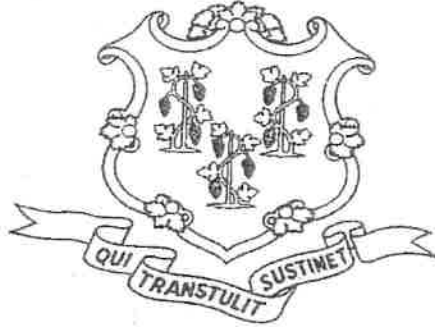


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) WV-Parkway Pavilion of Enfield, CT d/b/a Parkway Pavilion Health & Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 1157 Enfield Street, Enfield, CT 06082	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2435	RHNS	(Specify)	Medicare Provider 07-5195
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Medicaid Provider Numbers:	CCNH 9597	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

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
WV-Parkway Pavilion of Enfield, CT d/b/a Parkway P	2435	9/30/2022	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for WV-Parkway Pavilion of Enfield, CT d/b/a Parkway Pavilion Health & Rehabilitation Center [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, 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.

(a) Subject to Desk Audit review

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

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility WV-Parkway Pavilion of Enfield, CT d/b/a Parkway Pavilion Health & Rehabilitation Center		Period Covered:	From 10/1/2021	To 9/30/2022
Address of Facility 1157 Enfield Street, Enfield, CT 06082				
Report Prepared By Marcum LLP		Phone Number (203) 781-9600	Date 1/30/2023	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

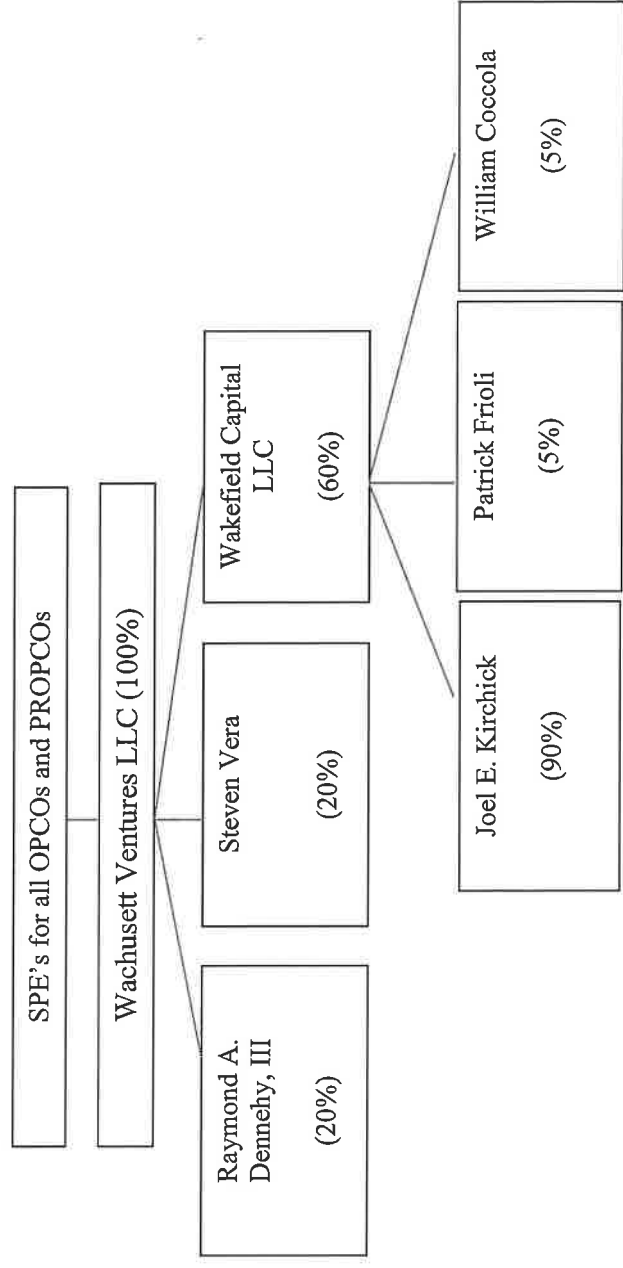
Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-745-1641		Report for Year Ended 9/30/2022		Page 2	of 37
Name of Facility (as shown on license) WV-Parkway Pavilion of Enfield, CT d/b/a Parkway Pavilion			Address (No. & Street, City, State, Zip) 1157 Enfield Street, Enfield, CT 06082		
License Numbers:	CCNH 2435	RHNS	(Specify)	Medicare Provider No. 07-5195	
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 checked="" type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
N/A					
Administrator					
Name of Administrator Marisa Jones			Nursing Home Administrator's License No.:	001910	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		
N/A					



General Information and Questionnaire
Corporate Owners

Name of Facility WV-Parkway Pavilion of Enfield, CT d/b/a Pa	License No. 2435	Report for Year Ended 9/30/2022	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	
N/A				
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Parkway Pavilion of Enfield, CT d/b/a Parkwa	2435	9/30/2022	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

**General Information and Questionnaire
 Related Parties***

Name of Facility WV-Parkway Pavilion of Enfield, CT d/b/a Parkway Pa	License No. 2435	Report for Year Ended 9/30/2022	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 %**				
Wachusett Ventures, LLC	11 Mayor Thomas J. McGrath Hwy, Quincy, MA 02169	<input type="radio"/>	<input checked="" type="radio"/>	Management Fee	Pg. 16 / Line m12	707,196	525,685
Various	Various	<input type="radio"/>	<input checked="" type="radio"/>	Intercompany Transaction	Page 34 / Line B3		
		<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.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Parkway Pavilion of Enfield, CT d/b/a Park	2435	9/30/2022	5	37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
N/A				
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.)				
<div style="text-align: right;"> <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made. </div>				
N/A				

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	Name and Address of Lessor	Related * to Owners, Operators, Officers		License No.	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Page of
		Yes	No						
WV-Parkway Pavilion of Enfield, CT d/b/a Parkway Pavilion				2435		9/30/2022			6 37
ACPL A Hanger Company, 4850 Joule Street, Suite A1, Reno NV 89502		<input type="radio"/>	<input checked="" type="radio"/>		Lease contract service fee, Omnisound 300 E, Omnisound 500 Pro Omnisound FX2 Pro etc.	06/01/15	Monthly as needed	16,812	16,812
Quadrant, 478 Wheelers Farms rd, Milford, CT 06461		<input type="radio"/>	<input checked="" type="radio"/>		Postage Machine	11/28/19	63 Months	1,275	1,275
First Data		<input type="radio"/>	<input checked="" type="radio"/>		Credit Card Machine	05/01/16	Monthly thereafter	806	806
Ecolab, Inc.		<input type="radio"/>	<input checked="" type="radio"/>		Dish Machine	11/01/14	Monthly thereafter	4,529	4,529
Xerox Financial Services		<input type="radio"/>	<input checked="" type="radio"/>		Copy Machines	03/27/19	39 Months	9,511	9,511
		<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"/>						
								Total ***	32,933

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

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility WV-Parkway Pavilion of Enfield, CT	License No. 2435	Report for Year Ended 9/30/2022	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis: <input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 Marcum LLP		555 Long Warf Drive, New Haven, CT 06511		
2 CliftonLarsonAllen		4 Batterymarch Park Suite 100, Quincy, MA 02169		
3				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1 Cost Report Preparation, Advisory Reimbursement Services, Tax		\$	17,664	
2 Assurance Services		\$	8,574	
3		\$		
4		\$		
			Charge for Services Provided	
			\$ 26,238	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. <input checked="" type="radio"/> Yes <input type="radio"/> No Page 15, Line 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 Ford Harrison			860-740-1355	
2 CT Corporation				
3 State Marshall - Grant Carragher			860-688-3468	
4 Treasurer, State of CT Probate			860-253-6305	
5				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1 185 Asylum St., Ste 820, Hartford, CT				
2 P.O. Box 4349, Carol Stream, IL				
3 340 Broad St., Windsor, CT 06095				
4 820 Enfield St., Enfield, CT 06511				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1 General Matters Relating to Employees / Union Representation		\$	14,009	
2 Registered Agent		\$	300	
3 Conservatorship		\$	225	
4 Collections / Probate Court/ Conservatorship		\$	1,250	
5		\$		
			Charge for Services Provided	
			\$ 15,784	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. <input checked="" type="radio"/> Yes <input type="radio"/> No Page 15, Line 1e				

Schedule of Resident Statistics

Name of Facility WV-Parkway Pavilion of Enfield, CT d/b/a Parkway Pavilion Health &	Total All Levels		Total CCNH Level	Total RHNS Level	Total (Specify)	Report for Year Ended 9/30/2022			Page	of	
	130	130	130	130	130	Period 10/1 Thru 6/30			8	37	
						Total	CCNH	RHNS (Specify)			Total
1. Certified Bed Capacity											
A. On last day of PREVIOUS report period	130	130	130		130						
B. On last day of THIS report period	130	130	130		130			130			
2. Number of Residents											
A. As of midnight of PREVIOUS report period	120	120	120		120						
B. As of midnight of THIS report period	113	113	113		113			113			
3. Total Number of Days Care Provided During Period											
A. Medicare	4,454	4,454	4,454		2,900	2,900		1,554			
B. Medicaid (Conn.)	28,369	28,369	28,369		21,488	21,488		6,881			
C. Medicaid (other states)											
D. Private Pay	5,260	5,260	5,260		3,893	3,893		1,367			
E. State SSI for RCH											
F. Other (Specify) Mgd Care, Hospice, Insurance	3,855	3,855	3,855		3,147	3,147		708			
G. Total Care Days During Period (3A thru F)	41,938	41,938	41,938		31,428	31,428		10,510			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds											
A. Medicaid Bed Reserve Days	516	516	516		419	419		97			
B. Other Bed Reserve Days	76	76	76		42	42		34			
5. Total Resident Days (3G + 4A + 4B)	42,530	42,530	42,530		31,889	31,889		10,641			

Schedule of Resident Statistics (Cont'd)

Name of Facility WV-Parkway Pavilion of Enfield, CT d/b/a Pa			License No. 2435			Report for Year Ended 9/30/2022			Page 9	of 37				
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No														
If "YES", provide the following information:														
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)					
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.														
Change in Resident Days								CCNH	RHNS	(Specify)				
1st change														
2nd change														
3rd change														
4th change														
6. Number of Residents and Rates on September 30 of Cost Year														
Item	Medicare		Medicaid		Self-Pay			Other State Assisted						
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR					
No. of Residents	12		75		26									
Per Diem Rate														
a. One bed rm.	Various		252.74		446.00									
b. Two bed rms.	Various		252.74		420.00									
c. Three or more bed rms.														
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)			
A. Medicare - Part B								103,875	103,875					
B. Medicaid (Exclusive of Part B)														
1. Maintenance Treatments														
2. Restorative Treatments								4,979	4,979					
C. Other								197,828	197,828					
D. Total Physical Therapy Treatments								306,682	306,682					
8. Total Number of Speech Therapy Treatments														
A. Medicare - Part B								21,795	21,795					
B. Medicaid (Exclusive of Part B)														
1. Maintenance Treatments														
2. Restorative Treatments								1,161	1,161					
C. Other								36,228	36,228					
D. Total Speech Therapy Treatments								59,184	59,184					
9. Total Number of Occupational Therapy Treatments														
A. Medicare - Part B								67,464	67,464					
B. Medicaid (Exclusive of Part B)														
1. Maintenance Treatments														
2. Restorative Treatments								1,598	1,598					
C. Other								199,676	199,676					
D. Total Occupational Therapy Treatments								268,738	268,738					

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
WV-Parkway Pavilion of Enfield, CT d/b/a Parkway Pavilion	2435	9/30/2022	10	37		
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes	<input type="radio"/> No			
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	172,016	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	18,481	513				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	199,807	6,068				
5. Dietary Service						
a. Head Dietitian	31,270	809				
b. Food Service Supervisor	54,424	1,840				
c. Dietary Workers	361,149	19,956				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers						
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
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	159,408	2,957				
b. RN						
1. Direct Care	703,143	15,585				
2. Administrative**	230,502	5,696				
c. LPN						
1. Direct Care	910,803	26,780				
2. Administrative**	27,243	532				
d. Aides and Attendants	1,631,325	73,502				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	144,538	6,058				
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	151,453	4,573				
n. Marketing	24,463	536				
o. Other (Specify) See Attached Schedule	22,644	1,311				
<i>A-13. Total Salary Expenditures</i>	4,842,669	168,796				

* 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
	0					
Medical Records	\$ 17,704	1,076				
Central Supply	\$ 4,940	235				
Total	\$ 22,644	1,311	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	0					
Pulmonologist	\$ 22,550	Monthly				
Consulting IV (Disallowed on Page 28)	\$ 17,026	Monthly				
Physician Services - Afterhours Coverage	\$ 3,000	N/A				
Total	\$ 42,576	-	\$ -	-	\$ -	-

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

Name of Facility	License No.	Report for Year Ended	Page	of				
					9/30/2022	11	37	
Name	WV-Parkway Pavilion of Enfield, CT d/b/a Parkway Pavilion Health &		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						
Section I - Operators/Owners								
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).								

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

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

Name of Facility (as licensed) WV-Parkway Pavilion of Enfield, CT d/b/a Parkway Pavilion Health &	License No. 2435	Report for Year Ended 9/30/2022		Page 12	of 37			
		Salary Paid	Line Where Claimed on Page 10					
Name	CCNH	RHNS (Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section III - Administrators***								
Marisa Jones	172,016		Non Discrim.	Administrator	2,080 A2			
Section IV - Assistant Administrators								
Patrick Cartier	18,481		Non Discrim.	Assistant Administrator 03/31/2022 -	513 A3			

*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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
WV-Parkway Pavilion of Enfield, CT d/b/a Parkway	2435	9/30/2022	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	7,584	117				
2. Dentist	5,883	Monthly				
3. Pharmacist	17,633	Monthly				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	401,454	4,345				
b. Other						
6. Social Worker	7,560	101				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	21,850	Monthly				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	97,353	838				
b. Other						
10. Occupational Therapist						
a. Resident Care	361,248	3,807				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	44,637	640				
2. Administrative***						
b. LPN						
1. Direct Care	843,689	14,065				
2. Administrative***						
c. Aides	545,274	15,902				
d. Other						
12. Other (Specify)						
See Attached Schedule	42,576					
B-13 Total Fees Paid in Lieu of Salaries	2,396,741	39,815				

* 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		License No.	Report for Year Ended	Page	of
WV-Parkway Pavilion of Enfield, CT d/b/a Parkway Pav		2435	9/30/2022	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Synchrony Rehab, 303 N Hurstbourne Pkwy Ste. 200, Louisville, KY 40222	PT/OT/ST	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Anderson Nutrition Services, 408 Lafayette Rd, Hampton, NH 03842	Dietician	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Healthdrive Dental Group, 888 Worcester Street, STE 130, Wellesley, MA 02482	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Pharmerica, P.O. Box 409251, Atlanta, GA 30384	Pharmacist/ IV Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
William H. Johnson, INC. PO Box 1354, Belchertown	Social Services	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Darshan J. Shah, MD LLC, 139 Hazard Ave #4, Enfield, CT 06082	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Dr. Younis Masih, 15 Palomba Dr #7, Enfield, CT 06082	Pulmonologist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Intelycare, 1250 Hancick St #501N, Quincy, MA 02169	RN/ LPN/ Aides	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Professional Nursing Services, 27 Siemon Company Dr Suite 228 W, Watertown, CT 06795	RN	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Worldwide Staffing, 175 Dwight Rd #202, Longmeadow, MA 01106	Aides	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Heaven's Hands Home Care, 30C Hebron Ave, Glastonbury, CT 06033	Aides	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Norton & Associates, 868 Ashley Blvd, New Bedford, Ma 02745	Aides	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
		<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
WV-Parkway Pavilion of Enfield, CT d/b/a Park	2435	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 119,274	119,274		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 407,116	407,116		
5. Health Insurance	\$ 238,689	238,689		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 2,162	2,162		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 11,390	11,390		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 210,493	210,493		
d. Accounting and Auditing	\$ 26,238	26,238		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 15,784	15,784		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 73,626	73,626		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 27,838	27,838		
2. Cellular Phones	\$ 3,200	3,200		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$ 52,181	52,181		
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 761,344	761,344		
Subtotal	\$ 1,949,335	1,949,335		

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	0		
Employee Background Check	\$ 7,810		
Nurses/ CNA/ Nursing Home week expenses (Disallowed on Page	\$ 2,130		
Employee Recognition (Disallowed on Page 28)	\$ 1,450		
Total	\$ 11,390	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	0		
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Parkway Pavilion of Enfield, CT d/b/a Parkway F	2435	9/30/2022	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	1,949,335	1,949,335		
I. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 1,300	1,300		
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 4,109	4,109		
5. Education Expenses Related to Seminars and Conventions	\$ 5,037	5,037		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 12,375	12,375		
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 22,619	22,619		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 1,408	1,408		
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 298	298		
7. Postage	\$ 2,948	2,948		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 10,686	10,686		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 468	468		
9. Subscriptions	\$ 10,980	10,980		
10. Contributions*** See Attached Schedule	\$ 2,500	2,500		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 78,253	78,253		
12. Administrative Management Services**	\$ 707,196	707,196		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 93,952	93,952		
C-14 Total Administrative & General Expenditures	\$ 2,903,464	2,903,464		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	0		
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
Marketing Supplies	\$ 606		
Public Relations	\$ 537		
Hotels - Marketing	\$ 265		
Total Other Advertising	\$ 1,408	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CT Association of Healthcare Facilities	\$ 10,407		
American Health Care Association	\$ 279		
Total Dues	\$ 10,686	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	0		
Donations - Other	\$ 2,500		
Total Contributions	\$ 2,500	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
Credit Card Fee (Disallowed on Page 28)	\$ 49,519		
Miscellaneous Expense (Disallowed on Page 28)	\$ 22,672		
Fines & Penalties (Disallowed on Page 28)	\$ 13,000		
Routine Bank Fees	\$ 3,934		
Storage Fees	\$ 1,624		
Licenses & Permits - A&G	\$ 1,566		
Meal - Marketing (Disallowed on Page 28)	\$ 800		
Minor Equipment Purchase - A&G	\$ 738		
Entertainment - A&G (Disallowed on Page 28)	\$ 60		
Finance Charge (Disallowed on Page 28)	\$ 39		
Total Other Administrative and General	\$ 93,952	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility WV-Parkway Pavilion of Enfield, CT d/b/a	License No. 2435	Report for Year Ended 9/30/2022	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 #
Wachusett Ventures, LLC	707,196	Management Company	Page 16 / Line m12

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
WV-Parkway Pavilion of Enfield, CT d/b/a Parkway P		2435	9/30/2022		18	37
Item	Total	CCNH	RHNS	(Specify)		
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food	\$ 293,673	293,673				
2. Non-Food Supplies	\$ 60,202	60,202				
3. Other (Specify) _____	\$ _____					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 314	314				
c. Other (Specify) _____	\$ 2,426	2,426				
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 356,615	356,615				
	Total	CCNH	RHNS	(Specify)		
2E. Dietary Questionnaire						
F. Resident Meals: Total no. of meals served per day:*						
G. Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No				
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No				If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No				If yes, specify cost.
K. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No				If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No				If yes, specify cost.
N. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
WV-Parkway Pavilion of Enfield, CT d/b/a Parkway Pav		2435	9/30/2022		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$	201,378	201,378		
c. Other (<i>Specify</i>) Laundry Supplies & Expenses		\$	18	18		
3D. Total Laundry Expenditures (3a + b + c)		\$	201,396	201,396		
3E. Laundry Questionnaire						
F. Is cost of employee laundry included in 3D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
WV-Parkway Pavilion of Enfield, CT d/b/a Par		2435	9/30/2022		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$				
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$	293,377	293,377		
	C. Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	293,377	293,377		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	293,583	293,583		
	b. Medicine Cabinet Drugs	\$				
	c. Medical and Therapeutic Supplies	\$	165,392	165,392		
	d. Ambulance/Limousine***	\$	26,966	26,966		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	17,666	17,666		
	f. X-rays and Related Radiological Procedures***	\$	32,928	32,928		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	37,894	37,894		
	i. Recreation	\$	31,140	31,140		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	110,589	110,589		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	716,158	716,158		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
	0		
Supplies - Wound Care (Disallowed on Page 29)	\$ 12,974		
Supplies - Prosthetic Device (Disallowed on Page 29)	\$ 2,444		
Supplies - Routine Hygiene	\$ 8,686		
ME Lease (Disallowed on Page 29)	\$ (272)		
ME Lease - Bariatric Equipment (Disallowed on Page 29)	\$ 4,824		
ME Lease - Wound Vacs (Disallowed on Page 29)	\$ 13,331		
ME Lease - Specialty Beds (Disallowed on Page 29)	\$ 2,935		
ME Lease - Air Mattresses (Disallowed on Page 29)	\$ 6,916		
ME Lease - Respiratory (Disallowed on Page 29)	\$ 12,839		
Licenses & Permits - Nursing	\$ 888		
Replace of Res. Personal Prop. (Disallowed on Page 29)	\$ 238		
Pharmacy Purchases Discount (Disallowed on Page 29)	\$ (7,592)		
Pharmacy Supplies - IV (Disallowed on Page 29)	\$ 4,352		
Pharmacy Supplies - Forms (Disallowed on Page 29)	\$ 540		
Rx Drugs - IV Medicare (Disallowed on Page 29)	\$ 19,335		
Rx Drugs - IV Medicaid (Disallowed on Page 29)	\$ 2,165		
Rx Drugs - IV Managed (Disallowed on Page 29)	\$ 9,528		
Rx Drugs - Medicaid Noncovered	\$ 1,285		
ME Lease - Pharmacy (Disallowed on Page 29)	\$ 1,960		
ME Lease - IV Pump (Disallowed on Page 29)	\$ 2,232		
Resident Vaccination (Disallowed on Page 29)	\$ 4,848		
Medical Records - Pharmacy (Disallowed on Page 29)	\$ 3,089		
Supplies - PT	\$ 308		
Supplies - Respiratory (Disallowed on Page 29)	\$ 2,736		
Total Other Resident Care	\$ 110,589	\$ -	\$ -

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

Name of Facility	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***			Page of	
		Yes	No			CCNH	RHNS (Specify)	Pg		Line
WV-Parkway Pavilion of Enfield, CT d/b/a Parkway Pavilion Health & Ref				2435	9/30/2022				21	37
PointClickCare	P.O. Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Software /Monthly Billing	41,309			15	1g
Fully Managed		<input type="radio"/>	<input checked="" type="radio"/>	N/A	IT Support	27,651			16	m11
Smartinx Solutions	11 S. Wood Ave, Iselin, NJ 08830	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Payroll Processing	32,785			16	m11
Healthcare Services Group	3220 Tillman Dr #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Laundry/ Housekeeping Services	494,755			Var	Var
USA Waste and Recycling	16 Shoham Rd, East Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Garbage Removal	44,760			22	6f
The Winterberry Group	2070 West St, Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping / Snow Plow	37,133			22	6f
Facilities Compliance Services, LLC	221 West Main Street, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Maintenance Services	168,017			22	6f
TWM Painting	57 Susan Dr, Suffield, CT 06078	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Painting	19,444			22	6f
Allied Rehabilitation Center	3 Pearson Way, Enfield, CT 06082	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Transportation	22,025			20	5d
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended		Page	of
WV-Parkway Pavilion of Enfield, CT d/b/a Pa	2435	9/30/2022		22	37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 2,438	2,438			
b. Heat	\$ 26,742	26,742			
c. Light & Power	\$ 158,115	158,115			
d. Water	\$ 75,722	75,722			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 32,933	32,933			
f. Other (<i>itemize</i>) See Attached Schedule	\$ 462,955	462,955			
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 758,905	758,905			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$ 57,627	57,627			
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$ 102,434	102,434			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 160,061	160,061			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$ 44,662	44,662			
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$ 44,662	44,662			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,360,225	1,360,225			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 116,506	116,506			
c. Personal property taxes	\$ 7,617	7,617			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,689,072	1,689,072			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
	0		
Purchased Srvc - Maintenance	\$ 168,017		
Pro Fees - Maintenance	\$ 21,944		
Supplies & Exp - Maintenance	\$ 106,835		
R&M - Equipment	\$ 27,614		
R&M - Building	\$ 35,973		
Garbage	\$ 48,546		
Hazardous Waste	\$ 778		
Pest Control	\$ 1,967		
Snow Removal	\$ 24,593		
Maintenance Contracts	\$ 14,037		
Groundskeeping	\$ 12,651		
Total Other Repairs and Maintenance	\$ 462,955	\$ -	\$ -

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipmen		\$ -		\$ -
Deletions:				
Total deletions for Non-Movable Equipmen		\$ -		\$ -

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
10/1/2021	Actuators (3)	Standard Resident	\$ 1,745	5	\$ 349
10/11/2021	Dryer	Standard Resident	\$ 7,551	5	\$ 1,510
10/26/2021	PTAC	Standard Resident	\$ 1,345	5	\$ 269
12/16/2021	PTAC	Standard Resident	\$ 1,430	5	\$ 286
1/24/2022	Desktop refresh	Administrative	\$ 1,186	5	\$ 237
1/17/2022	PTACs (4)	Standard Resident	\$ 5,929	5	\$ 1,186
2/28/2022	Wheelchair scale	Standard Resident	\$ 2,764	5	\$ 553
1/31/2022	Bed motors, etc.	Standard Resident	\$ 2,900	5	\$ 580
2/28/2022	Bed motors, etc.	Standard Resident	\$ 2,074	5	\$ 415
3/31/2022	Mattresses (8)	Standard Resident	\$ 1,191	5	\$ 238
3/21/2022	Circulator motor pump (hot water)	Standard Resident	\$ 7,421	5	\$ 1,484
9/28/2021	Hardware Refresh	Administrative	\$ 18,166	5	\$ 3,633
2/1/2022	Phone System	Administrative	\$ 8,300	5	\$ 1,660
2/1/2022	Phone System	Administrative	\$ 12,000	5	\$ 2,400
2/1/2022	Phone System Upgrades	Administrative	\$ 4,666	5	\$ 933
2/1/2022	Phone System	Administrative	\$ 5,043	5	\$ 1,009
4/5/2022	Laptop	Administrative	\$ 1,415	5	\$ 283
4/22/2022	Laptops (8)	Administrative	\$ 11,144	5	\$ 2,229
5/1/2022	Honeywell high limit switch	Standard Resident	\$ 2,332	5	\$ 466
5/26/2022	Ice Machine Repairs	Standard Resident	\$ 1,210	5	\$ 242
5/18/2022	Power lift (2), Scale	Standard Resident	\$ 5,371	5	\$ 1,074
5/18/2022	CT Trust Grant	Standard Resident	\$ (4,451)	5	\$ (890)
6/30/2022	Bed Equipment	Standard Resident	\$ 1,375	5	\$ 275
6/27/2022	PTACs (4)	Standard Resident	\$ 4,475	5	\$ 895
8/15/2022	Laptops (2)	Administrative	\$ 1,989	5	\$ 398
8/25/2022	Exhaust fan repair	Standard Resident	\$ 1,724	5	\$ 345
8/31/2022	Bed Boards	Standard Resident	\$ 910	5	\$ 182
8/31/2022	TVs (4)	Standard Resident	\$ 896	5	\$ 179
8/8/2022	Mattresses (8)	Standard Resident	\$ 1,444	5	\$ 289
8/24/2022	Portable air cleaner	Standard Resident	\$ 1,562	5	\$ 312
Total additions for Movable Equipmen			\$ 115,107		\$ 23,021
Deletions:					
Total deletions for Movable Equipmen			\$ -		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
10/11/2021	Plumbing repairs	\$ 1,904	10	\$ 190
11/29/2021	Plumbing repairs	\$ 2,377	10	\$ 258
11/8/2021	Plumbing repairs	\$ 2,213	10	\$ 221
11/22/2021	Plumbing repairs	\$ 2,212	10	\$ 221
2/28/2022	Rear door keypad	\$ 1,139	10	\$ 114
1/12/2022	Cooler door repairs	\$ 1,425	10	\$ 143
2/1/2022	Hair salon plumbing	\$ 3,723	10	\$ 372
3/4/2022	Roof Repairs	\$ 1,522	10	\$ 152
3/7/2022	Door replacements	\$ 2,163	10	\$ 216
4/7/2022	Door replacements	\$ 3,705	10	\$ 371
4/1/2022	Plumbing repairs	\$ 1,637	10	\$ 164
4/22/2022	Roof Exhaust Fan	\$ 5,428	10	\$ 543
4/18/2022	Flooring - kitchen	\$ 4,800	10	\$ 480
6/21/2022	RTU Repairs	\$ 1,084	10	\$ 108
6/30/2022	Generator	\$ 297,606	10	\$ 29,761
9/12/2022	Plumbing repairs	\$ 4,045	10	\$ 405
Total additions for Leasehold Improvemem		\$ 337,183		\$ 33,718
Deletions:				

Total deletions for Leasehold Improvemen		\$	-	\$	-

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Parkway Pavilion Health & Rehabilitation Center
 Depreciation Schedule
 September 30, 2022

Voucher #	Account Description	Description	Date	Amount	Useful Life	2020		2021		2022		NBV
						Depreciation	Accum Depr.	Depreciation	Accum Depr.	Depreciation	Accum Depr.	
Leasehold Improvements												
<i>2015 Additions</i>												
10350346	PPE - Leasehold Improvements	120 Gallon Hot Water Tank	7/31/2015	1,695	10	170	1,021	170	1,191	170	1,361	334
22961970	PPE - Leasehold Improvements	PTAC Heat Pump Unit	8/31/2015	669	10	67	403	67	470	67	537	132
10358665	PPE - Leasehold Improvements	Repairs to Roof	2/28/2015	2,475	10	248	1,490	248	1,738	248	1,986	489
	Total Additions 2015			4,839		485	2,914	485	3,399	485	3,884	955
				(4,839)		(466)	(2,895)	(466)	(3,361)	(466)	(3,827)	(1,012)
<i>2019 Disposals</i>												
	PPE - Leasehold Improvements	Asset Disposals										
<i>2017 Additions</i>												
16205	PPE - Leasehold Improvements	Installed New Double Doors	1/11/2017	1,496	20	75	300	75	375	75	450	1,046
16205	PPE - Leasehold Improvements	Installed New Double Doors	1/12/2017	1,268	20	63	252	63	315	63	378	890
	Total Additions 2017			2,764		138	552	138	690	138	828	1,936
<i>2018 Additions</i>												
	PPE - Leasehold Improvements	SPRINKLER INSTALL	6/7/2017	2,500	10	250	750	250	1,000	250	1,250	1,250
	PPE - Leasehold Improvements	Door	11/3/2017	3,500	10	350	1,050	350	1,400	350	1,750	1,750
	PPE - Leasehold Improvements	Boiler work	12/31/2017	7,588	10	759	2,277	759	3,036	759	3,795	3,795
	PPE - Leasehold Improvements	Boiler work	2/19/2018	8,356	10	836	2,508	836	3,344	836	4,180	4,176
	PPE - Leasehold Improvements	Replace heat exchange (roof top)	4/13/2018	4,500	10	450	1,350	450	1,800	450	2,250	2,250
	PPE - Leasehold Improvements	Metal doors	5/17/2018	4,513	10	451	1,353	451	1,804	451	2,255	2,258
	PPE - Leasehold Improvements	Replace back flow	6/6/2018	1,125	10	113	339	113	452	113	565	560
				32,082		3,209	9,627	3,209	12,836	3,209	16,045	16,037
<i>2019 Additions</i>												
	PPE - Leasehold Improvements	HVAC Work	4/30/2019	3,041	15	203	406	203	609	203	812	2,229
	PPE - Leasehold Improvements	Door Renovations	4/10/2019	2,325	10	233	467	233	700	233	933	1,393
	PPE - Leasehold Improvements	Door Renovations	8/1/2019	2,620	10	262	262	262	524	262	786	1,834
				7,986		698	1,134	698	1,832	698	2,530	5,456
<i>2020 Additions</i>												
	PPE - Leasehold Improvements	Hartford Elevator, LLC	10/7/2019	1,759	10	176	176	176	352	176	528	1,231
	PPE - Leasehold Improvements	Hartford Elevator, LLC	10/8/2019	4,041	10	404	404	404	808	404	1,212	2,829
	PPE - Leasehold Improvements	S&S Wired Systems	10/29/2019	3,233	10	323	323	323	646	323	969	2,264
	PPE - Leasehold Improvements	S&S Wired Systems	10/29/2019	1,196	10	120	120	120	240	120	360	836
	PPE - Leasehold Improvements	Assa Abloy	5/29/2019	4,364	10	436	436	436	872	436	1,308	3,056
	PPE - Leasehold Improvements	Assa Abloy	5/29/2019	1,307	10	131	131	131	262	131	393	914
	PPE - Leasehold Improvements	Mechanical & Pump Services	9/30/2020	8,611	10	861	861	861	1,722	861	2,583	6,028
				24,511		2,451	2,451	2,451	4,902	2,451	7,353	17,158

Voucher #	Account Description	Description	Date	Amount	Useful Life	Depreciation	Accum Depr.	Depreciation	Accum Depr.	Depreciation	Accum Depr.	NBV
2021 Additions	PPE - Leasehold Improvements	Pipe work	12/4/2020	6,251	10	-	-	625	625	625	1,250	5,001
	PPE - Leasehold Improvements	Fire sprinkler repair	1/29/2021	3,368	10	-	-	337	337	337	674	2,694
	PPE - Leasehold Improvements	Backflow Repair	1/8/2021	3,062	10	-	-	306	306	306	612	2,450
	PPE - Leasehold Improvements	Fire sprinkler repair	4/2/2021	14,215	10	-	-	1,422	1,422	1,422	2,844	11,371
	PPE - Leasehold Improvements	Fire sprinkler repair	4/18/2021	1,675	10	-	-	168	168	168	336	1,339
	PPE - Leasehold Improvements	Plumbing repairs	4/9/2021	2,193	10	-	-	219	219	219	438	1,755
	PPE - Leasehold Improvements	Plumbing repairs	5/7/2021	9,299	10	-	-	930	930	930	1,860	7,439
	PPE - Leasehold Improvements	Plumbing repairs	6/1/2021	1,583	10	-	-	158	158	158	316	1,267
	PPE - Leasehold Improvements	Plumbing repairs	6/1/2021	1,532	10	-	-	153	153	153	306	1,226
	PPE - Leasehold Improvements	Electrical repairs	6/18/2021	1,108	10	-	-	111	111	111	222	886
				44,286				4,429	4,429	4,429	8,858	35,428
2022 Additions	PPE - Leasehold Improvements	Plumbing repairs	10/11/2021	1,904	10	-	-	190	190	190	190	1,714
	PPE - Leasehold Improvements	Plumbing repairs	11/29/2021	2,577	10	-	-	258	258	258	258	2,319
	PPE - Leasehold Improvements	Plumbing repairs	11/8/2021	2,213	10	-	-	221	221	221	221	1,992
	PPE - Leasehold Improvements	Plumbing repairs	11/22/2021	2,212	10	-	-	221	221	221	221	1,991
	PPE - Leasehold Improvements	Rear door keypad	2/28/2022	1,139	10	-	-	114	114	114	114	1,025
	PPE - Leasehold Improvements	Cooler door repairs	1/12/2022	1,425	10	-	-	143	143	143	143	1,283
	PPE - Leasehold Improvements	Hair salon plumbing	2/1/2022	3,723	10	-	-	372	372	372	372	3,351
	PPE - Leasehold Improvements	Roof Repairs	3/4/2022	1,522	10	-	-	152	152	152	1,370	1,947
	PPE - Leasehold Improvements	Door replacements	3/7/2022	2,163	10	-	-	216	216	216	216	1,947
	PPE - Leasehold Improvements	Door replacements	4/7/2022	3,705	10	-	-	371	371	371	371	3,335
	PPE - Leasehold Improvements	Plumbing repairs	4/17/2022	1,637	10	-	-	164	164	164	164	1,473
	PPE - Leasehold Improvements	Roof Exhaust Fan	4/22/2022	5,428	10	-	-	543	543	543	543	4,885
	PPE - Leasehold Improvements	Flooring - kitchen	4/18/2022	4,800	10	-	-	480	480	480	480	4,320
	PPE - Leasehold Improvements	RTU Repairs	6/21/2022	1,084	10	-	-	108	108	108	108	976
**	PPE - Leasehold Improvements	Generator	6/30/2022	297,606	10	-	-	29,761	29,761	29,761	29,761	267,845
	PPE - Leasehold Improvements	Plumbing repairs	9/12/2022	4,045	10	-	-	405	405	405	405	3,641
				337,183				33,718	33,718	33,718	33,718	303,465
Total Leasehold Improvements				448,812		6,515	13,783	10,944	24,727	44,662	69,390	379,422

Voucher #	Account Description	Description	Date	Amount	Useful Life	Depreciation	Accum Depr.	Depreciation	Accum Depr.	Depreciation	Accum Depr.	NBV
2015 Additions												
10277345	PPE - Information Technology	4 Computers	12/31/2014	3,569	5	714	4,283	714	4,997	-	4,997	(1,428)
10277345	PPE - Information Technology	4 Computers	12/31/2014	2,324	5	465	2,789	465	3,254	-	3,254	(930)
10229699	PPE - Information Technology	Check Scanner for Facility	11/30/2014	691	5	138	829	138	967	-	967	(276)
10207162	PPE - Information Technology	Cisco Catalyst	2/28/2015	3,405	5	681	4,086	681	4,767	-	4,767	(1,362)
22853873	PPE - Furniture & Equipment	Digital Life Scale - 600lb	6/30/2015	715	10	72	432	72	504	72	576	139
10267501	PPE - Furniture & Equipment	Time Clock	12/31/2014	5,965	10	597	3,588	597	4,185	597	4,782	1,183
	Total Additions 2015			16,669		2,667	16,007	2,667	18,674	669	19,343	(2,674)
2016 Additions												
23199318	PPE - Furniture & Equipment	Tray & silverware cart	10/29/2015	1,250	10	125	626	125	751	125	876	374
23191761	PPE - Furniture & Equipment	Digital lift scale	10/26/2015	715	10	72	360	72	432	72	504	211
23193625	PPE - Furniture & Equipment	Food processor continuous feed	10/27/2015	4,282	10	428	2,145	428	2,573	428	3,001	1,281
	Total Additions 2016			6,247		625	3,131	625	3,756	625	4,381	1,866
2018 Additions												
	PPE - Furniture & Equipment	Bladder Machine		8,322	5	1,664	4,992	1,664	6,656	1,664	8,320	2
	PPE - Furniture & Equipment	Generator work		3,151	5	630	1,890	630	2,520	630	3,150	1
	PPE - Furniture & Equipment	Washer repair		2,529	5	506	1,518	506	2,024	505	2,529	-
	PPE - Furniture & Equipment	Misc. Equipment		6,290	5	1,258	3,774	1,258	5,032	1,258	6,290	-
	Total Additions 2017			20,292		4,058	12,174	4,058	16,232	4,057	20,289	3
2019 Additions												
	PPE - Furniture & Equipment	Laptops	10/31/2018	1,940	5	388	776	388	1,164	388	1,552	388
	PPE - Furniture & Equipment	Timeclock	11/15/2018	3,078	10	308	616	308	924	308	1,232	1,846
	PPE - Furniture & Equipment	Hot Water Tanks	2/28/2019	8,211	10	821	1,642	821	2,463	821	3,284	4,927
	PPE - Furniture & Equipment	Electric Bed Frames	3/18/2019	3,175	10	371	742	371	1,113	371	1,484	1,691
	PPE - Furniture & Equipment	Wander Guard/Bracelets	5/16/2019	6,461	10	646	1,292	646	1,938	646	2,584	3,877
	PPE - Furniture & Equipment	Blixer/RoboCoupe	7/19/2019	3,848	10	385	770	385	1,155	385	1,540	2,368
	PPE - Furniture & Equipment	Replace Compressor	7/23/2019	3,602	12	300	600	300	900	300	1,200	2,402
	PPE - Furniture & Equipment	Badge Machine	8/27/2019	2,453	10	245	490	245	735	245	980	1,473
	PPE - Furniture & Equipment	Washer	9/6/2019	6,314	10	631	631	631	1,262	631	1,893	4,421
				39,082		4,095	7,559	4,095	11,654	4,095	15,749	23,333
	Total Additions 2019			(17,944)		(1,794)	(3,588)	(1,794)	(5,382)	(1,794)	(7,176)	(10,768)
2020 Disposal												
	PPE - Furniture & Equipment	Various Asset Disposals FY19			10							
2020 Additions												
	PPE - Furniture & Equipment	Washer	9/6/2019	6,409	5	1,282	1,282	1,282	2,564	1,282	3,846	2,563
	PPE - Furniture & Equipment	TV / Mount	9/20/2019	243	5	49	49	49	98	49	147	96
	PPE - Furniture & Equipment	TV	10/3/2019	190	5	38	38	38	76	38	114	76
	PPE - Furniture & Equipment	TV (2)	10/9/2019	338	5	68	68	68	136	68	204	134
	PPE - Furniture & Equipment	Careworx	10/24/2019	2,879	5	576	576	576	1,152	576	1,728	1,151
	PPE - Furniture & Equipment	Careworx	11/14/2019	1,829	5	366	366	366	732	366	1,098	731
	PPE - Furniture & Equipment	TV	11/26/2019	236	5	47	47	47	94	47	141	95
	PPE - Furniture & Equipment	Kraft Power Corporation	12/13/2019	5,878	5	1,176	1,176	1,176	2,352	1,176	3,528	2,350
	PPE - Furniture & Equipment	Kraft Power Corporation	12/19/2019	1,839	5	368	368	368	736	368	1,104	735
	PPE - Furniture & Equipment	TV (2)	1/10/2020	616	5	123	123	123	246	123	369	247
	PPE - Furniture & Equipment	TV	1/16/2020	343	5	69	69	69	138	69	207	136
	PPE - Furniture & Equipment	TV (2)	1/23/2020	393	5	79	79	79	158	79	237	156
	PPE - Furniture & Equipment	TV/Mount	2/3/2020	382	5	76	76	76	152	76	228	154
	PPE - Furniture & Equipment	TV (2)	2/6/2020	442	5	88	88	88	176	88	264	178
	PPE - Furniture & Equipment	Heat Exchanger	2/7/2020	3,314	5	663	663	663	1,326	663	1,989	1,325
	PPE - Furniture & Equipment	TV	2/11/2020	447	5	89	89	89	178	89	267	180
	PPE - Furniture & Equipment	TV	2/12/2020	499	5	100	100	100	200	100	300	199
	PPE - Furniture & Equipment	TV	2/14/2020	213	5	43	43	43	86	43	129	84

Voucher #	Account Description	Description	Date	Amount	Useful Life	Depreciation	Accum Depr.	Depreciation	Accum Depr.	Depreciation	Accum Depr.	NBV
	PPE - Furniture & Equipment	TV	2/18/2020	235	5	47	47	47	94	47	94	94
	PPE - Furniture & Equipment	TV (2)	2/20/2020	483	5	97	97	97	194	97	194	192
	PPE - Furniture & Equipment	TV (2)	2/21/2020	425	5	85	85	85	170	85	170	170
	PPE - Furniture & Equipment	Beds (2)	3/19/2020	2,516	5	503	503	503	1,006	503	1,509	1,007
	PPE - Furniture & Equipment	Beds (3)	3/21/2020	2,761	5	552	552	552	1,104	552	1,656	1,105
	PPE - Furniture & Equipment	Front Door Repairs	5/21/2020	3,003	5	601	601	601	1,202	601	1,803	1,200
	PPE - Furniture & Equipment	TV - 1	6/30/2020	286	5	57	57	57	114	57	171	115
	PPE - Furniture & Equipment	TV - 2	6/30/2020	425	5	85	85	85	170	85	255	170
	PPE - Furniture & Equipment	TV Remotes	6/30/2020	396	5	79	79	79	158	79	237	159
	PPE - Furniture & Equipment	TV - 1	6/30/2020	236	5	47	47	47	94	47	141	95
	PPE - Furniture & Equipment	Nurse call stations - 2	6/30/2020	243	5	49	49	49	98	49	147	96
	PPE - Furniture & Equipment	Nurse call stations - 1	6/30/2020	318	5	64	64	64	128	64	192	126
	PPE - Furniture & Equipment	Phone	6/30/2020	213	5	43	43	43	86	43	129	84
	PPE - Furniture & Equipment	TV - 1	6/30/2020	455	5	91	91	91	182	91	273	182
	PPE - Furniture & Equipment	Nurse Call stations - 3	6/30/2020	255	5	51	51	51	102	51	153	102
	PPE - Furniture & Equipment	Fans	7/31/2020	375	5	75	75	75	150	75	225	150
	PPE - Furniture & Equipment	AV Patient Stations	7/31/2020	393	5	79	79	79	158	79	237	156
	PPE - Furniture & Equipment	TV - 2	7/31/2020	393	5	79	79	79	158	79	237	156
	PPE - Furniture & Equipment	Nurse call stations - 1	7/31/2020	187	5	37	37	37	74	37	111	76
	PPE - Furniture & Equipment	AV Patient Stations	7/31/2020	332	5	66	66	66	132	66	198	134
	PPE - Furniture & Equipment	AC Repairs	7/31/2020	510	5	102	102	102	204	102	306	204
	PPE - Furniture & Equipment	AC Repairs	7/31/2020	645	5	129	129	129	258	129	387	258
	PPE - Furniture & Equipment	AC Repairs	7/31/2020	1,120	5	224	224	224	448	224	672	448
	PPE - Furniture & Equipment	AC Repairs	7/31/2020	1,120	5	224	224	224	448	224	672	448
	PPE - Furniture & Equipment	AC Repairs	7/31/2020	315	5	63	63	63	126	63	189	126
	PPE - Furniture & Equipment	AC Repairs	7/31/2020	660	5	132	132	132	264	132	396	264
	PPE - Furniture & Equipment	AC Repairs	7/31/2020	524	5	105	105	105	210	105	315	209
	PPE - Furniture & Equipment	AC Repairs	7/31/2020	464	5	93	93	93	186	93	279	185
	PPE - Furniture & Equipment	AC Repairs	7/31/2020	599	5	120	120	120	240	120	360	239
	PPE - Furniture & Equipment	AC Repairs	7/31/2020	720	5	144	144	144	288	144	432	288
	PPE - Furniture & Equipment	AC Repairs	7/31/2020	498	5	100	100	100	200	100	300	198
	PPE - Furniture & Equipment	AV Patient Stations	8/31/2020	372	5	74	74	74	148	74	222	150
	PPE - Furniture & Equipment	AV Patient Stations	8/31/2020	658	5	132	132	132	264	132	396	262
	PPE - Furniture & Equipment	TV - 3	9/2/2020	425	5	85	85	85	170	85	255	170
	PPE - Furniture & Equipment	TV - 2	9/11/2020	425	5	85	85	85	170	85	255	170
	PPE - Furniture & Equipment	TV - 3	9/21/2020	460	5	92	92	92	184	92	276	184
	PPE - Furniture & Equipment	Laptop	9/21/2020	1,052	5	210	210	210	420	210	630	422
	PPE - Furniture & Equipment	Nurse call station	9/21/2021	159	5	32	32	32	64	32	96	63
				51,633		10,330	10,330	10,330	20,660	10,330	30,990	20,643
	PPE - Furniture & Equipment	Dryer Motor	10/1/2020	1,519	5	-	-	304	304	304	608	911
	PPE - Furniture & Equipment	Kitchen A/C Units	10/1/2020	9,758	10	-	-	976	976	976	1,952	7,806
	PPE - Furniture & Equipment	PTAC	10/1/2020	1,276	5	-	-	255	255	255	510	766
	PPE - Furniture & Equipment	Nurse call stations	10/1/2020	487	5	-	-	97	97	97	194	293
	PPE - Furniture & Equipment	PTAC	10/7/2020	1,276	5	-	-	255	255	255	510	766
	PPE - Furniture & Equipment	Hospital bed	10/13/2020	470	5	-	-	94	94	94	188	282
	PPE - Furniture & Equipment	TV - 2	10/15/2020	425	5	-	-	85	85	85	170	255
	PPE - Furniture & Equipment	Vital signs spot monitors	11/18/2020	9,795	5	-	-	1,959	1,959	1,959	3,918	5,877
	PPE - Furniture & Equipment	Laptop	11/6/2020	926	5	-	-	185	185	185	370	556
	PPE - Furniture & Equipment	Hospital bed	10/12/2020	835	5	-	-	167	167	167	334	501
	PPE - Furniture & Equipment	Hospital bed	10/6/2020	595	5	-	-	119	119	119	238	357
	PPE - Furniture & Equipment	Tablet	12/16/2020	1,580	5	-	-	316	316	316	632	948
	PPE - Furniture & Equipment	Laptop	12/31/2020	1,051	5	-	-	210	210	210	420	631

2021 Additions

Voucher #

Account Description	Description	Date	Amount	Useful Life	Depreciation	Accum Depr.	Depreciation	Accum Depr.	Depreciation	Accum Depr.	NEBV
PPE - Furniture & Equipment	Desktop	12/31/2020	947	5	-	189	189	189	378	378	569
PPE - Furniture & Equipment	Plate warmer	1/13/2021	1,253	5	-	251	251	251	502	502	751
PPE - Furniture & Equipment	Desktop	1/14/2021	947	5	-	189	189	189	378	378	569
PPE - Furniture & Equipment	Compressor - walkin cooler	4/30/2021	4,425	10	-	443	443	443	886	886	3,539
PPE - Furniture & Equipment	Laptop	5/28/2021	1,049	5	-	210	210	210	420	420	629
PPE - Furniture & Equipment	Laptop	5/31/2021	1,102	5	-	220	220	220	440	440	662
PPE - Furniture & Equipment	Bed System Measurement Devic	5/20/2021	1,329	5	-	266	266	266	532	532	797
PPE - Furniture & Equipment	Meal Carts (3)	6/24/2021	5,832	5	-	1,166	1,166	1,166	2,332	2,332	3,500
PPE - Furniture & Equipment	Chairs (13)	5/24/2021	1,382	5	-	276	276	276	552	552	830
PPE - Furniture & Equipment	Computers (2)	9/9/2021	2,000	5	-	400	400	400	800	800	1,200
PPE - Furniture & Equipment	POC Kisoks (9)	12/10/2020	13,379	5	-	2,676	2,676	2,676	5,352	5,352	8,027
PPE - Furniture & Equipment	Washing Machine	9/7/2021	11,760	10	-	1,176	1,176	1,176	2,352	2,352	9,408
PPE - Furniture & Equipment	Vital Signs Monitors (5)	4/30/2021	19,116	5	-	3,823	3,823	3,823	7,646	7,646	11,470
			94,516			16,307	16,307	16,307	32,614	32,614	61,902
2022 Additions											
PPE - Furniture & Equipment	Actuators (3)	10/1/2021	1,745	5	-	-	-	-	349	349	1,396
PPE - Furniture & Equipment	Dryer	10/1/2021	7,551	5	-	-	-	-	1,510	1,510	6,041
PPE - Furniture & Equipment	PTAC	10/26/2021	1,345	5	-	-	-	-	269	269	1,076
PPE - Furniture & Equipment	PTAC	12/16/2021	1,430	5	-	-	-	-	286	286	1,144
PPE - Furniture & Equipment	Desktop refresh	1/24/2022	1,186	5	-	-	-	-	237	237	949
PPE - Furniture & Equipment	PTACs (4)	1/17/2022	5,929	5	-	-	-	-	1,186	1,186	4,743
PPE - Furniture & Equipment	Wheelchair scale	2/28/2022	2,764	5	-	-	-	-	553	553	2,211
PPE - Furniture & Equipment	Bed motors, etc.	1/31/2022	2,900	5	-	-	-	-	580	580	2,320
PPE - Furniture & Equipment	Bed motors, etc.	2/28/2022	2,074	5	-	-	-	-	415	415	1,659
PPE - Furniture & Equipment	Mattresses (8)	3/31/2022	1,191	5	-	-	-	-	238	238	953
PPE - Furniture & Equipment	Circulator motor pump (hot waite	3/21/2022	7,421	5	-	-	-	-	1,484	1,484	5,937
PPE - Furniture & Equipment	Hardware Refresh	9/28/2021	18,166	5	-	-	-	-	3,633	3,633	14,533
PPE - Furniture & Equipment	Phone System	2/1/2022	8,300	5	-	-	-	-	1,660	1,660	6,640
PPE - Furniture & Equipment	Phone System	2/1/2022	12,000	5	-	-	-	-	2,400	2,400	9,600
PPE - Furniture & Equipment	Phone System Upgrades	2/1/2022	4,666	5	-	-	-	-	933	933	3,733
PPE - Furniture & Equipment	Phone System	2/1/2022	5,043	5	-	-	-	-	1,009	1,009	4,034
PPE - Furniture & Equipment	Laptop	4/5/2022	1,415	5	-	-	-	-	283	283	1,132
PPE - Furniture & Equipment	Laptops (8)	4/22/2022	11,144	5	-	-	-	-	2,229	2,229	8,915
PPE - Furniture & Equipment	Honeywell high limit switch	5/1/2022	2,332	5	-	-	-	-	466	466	1,866
PPE - Furniture & Equipment	Ice Machine Repairs	5/26/2022	1,210	5	-	-	-	-	242	242	968
PPE - Furniture & Equipment	Power lift (2), Scale	5/18/2022	5,371	5	-	-	-	-	1,074	1,074	4,297
PPE - Furniture & Equipment	CT Trust Grant	5/18/2022	(4,451)	5	-	-	-	-	(890)	(890)	(3,561)
PPE - Furniture & Equipment	Bed Equipment	6/30/2022	1,375	5	-	-	-	-	275	275	1,100
PPE - Furniture & Equipment	PTACs (4)	6/27/2022	4,475	5	-	-	-	-	895	895	3,580
PPE - Furniture & Equipment	Laptops (2)	8/15/2022	1,989	5	-	-	-	-	398	398	1,591
PPE - Furniture & Equipment	Exhaust fan repair	8/25/2022	1,724	5	-	-	-	-	345	345	1,379
PPE - Furniture & Equipment	Bed Boards	8/31/2022	910	5	-	-	-	-	182	182	728
PPE - Furniture & Equipment	TVs (4)	8/31/2022	896	5	-	-	-	-	179	179	717
PPE - Furniture & Equipment	Mattresses (8)	8/8/2022	1,444	5	-	-	-	-	289	289	1,155
PPE - Furniture & Equipment	Portable air cleaner	8/24/2022	1,562	5	-	-	-	-	312	312	1,250
			115,107						23,021	23,021	92,086
Total Movable Equipment			325,602		19,981	45,613	36,288	81,901	139,212	139,212	186,390
Per Cost Report			774,413		26,496	59,397	47,232	106,629	208,601	208,601	565,812
Per Trial Balance			569,833		22,775	42,440	44,962	87,042	160,203	160,203	409,630
Variance			204,580		3,721	16,957	2,270	19,587	48,398	48,398	156,182

<u>Voucher #</u>	<u>Account Description</u>	<u>Description</u>	<u>Date</u>	<u>Amount</u>	<u>Useful Life</u>	<u>Depreciation</u>	<u>Accum Depr.</u>	<u>Depreciation</u>	<u>Accum Depr.</u>	<u>Depreciation</u>	<u>Accum Depr.</u>	<u>NBV</u>
Realty Entity - Building Improvements												
<i>2015 Additions</i>												
N/A	Realty - Building Improvements	Doors/Door Hardware	9/30/2015	51,881	15	3,459	18,193	3,459	21,652	3,459	25,111	26,770
N/A	Realty - Building Improvements	Windows	9/30/2015	12,604	20	630	3,366	630	3,996	630	4,626	7,978
N/A	Realty - Building Improvements	Shower Rooms	9/30/2015	24,613	20	1,231	6,576	1,231	7,807	1,231	9,038	15,575
N/A	Realty - Building Improvements	Plumbing/ 3 Bed Sinks	9/30/2015	22,926	20	1,146	6,123	1,146	7,269	1,146	8,415	14,511
N/A	Realty - Building Improvements	Exterior Repair	9/30/2015	2,475	20	124	662	124	786	124	910	1,565
N/A	Realty - Building Improvements	HVAC/Ductwork	9/30/2015	19,812	15	1,321	6,947	1,321	8,268	1,321	9,589	10,223
N/A	Realty - Building Improvements	Site Cost	9/30/2015	12,070	20	604	3,226	604	3,830	604	4,434	7,636
N/A	Realty - Building Improvements	Paint	9/30/2015	90,000	10	9,000	46,589	9,000	55,589	9,000	64,589	25,411
N/A	Realty - Building Improvements	Flooring	9/30/2015	43,816	15	2,921	15,363	2,921	18,284	2,921	21,205	22,611
N/A	Realty - Building Improvements	Hand Rail/ Corner Guards	9/30/2015	18,809	20	940	5,023	940	5,963	940	6,903	11,906
N/A	Realty - Building Improvements	General Conditions	9/30/2015	3,266	20	163	871	163	1,034	163	1,197	2,069
N/A	Realty - Building Improvements	SL Fee 18% - Contractor Fee	9/30/2015	61,954	20	3,098	16,551	3,098	19,649	3,098	22,747	39,207
<i>2016 Additions</i>												
N/A	Realty - Building Improvements	Ceilings	9/30/2016	408	20	20	101	20	121	20	141	267
N/A	Realty - Building Improvements	Plumbing/ 3 Bed Sinks	9/30/2016	3,044	20	152	762	152	914	152	1,066	1,978
N/A	Realty - Building Improvements	Exterior Repair	9/30/2016	6,694	20	335	1,678	335	2,013	335	2,348	4,346
N/A	Realty - Building Improvements	Paint	9/30/2016	19,843	10	1,984	9,942	1,984	11,926	1,984	13,910	5,933
N/A	Realty - Building Improvements	Flooring	9/30/2016	243	15	16	80	16	96	16	112	131
N/A	Realty - Building Improvements	Millwork	9/30/2016	49,959	20	2,498	12,517	2,498	15,015	2,498	17,513	32,446
N/A	Realty - Building Improvements	Signage	9/30/2016	93	10	9	45	9	54	9	63	30
N/A	Realty - Building Improvements	General Conditions	9/30/2016	11,996	20	600	3,006	600	3,606	600	4,206	7,790
N/A	Realty - Building Improvements	CO # 2 Additional Flooding Wor	9/30/2016	11,394	20	570	2,856	570	3,426	570	3,996	7,398
N/A	Realty - Building Improvements	CO # 3 Added Electrical Work	9/30/2016	10,360	20	518	2,596	518	3,114	518	3,632	6,728
N/A	Realty - Building Improvements	SL Fee 18%	9/30/2016	55,012	20	2,751	13,785	2,751	16,536	2,751	19,287	35,725
N/A	Realty - Building Improvements	Windows	9/30/2016	4,019	20	201	1,007	201	1,208	201	1,409	2,610
N/A	Realty - Building Improvements	Ceilings	9/30/2016	5,981	20	299	1,498	299	1,797	299	2,096	3,885
N/A	Realty - Building Improvements	Shower Rooms	9/30/2016	3,450	20	173	866	173	1,039	173	1,212	2,238
N/A	Realty - Building Improvements	Exterior Repair	9/30/2016	8,759	20	438	2,195	438	2,633	438	3,071	5,688
N/A	Realty - Building Improvements	Paint	9/30/2016	22,767	10	2,277	11,410	2,277	13,687	2,277	15,964	6,803
N/A	Realty - Building Improvements	Flooring	9/30/2016	117,565	15	7,838	39,275	7,838	47,113	7,838	54,951	62,614
N/A	Realty - Building Improvements	Millwork	9/30/2016	102,000	20	5,100	25,556	5,100	30,656	5,100	35,756	66,244
N/A	Realty - Building Improvements	Hand Rail / Corner Guards	9/30/2016	12,604	10	1,260	6,314	1,260	7,574	1,260	8,834	3,770
N/A	Realty - Building Improvements	Signage	9/30/2016	6,989	10	699	3,503	699	4,202	699	4,901	2,088
N/A	Realty - Building Improvements	General Conditions	9/30/2016	20,065	20	1,003	5,026	1,003	6,029	1,003	7,032	13,033
N/A	Realty - Building Improvements	Contingency	9/30/2016	3,200	20	160	802	160	962	160	1,122	2,078
N/A	Realty - Building Improvements	SL Fee 18%	9/30/2016	81,781	20	4,089	20,490	4,089	24,579	4,089	28,668	53,113
<i>Total Additions</i>				922,452		57,627	294,800	57,627	352,427	57,627	410,054	512,398

<u>Voucher #</u>	<u>Account Description</u>	<u>Description</u>	<u>Date</u>	<u>Amount</u>	<u>Useful Life</u>	<u>Depreciation</u>	<u>Accum Depr.</u>	<u>Depreciation</u>	<u>Accum Depr.</u>	<u>Depreciation</u>	<u>Accum Depr.</u>	<u>NBY</u>
2015 Additions												
N/A	Realty - Movable Equip	FF&E	9/30/2015	75,896	10	7,590	43,093	7,590	50,683	7,590	58,273	17,623
N/A	Realty - Movable Equip	Soft Goods	9/30/2015	6,764	10	676	3,500	676	4,176	676	4,852	1,912
2016 Additions												
N/A	Realty - Movable Equip	Soft Goods	9/30/2016	98,340	10	9,834	49,277	9,834	59,111	9,834	68,945	29,395
N/A	Realty - Movable Equip	FF&E	9/30/2016	69,427	10	6,943	34,791	6,943	41,734	6,943	48,677	20,750
N/A	Realty - Movable Equip	FF&E	9/30/2016	129,528	10	12,953	64,906	12,953	77,859	12,953	90,812	38,716
N/A	Realty - Movable Equip	CO # 1 Dressers Add	9/30/2016	49,012	10	4,901	24,559	4,901	29,460	4,901	34,361	14,651
2017 Additions												
N/A	Deferred Lease Cost	Leased Equipment	10/31/2016	285	3	-	285	-	285	-	285	-
N/A	Deferred Lease Cost	Leased Equipment	2/28/2017	98	3	-	98	-	98	-	98	-
N/A	Deferred Lease Cost	Leased Equipment	3/31/2017	96	3	-	96	-	96	-	96	-
2019 Additions												
	PPE - Furniture & Equipment	5 Ton RTU Replacement	1/31/2019	13,762	10	1,376	2,752	1,376	4,128	1,376	5,504	8,258
	PPE - Furniture & Equipment	Thermostats, Etc.	1/31/2019	1,349	10	135	270	135	405	135	540	809
	PPE - Furniture & Equipment	Generator Muffler	2/1/2019	3,071		408	816	408	1,224	408	1,632	1,439
2020 Additions												
	PPE - Furniture & Equipment	All Time Manufacturing	2/12/2020	3,080	10	308	308	308	616	308	924	2,156
	Total Additions			450,708		45,124	224,751	45,124	269,875	45,124	314,999	135,709
	Total Realty Entity Assets			1,373,160		102,751	519,551	102,751	622,302	102,751	725,053	648,107
	Total Assets			2,147,573		129,247	578,948	149,983	728,931	204,724	933,654	1,213,919

F/S vs C/R NBY - Page 31, Line B9
 F/S vs C/R Depreciation - Page 36, Line F1
 Reserve For Leasehold Properties - Page 35, Line A4

** Generator addition is \$297,606, of which \$204,580 was reimbursed by the realty company. PDW Joe Lopatosky, we are to list the full amount on the operating company.

Voucher #

Account Description

Description

Date

Amount Useful Life

Depreciation Accum Depr.

Depreciation Accum Depr.

Depreciation Accum Depr.

NBV

Page 23 & 24

Building	922,452		57,627	294,800	57,627	352,427	512,398
Movable	776,310		65,105	270,364	81,412	351,776	322,099
Leasehold	448,812		6,515	13,783	10,944	24,727	379,422

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Leasehold	448,812		6,515	13,783	10,944	24,727	379,422
Movable	325,602		19,981	45,613	36,288	81,901	186,390

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Building	922,452		57,627	294,800	57,627	352,427	512,398
Movable	450,708		45,124	224,751	45,124	269,875	135,709

Amortization Schedule*

Name of Facility WV-Parkway Pavilion of Enfield, CT d/b/a Parkway Pavilion	Date of Acquisition		License No. 2435	Report for Year Ended 9/30/2022			Page 24	of 37
	Month	Year		Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %		
A. Organization Expense								
1.								
2.								
3.								
A-4. Subtotal								
B. Mortgage Expense								
1.								
2.								
3.								
B-4. Subtotal								
C. Leasehold Improvements and Other								
1. Acquired prior to this report period	Various	Various		111,629		24,727	S/L	10,944
2. Disposals (attach schedule)	Various	Various						
3. Acquired during this report period (attach schedule)	Various	Various		337,183				33,718
C-4. Subtotal								
D. Total Amortization								44,662
								44,662

* 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 WV-Parkway Pavilion of Enfield, CT	License No. 2435	Report for Year Ended 9/30/2022	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes <input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.		
<small>*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.</small>					
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		130			
6. Square Footage		27,228			
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
Sabra, 18500 Von Karman Avenue, Suite 550, Irvine, CA 92612	Building & Equipment	03/01/16	10	1,360,225	

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
WV-Parkway Pavilion of Enfield, CT		2435	9/30/2022		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
WV-Parkway Pavilion of Enfield, C		2435		9/30/2022			27	37
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:								
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify)				\$	96,217	96,217		
Interest Expense - DIP Loan/ PPL / PPR								
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	96,217	96,217		
14. Insurance								
a. Insurance on Property (buildings only)				\$	16,350	16,350		
b. Insurance on Automobiles				\$	88	88		
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$	145,833	145,833		
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$	10,952	10,952		
Insurance - D&O Liability/ Cyber/ Bond								
14d. Total Insurance Expenditures (14a + b + c)				\$	173,223	173,223		
15. Total All Expenditures (A-13 thru C-14)				\$	14,427,837	14,427,837		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
WV-Parkway Pavilion of Enfield, CT d/b/a Parkway Pavilion H			2435	9/30/2022	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 24,463	24,463		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 361,248	361,248		
7.			Other - See attached Schedule	\$ 17,026	17,026		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 210,493	210,493		
10.			Accounting	\$			
10a.			Legal	\$ 1,475	1,475		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,760	1,760		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.	16	L4	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 4,109	4,109		
17.	16	L6	Automobile Expense (e.g. personal use)	\$ 3,711	3,711		
18.	16	m2/3	Unallowable Advertising *	\$ 1,408	1,408		
19.	15	1k1	Income Tax / Corporate Business Tax	\$ 52,181	52,181		
20.	16	m10	Fund Raising / Contributions	\$ 2,500	2,500		
21.	16	m12	Unallowable Management Fees	\$ 348,797	348,797		
22.	16	m6	Barber and Beauty	\$ 298	298		
23.			Other - See attached Schedule	\$ 90,138	90,138		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,119,607	1,119,607		

* 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)
10	12n	Marketing	\$ 24,463		
Total Other Salaries Adjustment			\$ 24,463	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	B12	Consulting IV	\$ 17,026		
Total Other Fees Adjustments			\$ 17,026	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a9	Employee Recognition	\$ 1,450		
15	1a9	Nurses/ CNA/ Nursing Home week expense	\$ 2,130		
16	8a	Chamber of Commerce Dues	\$ 468		
16	m13	Credit Card Fee	\$ 49,519		
16	m13	Miscellaneous Expense	\$ 22,672		
16	m13	Fines & Penalties	\$ 13,000		
16	m13	Meals - Marketing	\$ 800		
16	m13	Entertainment - A&G	\$ 60		
16	m13	Finance Charge	\$ 39		
Total Other A&G Adjustments			\$ 90,138	\$ -	\$ -

**Parkway Pavilion Health & Rehabilitation Center
Disallowance Schedule for Cell Phones
September 30, 2022**

Pg. 28b

	<u>Amount</u>
Total Cell Phone Expense	3,200
Cell Phone Allowed Based on Bed Capacity	4
Monthly Allowable amount per Cell Phone	\$ 30
Months in Cost Report Year	<u>12</u>
Total Allowable Cost	<u>\$ 1,440</u>
Days in Cost Report 365 / 365 Days	<u>100.00%</u>
Revised Total Allowable Cost	<u>\$ 1,440</u>
Disallowed Cell Phone (Page 28, Line 12)	 <u><u>\$ 1,760</u></u>

Parkway Pavilion Health & Rehabilitation Center
Calculation of Allowable Management Fee
September 30, 2022

<u>Description</u>	<u>Amount</u>	
Management fees Charged	707,196	
Patient Days	42,530	
Imputed Days - 90% Occupancy	<u>42,705</u>	
Amount Per Patient Day (Greater of 90% or Actual Days)		\$ 16.56
PPD Allowance Per Rate Agreement		7.82
2022 CPI Increase - 7.32%		<u>1.0732</u>
PPD Allowance 9/30/2021		<u>8.39</u>
Amount over (Under)		\$ 8.1676
Total Days		<u>42,705</u>
Disallowed Management Fee		<u>\$ 348,797</u>

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

Name of Facility			License No.	Report for Year Ended	Page	of	
WV-Parkway Pavilion of Enfield, CT d/b/a Parkway Pavilion			2435	9/30/2022	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,123,271	1,123,271		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 293,583	293,583		
28.			Ambulance/Limousine	\$ 26,966	26,966		
29.			X-rays, etc	\$ 32,928	32,928		
30.			Laboratory	\$ 37,894	37,894		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 17,666	17,666		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 118,495	118,495		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 7,384	7,384		
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,658,187	1,658,187		

*** 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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable TV (See attached)	\$ 19,073		
20	5l	Supplies - Wound Care	\$ 12,974		
20	5l	Supplies - Prosthetic Device	\$ 2,444		
20	5l	ME Lease	\$ (272)		
20	5l	ME Lease - Bariatric Equipment	\$ 4,824		
20	5l	ME Lease - Wound Vacs	\$ 13,331		
20	5l	ME Lease - Specialty Beds	\$ 2,935		
20	5l	ME Lease - Air Mattresses	\$ 6,916		
20	5l	ME Lease - Respiratory	\$ 12,839		
20	5l	Replace of Res. Personal Prop.	\$ 238		
20	5l	Pharmacy Purchases Discount	\$ (7,592)		
20	5l	Pharmacy Supplies - IV	\$ 4,352		
20	5l	Pharmacy Supplies - Forms	\$ 540		
20	5l	Rx Drugs - IV Medicare	\$ 19,335		
20	5l	Rx Drugs - IV Medicaid	\$ 2,165		
20	5l	Rx Drugs - IV Managed	\$ 9,528		
20	5l	ME Lease - Pharmacy	\$ 1,960		
20	5l	ME Lease - IV Pump	\$ 2,232		
20	5l	Resident Vaccination	\$ 4,848		
20	5l	Medical Records - Pharmacy	\$ 3,089		
20	5l	Supplies - Respiratory	\$ 2,736		
Total Other Ancillary Costs			\$ 118,495	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14C3	D&O Insurance	\$ 6,294		
30	IV8	Miscellaneous Revenue	\$ 173		
30	IV8	Medical Records Revenue	\$ 917		
Total Other Adjustments			\$ 7,384	\$ -	\$ -

Schedule of Unallowable Building Interest

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

**Parkway Pavilion Health & Rehabilitation Center
Disallowance Schedule for Cable TV
September 30, 2022**

Pg. 29b

	<u>Amount</u>
Total Cable TV Expense Account # 6950120000 & 6950120	\$ 22,673
Monthly Allowable amount	\$ 300
Months in Cost Report Year	<u>12</u>
Total Allowable Cost	\$ 3,600
Days in Cost Report 365 / 365 Days	<u>100.00%</u>
Revised Total Allowable Cost	\$ 3,600
 Disallowed Cable TV	 <u><u>\$ 19,073</u></u>

F. Statement of Revenue

Name of Facility		License No.	Report for Year Ended		Page	of
WV-Parkway Pavilion of Enfield, CT		d/b/2435	9/30/2022		30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 6,706,152	6,706,152				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 3,490,459	3,490,459				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 3,673,489	3,673,489				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 123,577	123,577				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (123,577)	(123,577)				
c. Prescription Drugs - Non-Medicare	\$ 176,100	176,100				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (174,830)	(174,830)				
2. a. Medical Supplies - Medicare	\$ 281	281				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (281)	(281)				
c. Medical Supplies - Non-Medicare	\$ 2,006	2,006				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (1,990)	(1,990)				
3. a. Physical Therapy - Medicare	\$ 280,804	280,804				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (196,606)	(196,606)				
c. Physical Therapy - Non-Medicare	\$ 385,431	385,431				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (283,047)	(283,047)				
4. a. Speech Therapy - Medicare	\$ 84,457	84,457				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (55,033)	(55,033)				
c. Speech Therapy - Non-Medicare	\$ 92,050	92,050				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (82,473)	(82,473)				
5. a. Occupational Therapy - Medicare	\$ 273,329	273,329				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (213,683)	(213,683)				
c. Occupational Therapy - Non-Medicare	\$ 287,889	287,889				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (263,327)	(263,327)				
6. a. Other (<i>Specify</i>) - Medicare	\$ (1,006)	(1,006)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 5,835	5,835				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,186,006	14,186,006				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 322	322				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 843,090	843,090				
V. Total Other Revenue (1 thru 8)	\$ 843,412	843,412				
VI. Total All Revenue (III +V)	\$ 15,029,418	15,029,418				

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		\$ -		
30 116a	X-Ray - Med A	\$ 14,003		
30 116a	X-Ray - Med A - C/A	\$ (14,003)		
30 116a	Lab - Med A	\$ 15,264		
30 116a	Lab - Med A - C/A	\$ (15,264)		
30 116a	IV - Med A	\$ 3,904		
30 116a	IV - Med A - C/A	\$ (3,904)		
30 116a	Oxygen - Med A	\$ 1,864		
30 116a	Oxygen - Med A - C/A	\$ (1,864)		
30 116a	Sequestration - Med B	\$ (1,000)		
30 116a	Sequestration - Med B Replmt	\$ 1		
Total Other Resident Revenue - Medicare		\$ (1,000)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		\$ -		
30 116b	X-Ray - HMO	\$ 15,709		
30 116b	X-Ray - Private	\$ 25		
30 116b	X-Ray - Insurance	\$ 456		
30 116b	X-Ray - HMO - C/A	\$ (15,709)		
30 116b	X-Ray - Insurance - C/A	\$ (456)		
30 116b	Lab - Medicaid	\$ 3,651		
30 116b	Lab - HMO	\$ 12,427		
30 116b	Lab - Insurance	\$ 987		
30 116b	Lab - Medicaid - C/A	\$ (3,651)		
30 116b	Lab - HMO - C/A	\$ (12,427)		
30 116b	Lab - Insurance - C/A	\$ (987)		
30 116b	IV - Medicaid	\$ 1,090		
30 116b	IV - HMO	\$ 927		
30 116b	IV - Insurance	\$ 646		
30 116b	IV - Medicaid - C/A	\$ (1,090)		
30 116b	IV - HMO - C/A	\$ (927)		
30 116b	IV - Insurance - C/A	\$ (646)		
30 116b	Oxygen - Medicaid	\$ 4,374		
30 116b	Oxygen - HMO	\$ 898		
30 116b	Oxygen - Private	\$ 30		
30 116b	Oxygen - Hospice	\$ 214		
30 116b	Oxygen - Medicaid - C/A	\$ (4,374)		
30 116b	Oxygen - HMO - C/A	\$ (898)		
30 116b	Oxygen - Hospice - C/A	\$ (214)		
30 116b	Medical Equip - Med A	\$ 1,808		
30 116b	Medical Equip - Medicaid	\$ 1,684		
30 116b	Medical Equip - HMO	\$ 153		
30 116b	Medical Equip - Med A - C/A	\$ (1,808)		
30 116b	Medical Equip - Medicaid - C/A	\$ (1,684)		
30 116b	Medical Equip - HMO - C/A	\$ (153)		
30 116b	Resident Income - Optum Quality Measure Payment	\$ 5,780		
Total Other Resident Revenue		\$ 5,835	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			\$ -		
30 1V5	Interest Revenue - AR Accounts	N/A	\$ 322		
Total Interest Income			\$ 322	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		\$ -		
30 1V8	Prior Period Adjustments (Do Not Disallow - No Related Prior Period Expense)	\$ 92,113		
30 1V8	COVID Relief Funds - State	\$ 156,416		
30 1V8	COVID Relief Funds - Federal	\$ 586,870		
30 1V8	Revenue - Medical Records (Disallowed on Page 29)	\$ 917		
30 1V8	Revenue - Discounts	\$ (499)		
30 1V8	Revenue - Miscellaneous (Disallowed on Page 29)	\$ 173		
Total Other Revenue		\$ 843,090	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Parkway Pavilion of Enfield, CT d	2435	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,089,346
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,208,817
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	4,451
4. Inventories			\$	
5. Prepaid Expenses			\$	118,342
a. Prepaid Insurance	74,684			
b. Prepaid Expense	43,658			
c.				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,420,956
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>448,812</u>		\$	379,423
	Accum. Depreciation <u>69,389</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>325,602</u>		\$	186,390
	Accum. Depreciation <u>139,212</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(149,959)
F/S vs C/R NBV	(156,182)			
See Schedule	6,223			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	415,854

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

Page Ref	Line Ref	Description	
31	B9	Rounding	\$ (1)
31	B9	Construction In Progress	\$ 6,224
Total Other Fixed Assets (Itemize)			\$ 6,223

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
33	A12	Accrued Rent	\$ 370,067
33	A12	Accrued Provider Tax/ User Fees	\$ 271,352
33	A12	Reserve for Bad Debts	\$ 267,809
33	A12	Deferred Rent - S.I. Portion	\$ 185,281
33	A12	Accrued Management Fees	\$ 53,224
33	A12	Accrued Expenses	\$ 23,837
33	A12	Exchange	\$ 15,299
33	A12	Payroll W/H - AFLAC	\$ (869)
Total Other Current Liabilities (Itemize)			\$ 1,186,000

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

Page Ref	Line Ref	Description	
34	B4	N/P - SABRA - PPR	\$ 763,625
34	B4	N/P - SABRA - PPI	\$ 669,866
34	B4	Accrued Interest LT - Sabra-PPR	\$ 186,794
34	B4	Accrued Interest LT - Sabra-PPI	\$ 3,312
34	B4	Due Medicaid	\$ 644
Total Other Long-Term Liabilities (Itemize)			\$ 1,624,341

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
WV-Parkway Pavilion of Enfield, CT d		2435	9/30/2022	32	37
Account				Amount	
Total Brought Forward:				\$	2,836,810
C. Leasehold or like property recorded for Equity Purposes.					
1. Land					
2. Land Improvements					
		*Historical Cost			
		Accum. Depreciation		Net	\$
3. Buildings					
		*Historical Cost	922,452		
		Accum. Depreciation	410,054	Net	\$ 512,398
4. Non-Movable Equipment					
		*Historical Cost			
		Accum. Depreciation		Net	\$
5. Movable Equipment					
		*Historical Cost	450,708		
		Accum. Depreciation	314,999	Net	\$ 135,709
6. Motor Vehicles					
		*Historical Cost			
		Accum. Depreciation		Net	\$
7. Minor Equipment-Not Depreciable					
C-8 Total Leasehold or Like Properties (C1 thru 7)				\$	648,107
D. Investment and Other Assets					
1. Deferred Deposits					
				\$	1,450
2. Escrow Deposits					
				\$	78,958
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>)					
				\$	950,282
Name and Address		Amount	Loan Date		
WV		950,282			
7. Other Assets (<i>itemize</i>)					
				\$	
See Schedule					
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$	1,030,690
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$	4,515,607

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
WV-Parkway Pavilion of Enfield, CT d/b/a Pa		2435	9/30/2022	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	707,410
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
_____		_____	_____	_____	
_____		_____	_____	_____	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	265,696
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	14,600
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	1,186,000

See Schedule				1,186,000	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,173,706

* 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 WV-Parkway Pavilion of Enfield, CT d/b/a		License No. 2435	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,173,706	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 8,701	
Name and Address of Lender	Amount	Loan Date			
Intercompany Exchange/ HVN/ QY/ RP/ VM	8,701				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 1,624,241	
See Schedule				1,624,241	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,632,942	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,806,648	

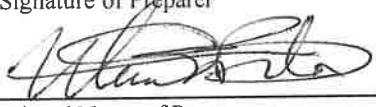
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Parkway Pavilion of Enfield, CT	2435	9/30/2022	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	648,107
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	648,107
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(672,652)
6. Gain or Loss for Period			\$	733,504
				10/1/2021 thru 9/30/2022
7. Total Net Worth			\$	60,852
C. Total Reserves and Net Worth			\$	708,959
D. Total Liabilities, Reserves, and Net Worth			\$	4,515,607

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Parkway Pavilion of Enfield, CT d/t	2435	9/30/2022	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	(420,635)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	15,029,418
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	14,295,914
D. Net Income or Deficit			\$	733,504
E. Balance			\$	312,869
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Expense per Page 27	\$14,427,837			
F/S vs C/R Depreciation	\$(131,923)			
Expenses per F/S	\$14,295,914			
2. Other <i>(itemize)</i>				
Prior Period Adjustment		(252,017)		
F-3. Total Additions			\$	(252,017)
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	60,852
	09/30/22			

I. Preparer's/Reviewer's Certification

Name of Facility WV-Parkway Pavilion of Enfield, CT d/b/a		License No. 2435	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer 		Title PRINCIPAL		Date Signed 2/3/23	
Printed Name of Preparer Matthew S. Bavolack					
Address Address 555 Long Wharf Drive, New Haven, CT 06511				Phone Number (203) 781-9600	
Contacted Person Regarding Additional Information Needed Regarding This Report Steven Vera				Phone Number (860) 564-3387	
Contact Email Address svera@wachusetthc.com					