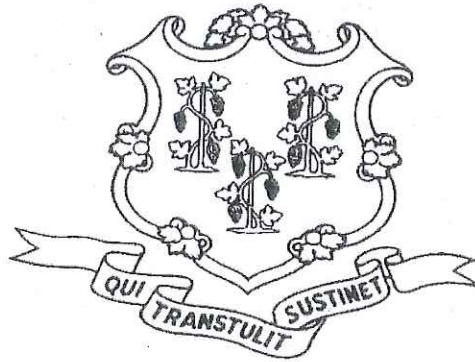


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2018

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 10/1/2017	Report for Year Ending 9/30/2018

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

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

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**General Information**

Name of Facility (as licensed) Villa Maria Nursing and Rehabilitation Community	License No. 1006-C	Report for Year Ended 9/30/2018	Page 1	of 37
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**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Villa Maria Nursing and Rehabilitation Community [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

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

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Villa Maria Nursing and Rehabilitation Community	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 20 Babcock Avenue, Plainfield, CT 06374				
Report Prepared By Citrin Cooperman & Company, LLP	Phone Number 401-421-4800	Date		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid \$				
2. Laundry wages paid \$				
3. Housekeeping wages paid \$				
4. Nursing wages paid \$				
5. All other wages paid \$				
6. <b>Total Wages Paid</b> \$				
7. Total salaries paid \$				
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report) \$				

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 860-564-3387		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Villa Maria Nursing and Rehabilitation Community		Address (No. & Street, City, State, Zip) 20 Babcock Avenue, Plainfield, CT 06374		
License Numbers:	CCNH 1006-C	RHNS	(Specify)	Medicare Provider No. 07-5084
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.				
<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.:		

**General Information and Questionnaire  
 Partners/Members**

Name of Facility Villa Maria Nursing and Rehabilitation Community		License No. 1006-C	Report for Year Ended 9/30/2018	Page 3	of 37
Legal Name of Partnership/LLC Babcock Avenue, LLC		Business Address 20 Babcock Avenue, Plainfield, CT 06374		State(s) and/or Town(s) in Which Registered Connecticut	
Name of Partners/Members	Business Address	Title		% Owned	
Bruce E. Disco	20 Babcock Avenue, Plainfield, CT 06374	Member		50	
Cindy A. Disco	20 Babcock Avenue, Plainfield, CT 06374	Member		50	
	SEE ATTACHED PAGE 3.1 FOR ADDITIONAL DETAIL				

State of Connecticut  
Annual Report of Long-Term Care Facility

Villa Maria Nursing & Rehabilitation Community  
License #1006-C  
Report Year Ended 9/30/18

**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 9/30/2018	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
Villa Maria Nursing & Rehabilitation Community, Inc.	20 Babcock Avenue, Plainfield, CT 06374		Connecticut	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
SAME AS STOCKHOLDERS	SEE BELOW FOR DETAILS			
Names of Stockholders Owning at Least 10% of Shares				
Bruce E. Disco	20 Babcock Avenue, Plainfield, CT 06374	Pres. & Treas.	2000	
Cindy A. Disco	20 Babcock Avenue, Plainfield, CT 06374	Secretary	2000	





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

Name of Facility Villa Maria Nursing and Rehabilitation Community	License No. 1006-C	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?      Yes              No             If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Babcock Avenue, LLC	c/o Villa Maria Nursing and Rehabilitation Community, Inc.	<input type="radio"/>	<input checked="" type="radio"/>		Accounting Services	P. 15, 1.d	2,225	2,225
Babcock Avenue owns the land and building (nursing home) which are leased to Villa Maria	20 Babcock Avenue, Plainfield, CT 06374	<input type="radio"/>	<input checked="" type="radio"/>		Depreciation	P. 22, 7.b	14,990	14,990
Nursing & Rehabilitation Community, Inc.		<input type="radio"/>	<input checked="" type="radio"/>		Amortization	P. 22 8.b	4,199	4,199
Community Avenue LLC	22 Babcock Avenue, Plainfield, CT 06374	<input type="radio"/>	<input checked="" type="radio"/>		Mortgage Interest	P. 26 12.A.1	60,986	60,986
Community Ave owns the building which is leased to Villa (nursing home) for business offices		<input type="radio"/>	<input checked="" type="radio"/>		Rent	P. 16, m.13	16,800	5,434
		<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Tax	P. 16, m.13	4,153	4,153
		<input type="radio"/>	<input checked="" type="radio"/>		Fire Tax	P. 16, m.13	262	262
		<input type="radio"/>	<input checked="" type="radio"/>		Property Insurance	P. 27, 14.a	635	
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.

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

State of Connecticut  
Annual Report of Long-Term Care Facility

Villa Maria Nursing & Rehabilitation Community  
License #1006-C  
Report Year Ended 9/30/18

**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 9/30/2018	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required?       Yes       No      If "No," explain fully why such allocation was not made.

N/A FACILITY IS ONLY ONE LEVEL (CCNH)

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

N/A

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes       No      If "No," explain fully why such allocation was not made.

N/A - NO NON-NURSING HOME BUSINESS

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

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

Name of Facility			License No.	Report for Year Ended			Page	of
Villa Maria Nursing and Rehabilitation Community			1006-C	9/30/2018			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Canon Financial Services, Inc.	<input type="radio"/>	<input checked="" type="radio"/>	Copier (IR4245)	03/01/16	48 months	6,535	6,535	
Canon Financial Services, Inc.	<input type="radio"/>	<input checked="" type="radio"/>	Copier (IR1025)	03/01/15	36 months	429	429	
Canon Financial Services, Inc.	<input type="radio"/>	<input checked="" type="radio"/>	Copier (IR1435)	03/01/18	39 months	906	630	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
<b>Is a Mileage Log Book Maintained for All Leased Vehicles ?</b>							<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>Total ***</b>							7,594	

\* 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.



April 05, 2018

VILLA MARIA NURSING & REHABILITATION COMMUNITY  
20 BABCOCK AVE  
PLAINFIELD, CT 06374  
Attn: ACCTS PAYABLE

Re: Contract Number: 001-0184898-009

Equipment: COPIER  
Model: IR1435I  
Serial Number: RZE12477

Dear Valued Customer:

Thank you for allowing Canon Financial Services, Inc. ("CFS") to assist in fulfilling your equipment financing needs. So we may service your account efficiently, please take a moment to verify the following:

1. The billing address information above.
2. The terms of the agreement are as follows:
  - Contract Charge: **\$75.46 Monthly**  
Note: Taxing authorities require CFS to collect sales/use tax on this contract, and this tax will be separately stated under the heading "Sales Tax" on your invoice.
  - You have **39** remaining payments.
  - Your last scheduled payment is due: **07/01/2021**
  - End of Term Purchase Option: **FMV PURCHASE**

Ensure your Accounts Payable system is setup with the following **remittance** address:

Please remit your PAYMENTS ONLY to:

**14904 Collections Center Drive**

**Chicago, Illinois 60693-0149**

**Please reference invoice number only on your remittance.**

Correspondence sent to the remittance address is not received by CFS.

Please send ALL CORRESPONDENCE

**customer@cfs.canon.com**

**Fax: 866-813-5122**

**P.O. Box 5008, Mt. Laurel, NJ 08054**

As a reminder, your agreement requires you to maintain property insurance, including theft, protecting the equipment against damage or loss and naming Canon Financial Services, Inc. as loss payee. We can provide a policy to satisfy your property insurance obligation. You will be receiving detailed information about your insurance obligation and your option of obtaining coverage under our policy shortly.

Once again, thank you for choosing Canon brand financing. If you have any questions regarding your contract, please contact a Customer Service Representative at (800) 220-0330 or send an email to [customer@cfs.canon.com](mailto:customer@cfs.canon.com).

Sincerely,

Canon Financial Services, Inc.

CFS-3034 (03/10)

A Canon U.S.A Company



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

**TOTAL SOLUTION  
 LEASE AGREEMENT**

CFS-1015 (01/17)

LESSOR'S AGREEMENT  
 NUMBER:

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

Make / Model / Accessory	Serial Number	Monthly Guaranteed Minimum Copies		Overage Copy Charge *		Initial Meter Reading	
		(Black & White)	(Color)	(Black & White)	(Color)	(Black & White)	(Color)
Canon ir-1435i		1337	0	.0187	0		
<b>TOTALS</b>		1337	0	.0187	0		

**Guaranteed Copy Plan:**  Individual  Aggregate (Totals only required)  
**Payment Frequency:**  Monthly  Quarterly  Other:  
**Meter Reading Frequency:**  Monthly  Quarterly  Other:  
**End of Term Purchase Option:**  \$1.00  Fair Market Value  Other:  
**Term:** 39 months  
**Minimum Monthly Rental Payment \*:** \$75.46  
**Service and Supplies Included \*:**  Supplies  Maintenance  
 \* Plus Applicable Taxes

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

<b>ACCEPTED</b>	<b>AUTHORIZED CUSTOMER SIGNATURE</b>
DEALER: _____ ("Dealer")	By: X <u>[Signature]</u> Title: <u>BKpr</u>
By: _____	Printed Name: <u>Bruce R. Disco</u> Email address: _____
Print Name: _____	Tax ID#: <u>06-1041522</u> If proprietor, DOB: _____ Date: <u>3-19-18</u>
Title: _____	By: X _____ Title: _____
Date: _____	Printed Name: _____ Email address: _____

**ACCEPTANCE CERTIFICATE**

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

Signature: [Signature] Printed Name: Bruce E Disco Title (if any): BKpr Date: 3/19/18

**TERMS AND CONDITIONS**

- 1. AGREEMENT:** Dealer rents to Customer, a Corporation organized under the laws of the State of CT, with its chief executive office at 20 Babcock Ave. Plainfield CT 06374, and Customer rents from Dealer all the equipment described above, together with all replacement parts and substitutions for and additions to such equipment ("Equipment") upon the terms and conditions set forth in this Total Solution Lease Agreement ("Agreement"). This Agreement is entered into between Customer and Dealer, but Dealer intends to assign it to Canon Financial Services, Inc. ("CFS"), with its place of business at 158 Galther Drive, Suite 200, Mount Laurel, New Jersey 08054, and CFS shall succeed to Dealer's rights and benefits hereunder, including ownership of and title to the Equipment, but not the Dealer's obligations hereunder. Prior to such assignment, Dealer shall be "Lessor", after such assignment, CFS shall be "Lessor".
- 2. TERM OF AGREEMENT:** This Agreement shall be effective on the date the Equipment is delivered to Customer ("Commencement Date"), provided Customer executes Lessor's form of acceptance ("Acceptance Certificate") or otherwise accepts the Equipment as specified herein. The term of this Agreement begins on the date accepted by Lessor or any later date that Lessor designates ("Agreement Date"), and shall consist of the payment periods specified above, any Interim Period, and any renewal periods. After expiration of the Equipment, Customer shall have no right to revoke such acceptance or cancel this Agreement during the term hereof. The term of this Agreement shall end, unless sooner terminated by Lessor, when all amounts required to be paid by Customer under this Agreement have been paid as provided and either (a) Customer has purchased the Equipment in accordance with the terms hereof or (b) the Equipment has been returned at the end of the scheduled term or renewal term in accordance with the terms hereof. Customer has no right to return the Equipment to Lessor prior to the end of the scheduled term of this Agreement for any reason whatsoever, including, without limitation, payment of all amounts due hereunder prior to the end of the scheduled term.
- 3. PAYMENTS:** Customer agrees to pay to Lessor, as invoiced, during the term of this Agreement, (a) the payments specified under "Minimum Monthly Rental Payment" and any "Overage Copy Charges" above and (b) such other amounts permitted hereunder as invoiced by Lessor ("Payments"). Customer also agrees to pay to Lessor an interim payment in an amount equal to 1/30<sup>th</sup> of the monthly amount of the Payment multiplied by the number of days between the Commencement Date and the Agreement Date ("Interim Period") as determined by Lessor. The amount of each Payment and the End of Term Purchase Option ("Purchase Option") price specified above are based on the supplier's best estimate of the cost of the Equipment and any related services and supplies. Customer authorizes Lessor to adjust the Payment and Purchase Option herein by up to fifteen percent (15%) if the actual total cost of the Equipment and any related services and supplies, including any sales or use tax, is more or less than originally estimated. Once in each twelve (12) month period following the first anniversary of this Agreement, Dealer has the right to increase both (i) the portion of the Minimum Monthly Rental Payment related to copy charges and (ii) the Overage Copy Charge on each anniversary of the Commencement Date in an amount not to exceed fifteen percent (15%) of such charges which were in effect immediately prior to such price increase. Customer shall remit all Payments hereunder directly to CFS at 14904 Collections Center Drive, Chicago, Illinois 60693, unless otherwise directed by Lessor. Customer's obligation to pay all amounts due under this Agreement and all other obligations hereunder is absolute and unconditional and is not subject to any abatement, set-off, defense, or counterclaim for any reason whatsoever.
- 4. APPLICATION OF PAYMENTS; METER READING:** All Payments received by Lessor from Customer under this Agreement will be applied to amounts due and payable hereunder chronologically, based on the date of the charge shown on the invoice for each such amount and among amounts having the same date in such order as Lessor, in its discretion, may determine. Customer agrees to advise Dealer of the meter readings for the Equipment upon request.
- 5. NO LESSOR WARRANTIES:** CUSTOMER ACKNOWLEDGES THAT NEITHER DEALER NOR CFS IS A MANUFACTURER, AND CFS IS NOT A DEALER OR SUPPLIER OF THE EQUIPMENT. CUSTOMER AGREES THAT THE EQUIPMENT IS LEASED "AS IS" AND IS OF A SIZE, DESIGN, AND CAPACITY SELECTED BY CUSTOMER. CUSTOMER ACKNOWLEDGES THAT NEITHER DEALER NOR CFS HAS MADE ANY REPRESENTATION OR WARRANTY WITH RESPECT TO THE

**PERSONAL GUARANTY**

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

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

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

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

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

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ (no title) Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ (no title) Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_



Expert Input. Extraordinary Results.™

# Equipment Removal / Buyout Agreement

**Customer Name:** Villa Maria Nursing & Rehabilitation Community, Inc

**Address:** 20 Babcock Ave.

**City, ST, Zip** Plainfield, CT 06374

**Contact Name:**

**Phone** 860-564-3387

**Email Address:**

**Fax:**

Equipment that is being removed or bought out:

Device Description	Serial Number	Disposition
Canon ir-1025	RKM09677	Return to CFS

Customer agrees that the equipment listed above can be removed from their location by Flo-Tech and returned and/or disposed of based on the requirements of the customer and/or lender. If the equipment is leased through another vendor, Flo-Tech, LLC will hold the equipment until return instructions are provided by the customer.

Upon execution of the new agreement, Flo-Tech agrees to pay the payee listed below. This payment represents the total payable by Flo-Tech for this agreement.

<b>Payee Name</b>	Canon Financial Services
<b>Address</b>	Chicago, Illinois
<b>Payment Amount</b>	Trade-up to return

Agreed & Accepted:

Signature: *[Signature]*  
Name: Bruce E. DISCO  
Date: 3-19-18

Customer

Flo-Tech LLC

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date: \_\_\_\_\_





Expert Input. Extraordinary Output.

# Cost Per Copy Service Agreement Lease Rider

699 Middle St. Middletown CT 06457

Elite Partner



Office Printing Solutions



AUTHORIZED DEALER

Phone: (860) 613-3333

Fax: (860) 613-3340

<b>Client:</b>	<b>Customer:</b> Villa Maria Nursing & Rehab. Comm. Inc	<b>Contract Pricing:</b>	See Lessor documents.
	<b>Address:</b> 20 Babcock Ave.	<b>Contract Term:</b>	See Lessor documents.
	<b>City:</b> Plainfield		
	<b>State:</b> CT <b>Zip:</b> 06374		
	<b>Phone Number:</b> 860-564-3387		
	<b>Meter Contact Email:</b> cezzell@villamarianursing.com		

**This Rider supplements the Lease Agreement (the "Lease Agreement") between Lessor and Client ("Customer"), and governs the provision of printer/copier fleet maintenance and repair services and the supply of consumables by Flo-Tech LLC ("Flo-Tech") pursuant to the Lease Agreement.**

### TERMS AND CONDITIONS

This Agreement is dated as of the Agreement Date by and between Client and Flo-Tech LLC ("Flo-Tech")

1. **DEVICE IDENTIFICATION.** Flo-Tech shall locate and identify all devices covered under this Agreement and place an identification tag on each such device. Flo-Tech's identification number shall be used by Client when requesting service.

2. **DEVICES COVERED.** The models and quantities of devices covered under this Agreement are set forth below. In the event that Client retires, replaces, or adds devices (or components to covered devices), either Client or Flo-Tech may require that a new device inventory be conducted and that pricing under this Agreement be modified. In the event that Client requests toner, other consumables, or device service for devices not covered under the Agreement, Flo-Tech will bill Client separately as ordered.

3. **SERVICES.** Under the terms of this contract, Flo-Tech shall provide:

- i) **Inventory Management.** Flo-Tech shall supply all toner cartridges and consumables for monochrome and color devices as needed based on usage, excluding staples and paper.
- ii) **Repair and Maintenance.** Flo-Tech shall provide and replace all parts and perform all labor required to maintain the covered devices in good working condition.
- iii) **Tracking Software.** Software will be offered that will provide real time data on device usage and page volumes.

4. **USAGE ADJUSTMENT.** In addition to the fixed pricing set forth above, an adjustment based on actual usage shall be periodically made as follows:

i) Flo-Tech will request meter reading on a regular basis. It is the responsibility of the client to provide meters when requested.

ii) In the event that usage from the inception of the Agreement to the date of the meter varies from the monthly allowance set forth above, then Client shall pay an overage fee, as applicable, at the per-page rate set forth above, adjusted by any overage previously charged.

5. **DEVICE USAGE.** In determining the device usage (pages printed):

- i) For devices that do not have the capability of storing page counts Client shall pay the standard usage for the term of the contract.
- ii) For devices that do not have current page counts, Client shall pay for usage based on the history of like devices in Client's population or the general population if Client

does not have any like devices. If a page count is captured in the future, previous charges will be reconciled.  
ii) Each 8.5" X 11" or 8.5" X 14" page shall be charged at one (1) page and each 11" X 17" or larger page at two (2) pages.

6. **EXCLUSIONS FROM SERVICE.** Service under this Agreement does not include the following (Additional charges may apply and shall be individually billed as delivered to Client):

- i) Repairs to correct damage that existed prior to the commencement date of this Agreement.
- ii) Repairs required as a result of malfeasance, intentional misconduct and/or gross negligence by Client.
- iii) Repairs to, or caused by, components added to a covered device after commencement of this Agreement.
- iv) Network connectivity issues and/or repairs that are network and/or end user induced.
- v) Repairs resulting from usage of labels, transparencies or media that is outside manufacturer's specifications.
- vi) Additional memory, additional device accessories and replacement parts that are no longer available from the manufacturer.
- vii) Repairs to correct damage due to poor environmental conditions.

7. **PERIOD OF AGREEMENT.** After the expiration of the initial term, this Agreement shall be subject to an automatic 12 month renewal until terminated by either party on 60 days prior written notice.

8. **HOLIDAYS.** Flo-Tech is closed for business on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day After Thanksgiving, and Christmas Day.

9. **GENERAL.** This Agreement is subject to the following general provisions:

- i) This Agreement sets forth all promises, agreements and understandings between the parties relating to the matters contained herein.
- ii) No modification, addition or waiver of any of the terms and conditions herein shall be effective unless in writing and signed by the party against whom enforcement is sought.
- iii) This Agreement shall be governed by and construed and enforced in accordance with the laws of the State of Connecticut.

**Client Name:** Villa Maria Nursing & Rehabilitation Community, Inc.

By: [Signature]

Name: Bruce R. D. Seco

Title: Bkr

Date: 3-19-18

**Flo-Tech LLC :**

By: \_\_\_\_\_

Flo-Tech LLC Authorization

Date: \_\_\_\_\_

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

Name of Facility Villa Maria Nursing and Rehabilita	License No. 1006-C	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 Citrin Cooperman & Company, LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 10 Weybosset Street, Suite 700, Providence, RI 02903
---	---

Services Provided by This Firm (*describe fully*)

1	Year-end services: accounting services, Medicaid and Medicare cost reports; preparation of corporate tax returns.	\$	35,165
2	Services regarding interim accounting and corporate tax planning matters	\$	17,925
3		\$	
4		\$	
			Charge for Services Provided
			\$ 53,090

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Page 15, Line 1.d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Mahir & Cotnoir 2 Brown Jacobson Attorneys at Law 3 Murtha Cullina LLP 4 5	Telephone Number (860) 928-9694 (860) 889-3321 (203) 653-5400
--	--

Address (*No. & Street, City, State, Zip Code*)  
 1 163 Providence St, Putnam, CT 06260  
 2 22 Courthouse Square, Norwich, CT 06360  
 3 177 Broad St F14, Stamford, CT 06901  
 4  
 5

Services Provided by This Firm (*describe fully*)

1	Various employment matters	\$	150
2	Various employment and corporate matters	\$	1,540
3	Various employment and corporate matters	\$	523
4		\$	
5		\$	
			Charge for Services Provided
			\$ 2,213

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Page 15, Line 1.e

### Schedule of Resident Statistics

Name of Facility			License No.		Report for Year Ended				Page	of			
Villa Maria Nursing and Rehabilitation Community			1006-C		9/30/2018				8	37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	62	62			62	62			62	62			
B. On last day of THIS report period	62	62			62	62			62	62			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	53	53			53	53			58	58			
B. As of midnight of THIS report period	54	54			58	58			54	54			
3. Total Number of Days Care Provided During Period													
A. Medicare	1,024	1,024			772	772			252	252			
B. Medicaid (Conn.)	16,189	16,189			11,927	11,927			4,262	4,262			
C. Medicaid (other states)													
D. Private Pay	1,768	1,768			1,324	1,324			444	444			
E. State SSI for RCH													
F. Other (Specify) Contract, Hospice, M/C Replac	1,381	1,381			1,228	1,228			153	153			
G. Total Care Days During Period (3A thru F)	20,362	20,362			15,251	15,251			5,111	5,111			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days	39	39			23	23			16	16			
5. <b>Total Resident Days (3G + 4A + 4B)</b>	20,401	20,401			15,274	15,274			5,127	5,127			

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

Name of Facility Villa Maria Nursing and Rehabilitation Com			License No. 1006-C			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	4		44		6								
Per Diem Rate													
a. One bed rm.	Various RUG rates		197.69		345.00								
b. Two bed rms.	Various RUG rates		197.69		315.00								
c. Three or more bed rms.	Various RUG rates		197.69		290.00								
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								2,642	2,642				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								4,241	4,241				
<b>D. Total Physical Therapy Treatments</b>								6,883	6,883				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								780	780				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								254	254				
<b>D. Total Speech Therapy Treatments</b>								1,034	1,034				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								3,024	3,024				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								4,831	4,831				
<b>D. Total Occupational Therapy Treatments</b>								7,855	7,855				

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Villa Maria Nursing and Rehabilitation Community	1006-C	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	79,322	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	189,885	7,410				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	45,420	1,040				
c. Dietary Workers	200,833	13,876				
6. Housekeeping Service						
a. Head Housekeeper	15,140	520				
b. Other Housekeeping Workers	98,886	4,530				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	36,958	2,144				
8. Laundry Service						
a. Supervisor	15,140	520				
b. Other Laundry Workers	55,963	2,327				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	98,394	2,080				
b. RN						
1. Direct Care	587,172	16,249				
2. Administrative**	78,393	2,266				
c. LPN						
1. Direct Care	481,763	16,240				
2. Administrative**	3,435	96				
d. Aides and Attendants	871,040	50,452				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	50,458	2,261				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	38,985	1,649				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	2,947,187	125,740				

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

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

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

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

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

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

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Hearing Consultant	\$ 300	1				
<b>Total</b>	\$ 300	1	\$ -	-	\$ -	-

**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	9/30/2018			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	48,816				Controller/Bookkeeper	2,080	A.4.	N/A	N/A	N/A
			Note: All	hours on pages	11 & 12 are reported	on a	"PAID" basis			
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										
Denise Ormstead	13,092				Recreation	832	A.12.h	N/A	N/A	N/A
Denise Ormstead	10,686				Office	681	A.4.	N/A	N/A	N/A
Denise Ormstead	1,175				Social Services	64	A.12.m	N/A	N/A	N/A

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Villa Maria Nursing and Rehabilitation Community				1006-C	9/30/2018			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Cindy A. Disco	79,322				Administrator	2,080	A.2.	N/A	N/A	N/A
<b>Section IV - Assistant Administrators</b>										

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

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

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



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

CSP-13 Rev. 9/2002

**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	9/30/2018	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	14,350	410				
2. Dentist	6,910	96				
3. Pharmacist	2,176	48				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	155,967	2,004				
b. Other						
6. Social Worker	400	5				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	16,800	72				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)	1,050	14				
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	51,816	251				
b. Other						
10. Occupational Therapist						
a. Resident Care	167,148	1,895				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	300	1				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>416,917</b>	<b>4,796</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 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Alison E. Dvorak, 726 Route 32, North Franklin, CT 06254	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Medical & Dental Practices, 85 Barnes Road, Suite 207, Wallingford, CT 06492	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Joseph Alessandro, P.O. Box 6, Profret Center, CT 06259	Medical Board	<input type="radio"/>	<input checked="" type="radio"/>		
Wagdy Habashy, 31 Dow Road, Plainfield, CT 06374	Medical Board	<input type="radio"/>	<input checked="" type="radio"/>		
RxHealth Pharmacy Services, 70 Inwood Road, Suite 5, Rocky Hill, CT 06067	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Landview Therapy, 57 Wingate Street, Haverhill, MA 01832-5722	Therapies: PT, OT, & ST (10/1/2017 - 8/31/2018)	<input type="radio"/>	<input checked="" type="radio"/>		
Richard Jay Wilcon, 187 Deerfield Road, Pomfret Center, CT 06259	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Philip Raiford, MD 45 Green Hollow Road, Danielson, CT 06239	Medical Board	<input type="radio"/>	<input checked="" type="radio"/>		
Prohealth Physicians, P.O. Box 150483, Hartford, CT 06115	Medical Board	<input type="radio"/>	<input checked="" type="radio"/>		
Westview Health Care Center, 150 Ware Road, P.O. Box 428, Dayville, CT 06241	Therapies: PT, OT, & ST (9/1/2018 - 9/30/2018)	<input type="radio"/>	<input checked="" type="radio"/>		
Timothy Bowles, 117 River Road, Preston, CT 06365	Social Services	<input type="radio"/>	<input checked="" type="radio"/>		
Amplisound Hearing Care Centers, 594 Putnam Road, Danielson, CT 06239	Hearing Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

\* 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 Commun	1006-C	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 56,174	56,174		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 30,770	30,770		
4. Social Security (F.I.C.A.)	\$ 214,199	214,199		
5. Health Insurance	\$ 113,133	113,133		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$ 5,041	5,041		
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 580	580		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 53,915	53,915		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 2,213	2,213		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 23,172	23,172		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 5,417	5,417		
2. Cellular Phones	\$ 4,068	4,068		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 500	500		
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$ 1,106	1,106		
3. Resident Day User Fee	\$ 385,042	385,042		
<b>Subtotal</b>	\$ 895,330	895,330		

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended		Page	of
Villa Maria Nursing and Rehabilitation Community	1006-C	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	895,330	895,330			
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$ 4,187	4,187			
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 3,486	3,486			
4. Employee Travel	\$ 509	509			
5. Education Expenses Related to Seminars and Conventions	\$ 3,713	3,713			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 1,598	1,598			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$ 319	319			
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 8,115	8,115			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 857	857			
4. Fund-Raising***	\$				
5. Medical Records	\$ 682	682			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$				
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 5,999	5,999			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 1,060	1,060			
9. Subscriptions	\$ 4,160	4,160			
10. Contributions*** See Attached Schedule	\$ 610	610			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 24,156	24,156			
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 44,996	44,996			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 999,777	999,777			

\* 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, 2018  
Attachment to Page 16

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

MDS consultant	4,151
Computer consultant	15,164
Admin fee for profit sharing plan	<u>4,841</u>
	<u><u>24,156</u></u>

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Business Meals	\$ 319		
<b>Total Other Travel and Entertainment</b>	<b>\$ 319</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising - Promotional	\$ 857		
<b>Total Other Advertising</b>	<b>\$ 857</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 4,991		
AANAC	\$ 119		
ALTCFM	\$ 85		
ACHCA	\$ 310		
BJ's	\$ 85		
APIC	\$ 200		
SHRM	\$ 209		
<b>Total Dues</b>	<b>\$ 5,999</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Northeast Opportunities for Wellness, Inc.	\$ 500		
Killingly High School Tennis	\$ 60		
WBDKH	\$ 50		
<b>Total Contributions</b>	<b>\$ 610</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses	\$ 1,210		
Federal Subscriber Line	\$ 118		
Payroll Services	\$ 13,297		
Resident TV costs	\$ 353		
Penalties	\$ 58		
Expenses of Community Ave presented in accordance with letter dated 1/28/13 from Kathleen Shaughnessy			
Maintenance expense	\$ 2,469		
Heating	\$ 2,800		
Electric	\$ 1,423		
Water	\$ 586		
Sewer	\$ 435		
Rent	\$ 16,800		
Real estate tax	\$ 4,153		
Fire tax	\$ 262		
Property insurance	\$ 411		
Expenses of 2 Mill Street (rented to unrelated)			
Water	\$ 225		
Miscellaneous	\$ 76		
Property insurance	\$ 320		
<b>Total Other Administrative and General</b>	<b>\$ 44,996</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Villa Maria Nursing and Rehabilitation C	License No. 1006-C	Report for Year Ended 9/30/2018	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

**\* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**



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

Name of Facility Villa Maria Nursing and Rehabilitation Community		License No. 1006-C	Report for Year Ended 9/30/2018		Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)	
<b>2. Dietary</b>						
<b>a. In-House Preparation &amp; Service</b>						
1.	Raw Food	\$ 157,341	157,341			
2.	Non-Food Supplies	\$ 12,981	12,981			
3.	Other (Specify) _____ Supplements	\$ 6,782	6,782			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) _____		\$				
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 177,104</b>	<b>177,104</b>			
<b>2F. Dietary Questionnaire</b>						
G. Resident Meals: Total no. of meals served per day:*		167	167			
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No						
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.						
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)                      N/A						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.						
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.						
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)                      N/A						
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.						
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.						
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)                      N/A						

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

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

Name of Facility Villa Maria Nursing and Rehabilitation Community		License No. 1006-C	Report for Year Ended 9/30/2018	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	14,487	14,487		
c. Other (Specify) Supplies	\$	7,944	7,944		
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	\$	22,431	22,431		
<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.		
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			N/A	
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			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.

\*\*\* 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	9/30/2018		20	37
Item		Total	CCNH	RHNS	(Specify)	
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	12,819	12,819			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel					
	Amt. \$					
C. Other ( <i>Specify</i> )		\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c)</b>		\$ 12,819	12,819			
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy	\$					
2. Purchased from Medicare A, Medicare Replacement & Private Insurance	\$	68,192	68,192			
b. Medicine Cabinet Drugs	\$	21,666	21,666			
c. Medical and Therapeutic Supplies	\$	79,804	79,804			
d. Ambulance/Limousine***	\$					
e. Oxygen						
1. For Emergency Use	\$					
2. Other***	\$	16,681	16,681			
f. X-rays and Related Radiological Procedures***	\$	3,159	3,159			
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$					
h. Laboratory***	\$	3,780	3,780			
i. Recreation	\$	5,453	5,453			
j. Direct Management Services*	\$					
k. Indirect Management Services*	\$					
l. Other (Specify)**** See Attached Schedule	\$	32,999	32,999			
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>		\$ 231,734	231,734			

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Disposable Diapers	\$ 30,228		
Other Patient Care & Services	\$ 2,278		
Desi Drugs (Medicaid)	\$ 493		
<b>Total Other Resident Care</b>	<b>\$ 32,999</b>	<b>\$ -</b>	<b>\$ -</b>

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**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	9/30/2018	21	37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***					
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line	
Unitex Textile Rental Services	South Windsor, CT 06074	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	14,487				19	3.b.
PointClickCare Technologies	Bloomington, MN 55431	<input type="radio"/>	<input checked="" type="radio"/>		Computer Consulting	12,431				16	1.m.1
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								

\* 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 Villa Maria Nursing and Rehabilitation Comm		License No. 1006-C	Report for Year Ended 9/30/2018			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant							
a. Repairs & Maintenance		\$ 11,558	11,558				
b. Heat		\$ 26,044	26,044				
c. Light & Power		\$ 29,097	29,097				
d. Water		\$ 18,792	18,792				
e. Equipment Lease ( <i>Provide detail on page 6</i> )		\$ 7,594	7,594				
f. Other ( <i>itemize</i> ) See Attached Schedule		\$ 50,040	50,040				
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>		\$ 143,125	143,125				
7. Depreciation ( <i>complete schedule page 23*</i> )							
a. Land Improvements		\$					
b. Building & Building Improvements		\$ 53,906	53,906				
c. Non-Movable Equipment		\$					
d. Movable Equipment		\$ 24,141	24,141				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>		\$ 78,047	78,047				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )							
a. Organization Expense		\$					
b. Mortgage Expense		\$ 4,199	4,199				
c. Leasehold Improvements		\$					
d. Other ( <i>Specify</i> )		\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>		\$ 4,199	4,199				
9. Rental payments on leased real property less real estate taxes included in item 10b		\$					
10. Property Taxes							
a. Real estate taxes paid by owner		\$ 50,318	50,318				
b. Real estate taxes paid by lessor		\$					
c. Personal property taxes		\$ 4,409	4,409				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>		\$ 136,973	136,973				

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

**Schedule of Other Repairs and Maintenance**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Repairs & Maintenance - Various Contractors	\$ 10,996		
Contracted Maintenance:			
Trash removal	\$ 8,895		
Medical waste removal	\$ 3,275		
Grounds	\$ 15,387		
Fire suppression - various vendors	\$ 9,204		
General building repairs and maintenance - various vendors	\$ 2,283		
<b>Total Other Repairs and Maintenance</b>	\$ 50,040	\$ -	\$ -

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### Depreciation Schedule

Name of Facility Villa Maria Nursing and Rehabilitation Community				License No. 1006-C			Report for Year Ended 9/30/2018			Page 23	of 37			
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
<b>A. Land Improvements</b>														
1. Acquired prior to this report period														
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)														
<b>A-4. Subtotal</b>														
<b>B. Building and Building Improvements</b>														
1. Acquired prior to this report period				1,899,365		1,899,207	1,615,927	SL	Various	53,906				
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)														
<b>B-4. Subtotal</b>											53,906			
<b>C. Non-Movable Equipment</b>														
1. Acquired prior to this report period				33,763		33,763	33,763	SL	10					
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)														
<b>C-4. Subtotal</b>														
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
		Yes	No	Month	Year									
<b>D. Movable Equipment</b>														
1. Motor Vehicles (Specify name, model and year of each vehicle)														
a. 2015 Chevrolet Truck				X		10	2015	60,263		60,263	18,079	SL	5	12,053
b.														
c.														
d.														
2. Movable Equipment														
a. Acquired prior to this report period						Var	Var	600,382		600,382	571,968	SL	Various	12,088
b. Disposals (attach schedule)														
c. Acquired during this report period (attach schedule)														
<b>D-3. Subtotal</b>													24,141	
<b>E. Total Depreciation</b>													78,047	



Villa Maria Nursing and Rehabilitation Community  
9/30/2018

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

### Amortization Schedule\*

Name of Facility Villa Maria Nursing and Rehabilitation Community			License No. 1006-C		Report for Year Ended 9/30/2018			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1. Financing Fees	9	2013	10	38,487		Life of Mortgage	10	3,849	
2. Financing Fees	10	2014	10	3,507		Life of Mortgage	10	350	
3.									
B-4. Subtotal									4,199
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									4,199

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility Villa Maria Nursing and Rehabilitation	License No. 1006-C	Report for Year Ended 9/30/2018	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If 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		
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		09/06/13		
c. Interest Rate for the Cost Year		4.25%		
d. Term of Mortgage (number of years)		10		
e. Amount of Principal Borrowed		1,700,000		
f. Principal balance outstanding as of 9/30/2018		1,399,345		
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Villa Maria Nursing and Rehabilitatio		1006-C	9/30/2018		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 60986	60,986		
Name of Lender		Rate				
Berkshire Bank		4.25%				
Address of Lender						
45 Lyman Street, Westborough, MA 01581						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$ 60,986	60,986		

*(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 Rehabilitation		1006-C		9/30/2018			27	37
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:				60,986	60,986			
12. C. Movable Equipment								
1. Automotive Equipment				\$ 1,962	1,962			
A. Item		Rate	Amount					
2016 Chevrolet Silverado		6.45%	46,763					
Lender								
Ally Bank								
Address of Lender								
P.O. Box 380901Bloomington, MN 55438								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$ 1,962	1,962			
12. D. Other Interest Expense (Specify)				\$ 7,220	7,220			
Interest on Line of Credit								
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 70,168	70,168			
14. Insurance								
a. Insurance on Property (buildings only)				\$ 10,974	10,974			
b. Insurance on Automobiles				\$ 1,597	1,597			
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$				
2. Fire and Extended Coverage				\$ 24,764	24,764			
3. Other (Specify)				\$ 687	687			
Crime								
14d. Total Insurance Expenditures (14a + b + c)				\$ 38,022	38,022			
15. Total All Expenditures (A-13 thru C-14)				\$ 5,196,257	5,196,257			

### 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	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 167,148	167,148		
7.			Other - See attached Schedule	\$ 6,910	6,910		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1.d.	Accounting	\$ 1,758	1,758		
10a.			Legal	\$			
11.	15	1.h.2	Telephone	\$ 2,988	2,988		
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	1.l.2	Gifts, flowers and coffee shops	\$ 2,061	2,061		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	1m2,3	Unallowable Advertising *	\$ 857	857		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	1m10	Fund Raising / Contributions	\$ 610	610		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 14,085	14,085		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 196,417	196,417		

\* 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	\$ 6,910		
<b>Total Other Fees Adjustments</b>			\$ 6,910	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	1.m.8a	Dues-Chamber of Commerce	\$ 1,060		
16	1.L.7	Business Meals	\$ 319		
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	301		
16	1.m.13	Penalties	58		
27	12.D.	Late fees	981		
<b>Total Other A&amp;G Adjustments</b>			\$ 14,085	\$ -	\$ -



State of Connecticut  
Annual Report of Long-Term Care Facility

Villa Maria Nursing & Rehabilitation Community  
License #1006-C  
Report Year Ended 9/30/18

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	\$ 35,165
Percentage non-allowable allocated to Babcock Avenue, LLC	<u>5%</u>
Non-allowable expense, reported on Annual Report page 28, line 10:	<u>\$ 1,758</u>

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

Amount reported on Annual Report page 16, line 1.3.	\$ 3,486
Employee gift allowable expense:	
Allowable amount per employee	\$ 25
Active employees at year end per payroll records	<u>57</u> (1,425) Allowable
Non-allowable expense, reported on Annual Report page 28, line 14:	<u>\$ 2,061</u>

VILLA MARIA NURSING & REHABILITATION COMMUNITY  
License #1006-C  
Report year ended 9/30/18

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.

## Annual Report of Long-Term Care Facility

CSP-29 Rev. 10/2006

## 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	9/30/2018	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 196,417	196,417		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5.a.2.	Prescription Drugs	\$ 68,192	68,192		
28.			Ambulance/Limousine	\$			
29.	20	5.e.	X-rays, etc	\$ 3,159	3,159		
30.	20	5.h.	Laboratory	\$ 3,780	3,780		
31.			Medical Supplies	\$			
32.	20	5.e.2	Oxygen (non emergency)	\$ 16,681	16,681		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 2,771	2,771		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.	27	14a	Property Insurance	\$ 955	955		
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 291,955	291,955		

\*\*\* 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, 2018  
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	<u>344</u>
	<u><u>955</u></u>

Villa Maria Nursing and Rehabilitation Community  
9/30/2018

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5.1.	Desi Drugs	\$ 493		
20	5.1.	Other Patient Care & Services	\$ 2,278		
<b>Total Other Ancillary Costs</b>			\$ 2,771	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

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

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

Schedule of Unallowable Building Interest

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

**F. Statement of Revenue**

Name of Facility Villa Maria Nursing and Rehabilitation C 1006-C	License No. C 1006-C	Report for Year Ended 9/30/2018			Page 30	of 37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 5,099,535	5,099,535				
b. Medicaid Room and Board Contractual Allowance **	\$ (1,903,437)	(1,903,437)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 322,560	322,560				
b. Medicare Room and Board Contractual Allowance **	\$ 229,757	229,757				
4. a. Private-Pay Residents and Other	\$ 995,153	995,153				
b. Private-Pay Room and Board Contractual Allowance **	\$ 68,213	68,213				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 76,500	76,500				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (76,500)	(76,500)				
c. Prescription Drugs - Non-Medicare	\$ 5,239	5,239				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 155,651	155,651				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (72,066)	(72,066)				
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 36,702	36,702				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (9,210)	(9,210)				
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 199,659	199,659				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (93,721)	(93,721)				
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other ( <i>Specify</i> ) - Medicare	\$					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 6,486	6,486				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 5,040,521	5,040,521				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 112	112				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 8,368	8,368				
<b>V. Total Other Revenue</b> (I thru 8)	\$ 8,480	8,480				
<b>VI. Total All Revenue</b> (III + V)	\$ 5,049,001	5,049,001				

\* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.  
 \*\* Facility should report all contractual allowances and/or payer discounts.

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

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

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30, II6b	Prior Year Billing Adjustments	\$ 6,486		
<b>Total Other Resident Revenue</b>		\$ 6,486	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30, IV5	Patient Finance Charges		\$ 54		
30, IV5	Interest Income - Medicare		\$ 58		
<b>Total Interest Income</b>			\$ 112	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30, IV8	Miscellaneous Income	\$ 2,148		
30, IV8	Rental Income - 2 Mill Street	\$ 6,220		
<b>Total Other Revenue</b>		\$ 8,368	\$ -	\$ -



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

**Villa Maria Nursing & Rehabilitation Community  
License #1006-C  
Report Year Ended 9/30/18**

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

<b>ASSET CATEGORY ON BALANCE SHEET</b>	<b>ACCOUNT BALANCE AT 9/30/18</b>	<b>DESCRIPTION</b>	<b>INTEREST EARNED</b>
Cash	\$255,250	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	9/30/2018	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$	394,699
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	377,708
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	44,736
a. See detail attached page 31A	44,736			
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	817,143
<b>B. Fixed Assets</b>				
1. Land			\$	95,810
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>1,899,365</u>		\$	229,532
	Accum. Depreciation <u>1,669,833</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>33,763</u>		\$	
	Accum. Depreciation <u>33,763</u>	Net		
6. Movable Equipment	*Historical Cost <u>600,382</u>		\$	16,326
	Accum. Depreciation <u>584,056</u>	Net		
7. Motor Vehicles	*Historical Cost <u>60,263</u>		\$	30,131
	Accum. Depreciation <u>30,132</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	371,799

\* 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, 2018

Attachment to Page 31

Prepaid Expenses

Page 31, line A.5.

Real estate and property taxes	11,200
Sewer use charge	1,883
Prepaid maintenance costs for office rented from Community Avenue LLC	3,233
Health insurance	6,566
Prepaid costs related to televisions in patient rooms	176
General insurance	236
Maintenance contracts	663
Federal tax deposits	20,779
Total prepaid expenses	<u>44,736</u>

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

Name of Facility		License No.	Report for Year Ended	Page	of
Villa Maria Nursing and Rehabilitation		1006-C	9/30/2018	32	37
Account				Amount	
Total Brought Forward:				\$	1,188,942
C. Leasehold or like property recorded for Equity Purposes.					
1. Land					
2. Land Improvements					
				*Historical Cost	_____
				Accum. Depreciation	_____
				Net	\$
3. Buildings					
				*Historical Cost	_____
				Accum. Depreciation	_____
				Net	\$
4. Non-Movable Equipment					
				*Historical Cost	_____
				Accum. Depreciation	_____
				Net	\$
5. Movable Equipment					
				*Historical Cost	_____
				Accum. Depreciation	_____
				Net	\$
6. Motor Vehicles					
				*Historical Cost	_____
				Accum. Depreciation	_____
				Net	\$
7. Minor Equipment-Not Depreciable					
\$					
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>					
\$					
D. Investment and Other Assets					
1. Deferred Deposits					
\$					
2. Escrow Deposits					
\$					
3. Organization Expense					
				*Historical Cost	_____
				Accum. Depreciation	_____
				Net	\$
4. Goodwill (Purchased Only)					
\$					
5. Investments Related to Resident Care ( <i>itemize</i> )					
_____					
\$					
6. Loans to Owners or Related Parties ( <i>itemize</i> )					
\$					
Name and Address		Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )					
\$					
_____					
See Schedule					
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>					
\$					
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>					
\$ 1,188,942					

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Villa Maria Nursing and Rehabilitation Comm		1006-C	9/30/2018		33	37
Account					Amount	
<b>Liabilities</b>						
A. Current Liabilities						
1. Trade Accounts Payable					\$	135,592
2. Notes Payable ( <i>itemize</i> )					\$	200,000
Line of credit						200,000
See Schedule						
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )					\$	23,008
Name of Lender		Purpose	Amount	Date Due		
Ally Bank		Auto Loan	7,980	09/30/21		
Eversource		Energy Efficiency	15,028	08/13/21		
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )					\$	168,451
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )					\$	20,636
6. Accrued Payroll Taxes Payable					\$	8,897
7. Medicare Final Settlement Payable					\$	
8. Medicare Current Financing Payable					\$	
9. Mortgage Payable ( <i>Current Portion</i> )					\$	68,000
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )					\$	
11. Accrued Income Taxes*					\$	
12. Other Current Liabilities ( <i>itemize</i> )					\$	141,691
Security Deposit		1,020	Accrued Workers Compe	5,443		
Accrued Water		783	Accrued Nursing Home 1	100,250		
Patient Fund		195				
Accrued Accounting Fee		34,000	See Schedule			
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>					\$	<b>766,275</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 Villa Maria Nursing and Rehabilitation Cor		License No. 1006-C	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				766,275	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )				\$ 47,148	
Name of Lender	Purpose	Amount	Date Due		
Ally Bank	Auto Loan	18,343	9/30/21		
Eversource	Energy Efficiency	28,805	8/13/21		
2. Mortgages Payable				\$ 1,331,345	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ (20,999)	
Deferred Financing Fees		(20,999)			
_____					
See Schedule					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 1,357,494	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 2,123,769	

**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	9/30/2018	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	20,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(807,571)
6. Gain or Loss for Period			\$	(147,256)
	10/1/2017	thru	9/30/2018	
7. Total Net Worth			\$	(934,827)
<b>C. Total Reserves and Net Worth</b>			\$	(934,827)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	1,188,942

### 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	9/30/2018	36	37
<b>Account</b>			<b>Amount</b>	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	(602,051)
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	5,049,001
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	5,196,257
D. Net Income or Deficit			\$	(147,256)
E. Balance			\$	(749,307)
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	185,520
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
Bruce and Cindy Disco 20 Babcock Avenue, Plainfield, CT		Owners/Shareholder	185,520	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose			Amount	
3. Total Deductions			\$	185,520
H. <b>Balance at End of Period</b>	09/30/18		\$	(934,827)



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

Name of Facility Villa Maria Nursing and Rehabilitation	License No. 1006-C	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 		Title Partner		Date Signed February 4, 2019
Printed Name of Preparer Michael E. Criscione, CPA, Citrin Cooperman & Company, LLP				
Address Address 10 Weybosset Street, Suite 700, Providence, RI			Phone Number (401) 421-4800	
Annual Report Contact Cindy A. Disco			Phone Number 860-564-3387	
Annual Report Contact Email Address mrmrsbdisco@gmail.com				



CITRINCOOPERMAN®

Accountants and Advisors

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 2018) of Villa Maria Nursing & Rehabilitation Community, License #1006-C, for the year ended September 30, 2018, 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 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 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 matters.

This Cost Report is intended solely for the information and use of the Entity and the Connecticut Department of Social Services, and is not intended to be and should not be used by anyone other than the specified parties.

*Citrin Cooperman & Company, LLP*

Providence, Rhode Island  
February 4, 2019

**Villa Maria Nursing & Rehabilitation Comrr**

**ATT1**

**Year End: September 30, 2018**

**Summary Trial Balance**

<b>Prepared by 1</b> AK2 11/19/2018	<b>Prepared by 2</b>	<b>Prepared by 3</b>
<b>Reviewed by 1</b>	<b>Reviewed by 2</b>	<b>Reviewed by 3</b>

<b>Account</b>	<b>Rep</b>
103.00 VMNRC Petty Cash	300.00
106.00 VMNRC Ultra Benefits	10,000.00
107.00 VMNRC Checking Acct. (Citizens Bank)	255,250.00
Villa Maria Nursing & Rehabilitation Community	265,550.00
104.00 BAL Checking Account	129,149.00
<b>101 CASH</b>	<b>394,699.00</b>
100.00 VMNRC Opening Entry - 1999	(641.00)
121.00 VMNRC A/R - Medicaid	731,733.00
121.10 VMNRC A/R - Self Pay	246,738.00
121.11 VMNRC A/R - Private Insurance	(49,272.00)
121.20 VMNRC A/R- Medicaid Patient Liability	(994,218.00)
121.30 VMNRC A/R- Medicare A Coins from Priv	(12,778.00)
121.40 VMNRC A/R- Medicare B Coins from Priv	(1,788.00)
121.50 VMNRC A/R - Medicaid Pending	358,225.00
121.60 VMNRC A/R - Med A Coins from Medicaid	(35,815.00)
121.70 VMNRC A/R - Med B Coins from Medicaid	2,118.00
121.80 VMNRC A/R- Medicare A	76,984.00
121.81 VMNRC A/R - Medicare B	22,000.00
121.82 VMNRC A/R - Medicare A Coins from Ins	(12,539.00)
121.83 VMNRC A/R - Medicare B Coins from Ins	(1,373.00)
121.90 VMNRC A/R - Medicare Advantage (MCR)	45,098.00
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	377,708.00
<b>102 A/R -PT SERVICES, LESS ALLOW</b>	<b>377,708.00</b>
124.10 VMNRC Misc. Refunds/Rebates	0.00
124.20 VMNRC Misc.- Class Action Settlement	0.00
142.00 VMNRC Prepaid RE Tax - 20 Babcock Ave	9,000.00
142.10 VMNRC Prepaid RE Tax - 2 1/2 Mill St.	320.00
142.30 VMNRC Prepaid RE - 22 Babcock Ave	1,077.00
143.00 VMNRC Prepaid Personal Property Tax	594.00
143.10 VMNRC Prepaid Auto Tax	209.00
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	1,883.00
144.10 VMNRC Prepaid Water	0.00
144.30 VMNRC Prepaid Sewer - 22 Babcock Ave.	0.00

**Villa Maria Nursing & Rehabilitation Comr**

Year End: September 30, 2018

Summary Trial Balance

ATT1-1

Prepared by 1 AK2 11/19/2018	Prepared by 2	Prepared by 3
Reviewed by 1	Reviewed by 2	Reviewed by 3

Account	Rep
145.00 VMNRC Prepaid Expenses	6,566.00
145.01 VMNRC Prepaid 22 Babcock Assests	3,233.00
145.02 VMNRC Resident TVs	176.00
148.00 VMNRC Prepaid Ins.- Prop & Liab / etc	236.00
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	(199,507.00)
236.00 VMNRC Due to Babcock Ave LLC	(400,000.00)
Villa Maria Nursing & Rehabilitation Community	(575,550.00)
151.00 BAL Prepaid Federal Enhanced Estimate	20,779.00
233.00 BAL Due to/from Villa Maria Babcock Avenue, LLC	599,507.00
	620,286.00
<b>103 PPD EXP &amp; OTHER</b>	<b>44,736.00</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	(68,200.00)
162.00 VMNRC Accum Depr Bldg Improvements	(917,862.00)
164.00 VMNRC Accum Depr Equipment	(617,819.00)
166.00 VMNRC Accum Depr Vehicles	(30,132.00)
Villa Maria Nursing & Rehabilitation Community	(1,634,013.00)
162.00 BAL A/D - Bldg & Impr	(683,771.00)

**Villa Maria Nursing & Rehabilitation Comrr**

ATT1-2

Year End: September 30, 2018

Summary Trial Balance

Prepared by 1 AK2 11/19/2018	Prepared by 2	Prepared by 3
Reviewed by 1	Reviewed by 2	Reviewed by 3

Account	Rep
<b>107 LESS ACCUMULATED DEPRECIATION</b>	<b>(2,317,784.00)</b>
180.00 BAL Deferred Financing Fees	41,994.00
181.00 BAL A/A - Deferred Financing Fees	<u>(20,995.00)</u>
Babcock Avenue, LLC	20,999.00
<b>115 DEFERRED FINANCING FEES</b>	<b>20,999.00</b>
201.00 VMNRC Accounts Payable	<u>(135,592.00)</u>
<b>201 A/P</b>	<b>(135,592.00)</b>
202.00 VMNRC Accrued Expense	0.00
202.10 VMNRC Accrued Water	(783.00)
202.30 VMNRC Accrued Water - 22 Babcock Ave.	0.00
203.00 VMNRC Accrued Payroll	(52,608.00)
204.00 VMNRC Accrued Vacation Payroll	(69,647.00)
205.00 VMNRC Accrued Sick Pay	(66,832.00)
206.00 VMNRC Accrued FICA	(3,871.00)
207.00 VMNRC Accrued State Unemployment Tax	(146.00)
208.00 VMNRC Accrued Fed Unemployment Tax	(26.00)
209.00 VMNRC Patient Fund (\$60.00 Allowance)	(195.00)
210.00 VMNRC Accrued Accounting Fees	(34,000.00)
212.00 VMNRC Accrued Workers Comp Insurance	(5,443.00)
219.00 VMNRC Accrued Nursing Home Tax	(100,250.00)
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	2,646.00
224.00 VMNRC Employee Insurance	(9,520.00)
224.10 VMNRC Employee Life Insurance	447.00
227.00 VMNRC Employee Sunshine Fund	(594.00)
228.00 VMNRC 401 K	2,167.00
229.00 VMNRC Connecticut State Income Tax	<u>0.00</u>
Villa Maria Nursing & Rehabilitation Community	(338,655.00)
<b>202 ACCRUED EXP</b>	<b>(338,655.00)</b>
235.01 VMNRC Auto Loan - Chevy Truck	(18,343.00)
235.02 VMNRC Eversource Loan	<u>(28,805.00)</u>
Villa Maria Nursing & Rehabilitation Community	(47,148.00)
235.00 BAL Mortgage Payable - Berkshire Bank	<u>(1,331,345.00)</u>

**Villa Maria Nursing & Rehabilitation Comr**  
**Year End: September 30, 2018**  
**Summary Trial Balance**

**ATT1-3**

Prepared by 1 AK2 11/19/2018	Prepared by 2	Prepared by 3
Reviewed by 1	Reviewed by 2	Reviewed by 3

<b>Account</b>	<b>Rep</b>
235.03 BAL Berkshire LOC	(200,000.00)
Babcock Avenue, LLC	(1,531,345.00)
<b>205 LTD, LESS CP</b>	<b>(1,578,493.00)</b>
236.01 VMNRC Current Portion of LTD	(23,008.00)
236.00 BAL Current Portion of LTD	(68,000.00)
<b>206 CP OF LTD</b>	<b>(91,008.00)</b>
237.00 BAL Security Deposit	(1,020.00)
<b>207 Security Deposit</b>	<b>(1,020.00)</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	(182,424.00)
262.00 VMNRC Sub "S" Distribution - BED	0.00
263.00 VMNRC Sub "S" Distribution - CD	0.00
Villa Maria Nursing & Rehabilitation Community	(182,424.00)
250.00 BAL Members Equity	804,475.00
261.00 BAL Distributions - CD & BD	185,520.00
Babcock Avenue, LLC	989,995.00
<b>301 OWNERS' EQUITY</b>	<b>807,571.00</b>
301.00 VMNRC R&B - Self Paid (Private)	(238,740.00)
301.01 VMNRC R&B - Self Paid (Semi-Pvt)	(352,800.00)
301.02 VMNRC R&B - Self Paid (3-4 Bed)	0.00
301.05 VMNRC R&B - Medicare Replacement(MCR)	(343,350.00)
301.06 VMNRC R&B - Private Ins. (not MCR)	(21,420.00)
301.07 VMNRC R&B - Hospice (State)	(44,087.00)
302.00 VMNRC R&B - Medicare	(322,560.00)
303.00 VMNRC R&B - Medicaid (State)	(3,116,284.00)
303.04 VMNRC R&B-Prior Year Retro-Rate Adj.	8,603.00
303.22 VMNRC R&B Medicaid Pending	(79,814.00)
304.00 VMNRC Prior Year Billing Adjustments	(16,906.00)

**Villa Maria Nursing & Rehabilitation Comrr**

ATT1-4

Year End: September 30, 2018

Summary Trial Balance

Prepared by 1 AK2 11/19/2018	Prepared by 2	Prepared by 3
Reviewed by 1	Reviewed by 2	Reviewed by 3

Account	Rep
310.00 VMNRC C/A - ST M/C A	9,161.00
315.00 VMNRC Rx Drugs - M/C A	(76,500.00)
316.20 VMNRC Ancillary - MCR	(224,400.00)
316.30 VMNRC Ancillary - Private Ins.	(16,901.00)
316.40 VMNRC RxDrugs - MCB Vaccine	(5,125.00)
318.00 VMNRC PT - M/C A	(72,066.00)
320.00 VMNRC PT - M/C B	(83,585.00)
323.00 VMNRC ST - M/C A	(9,161.00)
324.00 VMNRC ST - M/C B	(27,541.00)
327.00 VMNRC OT - M/C B	(105,938.00)
329.00 VMNRC OT - M/C A	(93,721.00)
340.00 VMNRC Partnership LTC Discount 5%	5,244.00
340.20 VMNRC Anthem Contract Discount 3.5%	1,997.00
341.00 VMNRC C/A - R&B M/C A	(229,757.00)
341.10 VMNRC C/A - R&B MCR	(74,887.00)
341.20 VMNRC C/A - R&B Private Ins.	(10,469.00)
342.00 VMNRC C/A - Rx Drugs M/C A	76,500.00
342.20 VMNRC C/A - RX MCB Vaccine	(114.00)
343.00 VMNRC C/A - PT M/C A	72,066.00
344.00 VMNRC C/A PVT PAY	17,143.00
344.30 VMNRC C/A - ST M/C B	49.00
345.10 VMNRC C/A - Ancillary MCR	224,400.00
345.20 VMNRC C/A - Ancillary Private Ins.	16,721.00
350.00 VMNRC C/A - OT M/C A	93,721.00
Villa Maria Nursing & Rehabilitation Community	(5,040,521.00)
<b>401 NET PATIENT SERVICE REVENUE</b>	<b>(5,040,521.00)</b>
305.00 VMNRC Patient Finance Charges	(54.00)
306.00 VMNRC Miscellaneous Income	(2,148.00)
333.00 VMNRC Interest Income - Medicare	(58.00)
761.00 VMNRC Rental of Building	336,000.00
Villa Maria Nursing & Rehabilitation Community	333,740.00
309.00 BAL Rental Income - nursing home	(336,000.00)
310.00 BAL Rental Income - old business office	(6,220.00)
Babcock Avenue, LLC	(342,220.00)
<b>402 OTHER REVENUE</b>	<b>(8,480.00)</b>
401.00 VMNRC Administrator	79,322.00
402.00 VMNRC Office	175,426.00
403.00 VMNRC Food Service Supervisor	45,420.00

**Villa Maria Nursing & Rehabilitation Commr**

Year End: September 30, 2018

Summary Trial Balance

ATT1-5

Prepared by 1 AK2 11/19/2018	Prepared by 2	Prepared by 3
Reviewed by 1	Reviewed by 2	Reviewed by 3

Account	Rep
404.00 VMNRC Other Dietary	200,833.00
405.00 VMNRC Housekeeping Supervisor	15,140.00
405.10 VMNRC Laundry Supervisor	15,140.00
405.20 VMNRC Other Housekeeping	98,886.00
405.30 VMNRC Other Laundry	55,963.00
407.00 VMNRC Other Maintenance	36,958.00
408.00 VMNRC Director of Nursing	98,394.00
409.00 VMNRC Registered Nurses	665,565.00
410.00 VMNRC Licensed Practical Nurses	485,198.00
411.00 VMNRC Certified Nurses Aides	871,040.00
412.00 VMNRC Recreation	50,458.00
413.00 VMNRC Social Service	38,985.00
414.00 VMNRC Medical Recorder	14,459.00
Villa Maria Nursing & Rehabilitation Community	2,947,187.00
<b>501 PAYROLL</b>	<b>2,947,187.00</b>
501.00 VMNRC Workers Compensation Ins.	56,174.00
502.00 VMNRC Federal Unemployment Tax	4,177.00
503.00 VMNRC State Unemployment Tax	26,593.00
504.00 VMNRC F.I.C.A	214,199.00
509.00 VMNRC Employee Physicals	580.00
510.00 VMNRC Employee Health Ins.	85,422.00
513.00 VMNRC Employee Uniforms	5,041.00
516.00 VMNRC Employer Health Ins Deductible	27,711.00
541.00 VMNRC Holiday Parties & Gifts-Patient	672.00
542.00 VMNRC Other Fringe Benefits	2,814.00
548.00 VMNRC Employee Educ. Exp (Books etc.)	236.00
Villa Maria Nursing & Rehabilitation Community	423,619.00
<b>502 PAYROLL TAXES &amp; EMPLOYEE BENEFITS</b>	<b>423,619.00</b>
751.00 VMNRC Depr. - Building Improvements	36,683.00
752.00 VMNRC Depr. - Equipment	12,088.00
753.00 VMNRC Depr. - Vehicles	12,053.00
754.00 VMNRC Depr. - Land Improvements	2,233.00
Villa Maria Nursing & Rehabilitation Community	63,057.00
751.00 BAL Depn - Bldg & Impr	14,990.00
<b>504 DEPRECIATION</b>	<b>78,047.00</b>
789.00 VMNRC Interest Expense - Other	9,182.00



**Villa Maria Nursing & Rehabilitation Comr**

Year End: September 30, 2018

Summary Trial Balance

ATT1-6

Prepared by 1 AK2 11/19/2018	Prepared by 2	Prepared by 3
Reviewed by 1	Reviewed by 2	Reviewed by 3

Account	Rep
750.00 BAL Amortization Expense	4,199.00
789.00 BAL Interest Expense - Mortgage	60,986.00
Babcock Avenue, LLC	65,185.00
<b>505 INTEREST</b>	<b>74,367.00</b>
450.00 VMNRC Computer Consultant	15,164.00
451.00 VMNRC Dietitian	14,350.00
452.00 VMNRC Dentist	6,910.00
453.00 VMNRC Pharmacist	2,176.00
455.00 VMNRC Physical Therapist	155,967.00
456.00 VMNRC Social Worker (Backus Hospital)	400.00
457.00 VMNRC Medical Director (Visits)	16,800.00
458.00 VMNRC Occupational Therapist	167,148.00
460.00 VMNRC Speech Therapist	51,816.00
461.00 VMNRC Medical Board (Staff Meetings)	1,050.00
463.00 VMNRC Pool Hours	0.00
464.00 VMNRC Managed Care Consultant	4,151.00
465.00 VMNRC Hearing Consultant	300.00
512.00 VMNRC Profit Sharing Plan - Admin Fee	4,841.00
522.00 VMNRC Accounting Fees	51,690.00
523.00 VMNRC Legal Fees	2,213.00
Villa Maria Nursing & Rehabilitation Community	494,976.00
522.00 BAL Accounting Fees	2,225.00
<b>506 PROFESSIONAL FEES</b>	<b>497,201.00</b>
776.00 VMNRC Nursing Home Tax	385,042.00
<b>507 NURSING HOME USER FEE</b>	<b>385,042.00</b>
524.00 VMNRC Office Expenses/Supplies	20,188.00
525.00 VMNRC Telephone	5,417.00
526.00 VMNRC Federal Subscriber Line	118.00
527.00 VMNRC Cable Television	4,187.00
528.00 VMNRC Payroll Service	13,297.00
529.00 VMNRC Computerized Medical Records	682.00
530.00 VMNRC Cellular Phone/Beeper	4,068.00
543.00 VMNRC Employee Travel Exp (Mileage)	509.00
544.00 VMNRC Employee Educ. Exp (Sem & Conf)	3,477.00
545.00 VMNRC Automobile Expense	1,598.00

**Villa Maria Nursing & Rehabilitation Comrr**

**ATT1-7**

**Year End: September 30, 2018**

**Summary Trial Balance**

<b>Prepared by 1</b> AK2 11/19/2018	<b>Prepared by 2</b>	<b>Prepared by 3</b>
<b>Reviewed by 1</b>	<b>Reviewed by 2</b>	<b>Reviewed by 3</b>

<b>Account</b>	<b>Rep</b>
549.00 VMNRC Business Meals	319.00
551.00 VMNRC Advertising - Help Wanted	8,115.00
553.00 VMNRC Advertising - Promotional	857.00
554.00 VMNRC Dues & Membership Fees - CAHCF	4,291.00
555.00 VMNRC Dues & Membership Fees - Other	2,768.00
556.00 VMNRC Subscriptions	4,160.00
557.00 VMNRC Charitable Contributions	610.00
558.00 VMNRC Licenses	1,210.00
601.00 VMNRC Dietary - Raw Food	157,341.00
601.01 VMNRC Dietary - Supplements	6,782.00
602.00 VMNRC Dietary - Non-Food Supplies	12,721.00
603.00 VMNRC Dietary - Other	260.00
711.00 VMNRC Laundry - Purchased Services	14,487.00
712.00 VMNRC Laundry - Supplies	7,944.00
721.00 VMNRC Housekeeping - Cleaning Supplie	7,951.00
723.00 VMNRC Housekeeping - Other	4,868.00
724.00 VMNRC Recreation	5,453.00
730.00 VMNRC Desi Drugs (Medicaid)	493.00
731.00 VMNRC Rx Drugs - M/C A	42,804.00
731.30 VMNRC Rx Drugs - MCR	25,388.00
732.00 VMNRC Medicine Cabinet Supplies - Int	21,666.00
734.00 VMNRC Medical Supplies - External	17,770.00
735.00 VMNRC Medical Supplies	62,024.00
736.00 VMNRC Disposable Diapers	30,228.00
737.00 VMNRC Oxygen	16,681.00
738.00 VMNRC Other Patient Care & Services	2,278.00
739.00 VMNRC Medical Supplies - M/C A	10.00
740.02 VMNRC Ambulance - MC/ A	0.00
740.03 VMNRC X-Ray Fees - MC/A	3,159.00
740.04 VMNRC Lab Fees - MC/ A	3,780.00
741.00 VMNRC Repairs & Maint. (Contractors)	10,996.00
742.00 VMNRC Maintenance Supplies	11,558.00
742.10 VMNRC Maintenance Expense-22 Babcock	2,469.00
742.20 VMNRC Resident TV costs	353.00
748.00 VMNRC Annually Contracted Maintenance	46,638.00
762.00 VMNRC Rent - 22 Babcock Ave	16,800.00
770.00 VMNRC Automobile Tax	1,068.00
771.00 VMNRC Personal Property Tax	3,341.00
772.00 VMNRC Real Estate Tax - 20 Babcock	46,373.00
773.00 VMNRC Real Estate Tax - 2 1/2 Mill St	1,394.00
773.10 VMNRC Real Estate Tax-22 Babcock Ave	4,153.00
774.00 VMNRC Fire Tax	2,551.00
774.10 VMNRC Fire Tax - 22 Babcock	262.00

**Villa Maria Nursing & Rehabilitation Comrr**

ATT1-8

Year End: September 30, 2018

Summary Trial Balance

Prepared by 1 AK2 11/19/2018	Prepared by 2	Prepared by 3
Reviewed by 1	Reviewed by 2	Reviewed by 3

Account	Rep
775.00 VMNRC Sales & Use Tax	1,106.00
777.00 VMNRC Business Entity Tax	250.00
790.00 VMNRC Bank Charges	268.00
791.00 VMNRC Insurance Expense	38,753.00
796.00 VMNRC Miscellaneous Expenses	166.00
797.00 VMNRC Penalties	<u>58.00</u>
Villa Maria Nursing & Rehabilitation Community	708,516.00
792.00 BAL State Entity Tax	250.00
794.00 BAL Repairs and Maintenance - old business office	0.00
795.00 BAL Property Tax - old business office	2,550.00
796.00 BAL Misc Expense	76.00
798.10 BAL Water - old business office	<u>225.00</u>
Babcock Avenue, LLC	3,101.00
<b>509 SUPPLIES &amp; EXPENSES</b>	<u>711,617.00</u>
743.00 VMNRC Heating	13,266.00
743.10 VMNRC Heating - 22 Babcock Ave	2,800.00
744.00 VMNRC Electricity	29,097.00
744.10 VMNRC Electric - 22 Babcock Ave	1,423.00
746.00 VMNRC Water	11,706.00
746.10 VMNRC Water - 22 Babcock Ave	586.00
747.00 VMNRC Sewer	7,086.00
747.10 VMNRC Sewer - 22 Babcock Ave	435.00
749.00 VMNRC Gas Services	<u>12,778.00</u>
Villa Maria Nursing & Rehabilitation Community	79,177.00
<b>510 UTILITIES</b>	<u>79,177.00</u>
	<u>0.00</u>
<b>Net Income (Loss)</b>	<b>(147,256.00)</b>

**Villa Maria Nursing & Rehabilitation Comrr**  
**Year End: September 30, 2018**  
**Crosswalk Medicaid Groupings**

**CROSS TB**

<b>Prepared by 1</b> AK2 11/19/2018	<b>Prepared by 2</b>	<b>Prepared by 3</b>
<b>Reviewed by 1</b> LF2 1/28/2019	<b>Reviewed by 2</b>	<b>Reviewed by 3</b>

<b>Account</b>	<b>Rep</b>
401.00 VMNRC Administrator	79,322.00
<b>10-02 A2-Administrator</b>	<b>79,322.00</b>
402.00 VMNRC Office	175,426.00
414.00 VMNRC Medical Recorder	14,459.00
Villa Maria Nursing & Rehabilitation Community	189,885.00
<b>10-04 A4-Other Admin Salaries</b>	<b>189,885.00</b>
403.00 VMNRC Food Service Supervisor	45,420.00
<b>10-06 5b-Food Service Supervisor</b>	<b>45,420.00</b>
404.00 VMNRC Other Dietary	200,833.00
<b>10-07 5c-Dietary Workers</b>	<b>200,833.00</b>
405.00 VMNRC Housekeeping Supervisor	15,140.00
<b>10-08 6a-Head Housekeeper</b>	<b>15,140.00</b>
405.20 VMNRC Other Housekeeping	98,886.00
<b>10-09 6b-Other Housekeeping</b>	<b>98,886.00</b>
407.00 VMNRC Other Maintenance	36,958.00
<b>10-11 7b-Other Maint. Workers</b>	<b>36,958.00</b>
405.10 VMNRC Laundry Supervisor	15,140.00
<b>10-12 8a-Laundry Supervisor</b>	<b>15,140.00</b>
405.30 VMNRC Other Laundry	55,963.00
<b>10-13 8b-Other Laundry Workers</b>	<b>55,963.00</b>
408.00 VMNRC Director of Nursing	98,394.00
<b>10-18 12a-Director of Nurses</b>	<b>98,394.00</b>
409.00 VMNRC Registered Nurses	665,565.00

**Villa Maria Nursing & Rehabilitation Comr**  
**Year End: September 30, 2018**  
**Crosswalk Medicaid Groupings**

**CROSS TB-1**

<b>Prepared by 1</b> AK2 11/19/2018	<b>Prepared by 2</b>	<b>Prepared by 3</b>
<b>Reviewed by 1</b> LF2 1/28/2019	<b>Reviewed by 2</b>	<b>Reviewed by 3</b>

<b>Account</b>	<b>Rep</b>
<b>10-19 12b-RNs</b>	<b>665,565.00</b>
410.00 VMNRC Licensed Practical Nurses	485,198.00
<b>10-20 12c-LPN's</b>	<b>485,198.00</b>
411.00 VMNRC Certified Nurses Aides	871,040.00
<b>10-21 12d-Aides and Attendants</b>	<b>871,040.00</b>
412.00 VMNRC Recreation	50,458.00
<b>10-25 12h-Recreation Workers</b>	<b>50,458.00</b>
413.00 VMNRC Social Service	38,985.00
<b>10-33 12m-Social Workers</b>	<b>38,985.00</b>
451.00 VMNRC Dietitian	14,350.00
<b>13-01 B1-Dietician</b>	<b>14,350.00</b>
452.00 VMNRC Dentist	6,910.00
<b>13-02 B2-Dentist</b>	<b>6,910.00</b>
453.00 VMNRC Pharmacist	2,176.00
<b>13-03 B3-Pharmacist</b>	<b>2,176.00</b>
455.00 VMNRC Physical Therapist	155,967.00
<b>13-05 B5a-PT Resident Care</b>	<b>155,967.00</b>
456.00 VMNRC Social Worker (Backus Hospital)	400.00
<b>13-07 B6-Social Worker</b>	<b>400.00</b>
457.00 VMNRC Medical Director (Visits)	16,800.00
<b>13-09 B8a-Medical Director (entire fac.)</b>	<b>16,800.00</b>

**Villa Maria Nursing & Rehabilitation Commr**  
**Year End: September 30, 2018**  
**Crosswalk Medicaid Groupings**

**CROSS TB-2**

<b>Prepared by 1</b> AK2 11/19/2018	<b>Prepared by 2</b>	<b>Prepared by 3</b>
<b>Reviewed by 1</b> LF2 1/28/2019	<b>Reviewed by 2</b>	<b>Reviewed by 3</b>

<b>Account</b>	<b>Rep</b>
461.00 VMNRC Medical Board (Staff Meetings)	1,050.00
<b>13-14 B8d.3-Staff development Comm.</b>	<b>1,050.00</b>
460.00 VMNRC Speech Therapist	51,816.00
<b>13-16 B9a-ST Resident Care</b>	<b>51,816.00</b>
458.00 VMNRC Occupational Therapist	167,148.00
<b>13-18 B10a-OT Resident Care</b>	<b>167,148.00</b>
463.00 VMNRC Pool Hours	0.00
464.00 VMNRC Managed Care Consultant	4,151.00
465.00 VMNRC Hearing Consultant	300.00
Villa Maria Nursing & Rehabilitation Community	4,451.00
<b>13-24 12-Other direct care consultants</b>	<b>4,451.00</b>
501.00 VMNRC Workers Compensation Ins.	56,174.00
<b>15-01 1a.1-A&amp;G-Workers' Comp.</b>	<b>56,174.00</b>
502.00 VMNRC Federal Unemployment Tax	4,177.00
503.00 VMNRC State Unemployment Tax	26,593.00
Villa Maria Nursing & Rehabilitation Community	30,770.00
<b>15-03 1a.3-A&amp;G-Unemployment Ins,</b>	<b>30,770.00</b>
504.00 VMNRC F.I.C.A	214,199.00
<b>15-04 1a.4-A&amp;G-FICA</b>	<b>214,199.00</b>
510.00 VMNRC Employee Health Ins.	85,422.00
516.00 VMNRC Employer Health Ins Deductible	27,711.00
Villa Maria Nursing & Rehabilitation Community	113,133.00
<b>15-05 1a.5-A&amp;G-Health Ins.</b>	<b>113,133.00</b>
513.00 VMNRC Employee Uniforms	5,041.00
<b>15-08 1a.8-A&amp;G-Uniform Allowance</b>	<b>5,041.00</b>

**Villa Maria Nursing & Rehabilitation Comr**  
**Year End: September 30, 2018**  
**Crosswalk Medicaid Groupings**

**CROSS TB-3**

<b>Prepared by 1</b> AK2 11/19/2018	<b>Prepared by 2</b>	<b>Prepared by 3</b>
<b>Reviewed by 1</b> LF2 1/28/2019	<b>Reviewed by 2</b>	<b>Reviewed by 3</b>

<b>Account</b>	<b>Rep</b>
509.00 VMNRC Employee Physicals	580.00
<b>15-09 1a.9-A&amp;G-Other EE Benefits</b>	<b>580.00</b>
522.00 VMNRC Accounting Fees	51,690.00
522.00 BAL Accounting Fees	2,225.00
<b>15-12 1d-A&amp;G-Accounting / Auditing</b>	<b>53,915.00</b>
523.00 VMNRC Legal Fees	2,213.00
<b>15-13 1e-A&amp;G-Legal</b>	<b>2,213.00</b>
524.00 VMNRC Office Expenses/Supplies	20,188.00
790.00 VMNRC Bank Charges	268.00
796.00 VMNRC Miscellaneous Expenses	166.00
Villa Maria Nursing & Rehabilitation Community	20,622.00
794.00 BAL Repairs and Maintenance - old business office	0.00
795.00 BAL Property Tax - old business office	2,550.00
Babcock Avenue, LLC	2,550.00
<b>15-15 1g-A&amp;G-Office Supplies</b>	<b>23,172.00</b>
525.00 VMNRC Telephone	5,417.00
<b>15-16 1h1-A&amp;G-telephone</b>	<b>5,417.00</b>
530.00 VMNRC Cellular Phone/Beeper	4,068.00
<b>15-17 1h2-A&amp;G-cell phone</b>	<b>4,068.00</b>
777.00 VMNRC Business Entity Tax	250.00
792.00 BAL State Entity Tax	250.00
<b>15-18 1 j - Corporation business taxes</b>	<b>500.00</b>
775.00 VMNRC Sales & Use Tax	1,106.00
<b>15-20 1 k.2 - Other taxes</b>	<b>1,106.00</b>

**Villa Maria Nursing & Rehabilitation Commr**  
**Year End: September 30, 2018**  
**Crosswalk Medicaid Groupings**

**CROSS TB-4**

<b>Prepared by 1</b> AK2 11/19/2018	<b>Prepared by 2</b>	<b>Prepared by 3</b>
<b>Reviewed by 1</b> LF2 1/28/2019	<b>Reviewed by 2</b>	<b>Reviewed by 3</b>

<b>Account</b>	<b>Rep</b>
776.00 VMNRC Nursing Home Tax	385,042.00
<b>15-21 1 k.3 - Resident Day User Fees</b>	<b>385,042.00</b>
527.00 VMNRC Cable Television	4,187.00
<b>16-01 1L.1-T&amp;E-Resident Travel</b>	<b>4,187.00</b>
541.00 VMNRC Holiday Parties & Gifts-Patient	672.00
542.00 VMNRC Other Fringe Benefits	2,814.00
Villa Maria Nursing & Rehabilitation Community	3,486.00
<b>16-03 1L.3-T&amp;E-Gifts-Staff &amp; Residents</b>	<b>3,486.00</b>
543.00 VMNRC Employee Travel Exp (Mileage)	509.00
<b>16-04 1L.4-T&amp;E-Employee Travel</b>	<b>509.00</b>
544.00 VMNRC Employee Educ. Exp (Sem & Conf)	3,477.00
548.00 VMNRC Employee Educ. Exp (Books etc.)	236.00
Villa Maria Nursing & Rehabilitation Community	3,713.00
<b>16-05 1L.5-T&amp;E-Seminars and Conventions</b>	<b>3,713.00</b>
545.00 VMNRC Automobile Expense	1,598.00
<b>16-06 1L.6-T&amp;E-Automobile Expenses</b>	<b>1,598.00</b>
549.00 VMNRC Business Meals	319.00
<b>16-07 1L.7-T&amp;E-Other</b>	<b>319.00</b>
551.00 VMNRC Advertising - Help Wanted	8,115.00
<b>16-08 1m.1-Ads-Help Wanted</b>	<b>8,115.00</b>
553.00 VMNRC Advertising - Promotional	857.00
<b>16-10 1m.3-Ads-Other</b>	<b>857.00</b>
529.00 VMNRC Computerized Medical Records	682.00
<b>16-12 1m.5-Medical Records</b>	<b>682.00</b>



**Villa Maria Nursing & Rehabilitation Commr**

Year End: September 30, 2018

Crosswalk Medicaid Groupings

**CROSS TB-5**

<b>Prepared by 1</b> AK2 11/19/2018	<b>Prepared by 2</b>	<b>Prepared by 3</b>
<b>Reviewed by 1</b> LF2 1/28/2019	<b>Reviewed by 2</b>	<b>Reviewed by 3</b>

Account	Rep
554.00 VMNRC Dues & Membership Fees - CAHCF	4,291.00
555.00 VMNRC Dues & Membership Fees - Other	2,768.00
Villa Maria Nursing & Rehabilitation Community	7,059.00
<b>16-15 1m.8-Dues and membership fees</b>	<b>7,059.00</b>
556.00 VMNRC Subscriptions	4,160.00
<b>16-17 1m.9-Subscriptions</b>	<b>4,160.00</b>
557.00 VMNRC Charitable Contributions	610.00
<b>16-18 1m.10-Contributions</b>	<b>610.00</b>
526.00 VMNRC Federal Subscriber Line	118.00
528.00 VMNRC Payroll Service	13,297.00
558.00 VMNRC Licenses	1,210.00
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	2,800.00
744.10 VMNRC Electric - 22 Babcock Ave	1,423.00
746.10 VMNRC Water - 22 Babcock Ave	586.00
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	4,153.00
774.10 VMNRC Fire Tax - 22 Babcock	262.00
797.00 VMNRC Penalties	58.00
Villa Maria Nursing & Rehabilitation Community	43,964.00
796.00 BAL Misc Expense	76.00
798.10 BAL Water - old business office	225.00
Babcock Avenue, LLC	301.00
<b>16-20 1m.13-Other A&amp;G expense</b>	<b>44,265.00</b>
450.00 VMNRC Computer Consultant	15,164.00
512.00 VMNRC Profit Sharing Plan - Admin Fee	4,841.00
Villa Maria Nursing & Rehabilitation Community	20,005.00
<b>16-21 1m11-Services provided by contract</b>	<b>20,005.00</b>
601.00 VMNRC Dietary - Raw Food	157,341.00

**Villa Maria Nursing & Rehabilitation Commr**

Year End: September 30, 2018

Crosswalk Medicaid Groupings

**CROSS TB-6**

<b>Prepared by 1</b> AK2 11/19/2018	<b>Prepared by 2</b>	<b>Prepared by 3</b>
<b>Reviewed by 1</b> LF2 1/28/2019	<b>Reviewed by 2</b>	<b>Reviewed by 3</b>

Account	Rep
<b>18-01 2a.1-Raw food</b>	<b>157,341.00</b>
602.00 VMNRC Dietary - Non-Food Supplies	12,721.00
603.00 VMNRC Dietary - Other	260.00
Villa Maria Nursing & Rehabilitation Community	<u>12,981.00</u>
<b>18-02 2a.2-Non-food supplies</b>	<b>12,981.00</b>
601.01 VMNRC Dietary - Supplements	6,782.00
<b>18-03 2a.3-Dietary-other</b>	<b>6,782.00</b>
711.00 VMNRC Laundry - Purchased Services	14,487.00
<b>19-05 3b-Laundry-purchased services</b>	<b>14,487.00</b>
712.00 VMNRC Laundry - Supplies	7,944.00
<b>19-07 3d-Laundry-other</b>	<b>7,944.00</b>
721.00 VMNRC Housekeeping - Cleaning Supplie	7,951.00
723.00 VMNRC Housekeeping - Other	4,868.00
Villa Maria Nursing & Rehabilitation Community	<u>12,819.00</u>
<b>20-01 41-Housekeeping supplies</b>	<b>12,819.00</b>
731.00 VMNRC Rx Drugs - M/C A	42,804.00
731.30 VMNRC Rx Drugs - MCR	25,388.00
Villa Maria Nursing & Rehabilitation Community	<u>68,192.00</u>
<b>20-06 51.2-RC-Drugs from Mcr A</b>	<b>68,192.00</b>
732.00 VMNRC Medicine Cabinet Supplies - Int	21,666.00
<b>20-07 5b-RC-Medicine Cabinet Drugs</b>	<b>21,666.00</b>
734.00 VMNRC Medical Supplies - External	17,770.00
735.00 VMNRC Medical Supplies	62,024.00
739.00 VMNRC Medical Supplies - M/C A	10.00
Villa Maria Nursing & Rehabilitation Community	<u>79,804.00</u>
<b>20-08 5c-RC siplies -medical</b>	<b>79,804.00</b>

**Villa Maria Nursing & Rehabilitation Commr**

Year End: September 30, 2018

Crosswalk Medicaid Groupings

**CROSS TB-7**

<b>Prepared by 1</b> AK2 11/19/2018	<b>Prepared by 2</b>	<b>Prepared by 3</b>
<b>Reviewed by 1</b> LF2 1/28/2019	<b>Reviewed by 2</b>	<b>Reviewed by 3</b>

<b>Account</b>	<b>Rep</b>
740.02 VMNRC Ambulance - MC/ A	0.00
<b>20-09 5d-RC-Ambulance/Limo</b>	<u>0.00</u>
737.00 VMNRC Oxygen	16,681.00
<b>20-11 5e.2-RC-Oxygen-other use</b>	<u>16,681.00</u>
740.03 VMNRC X-Ray Fees - MC/A	3,159.00
<b>20-12 5f-RC-X-rays</b>	<u>3,159.00</u>
740.04 VMNRC Lab Fees - MC/ A	3,780.00
<b>20-14 5h-RC-Laboratory</b>	<u>3,780.00</u>
724.00 VMNRC Recreation	5,453.00
<b>20-15 5i-RC-Recreation</b>	<u>5,453.00</u>
730.00 VMNRC Desi Drugs (Medicaid)	493.00
736.00 VMNRC Disposable Diapers	30,228.00
738.00 VMNRC Other Patient Care & Services	2,278.00
Villa Maria Nursing & Rehabilitation Community	32,999.00
<b>20-16 5j-Resident Care-other</b>	<u>32,999.00</u>
742.00 VMNRC Maintenance Supplies	11,558.00
<b>22-01 6a-Repairs and Maint.</b>	<u>11,558.00</u>
743.00 VMNRC Heating	13,266.00
749.00 VMNRC Gas Services	12,778.00
Villa Maria Nursing & Rehabilitation Community	26,044.00
<b>22-02 6b-Heat</b>	<u>26,044.00</u>
744.00 VMNRC Electricity	29,097.00
<b>22-03 6c-Light and power</b>	<u>29,097.00</u>
746.00 VMNRC Water	11,706.00

**Villa Maria Nursing & Rehabilitation Commr**

Year End: September 30, 2018

Crosswalk Medicaid Groupings

**CROSS TB-8**

<b>Prepared by 1</b> AK2 11/19/2018	<b>Prepared by 2</b>	<b>Prepared by 3</b>
<b>Reviewed by 1</b> LF2 1/28/2019	<b>Reviewed by 2</b>	<b>Reviewed by 3</b>

<b>Account</b>	<b>Rep</b>
747.00 VMNRC Sewer	<u>7,086.00</u>
Villa Maria Nursing & Rehabilitation Community	<u>18,792.00</u>
<b>22-04 6d-Water</b>	<u>18,792.00</u>
741.00 VMNRC Repairs & Maint. (Contractors)	<u>10,996.00</u>
748.00 VMNRC Annually Contracted Maintenance	<u>46,638.00</u>
Villa Maria Nursing & Rehabilitation Community	<u>57,634.00</u>
<b>22-06 6f-Maint &amp; Operations-other</b>	<u>57,634.00</u>
751.00 VMNRC Depr. - Building Improvements	<u>36,683.00</u>
754.00 VMNRC Depr. - Land Improvements	<u>2,233.00</u>
Villa Maria Nursing & Rehabilitation Community	<u>38,916.00</u>
751.00 BAL Depn - Bldg & Impr	<u>14,990.00</u>
<b>22-08 7b-Depn Bldg &amp; Impr</b>	<u>53,906.00</u>
752.00 VMNRC Depr. - Equipment	<u>12,088.00</u>
753.00 VMNRC Depr. - Vehicles	<u>12,053.00</u>
Villa Maria Nursing & Rehabilitation Community	<u>24,141.00</u>
<b>22-10 7d-Depn-Movable Equip</b>	<u>24,141.00</u>
750.00 BAL Amortization Expense	<u>4,199.00</u>
<b>22-12 8b-Mortgage expense</b>	<u>4,199.00</u>
761.00 VMNRC Rental of Building	<u>336,000.00</u>
309.00 BAL Rental Income - nursing home	<u>(336,000.00)</u>
310.00 BAL Rental Income - old business office	<u>(6,220.00)</u>
Babcock Avenue, LLC	<u>(342,220.00)</u>
<b>22-15 9-Rent</b>	<u>(6,220.00)</u>
772.00 VMNRC Real Estate Tax - 20 Babcock	<u>46,373.00</u>
773.00 VMNRC Real Estate Tax - 2 1/2 Mill St	<u>1,394.00</u>
774.00 VMNRC Fire Tax	<u>2,551.00</u>
Villa Maria Nursing & Rehabilitation Community	<u>50,318.00</u>
<b>22-16 10a-RE taxes-paid by owner</b>	<u>50,318.00</u>

**Villa Maria Nursing & Rehabilitation Comrr**

Year End: September 30, 2018

Crosswalk Medicaid Groupings

**CROSS TB-9**

Prepared by 1 AK2 11/19/2018	Prepared by 2	Prepared by 3
Reviewed by 1 LF2 1/28/2019	Reviewed by 2	Reviewed by 3

Account	Rep
770.00 VMNRC Automobile Tax	1,068.00
771.00 VMNRC Personal Property Tax	3,341.00
Villa Maria Nursing & Rehabilitation Community	4,409.00
<b>22-18 10c-Personal Property Taxes</b>	<b>4,409.00</b>
789.00 BAL Interest Expense - Mortgage	60,986.00
<b>26-01 12A-Mort Interest</b>	<b>60,986.00</b>
789.00 VMNRC Interest Expense - Other	9,182.00
<b>27-03 12D-Other Interest Expense</b>	<b>9,182.00</b>
791.00 VMNRC Insurance Expense	38,753.00
<b>27-04 14a-Insurance on property</b>	<b>38,753.00</b>
303.00 VMNRC R&B - Medicaid (State)	(3,116,284.00)
303.22 VMNRC R&B Medicaid Pending	(79,814.00)
Villa Maria Nursing & Rehabilitation Community	(3,196,098.00)
<b>30-01 1.1.a. Rev-R&amp;B Medicaid (CT)</b>	<b>(3,196,098.00)</b>
302.00 VMNRC R&B - Medicare	(322,560.00)
<b>30-05 1.3.a. Rev-R&amp;B Medicare</b>	<b>(322,560.00)</b>
341.00 VMNRC C/A - R&B M/C A	(229,757.00)
<b>30-06 1.3.b. MCR R&amp;B C/A</b>	<b>(229,757.00)</b>
301.00 VMNRC R&B - Self Paid (Private)	(238,740.00)
301.01 VMNRC R&B - Self Paid (Semi-Pvt)	(352,800.00)
301.02 VMNRC R&B - Self Paid (3-4 Bed)	0.00
301.05 VMNRC R&B - Medicare Replacement(MCR)	(343,350.00)
301.06 VMNRC R&B - Private Ins. (not MCR)	(21,420.00)
301.07 VMNRC R&B - Hospice (State)	(44,087.00)
340.00 VMNRC Partnership LTC Discount 5%	5,244.00
341.10 VMNRC C/A - R&B MCR	(74,887.00)
341.20 VMNRC C/A - R&B Private Ins.	(10,469.00)
Villa Maria Nursing & Rehabilitation Community	(1,080,509.00)

**Villa Maria Nursing & Rehabilitation Commr**

Year End: September 30, 2018

Crosswalk Medicaid Groupings

**CROSS TB-10**

Prepared by 1 AK2 11/19/2018	Prepared by 2	Prepared by 3
Reviewed by 1 LF2 1/28/2019	Reviewed by 2	Reviewed by 3

Account	Rep
<b>30-07 1.4.a. Rev-R&amp;B Private and Other</b>	<u>(1,080,509.00)</u>
344.00 VMNRC C/A PVT PAY	17,143.00
<b>30-08 1.4.b Pvt pay R &amp; B C/A</b>	<u>17,143.00</u>
315.00 VMNRC Rx Drugs - M/C A	(76,500.00)
<b>30-09 2.1.a. Rev Prescription Drugs MCR</b>	<u>(76,500.00)</u>
342.00 VMNRC C/A - Rx Drugs M/C A	76,500.00
<b>30-10 2.1.b. Prescription Drugs MCR C/A</b>	<u>76,500.00</u>
316.40 VMNRC RxDrugs - MCB Vaccine	(5,125.00)
<b>30-11 2.1.c. Prescription Drugs-non MCR</b>	<u>(5,125.00)</u>
342.20 VMNRC C/A - RX MCB Vaccine	(114.00)
<b>30-12 2.1.d. Prescription Drugs-non-MCR (C/A)</b>	<u>(114.00)</u>
318.00 VMNRC PT - M/C A	(72,066.00)
320.00 VMNRC PT - M/C B	(83,585.00)
Villa Maria Nursing & Rehabilitation Community	<u>(155,651.00)</u>
<b>30-17 2.3.a. PT MCR</b>	<u>(155,651.00)</u>
343.00 VMNRC C/A - PT M/C A	72,066.00
<b>30-18 2.3.b. PT MCR C/A</b>	<u>72,066.00</u>
323.00 VMNRC ST - M/C A	(9,161.00)
324.00 VMNRC ST - M/C B	(27,541.00)
Villa Maria Nursing & Rehabilitation Community	<u>(36,702.00)</u>
<b>30-21 2.4.a. ST - MCR</b>	<u>(36,702.00)</u>
310.00 VMNRC C/A - ST M/C A	9,161.00
344.30 VMNRC C/A - ST M/C B	49.00
Villa Maria Nursing & Rehabilitation Community	<u>9,210.00</u>

**Villa Maria Nursing & Rehabilitation Comrr**

Year End: September 30, 2018

Crosswalk Medicaid Groupings

**CROSS TB-11**

<b>Prepared by 1</b> AK2 11/19/2018	<b>Prepared by 2</b>	<b>Prepared by 3</b>
<b>Reviewed by 1</b> LF2 1/28/2019	<b>Reviewed by 2</b>	<b>Reviewed by 3</b>

Account	Rep
<b>30-22 2.4.b. ST - MCR C/A</b>	9,210.00
327.00 VMNRC OT - M/C B	(105,938.00)
329.00 VMNRC OT - M/C A	(93,721.00)
Villa Maria Nursing & Rehabilitation Community	(199,659.00)
<b>30-25 2.5.a. OT MCR</b>	(199,659.00)
350.00 VMNRC C/A - OT M/C A	93,721.00
<b>30-26 2.5.b. OT MCR C/A</b>	93,721.00
303.04 VMNRC R&B-Prior Year Retro-Rate Adj.	8,603.00
304.00 VMNRC Prior Year Billing Adjustments	(16,906.00)
316.20 VMNRC Ancillary - MCR	(224,400.00)
316.30 VMNRC Ancillary - Private Ins.	(16,901.00)
340.20 VMNRC Anthem Contract Discount 3.5%	1,997.00
345.10 VMNRC C/A - Ancillary MCR	224,400.00
345.20 VMNRC C/A - Ancillary Private Ins.	16,721.00
Villa Maria Nursing & Rehabilitation Community	(6,486.00)
<b>30-30 2.6.b. Other Non MCR</b>	(6,486.00)
305.00 VMNRC Patient Finance Charges	(54.00)
333.00 VMNRC Interest Income - Medicare	(58.00)
Villa Maria Nursing & Rehabilitation Community	(112.00)
<b>30-35 4.5. Interest Income</b>	(112.00)
306.00 VMNRC Miscellaneous Income	(2,148.00)
<b>30-38 4.8 Other Revenue</b>	(2,148.00)
103.00 VMNRC Petty Cash	300.00
106.00 VMNRC Ultra Benefits	10,000.00
107.00 VMNRC Checking Acct. (Citizens Bank)	255,250.00
Villa Maria Nursing & Rehabilitation Community	265,550.00
104.00 BAL Checking Account	129,149.00
<b>31-01 A1-Cash</b>	394,699.00
100.00 VMNRC Opening Entry - 1999	(641.00)

**Villa Maria Nursing & Rehabilitation Commr**

Year End: September 30, 2018

Crosswalk Medicaid Groupings

**CROSS TB-12**

Prepared by 1 AK2 11/19/2018	Prepared by 2	Prepared by 3
Reviewed by 1 LF2 1/28/2019	Reviewed by 2	Reviewed by 3

Account	Rep
121.00 VMNRC A/R - Medicaid	731,733.00
121.10 VMNRC A/R - Self Pay	246,738.00
121.11 VMNRC A/R - Private Insurance	(49,272.00)
121.20 VMNRC A/R- Medicaid Patient Liability	(994,218.00)
121.30 VMNRC A/R- Medicare A Coins from Priv	(12,778.00)
121.40 VMNRC A/R- Medicare B Coins from Priv	(1,788.00)
121.50 VMNRC A/R - Medicaid Pending	358,225.00
121.60 VMNRC A/R - Med A Coins from Medicaid	(35,815.00)
121.70 VMNRC A/R - Med B Coins from Medicaid	2,118.00
121.80 VMNRC A/R- Medicare A	76,984.00
121.81 VMNRC A/R - Medicare B	22,000.00
121.82 VMNRC A/R - Medicare A Coins from Ins	(12,539.00)
121.83 VMNRC A/R - Medicare B Coins from Ins	(1,373.00)
121.90 VMNRC A/R - Medicare Advantage (MCR)	45,098.00
121.99 VMNRC A/R Suspense	13,237.00
124.00 VMNRC A/R - Medicare Miscellaneous	(1.00)
124.20 VMNRC Misc.- Class Action Settlement	0.00
125.00 VMNRC Allowance Doubtful Accounts	(10,000.00)
Villa Maria Nursing & Rehabilitation Community	377,708.00
<b>31-02 A2-Resident A/R</b>	<b>377,708.00</b>
124.10 VMNRC Misc. Refunds/Rebates	0.00
142.00 VMNRC Prepaid RE Tax - 20 Babcock Ave	9,000.00
142.10 VMNRC Prepaid RE Tax - 2 1/2 Mill St.	320.00
142.30 VMNRC Prepaid RE - 22 Babcock Ave	1,077.00
143.00 VMNRC Prepaid Personal Property Tax	594.00
143.10 VMNRC Prepaid Auto Tax	209.00
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	1,883.00
144.10 VMNRC Prepaid Water	0.00
144.30 VMNRC Prepaid Sewer - 22 Babcock Ave.	0.00
145.00 VMNRC Prepaid Expenses	6,566.00
145.01 VMNRC Prepaid 22 Babcock Assests	3,233.00
145.02 VMNRC Resident TVs	176.00
148.00 VMNRC Prepaid Ins.- Prop & Liab / etc	236.00
150.00 VMNRC Prepaid Maintenance Contracts	663.00
151.00 VMNRC Prepaid Fed. Enhanced Estimates	0.00
Villa Maria Nursing & Rehabilitation Community	23,957.00
151.00 BAL Prepaid Federal Enhanced Estimate	20,779.00



**Villa Maria Nursing & Rehabilitation Commr**  
**Year End: September 30, 2018**  
**Crosswalk Medicaid Groupings**

**CROSS TB-13**

<b>Prepared by 1</b> AK2 11/19/2018	<b>Prepared by 2</b>	<b>Prepared by 3</b>
<b>Reviewed by 1</b> LF2 1/28/2019	<b>Reviewed by 2</b>	<b>Reviewed by 3</b>

<b>Account</b>	<b>Rep</b>
<b>31-05 A5-Prepaid Expenses</b>	<b>44,736.00</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	(68,200.00)
162.00 VMNRC Accum Depr Bldg Improvements	(917,862.00)
Villa Maria Nursing & Rehabilitation Community	(986,062.00)
162.00 BAL A/D - Bldg & Impr	(683,771.00)
<b>31-13 B3-Buildings-A/D</b>	<b>(1,669,833.00)</b>
163.00 VMNRC Equipment	634,145.00
<b>31-18 B6-Moveable equip-cost</b>	<b>634,145.00</b>
164.00 VMNRC Accum Depr Equipment	(617,819.00)
<b>31-19 B6-Moveable equip-A/d</b>	<b>(617,819.00)</b>
165.00 VMNRC Vehicles	60,263.00
<b>31-20 B7-Motor vehicles - cost</b>	<b>60,263.00</b>
166.00 VMNRC Accum Depr Vehicles	(30,132.00)
<b>31-21 B7-Motor vehicles - A/D</b>	<b>(30,132.00)</b>
180.00 BAL Deferred Financing Fees	41,994.00
181.00 BAL A/A - Deferred Financing Fees	(20,995.00)
Babcock Avenue, LLC	20,999.00

**Villa Maria Nursing & Rehabilitation Comrr**

Year End: September 30, 2018

Crosswalk Medicaid Groupings

**CROSS TB-14**

Prepared by 1 AK2 11/19/2018	Prepared by 2	Prepared by 3
Reviewed by 1 LF2 1/28/2019	Reviewed by 2	Reviewed by 3

Account	Rep
<b>32-5 D7-other assets</b>	<b>20,999.00</b>
201.00 VMNRC Accounts Payable	(135,592.00)
<b>33-01 A1-Trade A/P</b>	<b>(135,592.00)</b>
203.00 VMNRC Accrued Payroll	(52,608.00)
204.00 VMNRC Accrued Vacation Payroll	(69,647.00)
205.00 VMNRC Accrued Sick Pay	(66,832.00)
Villa Maria Nursing & Rehabilitation Community	(189,087.00)
<b>33-04 A4-Accrued payroll</b>	<b>(189,087.00)</b>
206.00 VMNRC Accrued FICA	(3,871.00)
207.00 VMNRC Accrued State Unemployment Tax	(146.00)
208.00 VMNRC Accrued Fed Unemployment Tax	(26.00)
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	2,646.00
224.00 VMNRC Employee Insurance	(9,520.00)
224.10 VMNRC Employee Life Insurance	447.00
227.00 VMNRC Employee Sunshine Fund	(594.00)
228.00 VMNRC 401 K	2,167.00
229.00 VMNRC Connecticut State Income Tax	0.00
Villa Maria Nursing & Rehabilitation Community	(8,897.00)
<b>33-06 A6-Accrued p/r taxes</b>	<b>(8,897.00)</b>
236.01 VMNRC Current Portion of LTD	(23,008.00)
<b>33-07 CP - Auto Loan</b>	<b>(23,008.00)</b>
235.03 BAL Berkshire LOC	(200,000.00)
236.00 BAL Current Portion of LTD	(68,000.00)
Babcock Avenue, LLC	(268,000.00)
<b>33-09 A9-CP Mortgage Payable</b>	<b>(268,000.00)</b>
202.00 VMNRC Accrued Expense	0.00
202.10 VMNRC Accrued Water	(783.00)
202.30 VMNRC Accrued Water - 22 Babcock Ave.	0.00
209.00 VMNRC Patient Fund (\$60.00 Allowance)	(195.00)

**Villa Maria Nursing & Rehabilitation Comr**

Year End: September 30, 2018

Crosswalk Medicaid Groupings

**CROSS TB-15**

<b>Prepared by 1</b> AK2 11/19/2018	<b>Prepared by 2</b>	<b>Prepared by 3</b>
<b>Reviewed by 1</b> LF2 1/28/2019	<b>Reviewed by 2</b>	<b>Reviewed by 3</b>

Account	Rep
210.00 VMNRC Accrued Accounting Fees	(34,000.00)
212.00 VMNRC Accrued Workers Comp Insurance	(5,443.00)
219.00 VMNRC Accrued Nursing Home Tax	(100,250.00)
233.00 VMNRC Due to VMCH from Babcock LLC	(199,507.00)
236.00 VMNRC Due to Babcock Ave LLC	<u>(400,000.00)</u>
Villa Maria Nursing & Rehabilitation Community	(740,178.00)
233.00 BAL Due to/from Villa Maria	599,507.00
<b>33-12 A12-Other current liabilities</b>	<u>(140,671.00)</u>
235.00 BAL Mortgage Payable - Berkshire Bank	(1,331,345.00)
<b>34-02 B2-Mortgages Payable</b>	<u>(1,331,345.00)</u>
235.01 VMNRC Auto Loan - Chevy Truck	(18,343.00)
<b>34-03 Loans payable - Auto</b>	<u>(18,343.00)</u>
235.02 VMNRC Eversource Loan	(28,805.00)
237.00 BAL Security Deposit	(1,020.00)
<b>34-04 B4-Other long-term liabilities</b>	<u>(29,825.00)</u>
300.00 VMNRC Capital Stock - class A	(1,000.00)
300.10 VMNRC Capital Stock - class B	<u>(19,000.00)</u>
Villa Maria Nursing & Rehabilitation Community	(20,000.00)
<b>35-07 B2-Capital stock</b>	<u>(20,000.00)</u>
250.00 VMNRC Retained Earnings	(182,424.00)
262.00 VMNRC Sub "S" Distribution - BED	0.00
263.00 VMNRC Sub "S" Distribution - CD	<u>0.00</u>
Villa Maria Nursing & Rehabilitation Community	(182,424.00)
250.00 BAL Members Equity	804,475.00
261.00 BAL Distributions - CD & BD	<u>185,520.00</u>
Babcock Avenue, LLC	989,995.00
<b>35-10 Cumulated Earnings</b>	<u>807,571.00</u>
	<u>0.00</u>

**Villa Maria Nursing & Rehabilitation Comr**

Year End: September 30, 2018

Crosswalk Medicaid Groupings

**CROSS TB-16**

<b>Prepared by 1</b> AK2 11/19/2018	<b>Prepared by 2</b>	<b>Prepared by 3</b>
<b>Reviewed by 1</b> LF2 1/28/2019	<b>Reviewed by 2</b>	<b>Reviewed by 3</b>

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**Account**

**Rep**

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**Net Income (Loss) (147,256.00)**

STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES  
 STATEMENT OF RESIDENT'S/INDIVIDUAL'S PERSONAL FUNDS ACCOUNT  
 Balances as of 5/31/2018

W-411  
 (Rev. 6/95)

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: *Cindy Disco*  
 Bank Name: Savings Institute Bank and Trust Date: 6/1/2018

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 & ACCOUNT NO. OR FUNERAL HOME NAME
Acebo, Bertha (3057)	004023110	\$120.08		exp 4-30-18		Potter Funeral Home
Balaskovitz, Charlotte (3013)	004004507	\$2.87			\$-,410	Cremation Society of CT
Barclay, Barbara (2791)	001099889	\$159.40			\$5,688	Dougherty Brothers Funeral Home
Barron, Alice (2948)	002951474	\$226.17			\$-,849	Abby Cremation
Beausoleil, Joanne (2700)	001065395	\$103.07			\$0	Dougherty Funeral Home
Briere, Frances (2972)	2679491	\$7.00		exp 4-22-16		
Brown, Marilyn (2627)	003859124	\$0.00	Moved to Colonial Rehab		\$3,290	Dougherty Funeral Home
Buckley, Carol (2551)	003716879	\$796.58			\$0	Gagne Cummings Funeral Home
Bushey, Rose (3142)	002783412	\$316.10			\$5,000	
Caron, Arthur (2891)	004162813	\$316.59			\$4,851	Dougherty
Caron, Rose Aline (2869)	004162835	\$326.57			\$4,851	Dougherty Brothers Funeral Home
Carpenter, Dot (2990)	002301336	\$4.00		exp 3-31-16		
Cassell, Lawson (3152)	100596968	\$9.00		exp 4-17-18		
Commo, Josephine (2683)	003700109	\$1,904.96			\$4,205	Aurora McCarthy Funeral Home, Inc
Couture, Mary (2190)	001245511	\$105.89			\$3,450	Godere Funeral Home
Daggett, Elizabeth (2296)	003366677	\$79.64			\$4,500	Tillinghast Funeral Home
Dexter, Helen (2784)	002609141	\$1,022.11			\$10,000	Pillsbury Funeral Homes, Inc.
Dudek, Marie (3151)		\$269.19			\$10,000	Gagne-Piechowski Funeral Home
Fauxbel, Rose (3099)	003334491	\$29.06			\$4,417	Dougherty Brothers Funeral Home
Fisher, Ruth (2686)		\$600.36			\$5,100	Potter Funeral Home
Frink, Hilton (2682)	003738874	\$223.15			\$0	Dougherty Brothers Funeral Home
Gagnon, Irene (3176)		\$50.00			\$-,700	Woyasz & Sons
Gaudet, Anne (2778)	003329295	\$214.32			\$0	Gagne-Piechowski Funeral Home
Gileau, Norma (2702)	004257138	\$133.50			\$0	Leffler
Graley, Anthony (3014)	003702145	\$9.00		exp 8-14-17		

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(Rev. 6/95)

STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES  
 STATEMENT OF RESIDENT'S/INDIVIDUAL'S PERSONAL FUNDS ACCOUNT  
 Balances as of 5/31/2018

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: 6/1/2018

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
Guillot, Doris (2786)	003188085	\$90.05			\$0	Gagne-Piechowski Funeral Home
Hibbits, James (2224)	003482083	\$859.49			\$2,886	Dougherty Brothers Funeral Home
Hinkle, Alice (3003)	004260954	\$89.04				LaRobardiere Funeral Home
Hinojosa, Edwin (3204)		\$0.00				None
Janda, Alice (2066)	003343390	\$0.00			\$9,770	Dougherty Funeral Home
Keiss, Valda (3034)	003553189	\$1,019.59			\$-,600	Potter Funeral Home
Kowal, Chrysanthe (2673)	003998435	\$134.42			\$0	Labenski Funeral Home
Kulhawy, Myrna (2007)	002487089	\$1,013.78		exp 12-22-17	\$7,360	Lefflers Funeral home
Langevin, Therese (3131)	003338831	\$41.00		exp 5-25-18		Lefflers Funeral home
LaRose, Yvonne (2461)	002270412	\$29.01			\$3,800	Lefflers Funeral home
Lobe, Joseph (3095)		\$3.00				Tillinghast Funeral Home
Marinello, Sylvia (1906)	002034983	\$375.78			\$5,400	Gagne-Piechowski Funeral Home
Melanson, Robert (2893)	004109187	\$65.00		exp 3-1-17	\$10,260	Smith & Walker Funeral Home
Middleton, Jean (3129)		\$215.08				Tillinghast Funeral Home
Minta, Sophie (3157)		\$40.04			\$6,540	Gagne-Piechowski Funeral Home
Montigny, Jeannette (2732)	002631396	\$467.17			\$-,900	Church & Allen Funeral Home
Norman, Lucille (2603)	003939274	\$28.02		exp 1-8-17	\$0	Dougherty Funeral Home
Normandin, Roger (2355)	003862721	\$43.58		exp 5-27-16	\$7,400	Simard Funeral Home
Nowacki, Barbara (2689)	003294574	\$723.08		exp 1-31-17	\$0	Cummings - Gagne
Openchowski, Anita (2935)		\$60.00		exp 2-5-16		
Parker, Lester (2931)		\$379.16		exp 7-7-18		
Partyka, Mary (1980)	003678566	\$0.00			\$5,000	Phillips Memorial Home
Patenaude, Claire (2734)	002306086	\$48.71		exp 3-2-18	\$4,413	Guillot Funeral Home
Plantier, Else (2954)	003919162	\$104.68		exp 7-16-18	\$3,400	Dougherty
Ricci, Gyslenne (3046)	003841334	\$262.08			\$7,581	Holmes Funeral Home

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(Rev. 6/95)

STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES  
**STATEMENT OF RESIDENT'S/INDIVIDUAL'S PERSONAL FUNDS ACCOUNT**  
 Balances as of 5/31/2018

Facility Name: Villa Maria Nursing and Rehabilitation Community, Inc. Administrator: Cindy Disco Date: 6/1/2018  
 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 OR FUNERAL HOME NAME	BANK NAME & ACCOUNT NO.
Robert, Jeanne (2032)	002291964	\$88.24		exp 9-18-17	\$6,488	Gagnon-Costello Funeral Home	
Russell, Shirley (3022)	003666835	\$53.06			\$4,705	Dougherty Brothers Funeral Home	
Rzeznikiewicz, Marie Elaine (3162)		\$17.72		exp 12-26-16	\$8,785	Tillinghast Funeral Home	
Schena, Gennaro (2996)	002296469	\$160.03			\$7,050	Labenski	
Smith, Frederick (3070)	003400740	\$563.60			\$150	Dougherty Funeral Home	
Somers, Carol (2145)	003327752	\$356.70			\$6,280	Gagne-Piechowski Funeral Home	
Splitstone, George (2612)	001971463	\$37.44			\$4,700	Dougherty Brothers Funeral Home	
Sweet, Marilyn (2731)	003358561	\$308.53			\$4,781	Dougherty Brothers Funeral Home	
Tarrant, Patricia (3106)		\$15.15		exp 1-9-17	\$0	Dougherty Brothers Funeral Home	
Warren, Lucienne (2769)	001724326	\$173.88			\$8,688	Tillinghast Funeral Home	
Wheeler, Barbara (2680)	001997538	\$450.78			\$2,640	Gagne-Piechowski Funeral Home	
Wilbur, Janice (2556)	003030444	\$1,497.75		exp 10-23-17	\$1,100	Dougherty Funeral Home	
Wilcox, Ann (2245)	003430486	\$152.38			\$4,085	Labenski Funeral Home	
Wisniewski, Janice (2837)	003340789	\$10.51					

Sum = 17,006

09

Schedule of Television Additions & Cable TV Expense

ATT4

Total cable TV expense: \$ 4,187

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

Television Additions:

Vendor	Location in the Facility
N/A for FY18	