(1,499,026.00)</b>
315.00 VMNRC Rx Drugs - M/C A	(223,092.00)
<b>30-09 2.1.a. Rev Prescription Drugs MCR</b>	<b>(223,092.00)</b>
342.00 VMNRC C/A - Rx Drugs M/C A	223,092.00
<b>30-10 2.1.b. Prescription Drugs MCR C/A</b>	<b>223,092.00</b>
316.40 VMNRC RxDrugs - MCB Vaccine	(1,382.00)

**Villa Maria Nursing & Reha**

**CROSS TB-10**

Year End: September 30, 2021  
 Crosswalk Medicaid Groupings

Prepared by 1 <a href="#">MA 1/21/2022</a>	Prepared by 2	Prepared by 3	Reviewed by 1 <a href="#">LF2 2/2/2022</a>
Reviewed by 2	Reviewed by 3	Reviewed by QC	

Account	Rep
<b>30-11 2.1.c. Prescription Drugs-non MCR</b>	(1,382.00)
318.00 VMNRC PT - M/C A	(156,265.00)
320.00 VMNRC PT - M/C B	(70,469.00)
Villa Maria Nursing & Rehabilitation Community	(226,734.00)
<b>30-17 2.3.a. PT MCR</b>	(226,734.00)
343.00 VMNRC C/A - PT M/C A	156,265.00
344.10 VMNRC C/A - PT M/C B	0.00
Villa Maria Nursing & Rehabilitation Community	156,265.00
<b>30-18 2.3.b. PT MCR C/A</b>	156,265.00
323.00 VMNRC ST - M/C A	(29,947.00)
324.00 VMNRC ST - M/C B	(17,129.00)
Villa Maria Nursing & Rehabilitation Community	(47,076.00)
<b>30-21 2.4.a. ST - MCR</b>	(47,076.00)
310.00 VMNRC C/A - ST M/C A	29,947.00
<b>30-22 2.4.b. ST - MCR C/A</b>	29,947.00
327.00 VMNRC OT - M/C B	(74,525.00)
329.00 VMNRC OT - M/C A	(154,308.00)
Villa Maria Nursing & Rehabilitation Community	(228,833.00)
<b>30-25 2.5.a. OT MCR</b>	(228,833.00)
350.00 VMNRC C/A - OT M/C A	154,308.00
<b>30-26 2.5.b. OT MCR C/A</b>	154,308.00
304.00 VMNRC Prior Year Billing Adjustments	14,828.00
316.10 VMNRC Ancillary - Self Paid	0.00
316.20 VMNRC Ancillary - MCR	(230,357.00)
316.30 VMNRC Ancillary - Private Ins.	(4,062.00)
340.20 VMNRC Anthem Contract Discount 3.5%	18.00
345.10 VMNRC C/A - Ancillary MCR	230,357.00
345.20 VMNRC C/A - Ancillary Private Ins.	4,062.00
Villa Maria Nursing & Rehabilitation Community	14,846.00
<b>30-30 2.6.b. Other Non MCR</b>	14,846.00



**Villa Maria Nursing & Reha**

**CROSS TB-11**

Year End: September 30, 2021  
 Crosswalk Medicaid Groupings

Prepared by 1 MA 1/21/2022	Prepared by 2	Prepared by 3	Reviewed by 1 LF2 2/2/2022
Reviewed by 2	Reviewed by 3	Reviewed by QC	

Account	Rep
331.00 VMNRC Interest Income	(228.00)
333.00 VMNRC Interest Income - Medicare	(5.00)
Villa Maria Nursing & Rehabilitation Community	(233.00)
<b>30-35 4.5. Interest Income</b>	<b>(233.00)</b>
306.00 VMNRC Miscellaneous Income	(1,008,538.00)
<b>30-38 4.8 Other Revenue</b>	<b>(1,008,538.00)</b>
103.00 VMNRC Petty Cash	300.00
106.00 VMNRC Ultra Benefits	1,319.00
107.00 VMNRC Checking Acct. (Citizens Bank)	870,463.00
Villa Maria Nursing & Rehabilitation Community	872,082.00
104.00 BAL Checking Account	612,925.00
<b>31-01 A1-Cash</b>	<b>1,485,007.00</b>
100.00 VMNRC Opening Entry - 1999	(641.00)
121.00 VMNRC A/R - Medicaid	616,851.00
121.10 VMNRC A/R - Self Pay	202,198.00
121.11 VMNRC A/R - Private Insurance	(33,534.00)
121.20 VMNRC A/R- Medicaid Patient Liability	(828,655.00)
121.30 VMNRC A/R- Medicare A Coins from Priv	(29,382.00)
121.40 VMNRC A/R- Medicare B Coins from Priv	(1,788.00)
121.50 VMNRC A/R - Medicaid Pending	430,005.00
121.60 VMNRC A/R - Med A Coins from Medicaid	(28,178.00)
121.70 VMNRC A/R - Med B Coins from Medicaid	(6,184.00)
121.80 VMNRC A/R- Medicare A	122,191.00
121.81 VMNRC A/R - Medicare B	20,212.00
121.82 VMNRC A/R - Medicare A Coins from Ins	41,643.00
121.83 VMNRC A/R - Medicare B Coins from Ins	2,542.00
121.90 VMNRC A/R - Medicare Advantage (MCR)	195,183.00
121.99 VMNRC A/R Suspense	13,237.00
124.00 VMNRC A/R - Medicare Miscellaneous	(1.00)
125.00 VMNRC Allowance Doubtful Accounts	(10,000.00)
Villa Maria Nursing & Rehabilitation Community	705,699.00
<b>31-02 A2-Resident A/R</b>	<b>705,699.00</b>
124.10 VMNRC Misc. A/R	6,787.00
105.00 BAL Other Receivable	2,583.00

**Villa Maria Nursing & Reha**

**CROSS TB-12**

**Year End: September 30, 2021  
Crosswalk Medicaid Groupings**

<b>Prepared by 1</b> MA 1/21/2022	<b>Prepared by 2</b>	<b>Prepared by 3</b>	<b>Reviewed by 1</b> LF2 2/2/2022
<b>Reviewed by 2</b>	<b>Reviewed by 3</b>	<b>Reviewed by QC</b>	

Account	Rep
<b>31-03 A3-Other A/R</b>	<b>9,370.00</b>
142.00 VMNRC Prepaid RE Tax - 20 Babcock Ave	9,119.00
142.10 VMNRC Prepaid RE Tax - 2 1/2 Mill St.	324.00
142.30 VMNRC Prepaid RE - 22 Babcock Ave	1,094.00
143.00 VMNRC Prepaid Personal Property Tax	565.00
143.10 VMNRC Prepaid Auto Tax	0.00
143.20 VMNRC Prepaid fire Tax	0.00
143.30 VMNRC PPD Fire Tax - 22 Babcock Ave.	0.00
144.00 VMNRC Prepaid Sewer Use Charge	2,672.00
144.10 VMNRC Prepaid Water	0.00
144.30 VMNRC Prepaid Sewer - 22 Babcock Ave.	0.00
145.00 VMNRC Prepaid Expenses	0.00
145.01 VMNRC Prepaid 22 Babcock Assests	631.00
145.02 VMNRC Resident TVs	0.00
148.00 VMNRC Prepaid Ins.- Prop & Liab / etc	74,229.00
150.00 VMNRC Prepaid Maintenance Contracts	663.00
151.00 VMNRC Prepaid Fed. Enhanced Estimates	41,975.00
Villa Maria Nursing & Rehabilitation Community	<u>131,272.00</u>
151.00 BAL Prepaid Federal Enhanced Estimate	17,605.00
<b>31-05 A5-Prepaid Expenses</b>	<u>148,877.00</u>
157.00 VMNRC Land	66,422.00
157.00 BAL Land	29,388.00
<b>31-09 B1-Land</b>	<u>95,810.00</u>
158.00 VMNRC Land Improvements	77,403.00
161.00 VMNRC Building Improvements	1,102,654.00
Villa Maria Nursing & Rehabilitation Community	<u>1,180,057.00</u>
161.00 BAL Bldg & Impr	751,038.00
<b>31-12 B3-Buildings-cost</b>	<u>1,931,095.00</u>
159.00 VMNRC Accum Depr Land Improvements	(72,750.00)
162.00 VMNRC Accum Depr Bldg Improvements	(1,001,007.00)
Villa Maria Nursing & Rehabilitation Community	<u>(1,073,757.00)</u>
162.00 BAL A/D - Bldg & Impr	(728,741.00)
<b>31-13 B3-Buildings-A/D</b>	<u>(1,802,498.00)</u>

**Villa Maria Nursing & Reha**

**CROSS TB-13**

Year End: September 30, 2021  
 Crosswalk Medicaid Groupings

Prepared by 1 <a href="#">MA 1/21/2022</a>	Prepared by 2	Prepared by 3	Reviewed by 1 <a href="#">LF2 2/2/2022</a>
Reviewed by 2	Reviewed by 3	Reviewed by QC	

Account	Rep
163.00 VMNRC Equipment	634,145.00
<b>31-18 B6-Moveable equip-cost</b>	<b>634,145.00</b>
164.00 VMNRC Accum Depr Equipment	(630,683.00)
<b>31-19 B6-Moveable equip-A/d</b>	<b>(630,683.00)</b>
165.00 VMNRC Vehicles	60,263.00
<b>31-20 B7-Motor vehicles - cost</b>	<b>60,263.00</b>
166.00 VMNRC Accum Depr Vehicles	(60,263.00)
<b>31-21 B7-Motor vehicles - A/D</b>	<b>(60,263.00)</b>
180.00 BAL Deferred Financing Fees	41,994.00
181.00 BAL A/A - Deferred Financing Fees	(33,592.00)
Babcock Avenue, LLC	8,402.00
<b>32-5 D7-other assets</b>	<b>8,402.00</b>
201.00 VMNRC Accounts Payable	(294,774.00)
201.10 VMNRC Suspense	(111.00)
Villa Maria Nursing & Rehabilitation Community	(294,885.00)
<b>33-01 A1-Trade A/P</b>	<b>(294,885.00)</b>
203.00 VMNRC Accrued Payroll	(80,274.00)
204.00 VMNRC Accrued Vacation Payroll	(38,813.00)
205.00 VMNRC Accrued Sick Pay	(31,891.00)
Villa Maria Nursing & Rehabilitation Community	(150,978.00)
<b>33-04 A4-Accrued payroll</b>	<b>(150,978.00)</b>
206.00 VMNRC Accrued FICA	(6,076.00)
207.00 VMNRC Accrued State Unemployment Tax	(263.00)
208.00 VMNRC Accrued Fed Unemployment Tax	(29.00)
220.00 VMNRC Patient Insurance Premium	4,549.00
221.00 VMNRC Federal Income Tax Withheld	0.00
222.00 VMNRC F.I.C.A. Tax Withheld	0.00
223.00 VMNRC Employee Garnishment	(5,987.00)
224.00 VMNRC Employee Insurance	(14,938.00)
224.10 VMNRC Employee Life Insurance	4,561.00

**Villa Maria Nursing & Reha**

**CROSS TB-14**

Year End: September 30, 2021  
 Crosswalk Medicaid Groupings

Prepared by 1 MA 1/21/2022	Prepared by 2	Prepared by 3	Reviewed by 1 LF2 2/2/2022
Reviewed by 2	Reviewed by 3	Reviewed by QC	

Account	Rep
225.00 VMNRC CT Paid Family Medical Leave	(393.00)
227.00 VMNRC Employee Sunshine Fund	(962.00)
228.00 VMNRC 401 K	2,209.00
229.00 VMNRC Connecticut State Income Tax	0.00
Villa Maria Nursing & Rehabilitation Community	(17,329.00)
<b>33-06 A6-Accrued p/r taxes</b>	<b>(17,329.00)</b>
236.01 VMNRC Current Portion of LTD	0.00
<b>33-07 CP - Auto Loan</b>	<b>0.00</b>
235.03 BAL Berkshire LOC	(200,000.00)
236.00 BAL Current Portion of LTD	(77,000.00)
Babcock Avenue, LLC	(277,000.00)
<b>33-09 A9-CP Mortgage Payable</b>	<b>(277,000.00)</b>
218.00 VMNRC State Income Taxes Payable	(2,159.00)
<b>33-11 A11-Accrued income taxes</b>	<b>(2,159.00)</b>
202.00 VMNRC Accrued Expense	(65,846.00)
202.10 VMNRC Accrued Water	(34.00)
202.30 VMNRC Accrued Water - 22 Babcock Ave.	0.00
209.00 VMNRC Patient Fund (\$75.00 Allowance)	114.00
210.00 VMNRC Accrued Accounting Fees	(21,975.00)
212.00 VMNRC Accrued Workers Comp Insurance	(10,396.00)
215.00 VMNRC FFCRA (Covid Sick Pay)	1,548.00
219.00 VMNRC Accrued Nursing Home Tax	(83,767.00)
230.00 VMNRC Insurance Recovery	109.00
233.00 VMNRC Due to VMCH from Babcock LLC	0.00
236.00 VMNRC Due to Babcock Ave LLC	0.00
239.00 VMNRC Medicare COVID Advanced Payment	0.00
239.10 VMNRC Medicare COVID US HHS Stimulus	0.00
239.20 VMNRC Payroll Protection Plan COVID	0.00
2,200.00 VMNRC Sales Tax Payable	(1,505.00)
Villa Maria Nursing & Rehabilitation Community	(181,752.00)
210.10 BAL Accrued Accounting Fees	0.00
233.00 BAL Due to/from Villa Maria	0.00
Babcock Avenue, LLC	0.00
<b>33-12 A12-Other current liabilities</b>	<b>(181,752.00)</b>

**Villa Maria Nursing & Reha**

**CROSS TB-15**

Year End: September 30, 2021  
Crosswalk Medicaid Groupings

Prepared by 1 <a href="#">MA 1/21/2022</a>	Prepared by 2	Prepared by 3	Reviewed by 1 <a href="#">LF2 2/2/2022</a>
Reviewed by 2	Reviewed by 3	Reviewed by QC	

Account	Rep
235.00 BAL Mortgage Payable - Berkshire Bank	(1,108,846.00)
<b>34-02 B2-Mortgages Payable</b>	<u>(1,108,846.00)</u>
202.20 VMNRC Due to Owners	(100,000.00)
235.02 VMNRC Eversource Loan	0.00
237.00 VMNRC Due to Community Ave LLC	(60,000.00)
Villa Maria Nursing & Rehabilitation Community	<u>(160,000.00)</u>
237.00 BAL Security Deposit	(1,020.00)
<b>34-04 B4-Other long-term liabilities</b>	<u>(161,020.00)</u>
300.00 VMNRC Capital Stock - class A	(1,000.00)
300.10 VMNRC Capital Stock - class B	(19,000.00)
Villa Maria Nursing & Rehabilitation Community	<u>(20,000.00)</u>
<b>35-07 B2-Capital stock</b>	<u>(20,000.00)</u>
250.00 VMNRC Retained Earnings	404,274.00
262.00 VMNRC Sub "S" Distribution - BED	65,000.00
263.00 VMNRC Sub "S" Distribution - CD	65,000.00
Villa Maria Nursing & Rehabilitation Community	<u>534,274.00</u>
250.00 BAL Members Equity	712,119.00
261.00 BAL Distributions - CD & BD	185,520.00
Babcock Avenue, LLC	<u>897,639.00</u>
<b>35-10 Cumulated Earnings</b>	<u>1,431,913.00</u>
	<u>0.00</u>
<b>Net Income (Loss)</b>	<b>1,803,168.00</b>

**Villa Maria Nursing & Reha**

**ATT1**

**Year End: September 30, 2021  
Summary Trial Balance**

<b>Prepared by 1</b> MA 1/4/2022	<b>Prepared by 2</b>	<b>Prepared by 3</b>	<b>Reviewed by 1</b> LF2 2/2/2022
<b>Reviewed by 2</b>	<b>Reviewed by 3</b>	<b>Reviewed by QC</b>	

<b>Account</b>	<b>Rep</b>
103.00 VMNRC Petty Cash	300.00
106.00 VMNRC Ultra Benefits	1,319.00
107.00 VMNRC Checking Acct. (Citizens Bank)	870,463.00
Villa Maria Nursing & Rehabilitation Community	872,082.00
104.00 BAL Checking Account	612,925.00
<b>101 CASH</b>	<b>1,485,007.00</b>
100.00 VMNRC Opening Entry - 1999	(641.00)
121.00 VMNRC A/R - Medicaid	616,851.00
121.10 VMNRC A/R - Self Pay	202,198.00
121.11 VMNRC A/R - Private Insurance	(33,534.00)
121.20 VMNRC A/R- Medicaid Patient Liability	(828,655.00)
121.30 VMNRC A/R- Medicare A Coins from Priv	(29,382.00)
121.40 VMNRC A/R- Medicare B Coins from Priv	(1,788.00)
121.50 VMNRC A/R - Medicaid Pending	430,005.00
121.60 VMNRC A/R - Med A Coins from Medicaid	(28,178.00)
121.70 VMNRC A/R - Med B Coins from Medicaid	(6,184.00)
121.80 VMNRC A/R- Medicare A	122,191.00
121.81 VMNRC A/R - Medicare B	20,212.00
121.82 VMNRC A/R - Medicare A Coins from Ins	41,643.00
121.83 VMNRC A/R - Medicare B Coins from Ins	2,542.00
121.90 VMNRC A/R - Medicare Advantage (MCR)	195,183.00
121.99 VMNRC A/R Suspense	13,237.00
124.00 VMNRC A/R - Medicare Miscellaneous	(1.00)
125.00 VMNRC Allowance Doubtful Accounts	(10,000.00)
Villa Maria Nursing & Rehabilitation Community	705,699.00
<b>102 A/R -PT SERVICES, LESS ALLOW</b>	<b>705,699.00</b>
124.10 VMNRC Misc. A/R	6,787.00
142.00 VMNRC Prepaid RE Tax - 20 Babcock Ave	9,119.00
142.10 VMNRC Prepaid RE Tax - 2 1/2 Mill St.	324.00
142.30 VMNRC Prepaid RE - 22 Babcock Ave	1,094.00
143.00 VMNRC Prepaid Personal Property Tax	565.00
143.10 VMNRC Prepaid Auto Tax	0.00
143.20 VMNRC Prepaid fire Tax	0.00
143.30 VMNRC PPD Fire Tax - 22 Babcock Ave.	0.00
144.00 VMNRC Prepaid Sewer Use Charge	2,672.00
144.10 VMNRC Prepaid Water	0.00
144.30 VMNRC Prepaid Sewer - 22 Babcock Ave.	0.00
145.00 VMNRC Prepaid Expenses	0.00
145.01 VMNRC Prepaid 22 Babcock Assests	631.00
145.02 VMNRC Resident TVs	0.00

**Villa Maria Nursing & Reha**

**ATT1-1**

**Year End: September 30, 2021  
Summary Trial Balance**

<b>Prepared by 1</b> MA 1/4/2022	<b>Prepared by 2</b>	<b>Prepared by 3</b>	<b>Reviewed by 1</b> LF2 2/2/2022
<b>Reviewed by 2</b>	<b>Reviewed by 3</b>	<b>Reviewed by QC</b>	

<b>Account</b>	<b>Rep</b>
148.00 VMNRC Prepaid Ins.- Prop & Liab / etc	74,229.00
150.00 VMNRC Prepaid Maintenance Contracts	663.00
151.00 VMNRC Prepaid Fed. Enhanced Estimates	41,975.00
233.00 VMNRC Due to VMCH from Babcock LLC	0.00
236.00 VMNRC Due to Babcock Ave LLC	0.00
Villa Maria Nursing & Rehabilitation Community	138,059.00
105.00 BAL Other Receivable	2,583.00
151.00 BAL Prepaid Federal Enhanced Estimate	17,605.00
233.00 BAL Due to/from Villa Maria	0.00
Babcock Avenue, LLC	20,188.00
<b>103 PPD EXP &amp; OTHER</b>	<b>158,247.00</b>
157.00 VMNRC Land	66,422.00
158.00 VMNRC Land Improvements	77,403.00
Villa Maria Nursing & Rehabilitation Community	143,825.00
157.00 BAL Land	29,388.00
<b>104 LAND AND LAND IMPROVEMENTS</b>	<b>173,213.00</b>
161.00 VMNRC Building Improvements	1,102,654.00
161.00 BAL Bldg & Impr	751,038.00
<b>105 BUILDING AND IMPROVEMENTS</b>	<b>1,853,692.00</b>
163.00 VMNRC Equipment	634,145.00
165.00 VMNRC Vehicles	60,263.00
Villa Maria Nursing & Rehabilitation Community	694,408.00
<b>106 EQUIPMENT</b>	<b>694,408.00</b>
159.00 VMNRC Accum Depr Land Improvements	(72,750.00)
162.00 VMNRC Accum Depr Bldg Improvements	(1,001,007.00)
164.00 VMNRC Accum Depr Equipment	(630,683.00)
166.00 VMNRC Accum Depr Vehicles	(60,263.00)
Villa Maria Nursing & Rehabilitation Community	(1,764,703.00)
162.00 BAL A/D - Bldg & Impr	(728,741.00)
<b>107 LESS ACCUMULATED DEPRECIATION</b>	<b>(2,493,444.00)</b>
180.00 BAL Deferred Financing Fees	41,994.00

# Villa Maria Nursing & Reha

ATT1-2

Year End: September 30, 2021  
Summary Trial Balance

Prepared by 1 MA 1/4/2022	Prepared by 2	Prepared by 3	Reviewed by 1 LF2 2/2/2022
Reviewed by 2	Reviewed by 3	Reviewed by QC	

Account	Rep
181.00 BAL A/A - Deferred Financing Fees	(33,592.00)
Babcock Avenue, LLC	8,402.00
<b>115 DEFERRED FINANCING FEES</b>	<b>8,402.00</b>
201.00 VMNRC Accounts Payable	(294,774.00)
201.10 VMNRC Suspense	(111.00)
Villa Maria Nursing & Rehabilitation Community	(294,885.00)
<b>201 A/P</b>	<b>(294,885.00)</b>
202.00 VMNRC Accrued Expense	(65,846.00)
202.10 VMNRC Accrued Water	(34.00)
202.30 VMNRC Accrued Water - 22 Babcock Ave.	0.00
203.00 VMNRC Accrued Payroll	(80,274.00)
204.00 VMNRC Accrued Vacation Payroll	(38,813.00)
205.00 VMNRC Accrued Sick Pay	(31,891.00)
206.00 VMNRC Accrued FICA	(6,076.00)
207.00 VMNRC Accrued State Unemployment Tax	(263.00)
208.00 VMNRC Accrued Fed Unemployment Tax	(29.00)
209.00 VMNRC Patient Fund (\$75.00 Allowance)	114.00
210.00 VMNRC Accrued Accounting Fees	(21,975.00)
212.00 VMNRC Accrued Workers Comp Insurance	(10,396.00)
215.00 VMNRC FFCRA (Covid Sick Pay)	1,548.00
218.00 VMNRC State Income Taxes Payable	(2,159.00)
219.00 VMNRC Accrued Nursing Home Tax	(83,767.00)
220.00 VMNRC Patient Insurance Premium	4,549.00
221.00 VMNRC Federal Income Tax Withheld	0.00
222.00 VMNRC F.I.C.A. Tax Withheld	0.00
223.00 VMNRC Employee Garnishment	(5,987.00)
224.00 VMNRC Employee Insurance	(14,938.00)
224.10 VMNRC Employee Life Insurance	4,561.00
225.00 VMNRC CT Paid Family Medical Leave	(393.00)
227.00 VMNRC Employee Sunshine Fund	(962.00)
228.00 VMNRC 401 K	2,209.00
229.00 VMNRC Connecticut State Income Tax	0.00
230.00 VMNRC Insurance Recovery	109.00
2,200.00 VMNRC Sales Tax Payable	(1,505.00)
Villa Maria Nursing & Rehabilitation Community	(352,218.00)
210.10 BAL Accrued Accounting Fees	0.00
<b>202 ACCRUED EXP</b>	<b>(352,218.00)</b>
235.03 BAL Berkshire LOC	(200,000.00)



# Villa Maria Nursing & Reha

Year End: September 30, 2021  
Summary Trial Balance

ATT1-3

Prepared by 1 MA 1/4/2022	Prepared by 2	Prepared by 3	Reviewed by 1 LF2 2/2/2022
Reviewed by 2	Reviewed by 3	Reviewed by QC	

Account	Rep
<b>203 LINE OF CREDIT</b>	(200,000.00)
202.20 VMNRC Due to Owners	(100,000.00)
237.00 VMNRC Due to Community Ave LLC	(60,000.00)
Villa Maria Nursing & Rehabilitation Community	(160,000.00)
<b>204 DUE TO OWNER/ RELATED PARTY</b>	(160,000.00)
235.02 VMNRC Eversource Loan	0.00
235.00 BAL Mortgage Payable - Berkshire Bank	(1,108,846.00)
<b>205 LTD, LESS CP</b>	(1,108,846.00)
236.01 VMNRC Current Portion of LTD	0.00
236.00 BAL Current Portion of LTD	(77,000.00)
<b>206 CP OF LTD</b>	(77,000.00)
237.00 BAL Security Deposit	(1,020.00)
<b>207 Security Deposit</b>	(1,020.00)
239.00 VMNRC Medicare COVID Advanced Payment	0.00
239.10 VMNRC Medicare COVID US HHS Stimulus	0.00
239.20 VMNRC Payroll Protection Plan COVID	0.00
Villa Maria Nursing & Rehabilitation Community	0.00
<b>208 Other Liabilities</b>	0.00
300.00 VMNRC Capital Stock - class A	(1,000.00)
300.10 VMNRC Capital Stock - class B	(19,000.00)
Villa Maria Nursing & Rehabilitation Community	(20,000.00)
<b>300 STOCK</b>	(20,000.00)
250.00 VMNRC Retained Earnings	404,274.00
262.00 VMNRC Sub "S" Distribution - BED	65,000.00
263.00 VMNRC Sub "S" Distribution - CD	65,000.00
Villa Maria Nursing & Rehabilitation Community	534,274.00
250.00 BAL Members Equity	712,119.00
261.00 BAL Distributions - CD & BD	185,520.00

# Villa Maria Nursing & Reha

ATT1-4

Year End: September 30, 2021  
Summary Trial Balance

Prepared by 1 MA 1/4/2022	Prepared by 2	Prepared by 3	Reviewed by 1 LF2 2/2/2022
Reviewed by 2	Reviewed by 3	Reviewed by QC	

Account	Rep
Babcock Avenue, LLC	897,639.00
<b>301 OWNERS' EQUITY</b>	<b>1,431,913.00</b>
301.00 VMNRC R&B - Self Paid (Private)	(138,690.00)
301.01 VMNRC R&B - Self Paid (Semi-Pvt)	(537,705.00)
301.02 VMNRC R&B - Self Paid (3-4 Bed)	(86,710.00)
301.05 VMNRC R&B - Medicare Replacement(MCR)	(468,105.00)
301.06 VMNRC R&B - Private Ins. (not MCR)	(7,875.00)
301.07 VMNRC R&B - Hospice (State)	(48,957.00)
301.08 VMNRC R&B - Hospice (non State)	(3,306.00)
302.00 VMNRC R&B - Medicare	(1,272,915.00)
303.00 VMNRC R&B - Medicaid (State)	(1,945,224.00)
303.22 VMNRC R&B Medicaid Pending	(157,130.00)
304.00 VMNRC Prior Year Billing Adjustments	14,828.00
310.00 VMNRC C/A - ST M/C A	29,947.00
315.00 VMNRC Rx Drugs - M/C A	(223,092.00)
316.10 VMNRC Ancillary - Self Paid	0.00
316.20 VMNRC Ancillary - MCR	(230,357.00)
316.30 VMNRC Ancillary - Private Ins.	(4,062.00)
316.40 VMNRC RxDrugs - MCB Vaccine	(1,382.00)
318.00 VMNRC PT - M/C A	(156,265.00)
320.00 VMNRC PT - M/C B	(70,469.00)
323.00 VMNRC ST - M/C A	(29,947.00)
324.00 VMNRC ST - M/C B	(17,129.00)
327.00 VMNRC OT - M/C B	(74,525.00)
329.00 VMNRC OT - M/C A	(154,308.00)
340.20 VMNRC Anthem Contract Discount 3.5%	18.00
341.00 VMNRC C/A - R&B M/C A	(1,517,773.00)
341.10 VMNRC C/A - R&B MCR	(199,440.00)
341.20 VMNRC C/A - R&B Private Ins.	(8,238.00)
342.00 VMNRC C/A - Rx Drugs M/C A	223,092.00
343.00 VMNRC C/A - PT M/C A	156,265.00
344.10 VMNRC C/A - PT M/C B	0.00
345.10 VMNRC C/A - Ancillary MCR	230,357.00
345.20 VMNRC C/A - Ancillary Private Ins.	4,062.00
350.00 VMNRC C/A - OT M/C A	154,308.00
Villa Maria Nursing & Rehabilitation Community	(6,540,727.00)
<b>401 NET PATIENT SERVICE REVENUE</b>	<b>(6,540,727.00)</b>
306.00 VMNRC Miscellaneous Income	(1,008,538.00)
331.00 VMNRC Interest Income	(228.00)
333.00 VMNRC Interest Income - Medicare	(5.00)
761.00 VMNRC Rental of Building	336,000.00

# Villa Maria Nursing & Reha

ATT1-5

Year End: September 30, 2021  
Summary Trial Balance

Prepared by 1 MA 1/4/2022	Prepared by 2	Prepared by 3	Reviewed by 1 LF2 2/2/2022
Reviewed by 2	Reviewed by 3	Reviewed by QC	

Account	Rep
Villa Maria Nursing & Rehabilitation Community	(672,771.00)
309.00 BAL Rental Income - nursing home	(336,000.00)
310.00 BAL Rental Income - old business office	(6,240.00)
Babcock Avenue, LLC	(342,240.00)
<b>402 OTHER REVENUE</b>	<b>(1,015,011.00)</b>
401.00 VMNRC Administrator	73,976.00
402.00 VMNRC Office	225,212.00
403.00 VMNRC Food Service Supervisor	48,596.00
404.00 VMNRC Other Dietary	209,294.00
405.00 VMNRC Housekeeping Supervisor	16,256.00
405.10 VMNRC Laundry Supervisor	16,256.00
405.20 VMNRC Other Housekeeping	122,079.00
405.30 VMNRC Other Laundry	41,306.00
407.00 VMNRC Other Maintenance	33,040.00
408.00 VMNRC Director of Nursing	102,557.00
409.00 VMNRC Registered Nurses	664,798.00
410.00 VMNRC Licensed Practical Nurses	505,706.00
411.00 VMNRC Certified Nurses Aides	792,873.00
412.00 VMNRC Recreation	89,008.00
413.00 VMNRC Social Service	48,584.00
414.00 VMNRC Medical Recorder	15,745.00
Villa Maria Nursing & Rehabilitation Community	3,005,286.00
<b>501 PAYROLL</b>	<b>3,005,286.00</b>
501.00 VMNRC Workers Compensation Ins.	144,460.00
502.00 VMNRC Federal Unemployment Tax	4,366.00
503.00 VMNRC State Unemployment Tax	36,658.00
504.00 VMNRC F.I.C.A	228,889.00
505.00 VMNRC FFCRA (Covid Sick Pay)	(37,984.00)
509.00 VMNRC Employee Physicals	9,272.00
510.00 VMNRC Employee Health Ins.	67,620.00
515.00 VMNRC Emp Life & Short Term Dis. Ins.	(186.00)
516.00 VMNRC Employer Health Ins Deductible	17,721.00
542.00 VMNRC Other Fringe Benefits	5,714.00
548.00 VMNRC Employee Educ. Exp (Books etc.)	30.00
Villa Maria Nursing & Rehabilitation Community	476,560.00
<b>502 PAYROLL TAXES &amp; EMPLOYEE BENEFITS</b>	<b>476,560.00</b>
751.00 VMNRC Depr. - Building Improvements	24,689.00
752.00 VMNRC Depr. - Equipment	3,215.00

# Villa Maria Nursing & Reha

ATT1-6

Year End: September 30, 2021  
Summary Trial Balance

Prepared by 1 MA 1/4/2022	Prepared by 2	Prepared by 3	Reviewed by 1 LF2 2/2/2022
Reviewed by 2	Reviewed by 3	Reviewed by QC	

Account	Rep
753.00 VMNRC Depr. - Vehicles	6,025.00
754.00 VMNRC Depr. - Land Improvements	1,211.00
Villa Maria Nursing & Rehabilitation Community	35,140.00
751.00 BAL Depn - Bldg & Impr	14,990.00
<b>504 DEPRECIATION</b>	<b>50,130.00</b>
789.00 VMNRC Interest Expense - Other	9,519.00
750.00 BAL Amortization Expense	4,199.00
789.00 BAL Interest Expense - Mortgage	52,118.00
Babcock Avenue, LLC	56,317.00
<b>505 INTEREST</b>	<b>65,836.00</b>
450.00 VMNRC Computer Consultant	18,865.00
450.01 VMNRC Operational Consultant	143,421.00
451.00 VMNRC Dietitian	12,915.00
452.00 VMNRC Dentist	4,489.00
453.00 VMNRC Pharmacist	6,750.00
455.00 VMNRC Physical Therapist	197,690.00
456.00 VMNRC Social Worker (Backus Hospital)	800.00
457.00 VMNRC Medical Director (Visits)	16,800.00
458.00 VMNRC Occupational Therapist	209,137.00
460.00 VMNRC Speech Therapist	72,290.00
461.00 VMNRC Medical Board (Staff Meetings)	525.00
464.00 VMNRC Managed Care Consultant	34,872.00
465.00 VMNRC Hearing Consultant	100.00
466.00 VMNRC Eye Care	0.00
512.00 VMNRC Profit Sharing Plan - Admin Fee	9,130.00
522.00 VMNRC Accounting Fees	40,185.00
523.00 VMNRC Legal Fees	39,948.00
Villa Maria Nursing & Rehabilitation Community	807,917.00
522.00 BAL Accounting Fees	2,350.00
<b>506 PROFESSIONAL FEES</b>	<b>810,267.00</b>
776.00 VMNRC Nursing Home Tax	255,414.00
<b>507 NURSING HOME USER FEE</b>	<b>255,414.00</b>
521.00 VMNRC Bad Debt Provision	0.00
524.00 VMNRC Office Expenses/Supplies	15,848.00

**Villa Maria Nursing & Reha****ATT1-7****Year End: September 30, 2021  
Summary Trial Balance**

<b>Prepared by 1</b> MA 1/4/2022	<b>Prepared by 2</b>	<b>Prepared by 3</b>	<b>Reviewed by 1</b> LF2 2/2/2022
<b>Reviewed by 2</b>	<b>Reviewed by 3</b>	<b>Reviewed by QC</b>	

<b>Account</b>	<b>Rep</b>
525.00 VMNRC Telephone	7,493.00
526.00 VMNRC Federal Subscriber Line	297.00
527.00 VMNRC Cable Television	5,290.00
528.00 VMNRC Payroll Service	14,342.00
529.00 VMNRC Computerized Medical Records	2,638.00
530.00 VMNRC Cellular Phone/Beeper	4,416.00
543.00 VMNRC Employee Travel Exp (Mileage)	0.00
544.00 VMNRC Employee Educ. Exp (Sem & Conf)	1,630.00
545.00 VMNRC Automobile Expense	824.00
549.00 VMNRC Business Meals	0.00
551.00 VMNRC Advertising - Help Wanted	34,259.00
553.00 VMNRC Advertising - Promotional	0.00
554.00 VMNRC Dues & Membership Fees - CAHCF	4,231.00
555.00 VMNRC Dues & Membership Fees - Other	1,912.00
556.00 VMNRC Subscriptions	3,070.00
557.00 VMNRC Charitable Contributions	800.00
558.00 VMNRC Licenses	1,347.00
601.00 VMNRC Dietary - Raw Food	141,491.00
601.01 VMNRC Dietary - Supplements	4,756.00
602.00 VMNRC Dietary - Non-Food Supplies	12,950.00
603.00 VMNRC Dietary - Other	1,814.00
711.00 VMNRC Laundry - Purchased Services	24,666.00
712.00 VMNRC Laundry - Supplies	8,475.00
721.00 VMNRC Housekeeping - Cleaning Supplie	10,992.00
723.00 VMNRC Housekeeping - Other	10,583.00
724.00 VMNRC Recreation	5,195.00
730.00 VMNRC Desi Drugs (Medicaid)	(576.00)
731.00 VMNRC Rx Drugs - M/C A	82,049.00
731.30 VMNRC Rx Drugs - MCR	57,802.00
732.00 VMNRC Medicine Cabinet Supplies - Int	7,907.00
734.00 VMNRC Medical Supplies - External	8,823.00
735.00 VMNRC Medical Supplies	118,316.00
736.00 VMNRC Disposable Diapers	20,871.00
737.00 VMNRC Oxygen	13,241.00
738.00 VMNRC Other Patient Care & Services	11,565.00
740.00 VMNRC Lab Fees	865.00
740.02 VMNRC Ambulance - MC/ A	17,632.00
740.03 VMNRC X-Ray Fees - MC/A	3,969.00
740.04 VMNRC Lab Fees - MC/ A	8,972.00
741.00 VMNRC Repairs & Maint. (Contractors)	23,398.00
742.00 VMNRC Maintenance Supplies	11,090.00
742.10 VMNRC Maintenance Expense-22 Babcock	635.00
742.20 VMNRC Resident TV costs	404.00
748.00 VMNRC Annually Contracted Maintenance	41,964.00
762.00 VMNRC Rent - 22 Babcock Ave	16,800.00

**Villa Maria Nursing & Reha**

**ATT1-8**

**Year End: September 30, 2021  
Summary Trial Balance**

<b>Prepared by 1</b> MA 1/4/2022	<b>Prepared by 2</b>	<b>Prepared by 3</b>	<b>Reviewed by 1</b> LF2 2/2/2022
<b>Reviewed by 2</b>	<b>Reviewed by 3</b>	<b>Reviewed by QC</b>	

<b>Account</b>	<b>Rep</b>
770.00 VMNRC Automobile Tax	182.00
771.00 VMNRC Personal Property Tax	2,310.00
772.00 VMNRC Real Estate Tax - 20 Babcock	36,476.00
773.00 VMNRC Real Estate Tax - 2 1/2 Mill St	1,296.00
773.10 VMNRC Real Estate Tax-22 Babcock Ave	4,368.00
774.00 VMNRC Fire Tax	2,544.00
774.10 VMNRC Fire Tax - 22 Babcock	277.00
775.00 VMNRC Sales & Use Tax	270.00
777.00 VMNRC Business Entity Tax	0.00
790.00 VMNRC Bank Charges	145.00
791.00 VMNRC Insurance Expense	61,307.00
794.00 VMNRC Federal Corporation Tax	115,000.00
795.00 VMNRC Connecticut Corporate Tax	(66,835.00)
796.00 VMNRC Miscellaneous Expenses	1,684.00
797.00 VMNRC Penalties	11,535.00
Villa Maria Nursing & Rehabilitation Community	935,605.00
795.00 BAL Property Tax - old business office	2,755.00
796.00 BAL Misc Expense	146.00
798.10 BAL Water - old business office	268.00
799.00 BAL CT Pass Through Entity Tax	61,441.00
Babcock Avenue, LLC	64,610.00
<b>509 SUPPLIES &amp; EXPENSES</b>	<b>1,000,215.00</b>
743.00 VMNRC Heating	14,756.00
743.10 VMNRC Heating - 22 Babcock Ave	2,287.00
744.00 VMNRC Electricity	30,999.00
744.10 VMNRC Electric - 22 Babcock Ave	1,176.00
746.00 VMNRC Water	13,448.00
746.10 VMNRC Water - 22 Babcock Ave	698.00
747.00 VMNRC Sewer	10,069.00
747.10 VMNRC Sewer - 22 Babcock Ave	618.00
749.00 VMNRC Gas Services	14,811.00
Villa Maria Nursing & Rehabilitation Community	88,862.00
<b>510 UTILITIES</b>	<b>88,862.00</b>
	<b>0.00</b>
<b>Net Income (Loss)</b>	<b>1,803,168.00</b>

W-411  
(Rev. 6/95)STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES  
STATEMENT OF RESIDENT'S/INDIVIDUAL'S PERSONAL FUNDS ACCOUNT  
Balances as of 5/31/2021Facility Name: Villa Maria Nursing and Rehabilitation Community, Inc.  
Street: 20 Babcock Ave  
City/Town: Plainfield State: CT Zip: 06374Administrator: Cindy Disco  
Administrator's Signature:  Date: 6/1/2021  
Bank Name: Berkshire Bank

Phone No. 860-564-3387

Aggregate Bank Account No: 9004607497

Personal Funds Custodian: Cindy Disco

LASTNAME, FIRSTNAME	MEDICAID NUMBER	PERSONAL FUNDS IN FACILITY	PRIVATE FUNDS IN BANKS	BANK NAME & ACCOUNT NO.	BURIAL FUND AMOUNT	BANK NAME & ACCOUNT NO. OR FUNERAL HOME NAME
Adams, Yvette (3161)	3331878	\$115.09			\$7,000	Dougherty Brothers Funeral Home
Anderson, Anders (3263)	101152958	\$1,608.58		exp 3/30/2020		
Balaskovitz, Charlotte (3013)	004004507	\$1,750.91			\$1,410	Cremation Society of CT
Barclay, Barbara (2791)	001099889	\$1,731.61			\$5,688	Dougherty Brothers Funeral Home
Beagle, James (3382)	102023781	\$147.11			\$6,000	Nickerson Bourne (Cape Cod)
Bernier, Elaine (3367)	003332968	\$740.44			\$5,000	Gagnon Costello
Boroski, Stella (3119)	003332249	\$176.00		exp 6/29/2020		
Boule, theodore (3083)	101936647	\$82.80		exp 5/28/2020		
Bourque, Winifred (2574)	101910285	\$143.60		exp 6/1/2020		
Brown, Arlene (3026)	4051262	\$534.45			\$2,000	Gagnon Costello
Buckley, Carol (2551)	003716879	\$475.61		exp 2/24/2020	\$0	Gagne Cummings Funeral Home
Bushey, Rose (3142)	002783412	\$593.78			\$5,000	Smith & Walker Funeral Home
Callis, Doris (3467)	001358577	\$154.01			\$3,000	Gagne-Piechowski Funeral Home
Caron, Arthur (2891)	004162813	\$159.79			\$4,851	Dougherty
Caron, Rose Aline (2869)	004162835	\$350.73			\$4,851	Dougherty Brothers Funeral Home
Cormier, Noela (3335)	001002009	\$308.95			\$4,000	Gullot Funeral Home
Cote, Jeanette (3478)	001135886	\$272.05			\$4,482	Dougherty Brothers Funeral Home
Croteau, Sherrill (3471)	002338921	\$40.01				Gagne-Piechowski Funeral Home
Daggett, Elizabeth (2296)	003366677	\$124.33		exp 3/23/2020	\$4,500	Tillinghast Funeral Home
Dudek, Marie (3151)	100211794	\$1,859.22			\$10,000	Gagne-Piechowski Funeral Home
Dupont, Geraldine (3189)	004266457	\$68.00			\$4,000	Gagne-Piechowski Funeral Home
Dupont, Noel (3253)	003874890	\$103.84		exp 5/18/2019		
Fauxbel, Rose (3099)	003334491	\$55.87		exp 5/13/2020	\$4,417	Dougherty Brothers Funeral Home
Fisher, Ruth (2686)	100071919	\$773.63		exp 8/2/2019	\$5,100	Potter Funeral Home
Frink, Hilton (2682)	003738874	\$12.21		exp 2/10/2020	\$0	Dougherty Brothers Funeral Home

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(Rev. 6/95)

STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES  
STATEMENT OF RESIDENT'S/INDIVIDUAL'S PERSONAL FUNDS ACCOUNT  
Balances as of 5/31/2021

Facility Name: Villa Maria Nursing and Rehabilitation Community, Inc.  
Street: 20 Babcock Ave  
City/Town: Plainfield State: CT Zip: 06374

Administrator: Cindy Disco  
Administrator's Signature:  
Bank Name: Berkshire Bank

Date: 6/1/2021

Phone No. 860-564-3387

Aggregate Bank Account No: 9004607497

Personal Funds Custodian: Cindy Disco

LASTNAME,FIRSTNAME	MEDICAID NUMBER	PERSONAL FUNDS IN FACILITY	PRIVATE FUNDS IN BANKS	BANK NAME & ACCOUNT NO.	BURIAL FUND AMOUNT	BANK NAME & ACCOUNT NO. OR FUNERAL HOME NAME
Giard, Adelard (3479)	101760255	\$60.00		exp. 10/7/2020		
Gileau, Norma (2702)	004257138	\$261.92			\$7,000	Leffler
Guillot, Doris (2786)	003188085	\$577.55			\$7,000	Gagne-Piechowski Funeral Home
Hibbits, James (2224)	003482083	\$232.62			\$2,886	Dougherty Brothers Funeral Home
Hinkle, Alice (3003)	004260954	\$167.16			\$10,000	LaRobardiere Funeral Home
Hinojosa, Edwin (3204)	002303306	\$81.17			\$0	Dougherty Brothers Funeral Home
Hoffman, dorothy (3349)	001816345	\$844.22		exp 1/13/2020		
Kavarnos, Jermaine (3228)	004085419	\$43.60		exp 10/16/2018		
Keiss, Valda (3034)	003553189	\$2,118.44			\$1,600	Potter Funeral Home
Kowal, Chrysanthe (2673)	003998435	\$590.87		exp 2/1/2020	\$10,000	Labenski Funeral Home
Labrecque, Irene (3474)	002484038	\$402.98				Dougherty Brothers Funeral Home
Langevin, Therese (3131)	003338831	\$29.00		exp 5/25/2018		Lefflers Funeral home
LaRose, Yvonne (2461)	002270412	\$2,114.00		exp 3/20/2020	\$3,800	Lefflers Funeral home
Lheureux, Georgette (2527)	3327138	\$569.70			\$3,500	Dougherty Brothers Funeral Home
Lobe, Joseph (3095)	4257620	\$73.60		exp 5/26/2019		Tillinghast Funeral Home
Mackin, Barbara (3245)	3979880	\$94.36		exp 2/20/2019		
Marinello, Sylvia (1906)	002034983	\$72.88		exp 10/23/2019	\$5,400	Gagne-Piechowski Funeral Home
Melanson, Carol (3216)	4109189	\$379.26			\$8,000.00	Smith & Walker Funeral Home
Middleton, Jean (3129)	3708157	\$615.12				Tillinghast Funeral Home
Miller, Robert (2666)	002119718	\$117.03				Dougherty Brothers Funeral Home
Minta, Sophie (3157)	002297006	\$48.14		exp 12/21/2019	\$6,540	Gagne-Piechowski Funeral Home
Montigny, Jeannette (2732)	002631396	\$642.41		exp 11/9/2018	\$1,900	Church & Allen Funeral Home
Morel, Phyllis (3576)	003926060	\$60.01			\$3,700	Tillinghast Funeral Home
Nadeau, Joyce (3414)	3588798	\$515.17			\$5,000	Dougherty Brothers Funeral Home
Norton, Madeline (3369)	100373436	\$479.64			\$3,000	Woyasz and Sons
Olesik, Renee A (3570)	100544341	\$85.00		exp 5/23/2021		



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STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES  
STATEMENT OF RESIDENT'S/INDIVIDUAL'S PERSONAL FUNDS ACCOUNT  
Balances as of 5/31/2021

Facility Name: Villa Maria Nursing and Rehabilitation Community, Inc.  
Street: 20 Babcock Ave  
City/Town: Plainfield State: CT Zip: 06374

Administrator: Cindy Disco  
Administrator's Signature:  
Bank Name: Berkshire Bank

Date: 6/1/2021

Phone No. 860-564-3387

Aggregate Bank Account No: 9004607497

Personal Funds Custodian: Cindy Disco

LASTNAME, FIRSTNAME	MEDICAID NUMBER	PERSONAL FUNDS IN FACILITY	PRIVATE FUNDS IN BANKS	BANK NAME & ACCOUNT NO.	BURIAL FUND AMOUNT	BANK NAME & ACCOUNT NO. OR FUNERAL HOME NAME
Parker, Lester (2931)	3425187	\$452.16		exp 7/7/2018		
Partyka, Mary (1980)	003678566	\$825.87			\$5,000	Phillips Memorial Home
Plantier, Else (2954)	003919162	\$74.68		exp 7/16/2018	\$3,400	Dougherty
Ricci, Gyslenne (3046)	003841334	\$422.12		exp 8/7/2018	\$7,581	Holmes Funeral Home
Robbins, George (3298)	100176650	\$16.61		exp 9/21/2019		
Russell, Shirley (3022)	003666835	\$58.30		exp 7/14/2019	\$4,705	Dougherty Brothers Funeral Home
Rzeznikiewicz, Marie Elaine (3162)	100595730	\$14.94		exp 12/6/2019		Tillinghast Funeral Home
Sadowski, Anthony (3536)	102782596	\$80.00			\$9,400	Gagne-Piechowski Funeral Home
Sadowski, Evelyn (3483)	102474468	\$75.00			\$9,400	Gagne-Piechowski Funeral Home
Salvas, Blenda (3289)	101614469	\$71.83			\$8,000	Smith & Walker Funeral Home
Sinkunas, Sophie (2454)	002309266	\$60.00		exp 9/12/2020		
Smith, Dorothy (3227)	002800959	\$3.04			\$2,000	Dougherty Brothers Funeral Home
Smith, Frederick (3070)	003400740	\$826.70			\$750	Dougherty Brothers Funeral Home
Smith, Theresa (3147)	3590903	\$458.52				Woyasz and Sons
Somers, Carol (2145)	003327752	\$26.21		exp 3/26/2020	\$150	Dougherty Funeral Home
Splitstone, George (2612)	001971463	\$6,987.43			\$6,280	Gagne-Piechowski Funeral Home
Strawhecker, John (3458)	101113522	\$498.16			\$3,200	Leffler
Stringer, Jessie (3032)	002007310			exp 11/30/2016		
Strouse, Matilda (3224)	003340713	\$205.54			\$0	Tillinghast Funeral Home
Tarrant, Patricia (3106)	100076511	\$34.26			\$4,781	Dougherty Brothers Funeral Home
Tessier, Katherine (3242)	100657628	\$44.04		exp 6/28/2019		
Welch, Ernest (3459)	003643341	\$60.00		exp 10/19/2020		
Wheeler, Barbara (2680)	001997538	\$734.96		exp 11/10/2018	\$8,688	Tillinghast Funeral Home
Wilcox, Ann (2245)	003430486	\$516.44		exp 8/23/2019	\$1,100	Dougherty Brothers Funeral Home
Williams, Carolyn (3203)	001928805	\$305.65			\$0	Dougherty Brothers Funeral Home
Wisniewski, Janice (2837)	003340789	\$218.43			\$4,085	Labenski Funeral Home

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STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES  
STATEMENT OF RESIDENT'S/INDIVIDUAL'S PERSONAL FUNDS ACCOUNT  
Balances as of 5/31/2021

Facility Name: Villa Maria Nursing and Rehabilitation Community, Inc.  
Street: 20 Babcock Ave  
City/Town: Plainfield State: CT Zip: 06374

Administrator: Cindy Disco  
Administrator's Signature:  
Bank Name: Berkshire Bank

Date: 6/1/2021

Phone No: 860-564-3387

Aggregate Bank Account No: 9004607497

Personal Funds Custodian: Cindy Disco

LAST NAME, FIRST NAME	MEDICAID NUMBER	PERSONAL FUNDS IN FACILITY	PRIVATE FUNDS IN BANKS	BANK NAME & ACCOUNT NO.	BURIAL FUND AMOUNT	BANK NAME & ACCOUNT NO. OR FUNERAL HOME NAME
Wojewoda, Helena (3546)	002387602	\$36.00		exp 6/18/2021		

**Schedule of Television Additions & Cable TV Expense**

Total cable TV expense: \$ 5,290

GL #527.00 Cable Television  
Annual Report page 16, line l.1.

**Television Additions:**

<b>Vendor</b>	<b>Location in the Facility</b>
N/A for FY21	