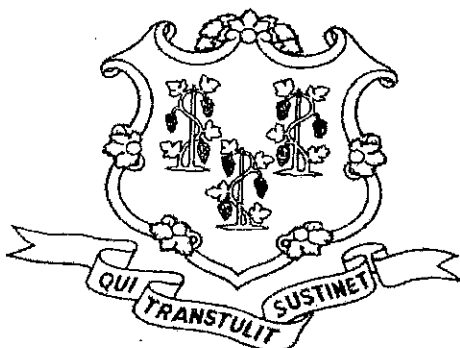


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2017

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 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 1006-C	RHNS 0	(Specify) 0	Medicare Provider 07-5084
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Medicaid Provider Numbers:	CCNH 0	RHNS 0	ICF-IID 0
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**For Department Use Only**

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

## Table of Contents

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

### General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Villa Maria Nursing and Rehabilitation Community	1006-C	9/30/2017	1	37

#### Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Villa Maria Nursing and Rehabilitation Community [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, 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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Villa Maria Nursing and Rehabilitation Community		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 20 Babcock Avenue, Plainfield, CT 06374				
Report Prepared By Citrin Cooperman & Company, LLP		Phone Number (401) 421-4800	Date 1/0/1900	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$ <del>N/A</del> 0	0	0	0
2. Laundry wages paid	\$ 0	0	0	0
3. Housekeeping wages paid	\$ 0	0	0	0
4. Nursing wages paid	\$ 0	0	0	0
5. All other wages paid	\$ 0	0	0	0
6. <b>Total Wages Paid</b>	<b>\$ 0</b>	<b>0</b>	<b>0</b>	<b>0</b>
7. Total salaries paid	\$ 0	0	0	0
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	<b>\$ 0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 860-564-3387		Report for Year Ended 9/30/2017		Page 2	of 37
Name of Facility (as shown on license) Villa Maria Nursing and Rehabilitation Community			Address (No. & Street, City, State, Zip) 20 Babcock Avenue, Plainfield, CT 06374		
License Numbers:	CCNH 1006-C	RHNS 0	(Specify) 0	Medicare Provider No. 07-5084	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened 1/0/1900	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.					
<b>Administrator</b>					
Name of Administrator Cindy A. Disco			Nursing Home Administrator's License No.:	001468	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name					License No.:
0					0
0					0
0					0
0					0

### General Information and Questionnaire Partners/Members

Name of Facility Villa Maria Nursing and Rehabilitation Community		License No. 1006-C	Report for Year Ended 9/30/2017	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	
0	0	0	0	0	
0	0	0	0	0	
0	SEE ATTACHED PAGE 3.1 FOR ADDITIONAL DETAIL	0	0	0	
0	0	0	0	0	
0	0	0	0	0	
0	0	0	0	0	

State of Connecticut  
Annual Report of Long-Term Care Facility

Villa Maria Nursing & Rehabilitation Community  
License #1006-C  
Report Year Ended 9/30/17

**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 9/30/2017	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	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
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	
0	0	0	0	
0	0	0	0	
0	0	0	0	





State of Connecticut  
**Annual Report of Long-Term Care Facility**  
 CSP-4 Rev. 10/2005

**General Information and Questionnaire**  
**Related Parties\***

Name of Facility Villa Maria Nursing and Rehabilitation Community	License No. 1006-C	Report for Year Ended 9/30/2017	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  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. 20 Babcock Avenue, Plainfield, CT 06374	<input type="radio"/>	<input checked="" type="radio"/>	0% Accounting Services	P. 15, 1.d	1,300	1,300
Babcock Avenue owns the land and building (nursing home) which are leased to Villa Maria Nursing & Rehabilitation Community, Inc.	20 Babcock Avenue, Plainfield, CT 06374	<input type="radio"/>	<input checked="" type="radio"/>	0% Depreciation	P. 22, 7. b	14,990	14,990
Community Avenue LLC	22 Babcock Avenue, Plainfield, CT 06374	<input type="radio"/>	<input checked="" type="radio"/>	0% Amortization	P. 22, 8. b	4,199	4,199
Community Ave owns the bldg which is leased to Villa (nursing home) for business offices.	22 Babcock Avenue, Plainfield, CT 06374	<input type="radio"/>	<input checked="" type="radio"/>	0% Mortgage Interest	P. 26, 12.A.1	63,701	63,701
		<input type="radio"/>	<input checked="" type="radio"/>	0% Rent	P. 16, m. 13	16,800	5,434
		<input type="radio"/>	<input checked="" type="radio"/>	0% Real Estate Tax	P. 16, m.13	4,011	4,011
		<input type="radio"/>	<input checked="" type="radio"/>	0% Fire Tax	P. 16, m.13	233	233
		<input type="radio"/>	<input checked="" type="radio"/>	0% Property Insurance	P. 27, 14.a	635	0
		<input type="radio"/>	<input checked="" type="radio"/>	0%	0	0	0

\* Use additional sheets if necessary.

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

State of Connecticut  
Annual Report of Long-Term Care Facility

Villa Maria Nursing & Rehabilitation Community  
License #1006-C  
Report Year Ended 9/30/17

**PAGE 4, RELATED PARTIES DETAIL:**

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

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility Villa Maria Nursing and Rehabilitation Commu	License No. 1006-C	Report for Year Ended 9/30/2017	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	<u>N/A</u>	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (See listing page 13)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
<u>N/A</u> FACILITY IS ONLY ONE LEVEL (CCNH)				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
<u>N/A</u>				
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 type="radio"/> No      If "No," explain fully why such allocation was not made.				
<u>N/A</u> 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	License No.	Report for Year Ended		Annual Amount of Lease	Page of	
		9/30/2017	6   37			
Name and Address of Lessor	Description of Items Leased	Date of Lease**		Term of Lease	Amount Claimed	
		Yes	No			
Villa Maria Nursing and Rehabilitation Community	1006-C					
Canon Financial Services, Inc.	Copier (IR.4245)	<input type="radio"/>	<input checked="" type="radio"/>	03/01/16	48 Months	6,983
Canon Financial Services, Inc.	Copier (IR.1025)	<input type="radio"/>	<input checked="" type="radio"/>	03/01/15	36 Months	1,192
0	0	<input type="radio"/>	<input checked="" type="radio"/>	01/00/00	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	01/00/00	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	01/00/00	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	01/00/00	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	01/00/00	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	01/00/00	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	01/00/00	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	01/00/00	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	01/00/00	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	01/00/00	0	0
				<b>Total ***</b>		<b>8,175</b>

Is a Mileage Log Book Maintained for All Leased Vehicles ?  Yes  No

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

\*\* Attach copies of newly acquired leases.

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

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Villa Maria Nursing and Rehabilita	License No. 1006-C	Report for Year Ended 9/30/2017	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No    If "No," explain.				
<b>Independent Accounting Firm</b>				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1	Citrin Cooperman & Company, LLP	10 Weybosset Street, Suite 700, Providence, RI 02903		
2	0	0		
3	0	0		
4	0	0		
Services Provided by This Firm ( <i>describe fully</i> )				
1	Year-end services: Compilation of financial statements, Medicaid & Medicare cost reports; preparation of corporate tax returns	\$	30,610	
2	Services regarding interim accounting and corporate tax planning matters	\$	8,625	
3	0	\$	0	
4	0	\$	0	
			Charge for Services Provided	
			\$ 39,235	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No    Page 15, Line 1.d.				
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney			Telephone Number	
1	Clerk of the Superior Court	(860) 756-7020		
2	Plainfield-Killingly Probate Court	(860) 230-3031		
3	Arthur P. Johnson, State Marshal	(860) 774-2059		
4	Murtha Cullina LLP	(203) 653-5400		
5	0	0		
Address ( <i>No. &amp; Street, City, State, Zip Code</i> )				
1	80 Washington St, Hartford, CT 06106			
2	8 Community Ave, Plainfield, CT 06374			
3	6 Park Road, Putnam, CT 06260			
4	177 Broad St Fl4, Stamford, CT 06901			
5	0			
Services Provided by This Firm ( <i>describe fully</i> )				
1	Various employment matters	\$	95	
2	Various employment matters	\$	225	
3	Various employment matters	\$	66	
4	Various employment matters	\$	488	
5	0	\$	0	
			Charge for Services Provided	
			\$ 874	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No    Page 15, Line 1.e.				

**Schedule of Resident Statistics**

Name of Facility	License No. 1006-C	Report for Year Ended 9/30/2017				Report for Year Ended 9/30/2017				Page	of	
		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		8	37	
		Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	62	62	0	0	62	62	0	0	62	62	0	0
B. On last day of THIS report period	62	62	0	0	62	62	0	0	62	62	0	0
2. Number of Residents												
A. As of midnight of PREVIOUS report period	56	56	0	0	56	56	0	0	60	60	0	0
B. As of midnight of THIS report period	53	53	0	0	59	59	0	0	53	53	0	0
3. Total Number of Days Care Provided During Period												
A. Medicare	1,291	1,291	0	0	893	893	0	0	398	398	0	0
B. Medicaid (Conn.)	16,043	16,043	0	0	12,050	12,050	0	0	3,993	3,993	0	0
C. Medicaid (other states)	0	0	0	0	0	0	0	0	0	0	0	0
D. Private Pay	3,139	3,139	0	0	2,473	2,473	0	0	666	666	0	0
E. State SSI for RCH	0	0	0	0	0	0	0	0	0	0	0	0
F. Other (Specify) HMO Contract, Hospice, M/C I	706	706	0	0	510	510	0	0	196	196	0	0
G. Total Care Days During Period (3A thru F)	21,179	21,179	0	0	15,926	15,926	0	0	5,253	5,253	0	0
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	28	28	0	0	23	23	0	0	5	5	0	0
B. Other Bed Reserve Days	11	11	0	0	11	11	0	0	0	0	0	0
5. <b>Total Resident Days (3G + 4A + 4B)</b>	21,218	21,218	0	0	15,960	15,960	0	0	5,258	5,258	0	0

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

Name of Facility Villa Maria Nursing and Rehabilitation Center	License No. 1006-C	Report for Year Ended 9/30/2017	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 (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
1/0/1900				0	0	0	0	0	0	0	0	0	0
1/0/1900				0	0	0	0	0	0	0	0	0	0
1/0/1900				0	0	0	0	0	0	0	0	0	0
1/0/1900				0	0	0	0	0	0	0	0	0	0

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	0	0	0
2nd change	0	0	0
3rd change	0	0	0
4th change	0	0	0

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	42	0	6	0	0	0	0
Per Diem Rate								
a. One bed rm.	various RUG rates	197.72	0.00	345.00	0.00	0.00	0.00	0.00
b. Two bed rms.	various RUG rates	197.72	0.00	315.00	0.00	0.00	0.00	0.00
c. Three or more bed rms.	various RUG rates	197.72	0.00	290.00	0.00	0.00	0.00	0.00

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,138	2,138	0	0
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	0	0	0	0
2. Restorative Treatments	0	0	0	0
C. Other	2,451	2,451	0	0
<b>D. Total Physical Therapy Treatments</b>	<b>4,589</b>	<b>4,589</b>	<b>0</b>	<b>0</b>

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	189	189	0	0
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	0	0	0	0
2. Restorative Treatments	0	0	0	0
C. Other	57	57	0	0
<b>D. Total Speech Therapy Treatments</b>	<b>246</b>	<b>246</b>	<b>0</b>	<b>0</b>

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	1,811	1,811	0	0
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	0	0	0	0
2. Restorative Treatments	0	0	0	0
C. Other	2,967	2,967	0	0
<b>D. Total Occupational Therapy Treatments</b>	<b>4,778</b>	<b>4,778</b>	<b>0</b>	<b>0</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	9/30/2017	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)	0	0	0	0	0	0
2. Administrator(s) (Complete also Sec. III of Schedule A1)	77,481	2,080	0	0	0	0
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	0	0	0	0	0	0
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	189,162	8,589	0	0	0	0
5. Dietary Service						
a. Head Dietitian	0	0	0	0	0	0
b. Food Service Supervisor	44,569	1,041	0	0	0	0
c. Dietary Workers	195,533	10,628	0	0	0	0
6. Housekeeping Service						
a. Head Housekeeper	14,857	520	0	0	0	0
b. Other Housekeeping Workers	119,015	7,036	0	0	0	0
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	0	0	0	0	0	0
b. Other Maintenance Workers	37,415	2,080	0	0	0	0
8. Laundry Service						
a. Supervisor	14,857	520	0	0	0	0
b. Other Laundry Workers	49,574	3,188	0	0	0	0
9. Barber and Beautician Services	0	0	0	0	0	0
10. Protective Services	0	0	0	0	0	0
11. Accounting Services						
a. Head Accountant	0	0	0	0	0	0
b. Other Accountants	0	0	0	0	0	0
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	101,746	2,080	0	0	0	0
b. RN						
1. Direct Care	572,332	16,059	0	0	0	0
2. Administrative**	78,452	2,328	0	0	0	0
c. LPN						
1. Direct Care	474,827	16,045	0	0	0	0
2. Administrative**	0	0	0	0	0	0
d. Aides and Attendants	903,347	53,672	0	0	0	0
e. Physical Therapists	0	0	0	0	0	0
f. Speech Therapists	0	0	0	0	0	0
g. Occupational Therapists	0	0	0	0	0	0
h. Recreation Workers	36,669	2,320	0	0	0	0
i. Physicians						
1. Medical Director	0	0	0	0	0	0
2. Utilization Review	0	0	0	0	0	0
3. Resident Care***	0	0	0	0	0	0
4. Other (Specify)	0	0	0	0	0	0
j. Dentists	0	0	0	0	0	0
k. Pharmacists	0	0	0	0	0	0
l. Podiatrists	0	0	0	0	0	0
m. Social Workers/Case Management	36,886	1,568	0	0	0	0
n. Marketing	0	0	0	0	0	0
o. Other (Specify) See Attached Schedule	0	0	0	0	0	0
<b>A-13. Total Salary Expenditures</b>	<b>2,946,722</b>	<b>129,754</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\* 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.



State of Connecticut  
 Annual Report of Long-Term Care Facility  
 CSP-11 Rev. 10/2005

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

Name of Facility		License No.		Report for Year Ended		Page	of		
Villa Maria Nursing and Rehabilitation Community		1006-C		9/30/2017		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	43,284	0	0	Controller/Bookkeeper	2,080	A.4.	N/A	N/A	N/A
0	0	0	0		0			0	0
0	0	0	0		0			0	0
<p>Note: All hours on pages 11 &amp; 12 are reported on a "PAID" basis</p>									
<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>									
Regan Disco	1,106	0	0	Dietary	93	A.5.c	N/A	N/A	N/A
Denise Ormstead	12,183	0	0	Recreation	832	A.12.h	N/A	N/A	N/A
Denise Ormstead	11,457	0	0	Office	743	A.4.	N/A	N/A	N/A
0	0	0	0		0			0	0

\* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.  
 \*\* Include all employment worked during the cost year.

State of Connecticut  
**Annual Report of Long-Term Care Facility**  
 CSP-12 Rev. 10/2005

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

Name of Facility (as licensed) Villa Maria Nursing and Rehabilitation Community	License No. 1006-C	Report for Year Ended 9/30/2017		Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Total Hours Worked	Compensation Received
		Page 12	of 37					
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Total Hours Worked	Compensation Received	
	CCNH	RHNS (Specify)						
<b>Section III - Administrators***</b>								
Cindy A. Disco	77,481	0	0 Administrator	2,080 A.2.	N/A	N/A	N/A	
	0	0	0	0		0	0	0
	0	0	0	0		0	0	0
<b>Section IV - Assistant Administrators</b>								
	0	0	0	0		0	0	0
	0	0	0	0		0	0	0
	0	0	0	0		0	0	0
	0	0	0	0		0	0	0

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Villa Maria Nursing and Rehabilitation Community	1006-C	9/30/2017	13	37		
<b>Total Cost and Hours</b>						
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	11,830	338	0	0	0	0
2. Dentist	6,830	96	0	0	0	0
3. Pharmacist	2,338	48	0	0	0	0
4. Podiatrist	0	0	0	0	0	0
5. Physical Therapy						
a. Resident Care	166,742	1,996	0	0	0	0
b. Other	0	0	0	0	0	0
6. Social Worker	2,063	28	0	0	0	0
7. Recreation Worker	0	0	0	0	0	0
8. Physicians						
a. Medical Director (entire facility)	16,995	73	0	0	0	0
b. Utilization Review (Title 18 and 19 only) monthly meeting	0	0	0	0	0	0
c. Resident Care**	0	0	0	0	0	0
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)	0	0	0	0	0	0
2. Pharmaceutical Committee (Quarterly meetings)	0	0	0	0	0	0
3. Staff Development Committee (Once annually)	525	7	0	0	0	0
e. Other (Specify) RN Pool	15,742	223	0	0	0	0
9. Speech Therapist						
a. Resident Care	26,411	93	0	0	0	0
b. Other	0	0	0	0	0	0
10. Occupational Therapist						
a. Resident Care	161,634	1,958	0	0	0	0
b. Other	0	0	0	0	0	0
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	0	0	0	0	0	0
2. Administrative***	0	0	0	0	0	0
b. LPN						
1. Direct Care	0	0	0	0	0	0
2. Administrative***	0	0	0	0	0	0
c. Aides	0	0	0	0	0	0
d. Other	0	0	0	0	0	0
12. Other (Specify) See Attached Schedule	0	0	0	0	0	0
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>411,110</b>	<b>4,860</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</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 9/30/2017	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	Dietitian	<input type="radio"/>	<input checked="" type="radio"/>	0	
Healthdrive Medical & Dental Practices, 85 Barnes Road, Suite 207, Wallingford, CT 06492	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	0	
Carissa Capozzi, 600 Meridian Street Ext. Apt. 820 Groton, CT 06340	Social Services (10/1/16 - 12/31/16)	<input type="radio"/>	<input checked="" type="radio"/>	0	
Day Kimball Healthcare, Lathrop Rd, Plainfield, CT 06374	Medical Board	<input type="radio"/>	<input checked="" type="radio"/>	0	
Wagdy Habashy, 31 Dow Road, Plainfield, CT 06374	Medical Board	<input type="radio"/>	<input checked="" type="radio"/>	0	
HealthPro Therapy Services, LLC, 10600 York Road, Suite 105, Coakeysville, MD 21030	Therapies: PT, OT, & ST (10/1/16 - 2/28/17)	<input type="radio"/>	<input checked="" type="radio"/>	0	
Prohealth Physicians, P.O. Box 150483, Hartford, CT 06115	Medical Director (10/1/16 - 12/31/16)	<input type="radio"/>	<input checked="" type="radio"/>	0	
RxHealth Pharmacy Services, 70 Inwood Road, Suite 5, Rocky Hill, CT 06067	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	0	
Landview Therapy, 57 Wingate Street, Haverhill, MA 01832-5722	Therapies: PT, OT, & ST (3/1/17 - 9/30/17)	<input type="radio"/>	<input checked="" type="radio"/>	0	
Timothy Bowles, 117 River Road, Preston, CT 06365	Social Services (1/1/17 - 9/30/17)	<input type="radio"/>	<input checked="" type="radio"/>	0	
Richard Jay Wilcon, 187 Deerfield Road, Pomfret Center, CT 06259	Medical Director (1/1/17 - 9/30/17)	<input type="radio"/>	<input checked="" type="radio"/>	0	
0	0	<input type="radio"/>	<input type="radio"/>	0	
0	0	<input type="radio"/>	<input type="radio"/>	0	
0	0	<input type="radio"/>	<input type="radio"/>	0	
0	0	<input type="radio"/>	<input type="radio"/>	0	
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0	0	<input type="radio"/>	<input type="radio"/>	0	
0	0	<input type="radio"/>	<input type="radio"/>	0	
0	0	<input type="radio"/>	<input type="radio"/>	0	
0	0	<input type="radio"/>	<input type="radio"/>	0	

\* Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Villa Maria Nursing and Rehabilitation Commu	1006-C	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
<b>1. Administrative and General</b>				
<b>a. Employee Health &amp; Welfare Benefits</b>				
1. Workmen's Compensation	\$ 68,612	68,612	0	0
2. Disability Insurance	\$ 0	0	0	0
3. Unemployment Insurance	\$ 40,887	40,887	0	0
4. Social Security (F.I.C.A.)	\$ 213,538	213,538	0	0
5. Health Insurance	\$ 131,609	131,609	0	0
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 0	0	0	0
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 0	0	0	0
8. Uniform Allowance	\$ 4,375	4,375	0	0
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 3,207	3,207	0	0
<b>b. Personal Retirement Plans, Pensions, and        Profit Sharing Plans for Owners and        Operators (Discriminatory)*</b>	\$ 0	0	0	0
0				
<b>c. Bad Debts*</b>	\$ 0	0	0	0
<b>d. Accounting and Auditing</b>	\$ 39,235	39,235	0	0
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$ 874	874	0	0
<b>f. Insurance on Lives of Owners and        Operators (<i>Specify</i>)*</b>	\$ 0	0	0	0
<b>g. Office Supplies</b>	\$ 26,587	26,587	0	0
<b>h. Telephone and Cellular Phones</b>				
1. Telephone & Pagers	\$ 5,234	5,234	0	0
2. Cellular Phones	\$ 4,932	4,932	0	0
<b>i. Appraisal (<i>Specify purpose and        attach copy</i>)*</b>	\$ 0	0	0	0
0				
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$ 0	0	0	0
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>				
1. Income*	\$ 0	0	0	0
2. Other ( <i>Specify</i> ) See Attached Schedule	\$ 919	919	0	0
3. Resident Day User Fee	\$ 410,576	410,576	0	0
<b>Subtotal</b>	\$ 950,585	950,585	0	0

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

(Carry Subtotals forward to next page)

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

Villa Maria Nursing and Rehabilitation Community  
9/30/2017

Attachment Page 15

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	(Specify)
Employee Physicals	\$ 987		
Employee Flu Shots	\$ 2,220		
<b>Total</b>	<b>\$ 3,207</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Taxes**

Description	CCNH	RHNS	(Specify)
Commissioner of Revenue Services	\$ 919		
<b>Total</b>	<b>\$ 919</b>	<b>\$ -</b>	<b>\$ -</b>



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

Name of Facility	License No.	Report for Year Ended		Page	of
Villa Maria Nursing and Rehabilitation Community	1006-C	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	950,585	950,585	0	0	
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 3,883	3,883	0	0	
2. Holiday Parties for Staff	\$ 0	0	0	0	
3. Gifts to Staff and Residents	\$ 1,884	1,884	0	0	
4. Employee Travel	\$ 441	441	0	0	
5. Education Expenses Related to Seminars and Conventions	\$ 4,317	4,317	0	0	
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 1,327	1,327	0	0	
7. Other ( <i>Specify</i> ) See Attached Schedule	\$ 653	653	0	0	
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 9,457	9,457	0	0	
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$ 0	0	0	0	
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 5,681	5,681	0	0	
4. Fund-Raising***	\$ 0	0	0	0	
5. Medical Records	\$ 744	744	0	0	
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 0	0	0	0	
7. Postage	\$ 0	0	0	0	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 5,479	5,479	0	0	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 525	525	0	0	
9. Subscriptions	\$ 4,697	4,697	0	0	
10. Contributions*** See Attached Schedule	\$ 875	875	0	0	
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 45,401	45,401	0	0	
12. Administrative Management Services**	\$ 0	0	0	0	
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 44,223	44,223	0	0	
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 1,080,172	1,080,172	0	0	

\* Do not include Subscriptions, which should go in item 9.

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

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

VILLA MARIA NURSING & REHABILITATION COMMUNITY  
License # 1006-C  
Report Year Ended September 30, 2017  
Attachment to Page 16

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

MDS consultant	21,560
Computer consultant	19,797
Admin fee for profit sharing plan	<u>4,044</u>
	<u><u>45,401</u></u>

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	(Specify)
Business Meals	\$ 653		
<b>Total Other Travel and Entertainment</b>	<b>\$ 653</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Advertising-promotional	\$ 5,681		
<b>Total Other Advertising</b>	<b>\$ 5,681</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 4,231		
AANAC	\$ 119		
ALTCEM	\$ 170		
Capital One	\$ 40		
C.A.H.C.F.	\$ 350		
ACHCA	\$ 310		
BFS	\$ 80		
ANFP	\$ 109		
HRLA	\$ 70		
<b>Total Dues</b>	<b>\$ 5,479</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Northeast Opportunities for Wellness, Inc	\$ 750		
NCCC	\$ 125		
<b>Total Contributions</b>	<b>\$ 875</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Licenses	\$ 572		
Federal Subscriber Line	\$ 87		
Payroll Services	\$ 12,352		
Resident TV costs	\$ 353		
Penalties	\$ 1,991		
Expenses of Community Ave presented in accordance with letter dated 1/28/13 from Kathleen Shaughnessy			
Maintenance expense	\$ 2,469		
Heating	\$ 1,474		
Electric	\$ 1,406		
Water	\$ 1,089		
Sewer	\$ 435		
Rent	\$ 16,800		
Real estate tax	\$ 4,011		
Fire tax	\$ 233		
Property insurance	\$ 411		
Expenses of 2 Mill Street (rented to unrelated)			
Water	\$ 220		
Property insurance	\$ 320		
<b>Total Other Administrative and General</b>	<b>\$ 44,223</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility	License No.	Report for Year Ended	Page	of
Villa Maria Nursing and Rehabilitation C	1006-C	9/30/2017	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 #	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	N/A	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	

\* 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		License No.	Report for Year Ended		Page	of
Villa Maria Nursing and Rehabilitation Community		1006-C	9/30/2017		18	37
Item		Total	CCNH	RHNS	(Specify)	
<b>2. Dietary</b>						
<b>a. In-House Preparation &amp; Service</b>						
1.	Raw Food	\$ 158,288	158,288	0	0	
2.	Non-Food Supplies	\$ 18,358	18,358	0	0	
3.	Other (Specify) _____ Dietary Supplements 0	\$ 12,058	12,058	0	0	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 0	0	0	0	
c. Management Services**		\$ 0	0	0	0	
d. Other (Specify) _____ 0 0		\$ 0	0	0	0	
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 188,704</b>	<b>188,704</b>	<b>0</b>	<b>0</b>	
<b>2F. Dietary Questionnaire</b>		<b>Total</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>	
<b>G. Resident Meals:</b> Total no. of meals served per day:*		174	174	0	0	
<b>H. Is cost of employee meals included in 2E?</b>		<input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>I. Did you receive revenue from employees?</b>		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.	\$0	
<b>J. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>		N/A				
<b>K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?</b>		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.	\$0	
<b>L. Is any revenue collected from these people?</b>		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.	\$0	
<b>M. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>		N/A				
<b>N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?</b>		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.	\$0	
<b>O. Is any revenue collected from employees?</b>		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.	\$0	
<b>P. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>		N/A				

\* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.  
 \*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

**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	9/30/2017	19	37
Item	Total	CCNH	RHNS	(Specify)
<b>3. Laundry</b>				
<b>a. In-House Processing*</b>	Lbs.	0	0	0
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	0	0	0
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.	0	0	0
	Amt. \$	0	0	0
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.	0	0	0
	Amt. \$	0	0	0
4. Repair and/or purchase of linens.***	Lbs.	0	0	0
	Amt. \$	0	0	0
<b>b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)</b>	\$	14,341	14,341	0
<b>c. Management Services**</b>	\$	0	0	0
<b>d. Other (Specify) Supplies</b>	\$	4,996	4,996	0
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>	\$	19,337	19,337	0
<b>3F. Laundry Questionnaire</b>				
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	\$0
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	\$0
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			N/A
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	\$0
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	\$0
L. 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 3E.

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

\*\*\* Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Villa Maria Nursing and Rehabilitation Commu		1006-C	9/30/2017		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced		0	0	0	0
a. In-House Care	by Personnel					
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt.	\$	10,225	10,225	0	0
b. Purchased Services ( <i>by contract other than through Management Services</i> )	Sq. Ft. Serviced		0	0	0	0
( <i>Complete Schedule C-2 att. Page 21</i> )	by Personnel					
	Amt.	\$	0	0	0	0
c. Management Services*		\$	0	0	0	0
d. Other ( <i>Specify</i> )		\$	0	0	0	0
	0					
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>		\$	10,225	10,225	0	0
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$	0	0	0	0
2. Purchased from Medicare A, Medicare Replacement & Private Insurance		\$	63,922	63,922	0	0
b. Medicine Cabinet Drugs		\$	21,462	21,462	0	0
c. Medical and Therapeutic Supplies		\$	101,305	101,305	0	0
d. Ambulance/Limousine***		\$	11,592	11,592	0	0
e. Oxygen						
1. For Emergency Use		\$	0	0	0	0
2. Other***		\$	14,989	14,989	0	0
f. X-rays and Related Radiological Procedures***		\$	2,607	2,607	0	0
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )		\$	0	0	0	0
h. Laboratory***		\$	5,050	5,050	0	0
i. Recreation		\$	5,642	5,642	0	0
j. Other (Specify)****		\$	41,929	41,929	0	0
See Attached Schedule						
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>		\$	268,498	268,498	0	0

\* 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	\$ 33,202		
Other Patient Care & Services	\$ 8,385		
Desi Drugs (Medicaid)	\$ 342		
<b>Total Other Resident Care</b>	<b>\$ 41,929</b>	<b>\$ -</b>	<b>\$ -</b>



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

Name of Facility		License No.	Report for Year Ended	Page of						
Villa Maria Nursing and Rehabilitation Community		1006-C	9/30/2017	21	37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
		Yes	No							
Unitex Textile Rental Services	South Windsor, CT 06074	O	O		0 Laundry Services	14,341	0		19	3 b.
Landmark	Haverhill, MA 01832	O	O		0 MDS Consulting	21,560	0		16	1.m.1
PointClickCare Technologies	Bloomington, MN 55431	O	O		0 Computer Consulting	11,898	0		16	1.m.1
		O	O			0	0		0	0
		O	O			0	0		0	0
		O	O			0	0		0	0
		O	O			0	0		0	0
		O	O			0	0		0	0
		O	O			0	0		0	0
		O	O			0	0		0	0
		O	O			0	0		0	0
		O	O			0	0		0	0
		O	O			0	0		0	0
		O	O			0	0		0	0
		O	O			0	0		0	0
		O	O			0	0		0	0

\* 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	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 15,556	15,556	0		0	
b. Heat	\$ 24,465	24,465	0		0	
c. Light & Power	\$ 29,698	29,698	0		0	
d. Water	\$ 18,600	18,600	0		0	
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 8,175	8,175	0		0	
f. Other ( <i>itemize</i> )	\$ 55,509	55,509	0		0	
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 152,003	152,003	0		0	
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 0	0	0		0	
b. Building & Building Improvements	\$ 54,925	54,925	0		0	
c. Non-Movable Equipment	\$ 0	0	0		0	
d. Movable Equipment	\$ 30,077	30,077	0		0	
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 85,002	85,002	0		0	
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$ 0	0	0		0	
b. Mortgage Expense	\$ 4,199	4,199	0		0	
c. Leasehold Improvements	\$ 0	0	0		0	
d. Other ( <i>Specify</i> )	\$ 0	0	0		0	
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$ 4,199	4,199	0		0	
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 0	0	0		0	
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 54,935	54,935	0		0	
b. Real estate taxes paid by lessor	\$ 0	0	0		0	
c. Personal property taxes	\$ 3,614	3,614	0		0	
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 147,750	147,750	0		0	

\* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.





Villa Maria Nursing and Rehabilitation Community  
9/30/2017

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>				
11/26/2016	Floor Drainage	\$ 16,346	5	\$ 1,635
11/26/2016	Floor Drainage	\$ 4,700	5	\$ 470
8/13/2017	Gas Boiler	\$ 51,906	15	\$ 1,730
8/13/2017	Energy Efficient Lighting	\$ 8,206	10	\$ 410
<b>Total additions for Building Improvements</b>		\$ 81,158		\$ 4,245 *
<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>				
8/24/2017	Washing Machine	\$ 8,769	5	\$ 877
<b>Total additions for Movable Equipment</b>		<b>\$ 8,769</b>		<b>\$ 877</b> *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		<b>\$ -</b>		<b>\$ -</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>\$ -</b>		<b>\$ -</b> *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		<b>\$ -</b>		<b>\$ -</b> **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

State of Connecticut  
 Annual Report of Long-Term Care Facility  
 CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility Villa Maria Nursing and Rehabilitation Community	Date of Acquisition		License No. 1006-C	Report for Year Ended 9/30/2017	Page 24	of 37
	Month	Year				
<b>A. Organization Expense</b>						
1.	0	0	0	0	0	
2.	0	0	0	0	0	
3.	0	0	0	0	0	
A-4. Subtotal						0
<b>B. Mortgage Expense</b>						
1. Financing Fees	9	2013	10	0	life mortgage	3,849
2. Financing Fees	10	2014	10	0	life mortgage	350
3.	0	0	0	0	0	0
B-4. Subtotal						4,199
<b>C. Leasehold Improvements and Other</b>						
1. Acquired prior to this report period	0	0	0	0	0	0
2. Disposals (attach schedule)	0	0	0	0	0	0
3. Acquired during this report period (attach schedule)	0	0	0	0	0	0
C-4. Subtotal						0
<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 9/30/2017	Page 25	of 37
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**11. Property Questionnaire**

**Part A**

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

Yes  No

If "Yes," complete Part B.  
If "No," complete Part C.

\*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total				
1. Date Land Purchased	01/00/00				
2. Date Structure Completed	01/00/00				
3. If NOT Original Owner, Date of Purchase	05/08/81				
4. Date of Initial Licensure	05/08/81				
5. Total Licensed Bed Capacity	62				
6. Square Footage	12,392				
7. Acquisition Cost					
a. Land	29,388				
b. Building	301,351				

**Part B - Owner and Related Parties**

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed	0	0	0
b. Date Mortgage Obtained	09/06/13	01/00/00	01/00/00	01/00/00
c. Interest Rate for the Cost Year	4.25%	0.00%	0.00%	0.00%
d. Term of Mortgage (number of years)	10	0	0	0
e. Amount of Principal Borrowed	1,700,000	0	0	0
f. Principal balance outstanding as of 9/30/2017	1,464,683	0	0	0
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)	0	0	0	0
h. Date of Refinancing	01/00/00	01/00/00	01/00/00	01/00/00
i. New Interest Rate	0.00%	0.00%	0.00%	0.00%
j. Term of Mortgage (number of years)	0	0	0	0
k. Amount of Principal Borrowed	0	0	0	0
l. Principal Outstanding on Note Paid-Off	0	0	0	0

**Part C - Arms-Length Leases for Real Property Improvements Only**

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
0	01/00/00	01/00/00	0	0
0	01/00/00	01/00/00	0	0
0	01/00/00	01/00/00	0	0
0	01/00/00	01/00/00	0	0
0	01/00/00	01/00/00	0	0

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



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

Name of Facility		License No.	Report for Year Ended		Page	of
Villa Maria Nursing and Rehabilitatio		1006-C	9/30/2017		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 63,701	63,701	0	0
Name of Lender		Rate				
Berkshire Bank		4.25%				
Address of Lender						
45 Lyman Street, Westborough, MA 01581			\$ 0	0	0	0
2. Second Mortgage			\$ 0	0	0	0
Name of Lender		Rate				
0		0.00%				
Address of Lender						
3. Third Mortgage			\$ 0	0	0	0
Name of Lender		Rate				
0		0.00%				
Address of Lender						
4. Fourth Mortgage			\$ 0	0	0	0
Name of Lender		Rate				
0		0.00%				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$ 0			
2. Loan Origination Date			01/00/00			
3. Interest Rate %			0.00%			
4. Term			0			
5. CHEFA Interest Expense			0	0	0	0
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$ 63,701	63,701	0	0

(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 Rehabilita		1006-C		9/30/2017		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				63,701	63,701	0	0
12. C. Movable Equipment							
1. Automotve Equipment				\$ 2,428	2,428	0	0
A. Item		Rate	Amount				
2016 Chevrolet Silverado		6.45%	46,763				
Lender							
Ally Bank							
Address of Lender							
P.O Box 380901,Bloomington, MN 55438							
2. Other (Specify)				\$ 0	0	0	0
A. Item		Rate	Amount				
0		0.00%	0				
Lender							
0							
Address of Lender							
B. Item		Rate	Amount				
0		0.00%	0				
Lender							
0							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$ 2,428	2,428	0	0
12. D. Other Interest Expense (Specify)				\$ 0	0	0	0
0							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 66,129	66,129	0	0
14. Insurance							
a. Insurance on Property (buildings only)				\$ 10,456	10,456	0	0
b. Insurance on Automobiles				\$ 1,678	1,678	0	0
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 0	0	0	0
2. Fire and Extended Coverage				\$ 24,764	24,764	0	0
3. Other (Specify)				\$ 852	852	0	0
Crime							
14d. Total Insurance Expenditures (14a + b + c)				\$ 37,750	37,750	0	0
15. Total All Expenditures (A-13 thru C-14)				\$ 5,328,400	5,328,400	0	0

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Villa Maria Nursing and Rehabilitation Community				1006-C	9/30/2017	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.	0	0	Outpatient Service Costs	\$ 0	0	0	0
2.	0	0	Salaries not related to Resident Care	\$ 0	0	0	0
3.	0	0	Occupational Therapy	\$ 0	0	0	0
4.	0	0	Other - See attached Schedule	\$ 0	0	0	0
<b>Page 13 - Professional Fees</b>							
5.	0	0	Resident Care Physicians **	\$ 0	0	0	0
6.	13	B10a	Occupational Therapy	\$ 161,634	161,634	0	0
7.	0	0	Other - See attached Schedule	\$ 6,830	6,830	0	0
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.	0	0	Discriminatory Benefits	\$ 0	0	0	0
9.	0	0	Bad Debts	\$ 0	0	0	0
10.	15	1.d.	Accounting & Legal	\$ 1,531	1,531	0	0
11.	0	0	Telephone	\$ 0	0	0	0
12.	15	1.h.2	Cellular Telephone	\$ 3,852	3,852	0	0
13.	0	0	Life insurance premiums on the life of Owners, Partners, Operators	\$ 0	0	0	0
14.	16	1.l.2.	Gifts, flowers and coffee shops	\$ 59	59	0	0
15.	0	0	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 0	0	0	0
16.	0	0	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 0	0	0	0
17.	0	0	Automobile Expense (e.g. personal use)	\$ 0	0	0	0
18.	16	1m2.	Unallowable Advertising *	\$ 5,681	5,681	0	0
19.	0	0	Income Tax / Corporate Business Tax	\$ 0	0	0	0
20.	16	1m10	Fund Raising / Contributions	\$ 875	875	0	0
21.	0	0	Unallowable Management Fees	\$ 0	0	0	0
22.	0	0	Barber and Beauty	\$ 0	0	0	0
23.	0	0	Other - See attached Schedule	\$ 14,755	14,755	0	0
<b>Page 18 - Dietary Expenditures</b>							
24.	0	0	Meals to employees, guests and others who are not residents	\$ 0	0	0	0
<b>Page 19 - Laundry Expenditures</b>							
25.	0	0	Laundry services to employees, guests and others who are not residents	\$ 0	0	0	0
<b>Page 20 - Housekeeping Expenditures</b>							
26.	0	0	Housekeeping services to employees, guests and others who are not residents	\$ 0	0	0	0
<b>Subtotal (Items 1 - 26)</b>				<b>\$ 195,217</b>	<b>195,217</b>	<b>0</b>	<b>0</b>

\* 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	\$ 6,830		
<b>Total Other Fees Adjustments</b>			\$ 6,830	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	1.m.8a	Dues-Chamber of Commerce	\$ 525		
16	1.L.7	Business Meals	\$ 653		
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	\$ 220		
16	1.m.13	Penalties	\$ 1,991		
<b>Total Other A&amp;G Adjustments</b>			\$ 14,755	\$ -	\$ -

State of Connecticut  
Annual Report of Long-Term Care Facility

Villa Maria Nursing & Rehabilitation Community  
License #1006-C  
Report Year Ended 9/30/17

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	\$ 30,610
Percentage non-allowable allocated to Babcock Avenue, LLC	<u>5%</u>
Non-allowable expense, reported on Annual Report page 28, line 10:	<u>\$ 1,531</u>

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

GL account #542, Other Fringe Benefits, reported on Annual Report page 16, line 1.3.	\$ 1,884
Employee gift allowable expense:	
Allowable amount per employee	\$ 25
Active employees at year end per payroll records	<u>73</u> (1,825) Allowable
Non-allowable expense, reported on Annual Report page 28, line 14:	<u>\$ 59</u>

VILLA MARIA NURSING & REHABILITATION COMMUNITY  
License #1006-C  
Report year ended 9/30/17

Adjustments not recorded on pages 28 and 29

<u>Page #</u>	<u>Line #</u>	<u>Description</u>
10	A.2,4,7a	Salaries for operators/owners, administrators and other relatives
29	39	Capital expenditures not approved by DSS
28	7	Physical therapy
28	7	Speech therapy
28	23	Other: dues, other than Chamber of Commerce
26	12	Mortgage interest

The provider is of the understanding that all of the above accounts will be adjusted, if necessary, by DSS during the "rate computation report" process.

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

Name of Facility				License No.	Report for Year Ended	Page	of
Villa Maria Nursing and Rehabilitation Community				1006-C	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 195,217	195,217	0	0
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5.a.2	Prescription Drugs	\$ 63,922	63,922	0	0
28.	20	5.d	Ambulance/Limousine	\$ 11,592	11,592	0	0
29.	20	5.e	X-rays, etc	\$ 2,607	2,607	0	0
30.	20	5.h	Laboratory	\$ 5,050	5,050	0	0
31.	0	0	Medical Supplies	\$ 0	0	0	0
32.	20	5.e.2	Oxygen (non emergency)	\$ 14,989	14,989	0	0
33.	0	0	Occupational Therapy	\$ 0	0	0	0
34.	0	0	Other - See Attached Schedule	\$ 8,727	8,727	0	0
<b>Page 22 - Maintenance and Property</b>							
35.	0	0	Excess Movable Equipment Depreciation See Attached Schedule	\$ 0	0	0	0
36.	0	0	Depreciation on Unallowable Motor Vehicles	\$ 0	0	0	0
37.	0	0	Unallowable Property and Real Estate Taxes	\$ 0	0	0	0
38.	0	0	Rental of Building Space or Rooms	\$ 0	0	0	0
39.	0	0	Other - See Attached Schedule	\$ 0	0	0	0
<b>Page 27 - Insurance</b>							
40.	0	0	Mortgage Insurance	\$ 0	0	0	0
41.	27	14a	Property Insurance	\$ 955	955	0	0
<b>Other - Miscellaneous</b>							
42.	0	0	Research or Experimental Activities	\$ 0	0	0	0
43.	0	0	Radio and Television Revenue	\$ 0	0	0	0
44.	0	0	Vending Machine Revenue	\$ 0	0	0	0
45.	0	0	Purchase Discounts and Allowances	\$ 0	0	0	0
46.	0	0	Duplications of functions or services	\$ 0	0	0	0
47.	0	0	Expenditures made for the protection, enhancement or promotion of the providers interest	\$ 0	0	0	0
48.	0	0	Interest Income on Accounts Rec	\$ 0	0	0	0
49.	0	0	Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 0	0	0	0
<b>Not For Profit Providers Only</b>							
50.	0	0	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 0	0	0	0
<b>51. Total Amount of Decrease (Items 1 - 50)</b>				\$ 303,059	303,059	0	0

\*\*\* Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

VILLA MARIA NURSING & REHABILITATION COMMUNITY  
License # 1006-C  
Report Year Ended September 30, 2017  
Attachment to Page 29

Breakdown of property insurance (line 41)

2 Mill Street (p.16 1m.13)	320
24 Babcock Ave	291
2 Community Ave	344
	<hr/>
	955
	<hr/> <hr/>



Villa Maria Nursing and Rehabilitation Community  
9/30/2017

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5.j.	Desi Drugs	\$ 342		
20	5.j.	Other Patient Care & Services	\$ 8,385		
<b>Total Other Ancillary Costs</b>			<b>\$ 8,727</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

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

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		9/30/2017			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents (CT only)	\$ 5,062,365	5,062,365	0	0		
b. Medicaid Room and Board Contractual Allowance **	\$ (1,884,807)	(1,884,807)	0	0		
2. a. Medicaid (All other states)	\$ 0	0	0	0		
b. Other States Room and Board Contractual Allowance **	\$ 0	0	0	0		
3. a. Medicare Residents (all inclusive)	\$ 406,665	406,665	0	0		
b. Medicare Room and Board Contractual Allowance **	\$ 302,050	302,050	0	0		
4. a. Private-Pay Residents and Other	\$ 1,196,944	1,196,944	0	0		
b. Private-Pay Room and Board Contractual Allowance **	\$ 48,160	48,160	0	0		
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 92,700	92,700	0	0		
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (92,700)	(92,700)	0	0		
c. Prescription Drugs - Non-Medicare	\$ 10,078	10,078	0	0		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ 0	0	0	0		
2. a. Medical Supplies - Medicare	\$ 0	0	0	0		
b. Medical Supplies - Medicare Contractual Allowance **	\$ 0	0	0	0		
c. Medical Supplies - Non-Medicare	\$ 0	0	0	0		
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ 0	0	0	0		
3. a. Physical Therapy - Medicare	\$ 195,764	195,764	0	0		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (92,044)	(92,044)	0	0		
c. Physical Therapy - Non-Medicare	\$ 0	0	0	0		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ 0	0	0	0		
4. a. Speech Therapy - Medicare	\$ 17,599	17,599	0	0		
b. Speech Therapy - Medicare Contractual Allowance **	\$ (2,035)	(2,035)	0	0		
c. Speech Therapy - Non-Medicare	\$ 0	0	0	0		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ 0	0	0	0		
5. a. Occupational Therapy - Medicare	\$ 197,658	197,658	0	0		
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (108,400)	(108,400)	0	0		
c. Occupational Therapy - Non-Medicare	\$ 0	0	0	0		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ 0	0	0	0		
6. a. Other (Specify) - Medicare	\$ 0	0	0	0		
b. Other (Specify) - Non-Medicare	\$ (8,000)	(8,000)	0	0		
<b>III. Total Resident Revenue (Section I. thru Section II.)</b>	\$ 5,341,997	5,341,997	0	0		
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ 0	0	0	0		
2. Rental of rooms to non-residents	\$ 0	0	0	0		
3. Telephone	\$ 0	0	0	0		
4. Rental of Television and Cable Services	\$ 0	0	0	0		
5. Interest Income (Specify)	\$ 5,826	5,826	0	0		
6. Private Duty Nurses' Fees	\$ 0	0	0	0		
7. Barber, Coffee, Beauty and Gift shops	\$ 0	0	0	0		
8. Other (Specify)	\$ 5,720	5,720	0	0		
<b>V. Total Other Revenue (1 thru 8)</b>	\$ 11,546	11,546	0	0		
<b>VI. Total All Revenue (III + V)</b>	\$ 5,353,543	5,353,543	0	0		

\* 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>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30, II6b	Prior Year Billing adjustments	\$ (8,000)		
<b>Total Other Resident Revenue</b>		<b>\$ (8,000)</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30, IV5	Patient Finance Charges		\$ 591		
30, IV5	Interest Income- Medicare		\$ 5,235		
<b>Total Interest Income</b>			<b>\$ 5,826</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30, IV8	Rental Income- 2 Mill Street	\$ 5,720		
<b>Total Other Revenue</b>		<b>\$ 5,720</b>	<b>\$ -</b>	<b>\$ -</b>

State of Connecticut  
Annual Report of Long-Term Care Facility

Villa Maria Nursing & Rehabilitation Community  
License #1006-C  
Report Year Ended 9/30/17

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

ASSET CATEGORY ON BALANCE SHEET	ACCOUNT BALANCE AT 9/30/17	DESCRIPTION	INTEREST EARNED
Cash	\$110,764	Interest from Citizens Bank sweep account	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Villa Maria Nursing and Rehabilitation	1006-C	9/30/2017	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$	421,289
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	504,547
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	0
4. Inventories			\$	0
5. Prepaid Expenses			\$	69,937
a. See detail attached page 31A	69,937			
b. _____	0			
c. _____	0			
d. _____	0			
6. Interest Receivable			\$	0
7. Medicare Final Settlement Receivable			\$	0
8. Other Current Assets ( <i>itemize</i> )			\$	0
_____	0	0		
_____	0	0		
_____	0	0		
_____	0	0		
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	995,773
<b>B. Fixed Assets</b>				
1. Land			\$	95,810
2. Land Improvements	*Historical Cost	0	\$	0
	Accum. Depreciation	0		Net
3. Buildings	*Historical Cost	1,899,365	\$	283,438
	Accum. Depreciation	1,615,927		Net
4. Leasehold Improvements	*Historical Cost	0	\$	0
	Accum. Depreciation	0		Net
5. Non-Movable Equipment	*Historical Cost	33,763	\$	0
	Accum. Depreciation	33,763		Net
6. Movable Equipment	*Historical Cost	600,382	\$	28,414
	Accum. Depreciation	571,968		Net
7. Motor Vehicles	*Historical Cost	60,263	\$	42,184
	Accum. Depreciation	18,079		Net
8. Minor Equipment-Not Depreciable			\$	0
9. Other Fixed Assets ( <i>itemize</i> )			\$	0
_____	0	0		
_____	0	0		
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	449,846

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

(Carry Total forward to next page)

VILLA MARIA NURSING & REHABILITATION COMMUNITY  
License # 1006-C  
Report Year Ended September 30, 2017  
Attachment to Page 31

Prepaid Expenses

Page 31, line A.5.

Real estate and property taxes	14,913
Sewer use charge	1,879
Prepaid maintenance costs for office rented from Community Avenue LLC	5,702
Health insurance and therapy advance	25,154
Prepaid costs related to televisions in patient rooms	529
General insurance	323
Maintenance contracts	663
Federal tax deposits	<u>20,774</u>
Total prepaid expenses	<u>69,937</u>

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

Name of Facility	License No.	Report for Year Ended	Page	of
Villa Maria Nursing and Rehabilitation	1006-C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	1,445,619
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land			\$	0
2. Land Improvements			*Historical Cost <u>0</u>	
			Accum. Depreciation	0 Net
			\$	0
3. Buildings			*Historical Cost <u>0</u>	
			Accum. Depreciation	0 Net
			\$	0
4. Non-Movable Equipment			*Historical Cost <u>0</u>	
			Accum. Depreciation	0 Net
			\$	0
5. Movable Equipment			*Historical Cost <u>0</u>	
			Accum. Depreciation	0 Net
			\$	0
6. Motor Vehicles			*Historical Cost <u>0</u>	
			Accum. Depreciation	0 Net
			\$	0
7. Minor Equipment-Not Depreciable			\$	0
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	0
<b>D. Investment and Other Assets</b>				
1. Deferred Deposits			\$	0
2. Escrow Deposits			\$	0
3. Organization Expense			*Historical Cost <u>0</u>	
			Accum. Depreciation	0 Net
			\$	0
4. Goodwill (Purchased Only)			\$	0
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	0
			0	0
			0	0
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	0
Name and Address		Amount	Loan Date	
		0	1/0/00	
7. Other Assets ( <i>itemize</i> )			\$	0
			0	0
			0	0
			0	0
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	0
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	1,445,619

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



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

Name of Facility		License No.	Report for Year Ended		Page	of
Villa Maria Nursing and Rehabilitation Comm		1006-C	9/30/2017		33	37
Account					Amount	
<b>Liabilities</b>						
A. Current Liabilities						
1. Trade Accounts Payable					\$	191,969
2. Notes Payable (itemize)					\$	0
0					0	
0					0	
0					0	
0					0	
3. Loans Payable for Equipment (Current portion) (itemize)					\$	22,511
Name of Lender		Purpose	Amount	Date Due		
Ally Bank		Auto Loan	7,483	09/30/21		
Eversource		Energy efficiency	15,028	08/13/21		
4. Accrued Payroll (Exclusive of Owners and/or Stockholders only)					\$	160,065
5. Accrued Payroll (Owners and/or Stockholders only)					\$	7,183
6. Accrued Payroll Taxes Payable					\$	11,886
7. Medicare Final Settlement Payable					\$	0
8. Medicare Current Financing Payable					\$	0
9. Mortgage Payable (Current Portion)					\$	65,000
10. Interest Payable (Exclusive of Owner and/or Related Parties)					\$	0
11. Accrued Income Taxes*					\$	0
12. Other Current Liabilities (itemize)					\$	144,416
Accrued Expense		948	Accrued Workers Compe	6,536		
Accrued Water		883	Accrued Nursing Home	100,589		
Patient Fund		(60)	Security Deposit	1,520		
Accrued Accounting Fee		34,000		0	0	
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>					<b>\$</b>	<b>603,030</b>

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

(Carry Total forward to next page)

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

Name of Facility		License No.	Report for Year Ended	Page	of
Villa Maria Nursing and Rehabilitation Cor		1006-C	9/30/2017	34	37
Account				Amount	
Total Brought Forward:				603,030	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )				\$ 70,155	
Name of Lender	Purpose	Amount	Date Due		
Ally Bank	Auto Loan	26,323	9/30/21		
Eversource	Energy efficiency	43,832	8/13/21		
2. Mortgages Payable				\$ 1,399,683	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ 0	
Name and Address of Lender	Amount	Loan Date			
	0	1/0/00			
	0	1/0/00			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ (25,198)	
Deferred Financing Fees		(25,198)			
		0			
		0			
		0			
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 1,444,640	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 2,047,670	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Villa Maria Nursing and Rehabilitation	1006-C	9/30/2017	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	0
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	0
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	0
4. Reserve for leasehold real properties on which fair rental value is based			\$	0
5. Reserve for funds set aside as donor restricted			\$	0
6. Total Reserves			\$	0
<b>B. Net Worth</b>				
1. Owner's Capital			\$	0
2. Capital Stock			\$	20,000
3. Paid-in Surplus			\$	0
4. Treasury Stock			\$	0
5. Cumulated Earnings			\$	(647,195)
6. Gain or Loss for Period				
	10/1/2016	thru	9/30/2017	
			\$	25,144
7. Total Net Worth			\$	(602,051)
<b>C. Total Reserves and Net Worth</b>			\$	(602,051)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	1,445,619

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Villa Maria Nursing and Rehabilitation C	1006-C	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	(207,155)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	5,353,543
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	5,328,399
D. Net Income or Deficit			\$	25,144
E. Balance			\$	(182,011)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
	0	0		
	0	0		
	0	0		
	0	0		
2. Other <i>(itemize)</i>				
	0	0		
	0	0		
	0	0		
	0	0		
F-3. Total Additions			\$	0
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	199,520
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
Bruce & Cindy Disco 20 Babcock Avenue, Plainfield, CT		wners/Shareholder	199,520	
0		0	0	
2. Other Withdrawings <i>(Specify)</i>			\$	0
Purpose		Amount		
0		0		
0		0		
3. Total Deductions			\$	199,520
H. <b>Balance at End of Period</b>			\$	(381,531)
				09/30/17

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

Name of Facility Villa Maria Nursing and Rehabilitation		License No. 1006-C	Report for Year Ended 9/30/2017	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)	0			
<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 <i>Michael E Criscione</i>		Title Partner		Date Signed February 8, 2018	
Printed Name of Preparer Michael E. Criscione, CPA, Citrin Cooperman & Company, LLP					
Address 10 Weybosset Street, Suite 700, Providence, RI				Phone Number (401) 421-4800	



**CITRINCOOPERMAN®**  
Accountants and Advisors

**Independent Accountants' Compilation Report**

To the Owners  
Villa Maria Nursing and Rehabilitation Community  
Plainfield, CT

Management is responsible for the accompanying Nursing Facility Cost Report (Annual Report of Long-Term Care Facility – Cost Year 2017) of Villa Maria Nursing & Rehabilitation Community, License #1006-C, for the year ended September 30, 2017, in the accompanying prescribed form. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial and other information included in the Nursing Facility Cost Report, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion or a conclusion, nor provide any form of assurance on the Nursing Facility Cost Report.

The financial and other information in this Nursing Facility Cost Report is presented in accordance with the requirements of the Connecticut Department of Social Services and is not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America. Accordingly, this information is not designed for those who are not informed about such differences.

*Citrin Cooperman & Company, LLP*

Providence, Rhode Island  
February 8, 2018

**Villa Maria Nursing & Rehabilitation Community, Inc.**

Year End: September 30, 2017

**Working Trial Balance**

103.00 VMNRC Petty Cash	300.00
106.00 VMNRC Ultra Benefits	5,621.00
107.00 VMNRC Checking Acct. (Citizens Bank)	110,764.00
Villa Maria Nursing & Rehabilitation Community	<u>116,685.00</u>
104.00 BAL Checking Account	304,604.00
<b>101 CASH</b>	<b><u>421,289.00</u></b>
100.00 VMNRC Opening Entry - 1999	(641.00)
121.00 VMNRC A/R - Medicaid	761,774.00
121.10 VMNRC A/R - Self Pay	220,366.00
121.11 VMNRC A/R - Private Insurance	(45,087.00)
121.20 VMNRC A/R - Medicaid Patient Liability	(946,433.00)
121.30 VMNRC A/R - Medicare A Coins from Priv	(18,975.00)
121.40 VMNRC A/R - Medicare B Coins from Priv	(405.00)
121.50 VMNRC A/R - Medicaid Pending	364,098.00
121.60 VMNRC A/R - Med A Coins from Medicaid	(22,480.00)
121.70 VMNRC A/R - Med B Coins from Medicaid	(2,390.00)
121.80 VMNRC A/R - Medicare A	141,482.00
121.81 VMNRC A/R - Medicare B	11,722.00
121.82 VMNRC A/R - Medicare A Coins from Ins	791.00
121.83 VMNRC A/R - Medicare B Coins from Ins	1,963.00
121.90 VMNRC A/R - Medicare Advantage (MCR)	45,536.00
121.99 VMNRC A/R Suspense	13,237.00
124.00 VMNRC A/R - Medicare Miscellaneous	(1.00)
125.00 VMNRC Allowance Doubtful Accounts	<u>(10,000.00)</u>
Villa Maria Nursing & Rehabilitation Community	504,547.00
<b>102 A/R -PT SERVICES, LESS ALLOW</b>	<b><u>504,547.00</u></b>
124.10 VMNRC Misc. Refunds/Rebates	0.00
142.00 VMNRC Prepaid RE Tax - 20 Babcock Ave	12,458.00
142.10 VMNRC Prepaid RE Tax - 2 1/2 Mill St.	358.00
142.30 VMNRC Prepaid RE - 22 Babcock Ave	1,025.00
143.00 VMNRC Prepaid Personal Property Tax	630.00
143.10 VMNRC Prepaid Auto Tax	442.00
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	1,879.00
144.10 VMNRC Prepaid Water	0.00
144.30 VMNRC Prepaid Sewer - 22 Babcock Ave.	0.00
145.00 VMNRC Prepaid Expenses	25,154.00
145.01 VMNRC Prepaid 22 Babcock Assests	5,702.00
145.02 VMNRC Resident TVs	529.00
148.00 VMNRC Prepaid Ins.- Prop & Liab / etc	323.00
150.00 VMNRC Prepaid Maintenance Contracts	663.00
151.00 VMNRC Prepaid Fed. Enhanced Estimates	0.00
233.00 VMNRC Due to VMCH from Babcock LLC	<u>(199,507.00)</u>
Villa Maria Nursing & Rehabilitation Community	(150,344.00)
151.00 BAL Prepaid Federal Enhanced Estimate	20,774.00
233.00 BAL Due to/from Villa Maria	<u>199,507.00</u>

Babcock Avenue, LLC	220,281.00
<b>103 PPD EXP &amp; OTHER</b>	<b>69,937.00</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	1,070,924.00
161.00 BAL Bldg & Impr	751,038.00
<b>105 BUILDING AND IMPROVEMENTS</b>	<b>1,821,962.00</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	(65,967.00)
162.00 VMNRC Accum Depr Bldg Improvements	(881,179.00)
164.00 VMNRC Accum Depr Equipment	(605,731.00)
166.00 VMNRC Accum Depr Vehicles	(18,079.00)
Villa Maria Nursing & Rehabilitation Community	(1,570,956.00)
162.00 BAL A/D - Bldg & Impr	(668,781.00)
<b>107 LESS ACCUMULATED DEPRECIATION</b>	<b>(2,239,737.00)</b>
180.00 BAL Deferred Financing Fees	41,994.00
181.00 BAL A/A - Deferred Financing Fees	(18,796.00)
Babcock Avenue, LLC	25,198.00
<b>115 DEFERRED FINANCING FEES</b>	<b>25,198.00</b>
201.00 VMNRC Accounts Payable	(191,969.00)
<b>201 A/P</b>	<b>(191,969.00)</b>
202.00 VMNRC Accrued Expense773	(948.00)
202.10 VMNRC Accrued Water	(683.00)
202.30 VMNRC Accrued Water - 22 Babcock Ave.	0.00
203.00 VMNRC Accrued Payroll	(49,940.00)
204.00 VMNRC Accrued Vacation Payroll	(66,673.00)
205.00 VMNRC Accrued Sick Pay	(51,636.00)
206.00 VMNRC Accrued FICA	(3,687.00)
207.00 VMNRC Accrued State Unemployment Tax	(243.00)
208.00 VMNRC Accrued Fed Unemployment Tax	(27.00)
209.00 VMNRC Patient Fund (\$60.00 Allowance)	60.00
210.00 VMNRC Accrued Accounting Fees	(34,000.00)
212.00 VMNRC Accrued Workers Comp Insurance	(6,536.00)
219.00 VMNRC Accrued Nursing Home Tax	(100,589.00)



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	2,604.00
224.00 VMNRC Employee Insurance	(8,900.00)
224.10 VMNRC Employee Life Insurance	(2,686.00)
227.00 VMNRC Employee Sunshine Fund	(530.00)
228.00 VMNRC 401 K	1,583.00
229.00 VMNRC Connecticut State Income Tax	0.00
Villa Maria Nursing & Rehabilitation Community	(322,030.00)
<b>202 ACCRUED EXP</b>	<b>(322,030.00)</b>
235.01 VMNRC Auto Loan - Chevy Truck	(26,323.00)
235.02 VMNRC Eversource Loan	(43,832.00)
Villa Maria Nursing & Rehabilitation Community	(70,155.00)
235.00 BAL Mortgage Payable - Berkshire Bank	(1,399,683.00)
<b>205 LTD, LESS CP</b>	<b>(1,469,838.00)</b>
236.01 VMNRC Current Portion of LTD	(22,511.00)
236.00 BAL Current Portion of LTD	(65,000.00)
<b>206 CP OF LTD</b>	<b>(87,511.00)</b>
237.00 BAL Security Deposit	(1,520.00)
<b>207 Security Deposit</b>	<b>(1,520.00)</b>
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>	<b>(20,000.00)</b>
250.00 VMNRC Retained Earnings	(423,187.00)
262.00 VMNRC Sub "S" Distribution - BED	7,000.00
263.00 VMNRC Sub "S" Distribution - CD	7,000.00
Villa Maria Nursing & Rehabilitation Community	(409,187.00)
250.00 BAL Members Equity	870,862.00
261.00 BAL Distributions - CD & BD	185,520.00
Babcock Avenue, LLC	1,056,382.00
<b>301 OWNERS' EQUITY</b>	<b>647,195.00</b>
301.00 VMNRC R&B - Self Paid (Private)	(285,316.00)
301.01 VMNRC R&B - Self Paid (Semi-Pvt)	(642,285.00)
301.02 VMNRC R&B - Self Paid (3-4 Bed)	(82,360.00)
301.05 VMNRC R&B - Medicare Replacement(MCR)	(128,520.00)
301.06 VMNRC R&B - Private ins. (not MCR)	(17,955.00)
301.07 VMNRC R&B - Hospice (State)	(47,651.00)
302.00 VMNRC R&B - Medicare	(406,665.00)
303.00 VMNRC R&B - Medicaid (State)	(3,157,786.00)
303.04 VMNRC R&B-Prior Year Retro-Rate Adj.	0.00
303.22 VMNRC R&B Medicaid Pending	(19,772.00)

304.00 VMNRC Prior Year Billing Adjustments	7,970.00
310.00 VMNRC C/A - ST M/C A	2,035.00
315.00 VMNRC Rx Drugs - M/C A	(92,700.00)
316.20 VMNRC Ancillary - MCR	(79,346.00)
316.30 VMNRC Ancillary - Private Ins.	(9,543.00)
316.40 VMNRC RxDrugs - MCB Vaccine	(10,078.00)
318.00 VMNRC PT - M/C A	(92,044.00)
320.00 VMNRC PT - M/C B	(103,720.00)
323.00 VMNRC ST - M/C A	(2,035.00)
324.00 VMNRC ST - M/C B	(15,564.00)
327.00 VMNRC OT - M/C B	(89,268.00)
329.00 VMNRC OT - M/C A	(108,400.00)
340.00 VMNRC Partnership LTC Discount 5%	7,142.00
340.20 VMNRC Anthem Contract Discount 3.5%	30.00
341.00 VMNRC C/A - R&B M/C A	(302,050.00)
341.10 VMNRC C/A - R&B MCR	(36,055.00)
341.20 VMNRC C/A - R&B Private Ins.	(12,105.00)
342.00 VMNRC C/A - Rx Drugs M/C A	92,700.00
342.20 VMNRC C/A - RX MCB Vaccine	0.00
343.00 VMNRC C/A - PT M/C A	92,044.00
345.10 VMNRC C/A - Ancillary MCR	79,346.00
345.20 VMNRC C/A - Ancillary Private Ins.	9,543.00
350.00 VMNRC C/A - OT M/C A	108,400.00
Villa Maria Nursing & Rehabilitation Community	(5,341,997.00)

**401 NET PATIENT SERVICE REVENUE** (5,341,997.00)

305.00 VMNRC Patient Finance Charges	(591.00)
306.00 VMNRC Miscellaneous Income	0.00
331.00 VMNRC Interest Income	0.00
332.00 VMNRC Gain on sale of fixed asset	0.00
333.00 VMNRC Interest Income - Medicare	(5,235.00)
761.00 VMNRC Rental of Building	336,000.00
Villa Maria Nursing & Rehabilitation Community	330,174.00

309.00 BAL Rental Income - nursing home	(336,000.00)
310.00 BAL Rental Income - old business office	(5,720.00)
Babcock Avenue, LLC	(341,720.00)

**402 OTHER REVENUE** (11,546.00)

401.00 VMNRC Administrator	77,481.00
402.00 VMNRC Office	174,545.00
403.00 VMNRC Food Service Supervisor	44,569.00
404.00 VMNRC Other Dietary	195,533.00
405.00 VMNRC Housekeeping Supervisor	14,857.00
405.10 VMNRC Laundry Supervisor	14,857.00
405.20 VMNRC Other Housekeeping	119,015.00
405.30 VMNRC Other Laundry	49,574.00
407.00 VMNRC Other Maintenance	37,416.00
408.00 VMNRC Director of Nursing	101,746.00
409.00 VMNRC Registered Nurses	650,784.00
410.00 VMNRC Licensed Practical Nurses	474,827.00
411.00 VMNRC Certified Nurses Aides	903,347.00
412.00 VMNRC Recreation	36,669.00
413.00 VMNRC Social Service	36,886.00
414.00 VMNRC Medical Recorder	14,617.00

Villa Maria Nursing & Rehabilitation Community	2,946,722.00
<b>501 PAYROLL</b>	<b>2,946,722.00</b>
501.00 VMNRC Workers Compensation Ins.	68,612.00
502.00 VMNRC Federal Unemployment Tax	4,180.00
503.00 VMNRC State Unemployment Tax	36,707.00
504.00 VMNRC F.I.C.A	213,538.00
509.00 VMNRC Employee Physicals	3,207.00
510.00 VMNRC Employee Health Ins.	115,531.00
513.00 VMNRC Employee Uniforms	4,375.00
516.00 VMNRC Employer Health Ins Deductible	16,078.00
542.00 VMNRC Other Fringe Benefits	1,884.00
548.00 VMNRC Employee Educ. Exp (Books etc.)	301.00
Villa Maria Nursing & Rehabilitation Community	464,413.00
<b>502 PAYROLL TAXES &amp; EMPLOYEE BENEFITS</b>	<b>464,413.00</b>
751.00 VMNRC Depr. - Building Improvements	37,702.00
752.00 VMNRC Depr. - Equipment	18,024.00
753.00 VMNRC Depr. - Vehicles	12,053.00
754.00 VMNRC Depr. - Land Improvements	2,233.00
Villa Maria Nursing & Rehabilitation Community	70,012.00
751.00 BAL Depn - Bldg & Impr	14,990.00
<b>504 DEPRECIATION</b>	<b>85,002.00</b>
789.00 VMNRC Interest Expense - Other	2,428.00
750.00 BAL Amortization Expense	4,199.00
789.00 BAL Interest Expense - Mortgage	63,701.00
Babcock Avenue, LLC	67,900.00
<b>506 INTEREST</b>	<b>70,328.00</b>
450.00 VMNRC Computer Consultant	19,797.00
451.00 VMNRC Dietitian	11,830.00
452.00 VMNRC Dentist	6,830.00
453.00 VMNRC Pharmacist	2,338.00
455.00 VMNRC Physical Therapist	166,742.00
456.00 VMNRC Social Worker (Backus Hospital)	2,063.00
457.00 VMNRC Medical Director (Visits)	16,995.00
458.00 VMNRC Occupational Therapist	161,634.00
460.00 VMNRC Speech Therapist	26,411.00
461.00 VMNRC Medical Board (Staff Meetings)	525.00
463.00 VMNRC Pool Hours	15,742.00
464.00 VMNRC Managed Care Consultant	21,560.00
512.00 VMNRC Profit Sharing Plan - Admin Fee	4,044.00
522.00 VMNRC Accounting Fees	37,935.00
523.00 VMNRC Legal Fees	874.00
Villa Maria Nursing & Rehabilitation Community	496,320.00
522.00 BAL Accounting Fees	1,300.00
<b>506 PROFESSIONAL FEES</b>	<b>496,620.00</b>

776.00 VMNRC Nursing Home Tax 410,676.00

**507 NURSING HOME USER FEE 410,576.00**

524.00 VMNRC Office Expenses/Supplies	21,749.00
525.00 VMNRC Telephone	5,234.00
526.00 VMNRC Federal Subscriber Line	87.00
527.00 VMNRC Cable Television	3,883.00
528.00 VMNRC Payroll Service	12,352.00
529.00 VMNRC Computerized Medical Records	744.00
530.00 VMNRC Cellular Phone/Beeper	4,932.00
543.00 VMNRC Employee Travel Exp (Mileage)	441.00
544.00 VMNRC Employee Educ. Exp (Sem & Conf)	4,016.00
545.00 VMNRC Automobile Expense	1,327.00
549.00 VMNRC Business Meals	653.00
551.00 VMNRC Advertising - Help Wanted	9,457.00
553.00 VMNRC Advertising - Promotional	5,681.00
554.00 VMNRC Dues & Membership Fees - CAHCF	4,231.00
555.00 VMNRC Dues & Membership Fees - Other	1,773.00
556.00 VMNRC Subscriptions	4,697.00
557.00 VMNRC Charitable Contributions	875.00
558.00 VMNRC Licenses	572.00
601.00 VMNRC Dietary - Raw Food	158,288.00
601.01 VMNRC Dietary - Supplements	12,058.00
602.00 VMNRC Dietary - Non-Food Supplies	18,098.00
603.00 VMNRC Dietary - Other	260.00
711.00 VMNRC Laundry - Purchased Services	14,341.00
712.00 VMNRC Laundry - Supplies	4,996.00
721.00 VMNRC Housekeeping - Cleaning Supplie	5,788.00
723.00 VMNRC Housekeeping - Other	4,437.00
724.00 VMNRC Recreation	5,642.00
730.00 VMNRC Desj Drugs (Medicaid)	342.00
731.00 VMNRC Rx Drugs - M/C A	51,970.00
731.10 VMNRC Rx Drugs - Private Ins.	0.00
731.30 VMNRC Rx Drugs - MCR	11,952.00
732.00 VMNRC Medicine Cabinet Supplies - Int	21,482.00
734.00 VMNRC Medical Supplies - External	22,115.00
735.00 VMNRC Medical Supplies	78,760.00
736.00 VMNRC Disposable Diapers	33,202.00
737.00 VMNRC Oxygen	14,989.00

738.00 VMNRC Other Patient Care & Services	8,385.00
739.00 VMNRC Medical Supplies - M/C A	430.00
740.00 VMNRC Lab Fees	0.00
740.02 VMNRC Ambulance - MC/ A	11,592.00
740.03 VMNRC X-Ray Fees - MC/A	2,607.00
740.04 VMNRC Lab Fees - MC/ A	5,050.00
741.00 VMNRC Repairs & Maint. (Contractors)	16,937.00
742.00 VMNRC Maintenance Supplies	15,558.00
742.10 VMNRC Maintenance Expense-22 Babcock	2,469.00
742.20 VMNRC Resident TV costs	353.00
748.00 VMNRC Annually Contracted Maintenance	46,747.00
762.00 VMNRC Rent - 22 Babcock Ave	16,800.00
770.00 VMNRC Automobile Tax	1,277.00
771.00 VMNRC Personal Property Tax	2,337.00
772.00 VMNRC Real Estate Tax - 20 Babcock	48,746.00
773.00 VMNRC Real Estate Tax - 2 1/2 Mill St	3,009.00
773.10 VMNRC Real Estate Tax-22 Babcock Ave	4,011.00
774.00 VMNRC Fire Tax	3,181.00
774.10 VMNRC Fire Tax - 22 Babcock	233.00
775.00 VMNRC Sales & Use Tax	919.00
777.00 VMNRC Business Entity Tax	0.00
790.00 VMNRC Bank Charges	50.00
791.00 VMNRC Insurance Expense	38,480.00
796.00 VMNRC Miscellaneous Expenses	(615.00)
797.00 VMNRC Penalties	1,991.00
Villa Maria Nursing & Rehabilitation Community	771,948.00
792.00 BAL State Entity Tax	0.00
794.00 BAL Repairs and Maintenance - old business office	4,154.00
795.00 BAL Property Tax - old business office	1,249.00
798.10 BAL Water - old business office	220.00
798.20 BAL Electric - old business office	0.00
798.30 BAL Heating - old business office	0.00
Babcock Avenue, LLC	5,623.00
<b>509 SUPPLIES &amp; EXPENSES</b>	<b>777,571.00</b>
743.00 VMNRC Heating	21,349.00
743.10 VMNRC Heating - 22 Babcock Ave	1,474.00
744.00 VMNRC Electricity	29,698.00
744.10 VMNRC Electric - 22 Babcock Ave	1,406.00
746.00 VMNRC Water	11,513.00
746.10 VMNRC Water - 22 Babcock Ave	1,089.00
747.00 VMNRC Sewer	7,087.00
747.10 VMNRC Sewer - 22 Babcock Ave	435.00
749.00 VMNRC Gas Services	3,116.00
Villa Maria Nursing & Rehabilitation Community	77,167.00
<b>510 UTILITIES</b>	<b>77,167.00</b>
	<b>0.00</b>
<b>Net Income (Loss)</b>	<b>25,144.00</b>

**Villa Maria Nursing & Rehabilitation Community, Inc.**

Year End: September 30, 2017

**Crosswalk Medicaid Groupings**

401.00 VMNRC Administrator	77,481.00		
<b>10-02 A2-Administrator</b>	<u>77,481.00</u>		
402.00 VMNRC Office	174,545.00		
414.00 VMNRC Medical Recorder	14,617.00		
Villa Maria Nursing & Rehabilitation Community	<u>189,162.00</u>		
<b>10-04 A4-Other Admin Salaries</b>	<u>189,162.00</u>		
403.00 VMNRC Food Service Supervisor	44,569.00		
<b>10-06 5b-Food Service Supervisor</b>	<u>44,569.00</u>		
404.00 VMNRC Other Dietary	195,533.00		
<b>10-07 5c-Dietary Workers</b>	<u>195,533.00</u>		
405.00 VMNRC Housekeeping Supervisor	14,857.00		
<b>10-08 6a-Head Housekeeper</b>	<u>14,857.00</u>		
405.20 VMNRC Other Housekeeping	119,015.00		
<b>10-09 6b-Other Housekeeping</b>	<u>119,015.00</u>		
407.00 VMNRC Other Maintenance	37,415.00		
<b>10-11 7b-Other Maint. Workers</b>	<u>37,415.00</u>		
405.10 VMNRC Laundry Supervisor	14,857.00		
<b>10-12 8a-Laundry Supervisor</b>	<u>14,857.00</u>		
405.30 VMNRC Other Laundry	49,574.00		
<b>10-13 8b-Other Laundry Workers</b>	<u>49,574.00</u>		
408.00 VMNRC Director of Nursing	101,746.00		
<b>10-18 12a-Director of Nurses</b>	<u>101,746.00</u>		
409.00 VMNRC Registered Nurses	650,784.00		
<b>10-19 12b-RNs</b>	<u>650,784.00</u>	Admin	Direct Care
		78,462	572,332
410.00 VMNRC Licensed Practical Nurses	474,827.00		
<b>10-20 12c-LPN's</b>	<u>474,827.00</u>		

411.00 VMNRC Certified Nurses Aides	903,347.00
<b>10-21 12d-Aides and Attendants</b>	<b>903,347.00</b>
412.00 VMNRC Recreation	36,669.00
<b>10-25 12h-Recreation Workers</b>	<b>36,669.00</b>
413.00 VMNRC Social Service	36,886.00
<b>10-33 12m-Social Workers</b>	<b>36,886.00</b>
451.00 VMNRC Dietitian	11,830.00
<b>13-01 B1-Dietician</b>	<b>11,830.00</b>
452.00 VMNRC Dentist	6,830.00
<b>13-02 B2-Dentist</b>	<b>6,830.00</b>
453.00 VMNRC Pharmacist	2,338.00
<b>13-03 B3-Pharmacist</b>	<b>2,338.00</b>
455.00 VMNRC Physical Therapist	166,742.00
<b>13-05 B5a-PT Resident Care</b>	<b>166,742.00</b>
456.00 VMNRC Social Worker (Backus Hospital)	2,063.00
<b>13-07 B6-Social Worker</b>	<b>2,063.00</b>
457.00 VMNRC Medical Director (Visits)	16,995.00
<b>13-09 B8a-Medical Director (entire fac.)</b>	<b>16,995.00</b>
461.00 VMNRC Medical Board (Staff Meetings)	525.00
<b>13-14 B8d.3-Staff development Comm.</b>	<b>525.00</b>
460.00 VMNRC Speech Therapist	26,411.00
<b>13-16 B9a-ST Resident Care</b>	<b>26,411.00</b>
458.00 VMNRC Occupational Therapist	161,634.00
<b>13-18 B10a-OT Resident Care</b>	<b>161,634.00</b>
463.00 VMNRC Pool Hours	15,742.00
464.00 VMNRC Managed Care Consultant	21,560.00
Villa Maria Nursing & Rehabilitation Community	37,302.00
<b>13-24 12-Other direct care consultants</b>	<b>37,302.00</b>
501.00 VMNRC Workers Compensation Ins.	68,612.00

15-01 1a.1-A&G-Workers' Comp.	68,612.00
502.00 VMNRC Federal Unemployment Tax	4,180.00
503.00 VMNRC State Unemployment Tax	36,707.00
Villa Maria Nursing & Rehabilitation Community	40,887.00
15-03 1a.3-A&G-Unemployment Ins,	40,887.00
604.00 VMNRC F.I.C.A	213,538.00
15-04 1a.4-A&G-FICA	213,538.00
510.00 VMNRC Employee Health Ins.	115,531.00
518.00 VMNRC Employer Health Ins Deductible	16,078.00
Villa Maria Nursing & Rehabilitation Community	131,609.00
15-05 1a.5-A&G-Health Ins.	131,609.00
513.00 VMNRC Employee Uniforms	4,375.00
15-08 1a.8-A&G-Uniform Allowance	4,375.00
509.00 VMNRC Employee Physicals	3,207.00
15-09 1a.9-A&G-Other EE Benefits	3,207.00
522.00 VMNRC Accounting Fees	37,935.00
522.00 BAL Accounting Fees	1,300.00
15-12 1d-A&G-Accounting / Auditing	39,235.00
523.00 VMNRC Legal Fees	874.00
15-13 1e-A&G-Legal	874.00
524.00 VMNRC Office Expenses/Supplies	21,749.00
790.00 VMNRC Bank Charges	60.00
796.00 VMNRC Miscellaneous Expenses	(615.00)
Villa Maria Nursing & Rehabilitation Community	21,184.00
794.00 BAL Repairs and Maintenance - old business office	4,154.00
795.00 BAL Property Tax - old business office	1,249.00
Babcock Avenue, LLC	5,403.00
15-15 1g-A&G-Office Supplies	26,587.00
526.00 VMNRC Telephone	5,234.00
15-16 1h1-A&G-telephone	5,234.00
530.00 VMNRC Cellular Phone/Beeper	4,932.00
15-17 1h2-A&G-cell phone	4,932.00



777.00 VMNRC Business Entity Tax	0.00		
792.00 BAL State Entity Tax	0.00		
<b>15-18 1 j - Corporation business taxes</b>	<b>0.00</b>		
775.00 VMNRC Sales & Use Tax	919.00		
<b>15-20 1 k.2 - Other taxes</b>	<b>919.00</b>		
776.00 VMNRC Nursing Home Tax	410,576.00		
<b>15-21 1 k.3 - Resident Day User Fees</b>	<b>410,576.00</b>		
527.00 VMNRC Cable Television	3,883.00		
<b>16-01 1L.1-T&amp;E-Resident Travel</b>	<b>3,883.00</b>		
542.00 VMNRC Other Fringe Benefits	1,884.00		
<b>16-03 1L.3-T&amp;E-Gifts-Staff &amp; Residents</b>	<b>1,884.00</b>	Holiday party	EE Gifts
		0	1,884
543.00 VMNRC Employee Travel Exp (Mileage)	441.00		
<b>16-04 1L.4-T&amp;E-Employee Travel</b>	<b>441.00</b>		
544.00 VMNRC Employee Educ. Exp (Sem & Conf)	4,016.00		
548.00 VMNRC Employee Educ. Exp (Books etc.)	301.00		
Villa Maria Nursing & Rehabilitation Community	4,317.00		
<b>16-05 1L.5-T&amp;E-Seminars and Conventions</b>	<b>4,317.00</b>		
545.00 VMNRC Automobile Expense	1,327.00		
<b>16-06 1L.6-T&amp;E-Automobile Expenses</b>	<b>1,327.00</b>		
549.00 VMNRC Business Meals	653.00		
<b>16-07 1L.7-T&amp;E-Other</b>	<b>653.00</b>		
551.00 VMNRC Advertising - Help Wanted	9,457.00		
<b>16-08 1m.1-Ads-Help Wanted</b>	<b>9,457.00</b>		
553.00 VMNRC Advertising - Promotional	5,681.00		
<b>16-10 1m.3-Ads-Other</b>	<b>6,681.00</b>		
529.00 VMNRC Computerized Medical Records	744.00		
<b>16-12 1m.5-Medical Records</b>	<b>744.00</b>		
554.00 VMNRC Dues & Membership Fees - CAHCF	4,231.00		
555.00 VMNRC Dues & Membership Fees - Other	1,773.00		

		Chamber	Other
Villa Maria Nursing & Rehabilitation Community	6,004.00		
<b>16-16 1m.8-Dues and membership fees</b>	<b>6,004.00</b>	<b>525</b>	<b>5,479</b>
556.00 VMNRC Subscriptions	4,697.00		
<b>16-17 1m.9-Subscriptions</b>	<b>4,697.00</b>		
557.00 VMNRC Charitable Contributions	875.00		
<b>16-18 1m.10-Contributions</b>	<b>875.00</b>		
526.00 VMNRC Federal Subscriber Line	87.00		
528.00 VMNRC Payroll Service	12,352.00		
558.00 VMNRC Licenses	572.00		
742.10 VMNRC Maintenance Expense-22 Babcock	2,469.00		
742.20 VMNRC Resident TV costs	353.00		
743.10 VMNRC Heating - 22 Babcock Ave	1,474.00		
744.10 VMNRC Electric - 22 Babcock Ave	1,406.00		
746.10 VMNRC Water - 22 Babcock Ave	1,089.00		
747.10 VMNRC Sewer - 22 Babcock Ave	435.00		
762.00 VMNRC Rent - 22 Babcock Ave	16,800.00		
773.10 VMNRC Real Estate Tax-22 Babcock Ave	4,011.00		
774.10 VMNRC Fire Tax - 22 Babcock	233.00		
797.00 VMNRC Penalties	1,991.00		
Villa Maria Nursing & Rehabilitation Community	43,272.00		
798.10 BAL Water - old business office	220.00		
798.20 BAL Electric - old business office	0.00		
798.30 BAL Heating - old business office	0.00		
Babcock Avenue, LLC	220.00		
<b>16-20 1m.13-Other A&amp;G expense</b>	<b>43,492.00</b>		
		\$411 relates to 22 Babcock Ave and \$320 relates to 2 Mill Street and is incl	
450.00 VMNRC Computer Consultant	19,797.00	16,m.,13 from Page 27,14.a.	
512.00 VMNRC Profit Sharing Plan - Admin Fee	4,044.00		
Villa Maria Nursing & Rehabilitation Community	23,841.00		
<b>16-21 1m11-Services provided by contract</b>	<b>23,841.00</b>		
601.00 VMNRC Dietary - Raw Food	158,288.00		
<b>18-01 2a.1-Raw food</b>	<b>158,288.00</b>		
602.00 VMNRC Dietary - Non-Food Supplies	18,098.00		
603.00 VMNRC Dietary - Other	260.00		
Villa Maria Nursing & Rehabilitation Community	18,358.00		
<b>18-02 2a.2-Non-food supplies</b>	<b>18,358.00</b>		
601.01 VMNRC Dietary - Supplements	12,058.00		
<b>18-03 2a.3-Dietary-other</b>	<b>12,058.00</b>		
711.00 VMNRC Laundry - Purchased Services	14,341.00		

<b>19-06 3b-Laundry-purchased services</b>	<b>14,341.00</b>
712.00 VMNRC Laundry - Supplies	4,996.00
<b>19-07 3d-Laundry-other</b>	<b>4,996.00</b>
721.00 VMNRC Housekeeping - Cleaning Supplie	5,788.00
723.00 VMNRC Housekeeping - Other	4,437.00
Villa Maria Nursing & Rehabilitation Community	10,225.00
<b>20-01 41-Housekeeping supplies</b>	<b>10,225.00</b>
731.00 VMNRC Rx Drugs - M/C A	51,970.00
731.10 VMNRC Rx Drugs - Private Ins.	0.00
731.30 VMNRC Rx Drugs - MCR	11,952.00
Villa Maria Nursing & Rehabilitation Community	63,922.00
<b>20-06 51.2-RC-Drugs from Mer A</b>	<b>63,922.00</b>
732.00 VMNRC Medicine Cabinet Supplies - Int	21,462.00
<b>20-07 5b-RC-Medicine Cabinet Drugs</b>	<b>21,462.00</b>
734.00 VMNRC Medical Supplies - External	22,116.00
736.00 VMNRC Medical Supplies	78,760.00
739.00 VMNRC Medical Supplies - M/C A	430.00
Villa Maria Nursing & Rehabilitation Community	101,305.00
<b>20-08 5c-RC supplies -medical</b>	<b>101,305.00</b>
740.02 VMNRC Ambulance - MC/ A	11,592.00
<b>20-09 5d-RC-Ambulance/Limo</b>	<b>11,592.00</b>
737.00 VMNRC Oxygen	14,989.00
<b>20-11 5e.2-RC-Oxygen-other use</b>	<b>14,989.00</b>
740.03 VMNRC X-Ray Fees - MC/A	2,607.00
<b>20-12 5f-RC-X-rays</b>	<b>2,607.00</b>
740.00 VMNRC Lab Fees	0.00
740.04 VMNRC Lab Fees - MC/ A	5,050.00
Villa Maria Nursing & Rehabilitation Community	5,050.00
<b>20-14 5h-RC-Laboratory</b>	<b>5,050.00</b>
724.00 VMNRC Recreation	5,642.00
<b>20-15 5i-RC-Recreation</b>	<b>5,642.00</b>
730.00 VMNRC Desi Drugs (Medicaid)	342.00
736.00 VMNRC Disposable Diapers	33,202.00

738.00 VMNRC Other Patient Care & Services	8,385.00		
Villa Maria Nursing & Rehabilitation Community	41,929.00		
	<hr/>		
<b>20-16 5j-Resident Care-other</b>	<b>41,929.00</b>		
	<hr/>		
742.00 VMNRC Maintenance Supplies	15,556.00		
	<hr/>		
<b>22-01 6a-Repairs and Maint.</b>	<b>15,556.00</b>		
	<hr/>		
743.00 VMNRC Heating	21,349.00		
749.00 VMNRC Gas Services	3,116.00		
Villa Maria Nursing & Rehabilitation Community	24,465.00		
	<hr/>		
<b>22-02 6b-Heat</b>	<b>24,465.00</b>		
	<hr/>		
744.00 VMNRC Electricity	29,698.00		
	<hr/>		
<b>22-03 6c-Light and power</b>	<b>29,698.00</b>		
	<hr/>		
746.00 VMNRC Water	11,513.00		
747.00 VMNRC Sewer	7,087.00		
Villa Maria Nursing & Rehabilitation Community	18,600.00		
	<hr/>		
<b>22-04 6d-Water</b>	<b>18,600.00</b>		
	<hr/>		
741.00 VMNRC Repairs & Maint. (Contractors)	16,937.00		
748.00 VMNRC Annually Contracted Maintenance	46,747.00		
Villa Maria Nursing & Rehabilitation Community	63,684.00		
	<hr/>		
<b>22-06 6f-Maint &amp; Operations-other</b>	<b>63,684.00</b>		
	<hr/>		
751.00 VMNRC Depr. - Building Improvements	37,702.00		
754.00 VMNRC Depr. - Land Improvements	2,233.00		
Villa Maria Nursing & Rehabilitation Community	39,935.00		
	<hr/>		
751.00 BAL Depn - Bldg & impr	14,990.00		
	<hr/>		
<b>22-08 7b-Depn Bldg &amp; impr</b>	<b>64,925.00</b>		
	<hr/>		
752.00 VMNRC Depr. - Equipment	18,024.00		
753.00 VMNRC Depr. - Vehicles	12,053.00		
Villa Maria Nursing & Rehabilitation Community	30,077.00		
	<hr/>		
<b>22-10 7d-Depn-Movable Equip</b>	<b>30,077.00</b>		
	<hr/>		
750.00 BAL Amortization Expense	4,199.00		
	<hr/>		
<b>22-12 8b-Mortgage expense</b>	<b>4,199.00</b>		
	<hr/>		
761.00 VMNRC Rental of Building	336,000.00		
	<hr/>		
309.00 BAL Rental Income - nursing home	(336,000.00)		
310.00 BAL Rental income - old business office	(5,720.00)		
Babcock Avenue, LLC	(341,720.00)		
	<hr/>		
		<b>Equip. leases</b>	<b>Other</b>
		8,176	55,509

<b>22-15 9-Rent</b>	<b>(5,720.00)</b>	<b>to Pg. 30 IV. 8.</b>	
772.00 VMNRC Real Estate Tax - 20 Babcock	48,745.00		
773.00 VMNRC Real Estate Tax - 2 1/2 Mill St	3,009.00		
774.00 VMNRC Fire Tax	3,181.00		
Villa Maria Nursing & Rehabilitation Community	54,936.00		
	<hr/>		
<b>22-16 10a-RE taxes-paid by owner</b>	<b>54,936.00</b>		
770.00 VMNRC Automobile Tax	1,277.00		
771.00 VMNRC Personal Property Tax	2,337.00		
Villa Maria Nursing & Rehabilitation Community	3,614.00		
	<hr/>		
<b>22-18 10c-Personal Property Taxes</b>	<b>3,614.00</b>		
789.00 BAL Interest Expense - Mortgage	63,701.00		
	<hr/>		
<b>26-01 12A-Mort Interest</b>	<b>63,701.00</b>		
789.00 VMNRC Interest Expense - Other	2,428.00		
	<hr/>		
<b>27-03 12D-Other Interest Expense</b>	<b>2,428.00</b>		
791.00 VMNRC Insurance Expense	38,480.00		
	<hr/>		
<b>27-04 14a-Insurance on property</b>	<b>38,480.00</b>		
303.00 VMNRC R&B - Medicaid (State)	(3,157,786.00)		
303.22 VMNRC R&B Medicaid Pending	(19,772.00)		
Villa Maria Nursing & Rehabilitation Community	(3,177,558.00)		
	<hr/>		
<b>30-01 1.1.a. Rev-R&amp;B Medicaid (CT)</b>	<b>(3,177,558.00)</b>	<b>Gross</b>	<b>C/A</b>
		(5,062,365)	1,884,807
302.00 VMNRC R&B - Medicare	(406,665.00)		
	<hr/>		
<b>30-05 1.3.a. Rev-R&amp;B Medicare</b>	<b>(406,665.00)</b>		
341.00 VMNRC C/A - R&B M/C A	(302,050.00)		
	<hr/>		
<b>30-06 1.3.b. MCR R&amp;B C/A</b>	<b>(302,050.00)</b>		
301.00 VMNRC R&B - Self Paid (Private)	(285,315.00)		
301.01 VMNRC R&B - Self Paid (Semi-Pvt)	(642,285.00)		
301.02 VMNRC R&B - Self Paid (3-4 Bed)	(82,360.00)		
301.05 VMNRC R&B - Medicare Replacement(MCR)	(128,520.00)		
301.06 VMNRC R&B - Private Ins. (not MCR)	(17,955.00)		
301.07 VMNRC R&B - Hospice (State)	(47,651.00)		
340.00 VMNRC Partnership LTC Discount 5%	7,142.00		
341.10 VMNRC C/A - R&B MCR	(36,055.00)		
341.20 VMNRC C/A - R&B Private Ins.	(12,105.00)		
Villa Maria Nursing & Rehabilitation Community	(1,245,104.00)		
	<hr/>		
<b>30-07 1.4.a. Rev-R&amp;B Private and Other</b>	<b>(1,245,104.00)</b>	<b>Gross</b>	<b>C/A</b>
		(1,196,944)	(48,160)
315.00 VMNRC Rx Drugs - M/C A	(92,700.00)		

\$411 relates to 22 Babcock Ave and \$320 relates to 2 Mill Street and is Incl 16,m.,13 from Page 27,14.a.

30-09 2.1.a. Rev Prescription Drugs MCR	(92,700.00)
342.00 VMNRC C/A - Rx Drugs M/C A	92,700.00
<b>30-10 2.1.b. Prescription Drugs MCR C/A</b>	<b>92,700.00</b>
316.40 VMNRC RxDrugs - MCB Vaccine	(10,078.00)
<b>30-11 2.1.c. Prescription Drugs-non MCR</b>	<b>(10,078.00)</b>
342.20 VMNRC C/A - RX MCB Vaccine	0.00
<b>30-12 2.1.d. Prescription Drugs-non-MCR (C/A)</b>	<b>0.00</b>
318.00 VMNRC PT - M/C A	(92,044.00)
320.00 VMNRC PT - M/C B	(103,720.00)
Villa Maria Nursing & Rehabilitation Community	(195,764.00)
<b>30-17 2.3.a. PT MCR</b>	<b>(195,764.00)</b>
343.00 VMNRC C/A - PT M/C A	92,044.00
<b>30-18 2.3.b. PT MCR C/A</b>	<b>92,044.00</b>
323.00 VMNRC ST - M/C A	(2,035.00)
324.00 VMNRC ST - M/C B	(15,564.00)
Villa Maria Nursing & Rehabilitation Community	(17,599.00)
<b>30-21 2.4.a. ST - MCR</b>	<b>(17,599.00)</b>
310.00 VMNRC C/A - ST M/C A	2,035.00
<b>30-22 2.4.b. ST - MCR C/A</b>	<b>2,035.00</b>
327.00 VMNRC OT - M/C B	(89,258.00)
329.00 VMNRC OT - M/C A	(108,400.00)
Villa Maria Nursing & Rehabilitation Community	(197,658.00)
<b>30-25 2.5.a. OT MCR</b>	<b>(197,658.00)</b>
350.00 VMNRC C/A - OT M/C A	108,400.00
<b>30-26 2.5.b. OT MCR C/A</b>	<b>108,400.00</b>
303.04 VMNRC R&B-Prior Year Retro-Rate Adj.	0.00
304.00 VMNRC Prior Year Billing Adjustments	7,970.00
316.20 VMNRC Ancillary - MCR	(79,346.00)
316.30 VMNRC Ancillary - Private Ins.	(9,543.00)
340.20 VMNRC Anthem Contract Discount 3.5%	30.00
345.10 VMNRC C/A - Ancillary MCR	79,346.00
345.20 VMNRC C/A - Ancillary Private Ins.	9,543.00
Villa Maria Nursing & Rehabilitation Community	8,000.00
<b>30-30 2.6.b. Other Non MCR</b>	<b>8,000.00</b>

305.00 VMNRC Patient Finance Charges	(591.00)
331.00 VMNRC Interest Income	0.00
333.00 VMNRC Interest Income - Medicare	(5,235.00)
Villa Maria Nursing & Rehabilitation Community	(5,826.00)

**30-35 4.5. Interest Income** (5,826.00)

306.00 VMNRC Miscellaneous Income	0.00
332.00 VMNRC Gain on sale of fixed asset	0.00
Villa Maria Nursing & Rehabilitation Community	0.00

**30-38 4.8 Other Revenue** 0.00

103.00 VMNRC Petty Cash	300.00
106.00 VMNRC Ultra Benefits	5,621.00
107.00 VMNRC Checking Acct. (Citizens Bank)	110,764.00
Villa Maria Nursing & Rehabilitation Community	116,685.00

104.00 BAL. Checking Account 304,604.00

**31-01 A1-Cash** 421,289.00

100.00 VMNRC Opening Entry - 1999	(641.00)
121.00 VMNRC A/R - Medicaid	761,774.00
121.10 VMNRC A/R - Self Pay	220,365.00
121.11 VMNRC A/R - Private Insurance	(45,087.00)
121.20 VMNRC A/R- Medicaid Patient Liability	(946,433.00)
121.30 VMNRC A/R- Medicare A Coins from Priv	(18,975.00)
121.40 VMNRC A/R- Medicare B Coins from Priv	(405.00)
121.50 VMNRC A/R - Medicaid Pending	354,098.00
121.60 VMNRC A/R - Med A Coins from Medicaid	(22,490.00)
121.70 VMNRC A/R - Med B Coins from Medicaid	(2,390.00)
121.80 VMNRC A/R- Medicare A	141,482.00
121.81 VMNRC A/R - Medicare B	11,722.00
121.82 VMNRC A/R - Medicare A Coins from Ins	791.00
121.83 VMNRC A/R - Medicare B Coins from Ins	1,963.00
121.90 VMNRC A/R - Medicare Advantage (MCR)	45,536.00
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	504,547.00

**31-02 A2-Resident A/R** 504,547.00

124.10 VMNRC Misc. Refunds/Rebates	0.00
142.00 VMNRC Prepaid RE Tax - 20 Babcock Ave	12,458.00
142.10 VMNRC Prepaid RE Tax - 2 1/2 Mill St.	358.00
142.30 VMNRC Prepaid RE - 22 Babcock Ave	1,025.00
143.00 VMNRC Prepaid Personal Property Tax	630.00
143.10 VMNRC Prepaid Auto Tax	442.00
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	1,879.00
144.10 VMNRC Prepaid Water	0.00

144.30 VMNRC Prepaid Sewer - 22 Babcock Ave.	0.00		
145.00 VMNRC Prepaid Expenses	25,154.00		
145.01 VMNRC Prepaid 22 Babcock Assests	5,702.00		
145.02 VMNRC Resident TVs	529.00		
148.00 VMNRC Prepaid Ins.- Prop & Liab / etc	323.00		
150.00 VMNRC Prepaid Maintenance Contracts	663.00		
151.00 VMNRC Prepaid Fed. Enhanced Estimates	0.00		
Villa Maria Nursing & Rehabilitation Community	49,163.00		
151.00 BAL Prepaid Federal Enhanced Estimate	20,774.00		
<b>31-05 A5-Prepaid Expenses</b>	<b>69,937.00</b>		
157.00 VMNRC Land	66,422.00		
157.00 BAL Land	29,388.00		
<b>31-09 B1-Land</b>	<b>95,810.00</b>		
158.00 VMNRC Land Improvements	77,403.00		
161.00 VMNRC Building Improvements	1,070,924.00		
Villa Maria Nursing & Rehabilitation Community	1,148,327.00		
161.00 BAL Bldg & Impr	751,038.00		
<b>31-12 B3-Buildings-cost</b>	<b>1,899,365.00</b>		
159.00 VMNRC Accum Depr Land Improvements	(65,967.00)		
162.00 VMNRC Accum Depr Bldg Improvements	(881,179.00)		
Villa Maria Nursing & Rehabilitation Community	(947,146.00)		
162.00 BAL A/D - Bldg & Impr	(668,781.00)		
<b>31-13 B3-Buildings-A/D</b>	<b>(1,615,927.00)</b>		
163.00 VMNRC Equipment	634,145.00		
<b>31-18 B6-Moveable equip-cost</b>	<b>634,145.00</b>	<b>Non-Movable</b>	<b>Movable</b>
		<b>33,763</b>	<b>600,382</b>
164.00 VMNRC Accum Depr Equipment	(605,731.00)		
<b>31-19 B6-Moveable equip-A/d</b>	<b>(605,731.00)</b>	<b>Non-Movable</b>	<b>Movable</b>
		<b>(33,763)</b>	<b>(571,968)</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	(18,079.00)		
<b>31-21 B7-Motor vehicles - A/D</b>	<b>(18,079.00)</b>		
180.00 BAL Deferred Financing Fees	41,994.00		
181.00 BAL A/A - Deferred Financing Fees	(16,796.00)		
Babcock Avenue, LLC	25,198.00		



32-6 D7-other assets	25,198.00		
201.00 VMNRC Accounts Payable	(191,969.00)		
33-01 A1-Trade A/P	(191,969.00)		
203.00 VMNRC Accrued Payroll	(49,940.00)		
204.00 VMNRC Accrued Vacation Payroll	(65,673.00)		
205.00 VMNRC Accrued Sick Pay	(51,635.00)		
Villa Maria Nursing & Rehabilitation Community	(167,248.00)		
33-04 A4-Accrued payroll	(167,248.00)	Owners	Other
		(7,183)	(160,065)
206.00 VMNRC Accrued FICA	(3,687.00)		
207.00 VMNRC Accrued State Unemployment Tax	(243.00)		
208.00 VMNRC Accrued Fed Unemployment Tax	(27.00)		
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	2,604.00		
224.00 VMNRC Employee Insurance	(8,900.00)		
224.10 VMNRC Employee Life Insurance	(2,686.00)		
227.00 VMNRC Employee Sunshine Fund	(530.00)		
228.00 VMNRC 401 K	1,583.00		
229.00 VMNRC Connecticut State Income Tax	0.00		
Villa Maria Nursing & Rehabilitation Community	(11,886.00)		
33-06 A6-Accrued p/r taxes	(11,886.00)		
236.01 VMNRC Current Portion of LTD	(22,511.00)		
33-07 CP - Auto Loan	(22,511.00)		
236.00 BAL Current Portion of LTD	(65,000.00)		
33-09 A9-CP Mortgage Payable	(65,000.00)		
202.00 VMNRC Accrued Expense773	(948.00)		
202.10 VMNRC Accrued Water	(883.00)		
202.30 VMNRC Accrued Water - 22 Babcock Ave.	0.00		
209.00 VMNRC Patient Fund (\$50.00 Allowance)	60.00		
210.00 VMNRC Accrued Accounting Fees	(34,000.00)		
212.00 VMNRC Accrued Workers Comp Insurance	(6,536.00)		
219.00 VMNRC Accrued Nursing Home Tax	(100,589.00)		
233.00 VMNRC Due to VMCH from Babcock LLC	(199,507.00)		
Villa Maria Nursing & Rehabilitation Community	(342,403.00)		
233.00 BAL Due to/from Villa Maria	199,507.00		
33-12 A12-Other current liabilities	(142,896.00)		
235.00 BAL Mortgage Payable - Berkshire Bank	(1,399,683.00)		
34-02 B2-Mortgages Payable	(1,399,683.00)		
235.01 VMNRC Auto Loan - Chevy Truck	(26,323.00)		

34-03 Loans payable - Auto (26,323.00)

235.02 VMNRC Eversource Loan (43,832.00)

237.00 BAL Security Deposit (1,520.00)

34-04 B4-Other long-term liabilities (45,352.00)

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)

35-07 B2-Capital stock (20,000.00)

250.00 VMNRC Retained Earnings (423,187.00)

262.00 VMNRC Sub "S" Distribution - BED 7,000.00 X

263.00 VMNRC Sub "S" Distribution - CD 7,000.00 X

Villa Maria Nursing & Rehabilitation Community (409,187.00)

250.00 BAL Members Equity 870,862.00

261.00 BAL Distributions - CD & BD 185,520.00 X

Babcock Avenue, LLC 1,056,382.00

35-10 Cumulated Earnings 647,195.00

0.00

Net Income (Loss) 25,144.00

Sum of X 199,520 Distributions

W-411  
(Rev. 6/95)

STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES  
STATEMENT OF RESIDENT'S/INDIVIDUAL'S PERSONAL FUNDS ACCOUNT  
Balances as of 5/31/2017

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: Savings Institute Bank and Trust  
Date: 6/1/2017

Phone No. 860-564-3387  
Personal Funds Custodian: Cindy Disco  
Aggregate Bank Account No: 9860004607497

LASTNAME,FIRSTNAME	MEDICAID NUMBER	PERSONAL FUNDS IN FACILITY	PRIVATE FUNDS IN BANKS	BANK NAME & ACCOUNT NO.	BURIAL FUND AMOUNT	BANK NAME OR FUNERAL HOME NAME	BANK NAME & ACCOUNT NO.
Acebo, Bertha (3057)	004023110	\$40.01				Potter Funeral Home	
Balaskovitz, Charlotte (3013)	004004507	\$88.44			\$1,410	Cremation Society of CT	
Barclay, Barbara (2791)	001099889	\$263.00			\$5,688	Dougherty Brothers Funeral Home	
Barron, Alice (2948)	002951474	\$787.57			\$1,849	Abby Cremation	
Beausoleil, Joanne (2700)	001065395	\$0.00			\$0	Dougherty Funeral Home	
Briere, Frances (2972)	002679491	\$7.00		deceased 4-2015	\$6,227	Gagnon-Castello	
Brown, Marilyn (2627)	003859124	\$102.30			\$3,290	Dougherty Funeral Home	
Buckle, Carol (2551)	003716879	\$1,416.89			\$0	Gagne Cummings Funeral Home	
Caron, Arthur (2891)	004162813	\$499.24			\$4,851	Dougherty	
Caron, Rose Aline (2869)	004162835	\$516.50			\$4,851	Dougherty Brothers Funeral Home	
Carota, William (2804)	003859987	\$23.00		deceased 7-2015	\$0	Dinoto Funeral Home	
Carpenter, Dot (2990)	002310336	\$4.00		deceased 3-2016	\$4,938	Dougherty	
Comm, Josephine (2683)	003700109	\$183.21			\$4,205	Aurora McCarthy Funeral Home, Inc	
Corneau, Mae (2884)	001959995	\$60.00		deceased 4-2015	\$0	Church and Allen	
Couture, Mary (2190)	001245511	\$127.75			\$3,450	Godere Funeral Home	
Daggett, Elizabeth (2296)	003366677	\$48.41			\$4,500	Tillinghast Funeral Home	
Dessert, Constance (2743)	003734726	\$35.03		deceased 5-2015	\$2,762	Gagnon-Castello	
Dexter, Helen (2784)	002609141	\$477.95			\$0	Pillsbury Funeral Homes, Inc.	
Esposito, Angelina (2977)	003776866	\$151.07			\$7,000	Lovanne Funeral Home	
Evans, Rose (2877)	003611999	\$89.74		deceased 10-2015	\$3,082	Tillinghast	
Fauxbel, Rose (3099)	003334491	\$73.01			\$4,417	Dougherty Brothers Funeral Home	
Frink, Hilton (2682)	003738874	\$213.84			\$0	Dougherty Brothers Funeral Home	
Gaudet, Anne (2778)	003329295	\$18.18			\$0	Gagne-Piechowiski Funeral Home	
Gileau, Norma (2702)	004257138	\$88.76			\$0	Leffler	
Guillot, Doris (2786)	003188085	\$143.92			\$0	Gagne-Piechowiski Funeral Home	

W-411

(Rev. 6/95)

STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES  
**STATEMENT OF RESIDENTS' INDIVIDUAL'S PERSONAL FUNDS ACCOUNT**  
 Balances as of 5/31/2017

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

Administrator: Cindy Disco  
 Administrator's Signature:  
 Bank Name: Savings Institute Bank and Trust

Date: 6/1/2017

State: CT Zip: 06374

Phone No. 860-564-3387

Aggregate Bank Account No: 9860004607497

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
Hibbits, James (2224)	003482083	\$414.84			\$2,886	Dougherty Brothers Funeral Home
Hinkle, Alice (3003)	004260954	\$9.00				LaRobardiere Funeral Home
Hnatiuk, Margie (2798)	003823555	\$7.00		deceased 2014		Church and Alien
Janda, Alice (2066)	0033343390	\$269.93			\$9,770	Dougherty Funeral Home
Jeannotte, Verda (2660)	004338615	\$15.33			\$9,005	Lefflers Funeral home
Keiss, Valda (3034)	003553189	\$498.86			\$1,600	Potter Funeral Home
Kowal, Chrysanthe (2673)	003998435	\$141.32			\$0	Labenski Funeral Home
Kowalski, Sophie (2484)	003812548	\$75.96		Moved to home/Exp		
Kulhawy, Myrna (2007)	002487089	\$794.48			\$7,360	Lefflers Funeral home
LaRose, Yvonne (2461)	002270412	\$137.88			\$3,800	Lefflers Funeral home
Litwin, Lorraine (2568)	003658554	\$51.00		deceased 2013		
Marinello, Sylvia (1906)	002034983	\$690.23			\$5,400	Gagne-Plechowski Funeral Home
Massey, Edward (2572)	003667725	\$495.00		deceased 2014		Dougherty
McDermott, Marie (2957)	004229455	\$2,516.01			\$12,400	Thomas Neilan & Son
Melanson, Robert (2893)	004109187	\$65.00			\$10,260	Smith & Walker Funeral Home
Montigny, Jeannette (2732)	002631396	\$379.28			\$1,900	Church & Allen Funeral Home
Norman, Lucille (2603)	003939274	\$28.02			\$0	Dougherty Funeral Home
Normandin, Roger (2355)	003862721	\$43.58			\$7,400	Simard Funeral Home
Nowacki, Barbara (2689)	003294574	\$723.08			\$0	Cummings - Gagne
Openchofski, Anita (2935)	002341365	\$60.00		deceased 2-2016		Lefflers
Partyka, Mary (1980)	003678566	\$125.03			\$5,000	Phillips Memorial Home
Patenaude, Claire (2734)	002306086	\$125.58			\$4,413	Guillot Funeral Home
Plantier, Elsie (2954)	003919162	\$59.60			\$3,400	Dougherty
Ricci, Gysienne (3046)	003841334	\$38.02			\$7,581	Holmes Funeral Home
Robert, Jeanne (2032)	002291964	\$0.00			\$6,488	Gagnon-Costello Funeral Home

STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES  
**STATEMENT OF RESIDENT'S/INDIVIDUAL'S PERSONAL FUNDS ACCOUNT**  
 Balances as of 5/31/2017

W-411  
 (Rev. 6/95)

Facility Name: Villa Maria Nursing and Rehabilitation Community, Inc. Administrator: Cindy Disco Date: 6/1/2017  
 Street: 20 Babcock Ave Administrator's Signature:  
 City/Town: Plainfield State: CT Zip: 06374 Bank Name: Savings Institute Bank and Trust

Phone No. 860-564-3387 Aggregate Bank Account No: 9860004607497

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
Rowe, Patricia (2699)	003898527	\$224.19		deceased 2015	\$4,705	Dougherty Brothers Funeral Home
Russell, Shirley (3022)	003666835	\$0.00			\$3,845	Leffler
Sabrowski, Janice (2985)	003333679	\$0.00			\$8,785	Labenski
Schena, Gennaro (2996)	002296469	\$180.03				
Siska, Agnes (2221)	002366478	\$37.13		deceased 2014	\$7,050	
Smith, Frederick (3070)	003400740	\$294.08			\$0	Dougherty Funeral Home
Somers, Carol (2145)	003327752	\$405.86			\$6,280	Gagne-Piechowski Funeral Home
Spittstone, George (2612)	001971463	\$0.30			\$4,700	Dougherty Brothers Funeral Home
Sweet, Marilyn (2731)	003358561	\$92.36			\$0	Dougherty Brothers Funeral Home
Towne, Edith (2416)	003387130	\$915.02			\$0	Dougherty Brothers Funeral Home
Warren, Lucienne (2769)	001724326	\$173.88			\$8,688	Tillinghast Funeral Home
Wheeler, Barbara (2680)	001997538	\$159.15			\$2,640	Gagne-Piechowski Funeral Home
Wilbur, Janice (2556)	003030444	\$2,151.88			\$1,100	Dougherty Funeral Home
Wilcox, Ann (2245)	003430486	\$309.67			\$4,085	Labenski Funeral Home
Wisniewski, Janice (2837)	003340789	\$147.43				
Yurkowski, Marjorie (2653)	002344866	\$72.00		deceased 2014		Leffler

Schedule of Television Additions & Cable TV Expense

ATT4

Total cable TV expense: \$ 3,883

GL #527.00 Cable Television  
Annual Report page 16, line 1.1.

Television Additions:

Vendor	Location in the Facility
N/A for FY17	