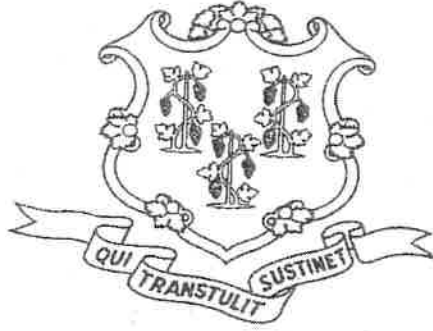


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) WV-Crossings East, LLC d/b/a Harbor Village North Health & Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 78 Viets Street, NewLondon, CT 06320-3354	
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 2436	RHNS	(Specify)	Medicare Provider 07-5196
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Medicaid Provider Numbers:	CCNH 000009647	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-Crossings East, LLC d/b/a Harbor Village North	2436	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-Crossings East, LLC d/b/a Harbor Village North 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)		
Troy T. Guntulis					
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-Crossings East, LLC d/b/a Harbor Village North Health & Rehabilitation Center		Period Covered: From 10/1/2021	To 9/30/2022
Address of Facility 78 Viets Street, NewLondon, CT 06320-3354			
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 1/28/2023
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)	\$		

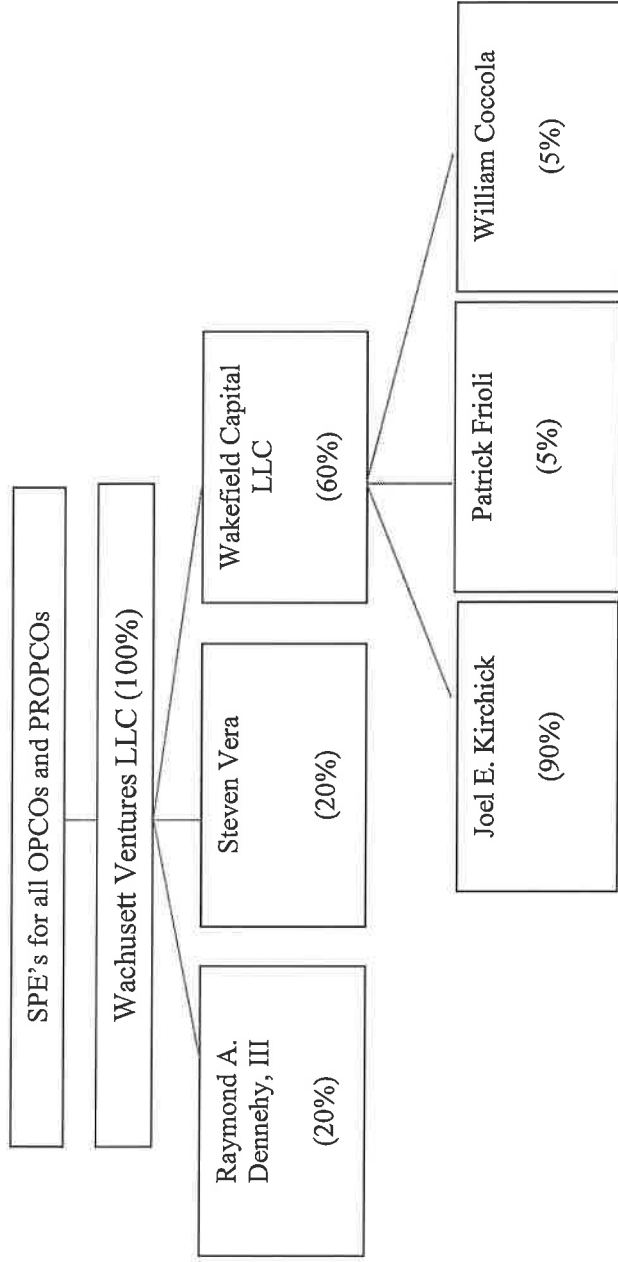
Wages - Compensation computed on an hourly wage rate.

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 860-447-1416		Report for Year Ended 9/30/2022		Page 2	of 37
Name of Facility (as shown on license) WV-Crossings East, LLC d/b/a Harbor Village North Health &			Address (No. & Street, City, State, Zip) 78 Viets Street, NewLondon, CT 06320-3354		
License Numbers:		CCNH 2436	RHNS (Specify)	Medicare Provider No. 07-5196	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" 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 Troy T. Guntulis			Nursing Home Administrator's License No.:	001810	
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-Crossings East, LLC d/b/a Harbor Villag	License No. 2436	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 Related Parties*

Name of Facility WV-Crossings East, LLC d/b/a Harbor Village North F	License No. 2436	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	Page 16 / Line m12	568,718	421,802
Various	Various	<input type="radio"/>	<input checked="" type="radio"/>	Intercompany Transactions	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"/>				
		<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-Crossings East, LLC d/b/a Harbor Village N	2436	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 (See listing page 13)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input 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 and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Report for Year Ended 9/30/2022			Annual Amount of Lease	Annual Amount Claimed
	Yes	No		Date of Lease**	Term of Lease	Page of		
Name of Facility WV-Crossings East, LLC d/b/a Harbor Village North Health			License No. 2436			6	37	
Xerox Financial Services	<input type="radio"/>	<input checked="" type="radio"/>	Copy Machines	03/26/19	39 Months	9,517	9,517	
Quadrant Leasing, USA, 478 Wheelers Farm Road, Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	02/05/15	Monthly as needed	1,455	1,455	
First Data	<input type="radio"/>	<input checked="" type="radio"/>	Credit Card Machine	05/01/16	Monthly thereafter	704	704	
Ecolab, Inc.	<input type="radio"/>	<input checked="" type="radio"/>	Dish Machine	11/01/14	Monthly thereafter	1,679	1,679	
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 OmniStim FX2 Pro etc.	06/01/15	Monthly as needed	12,278	12,278	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?						<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Total ***						25,633		

* 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-Crossings East, LLC d/b/a Har	License No. 2436	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 1 Marcum LLP 2 CliftonLarsonAllen 3 4		Address (No. & Street, City, State, Zip Code) 55 Long Wharf Drive, New Haven, CT 06511 4 Battery March Park Suite 100, Quincy, MA 02169		
Services Provided by This Firm (<i>describe fully</i>)				
1	Cost Report Preparation, Advisory Reimbursement Services, Tax		\$	17,551
2	Assurance Services		\$	8,562
3			\$	
4			\$	
			Charge for Services Provided	
			\$ 26,113	
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 1 Dorsi & Dorsi 2 New London Probate Court 3 FordHarrison 4 Law Offices of Jason G. DeGenaro LLC 5 CT Corporation			Telephone Number (203) 934-6651 (860) 443-7121 (860) 740-1355 (203) 453-4101 (312) 345-4320	
Address (No. & Street, City, State, Zip Code) 1 537 Washington Avenue, West Haven, CT 06516 2 181 State Street, New London, CT 06320 3 185 Asylum Street Suite 820, Hartford, CT 06103 4 29 Water Street, Guilford, CT 06437 5 P.O. Box 4349, Carol Stream, IL 60197				
Services Provided by This Firm (<i>describe fully</i>)				
1	Real Estate Tax Abatement		\$	7,217
2	Conservatorship		\$	1,774
3	General Matters Relating to Employees		\$	1,639
4	Collections		\$	1,203
5	Registered Agent		\$	300
			Charge for Services Provided	
			\$ 12,133	
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	License No.		Report for Year Ended		Page	of		
	2436		9/30/2022				8	37
	WV-Crossings East, LLC d/b/a Harbor Village North Health & Rehabil		Period 10/1 Thru 6/30					
Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS (Specify)		
1. Certified Bed Capacity								
A. On last day of PREVIOUS report period	128	128						
B. On last day of THIS report period	128	128			128	128		
2. Number of Residents								
A. As of midnight of PREVIOUS report period	115	115						
B. As of midnight of THIS report period	116	116			116	116		
3. Total Number of Days Care Provided During Period								
A. Medicare	1,840	1,840			467	467		
B. Medicaid (Conn.)	36,992	36,992			9,281	9,281		
C. Medicaid (other states)								
D. Private Pay	1,722	1,722			414	414		
E. State SSI for RCH								
F. Other (Specify) Managed Care, Hospice, Insurance	1,002	1,002			228	228		
G. Total Care Days During Period (3A thru F)	41,556	41,556			10,390	10,390		
Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds								
A. Medicaid Bed Reserve Days	624	624			197	197		
B. Other Bed Reserve Days	10	10			1	1		
5. Total Resident Days (3G + 4A + 4B)	42,190	42,190			10,588	10,588		

Schedule of Resident Statistics (Cont'd)

Name of Facility WV-Crossings East, LLC d/b/a Harbor Village	License No. 2436	Report for Year Ended 9/30/2022	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	7	100		9				
Per Diem Rate								
a. One bed rm.	Various	237.03		446.00				
b. Two bed rms.	Various	237.00		372.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	106,843	106,843		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	9,516	9,516		
C. Other	62,802	62,802		
D. Total Physical Therapy Treatments	179,161	179,161		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	14,995	14,995		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	2,029	2,029		
C. Other	11,779	11,779		
D. Total Speech Therapy Treatments	28,803	28,803		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	124,904	124,904		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	12,021	12,021		
C. Other	83,131	83,131		
D. Total Occupational Therapy Treatments	220,056	220,056		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
WV-Crossings East, LLC d/b/a Harbor Village North Health	2436	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)						
	163,090	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
	15,577	432				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)						
	208,272	8,297				
5. Dietary Service						
a. Head Dietitian						
	38,844	992				
b. Food Service Supervisor						
	63,515	1,984				
c. Dietary Workers						
	348,812	20,209				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
	65,683	2,080				
b. Other Maintenance Workers						
	21,219	1,464				
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						
	220,724	3,950				
b. RN						
1. Direct Care						
	897,547	19,100				
2. Administrative**						
	85,892	2,972				
c. LPN						
1. Direct Care						
	1,082,548	31,628				
2. Administrative**						
	192,111	5,099				
d. Aides and Attendants						
	1,775,375	84,852				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers						
	110,568	6,322				
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						
	178,767	5,394				
n. Marketing						
	10,261	225				
o. Other (Specify)						
See Attached Schedule						
	37,744	1,867				
<i>A-13. Total Salary Expenditures</i>						
	5,516,549	198,947				

* 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
Medical Records	\$ 37,744	1,867				
Total	\$ 37,744	1,867	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	0					
Consulting - IV (Disallowed on Page 28)	\$ 9,684	Monthly				
Physician Services - Other	\$ 1,781	N/A				
Other - Ancillary (Disallowed on Page 28)	\$ 83	N/A				
Total	\$ 11,548	-	\$ -	-	\$ -	-

**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-Crossings East, LLC d/b/a Harbor Village North Health & Rehabil	Salary Paid		Line Where Claimed on Page 10	Total Hours Worked	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
		CCNH	RHNS	(Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	
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-Crossings East, LLC d/b/a Harbor Village North Health & Rehab	License No. 2436	Report for Year Ended 9/30/2022		Line Where Claimed on Page 10	Name and Address of All Other Employment**	Page 12	of 37
		CCNH	RHNS (Specify)				
Section III - Administrators***							
Troy T. Guntulis	163,090			2,080 A2			
Section IV - Assistant Administrators							
Patrick Cartier	15,577			432 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

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
WV-Crossings East, LLC d/b/a Harbor Village North	2436	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						
2. Dentist	7,680	Monthly				
3. Pharmacist	14,782	Monthly				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	244,145	2,538				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	33,600	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	50,608	408				
b. Other						
10. Occupational Therapist						
a. Resident Care	295,169	3,117				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	19,826	270				
2. Administrative***						
b. LPN						
1. Direct Care	150,627	1,598				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	11,548					
B-13 Total Fees Paid in Lieu of Salaries	827,985	7,931				

* 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-Crossings East, LLC d/b/a Harbor Village North Hd		2436	9/30/2022	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Pharmerica, P.O. Box 409251, Atlanta, GA 30384	Pharmacist/ IV Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
IPC Healthcare, Inc., 3 Barker Ave, White Plains, NY 10601	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
LTC Management LLC	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Synchrony Rehab	PT/OT/ST	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Norton & Associates, Inc.	Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
People 2.0	Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Professional Nursing Service	Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
The Nurse Network	Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Mass Medical Staffing	Agency	<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"/>		
		<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-Crossings East, LLC d/b/a Harbor Village N	2436	9/30/2022		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 143,831	143,831			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$ 460,268	460,268			
5. Health Insurance	\$ 289,523	289,523			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 5,389	5,389			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 16,492	16,492			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 55,991	55,991			
d. Accounting and Auditing	\$ 26,113	26,113			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 12,133	12,133			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 71,819	71,819			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 21,766	21,766			
2. Cellular Phones	\$ 3,412	3,412			
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*	\$ 51,378	51,378			
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 828,273	828,273			
Subtotal	\$ 1,986,388	1,986,388			

* 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	\$ 12,967		
Nurses / CNA / Nursing Home Week Expense (Disallowed on Page 28)	\$ 2,264		
Employee Recognition (Disallowed on Page 28)	\$ 1,117		
Meals - A&G (Disallowed on Page 28)	\$ 47		
Meals & Ent. - Nursing Admin	\$ 31		
Meals - Activities	\$ 66		
Total	\$ 16,492	\$ -	\$ -

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-Crossings East, LLC d/b/a Harbor Village North	2436	9/30/2022		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		1,986,388	1,986,388		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 1,280	1,280			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 1,556	1,556			
5. Education Expenses Related to Seminars and Conventions	\$ 7,131	7,131			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 1,710	1,710			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 22,579	22,579			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 475	475			
4. Fund-Raising***	\$				
5. Medical Records	\$ 3,041	3,041			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 874	874			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 8,628	8,628			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 10,397	10,397			
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>)	\$ 62,813	62,813			
12. Administrative Management Services**	\$ 568,718	568,718			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 45,765	45,765			
C-14 Total Administrative & General Expenditures	\$ 2,723,855	2,723,855			

* 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		
Supplies - Marketing	354		
Entertainment - Marketing	\$ 96		
Seminar & Conference Fees - Marketing	\$ 25		
Total Other Advertising	\$ 475	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CT Association of Healthcare Facilities	\$ 8,628		
Total Dues	\$ 8,628	\$ -	\$ -

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)	\$ 25,933		
Storage Fees	\$ 7,849		
Miscellaneous Expenses (Disallowed on Page 28)	\$ 5,494		
Routine Bank Fees	\$ 4,801		
Minor Equipment Purchases	\$ 888		
Licenses & Permits	\$ 800		
Total Other Administrative and General	\$ 45,765	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
WV-Crossings East, LLC d/b/a Harbor Vi	2436	9/30/2022	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	568,718	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-Crossings East, LLC d/b/a Harbor Village North H		2436	9/30/2022	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 310,358	310,358			
2. Non-Food Supplies	\$ 72,082	72,082			
3. Other (Specify) _____	\$ _____				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 488	488			
c. Other (Specify) _____	\$ 1,107	1,107			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 384,035	384,035			
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
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-Crossings East, LLC d/b/a Harbor Village North He		2436	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. \$	800	800	
2.	Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
		Amt. \$			
3.	Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
		Amt. \$			
4.	Repair and/or purchase of linens.***	Lbs.			
		Amt. \$			
b.	Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	189,156	189,156	
c.	Other (Specify)	\$			
3D. Total Laundry Expenditures (3a + b + c)		\$	189,956	189,956	
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-Crossings East, LLC d/b/a Harbor Village		2436	9/30/2022		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping		Sq. Ft. Serviced by Personnel				
a. In-House Care		Amt. \$				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)						
b. Purchased Services (<i>by contract other than through Management Services</i>)		Sq. Ft. Serviced by Personnel				
(<i>Complete Schedule C-2 att. Page 21</i>)		Amt. \$	288,305	288,305		
C. Other (<i>Specify</i>)		\$				
4D. Total Housekeeping Expenditures (4a + b + c)		\$	288,305	288,305		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from		\$	141,563	141,563		
b. Medicine Cabinet Drugs		\$				
c. Medical and Therapeutic Supplies		\$	116,782	116,782		
d. Ambulance/Limousine***		\$	5,207	5,207		
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		\$	6,742	6,742		
f. X-rays and Related Radiological Procedures***		\$	6,517	6,517		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$				
h. Laboratory***		\$	15,332	15,332		
i. Recreation		\$	26,989	26,989		
j. Direct Management Services*		\$				
k. Indirect Management Services*		\$				
l. Other (Specify)**** See Attached Schedule		\$	54,197	54,197		
5M. Total Resident Care Expenditures (5a - 5j)		\$	373,329	373,329		

* 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)	\$ 8,164		
Supplies - Prosthetic Device (Disallowed on Page 29)	\$ 1,060		
Supplies - Routine Hygiene	\$ 7,125		
ME Lease - Wound Vacs (Disallowed on Page 29)	\$ 1,399		
ME Lease - Specialty Beds (Disallowed on Page 29)	\$ 5,865		
Replace of Res. Personal Prop. (Disallowed on Page 29)	\$ 79		
Purchases Discount	\$ (3,567)		
Pharmacy Supplies - IV (Disallowed on Page 29)	\$ 1,554		
Pharmacy Supplies - Forms	\$ 698		
ME Lease - IV Pump (Disallowed on Page 29)	\$ 1,880		
Resident Vaccination	\$ 6,468		
Supplies - PT (Disallowed on Page 29)	\$ 691		
Supplies - OT	\$ 324		
Supplies - Respiratory (Disallowed on Page 29)	\$ 2,748		
ME Lease - Respiratory (Disallowed on Page 29)	\$ 19,709		
Total Other Resident Care	\$ 54,197	\$ -	\$ -

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

Name of Facility WV-Crossings East, LLC d/b/a Harbor Village North Health & Rehabilitati		License No. 2436	Report for Year Ended 9/30/2022	Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS (Specify)	Pg	Line
		Yes	No						
PointClickCare	P.O. Box 674802 Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Software/Monthly Billing	43,248			15 g
Smartlinx Solutions	111 S. Wood Ave, Ste 400, Iselin, NJ 08830	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Payroll Processing	30,637			16 m11
Healthcare Services Group	300 Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Services/Housekeeping Services	477,460		Var	Var
CWPM, LLC	PO Box 415, Planville CT 06062	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Garbage Removal	17,495			22 6f
Professional Grounds Maintenance, Inc.	P.O. Box 231 Quaker Hill, CT 06375	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping	16,952			22 6f
Fully Managed		<input type="radio"/>	<input checked="" type="radio"/>	N/A	IT Support	25,855			16 m11
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
WV-Crossings East, LLC d/b/a Harbor Village	2436	9/30/2022			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 4,729	4,729				
b. Heat	\$ 43,445	43,445				
c. Light & Power	\$ 154,474	154,474				
d. Water	\$ 35,035	35,035				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 25,633	25,633				
f. Other (<i>itemize</i>)	\$ 85,634	85,634				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 348,950	348,950				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 75,659	75,659				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 98,709	98,709				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 174,368	174,368				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 12,143	12,143				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 12,143	12,143				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 392,621	392,621				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 125,652	125,652				
c. Personal property taxes	\$ 53,911	53,911				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 758,695	758,695				

* 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		
Pro Fees - Maintenance	\$ 8,338		
Supplies & Exp - Maintenance	\$ 15,281		
R&M - Equipment	\$ 6,380		
Garbage	\$ 19,193		
Hazardous Waste	\$ 699		
Pest Control	\$ 4,460		
Snow Removal	\$ 5,440		
Maintenance Contracts	\$ 14,331		
Groundskeeping	\$ 11,512		
Total Other Repairs and Maintenance	\$ 85,634	\$ -	\$ -

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	PTAC (1)	Standard Resident	\$ 1,081	5	\$ 216
10/18/2021	Firewall	Standard Resident	\$ 3,566	5	\$ 713
12/15/2021	Firewall	Standard Resident	\$ 1,318	5	\$ 264
1/18/2022	Heated plate dispenser	Standard Resident	\$ 2,861	5	\$ 572
2/15/2022	Dryer	Standard Resident	\$ 7,466	5	\$ 1,493
3/16/2022	PTACs (16)	Standard Resident	\$ 11,849	5	\$ 2,370
4/12/2022	Keypad lock replacement	Standard Resident	\$ 1,643	5	\$ 329
4/22/2022	Laptops (8)	Standard Resident	\$ 11,144	5	\$ 2,229
5/20/2022	Wheelchair scale	Standard Resident	\$ 1,392	5	\$ 278
6/2/2022	Patient Lift	Standard Resident	\$ 4,500	5	\$ 900
	<i>CT Trust Grant</i>	Standard Resident	\$ (4,500)	5	\$ (900)
Total additions for Movable Equipmen			\$ 42,320		\$ 8,464
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
2/23/2022	Roofwork	\$ 2,807	10	\$ 281
4/7/2022	Sprinkler repairs	\$ 1,212	10	\$ 121
4/26/2022	Fire Doors	\$ 14,802	10	\$ 1,480
4/27/2022	Doors - SW Atrium	\$ 4,456	10	\$ 446
6/12/2022	Hot Water Storage Tank (South Wing)	\$ 5,690	10	\$ 569
7/1/2022	Dock door	\$ 4,249	10	\$ 425
7/27/2022	2 - 200 Gal Hot Water Storage Tanks	\$ 31,854	10	\$ 3,185
7/5/2022	Lock installation	\$ 2,024	10	\$ 202
Total additions for Leasehold Improvemen		\$ 67,094		\$ 6,709
Deletions:				
Total deletions for Leasehold Improvemen		\$ -		\$ -

*Ties to Page 24, Line C3
 **Ties to Page 24, Line C2

Harbor Village North Rehab and Nursing
 Depreciation Schedule
 September 30, 2022

Account Description	Date	Amount	Useful Life	2020 Accum Depr	2021 Depreciation	2021 Accum Depr	2022 Depreciation	2022 Accum Depr	NBV
Leasehold Improvements									
2015 Additions									
PPE - Leasehold Improvements	12/31/2014	750	10	450	75	525	75	600	150
PPE - Leasehold Improvements	12/31/2014	1,337	10	803	134	937	134	1,071	266
PPE - Leasehold Improvements	2/28/2015	1,342	10	805	134	939	134	1,073	269
PPE - Leasehold Improvements	5/31/2015	1,399	10	839	140	979	140	1,119	286
PPE - Leasehold Improvements	7/31/2015	5,685	10	3,413	569	3,982	569	4,551	1,134
PPE - Leasehold Improvements	8/31/2015	3,833	10	2,298	383	2,681	383	3,064	769
PPE - Leasehold Improvements	2/28/2015	1,037	10	624	104	728	104	832	205
PPE - Leasehold Improvements	2/28/2015	975	10	587	98	685	98	783	192
PPE - Leasehold Improvements	2/29/2016	2,332	15	776	155	931	155	1,086	1,246
2017 Additions									
Furniture & Equipment	8/16/2017	1,223	10	487	122	609	122	731	492
Furniture & Equipment	8/16/2017	4,148	20	826	207	1,033	207	1,240	2,908
2018 Additions									
PPE - Leasehold Improvements	3/22/2016	8,100	10	2,430	810	3,240	810	4,050	4,050
PPE - Leasehold Improvements	4/1/2016	2,406	10	723	241	964	241	1,205	1,201
PPE - Leasehold Improvements	4/1/2016	2,765	10	831	277	1,108	277	1,385	1,380
PPE - Leasehold Improvements	4/15/2016	1,702	10	510	170	680	170	850	852
PPE - Leasehold Improvements	5/16/2016	4,653	10	1,395	465	1,860	465	2,325	2,328
PPE - Leasehold Improvements	1/19/2018	3,823	10	1,146	382	1,528	382	1,910	1,913
2019 Additions									
PPE - Leasehold Improvements	3/20/2019	3,637	10	728	364	1,092	364	1,456	2,181
PPE - Leasehold Improvements	10/22/2018	1,050	10	210	105	315	105	420	630
PPE - Leasehold Improvements	12/1/2018	9,040	10	1,808	904	2,712	904	3,616	5,424
PPE - Leasehold Improvements	2/25/2019	4,388	10	878	439	1,317	439	1,756	2,632
2020 Disposals									
PPE - Leasehold Improvements		(27,699)	10	(5,540)	(2,770)	(8,310)	(2,770)	(11,080)	(16,619)
2020 Additions									
PPE - Leasehold Improvements		4,500	10	450	450	900	450	1,350	3,150
2021 Additions									
PPE - Leasehold Improvements	2/10/2021	5,769	10	-	577	577	577	1,154	4,615
PPE - Leasehold Improvements	5/26/2021	8,987	10	-	899	899	899	1,798	7,189
2022 Additions									
PPE - Leasehold Improvements	2/23/2022	2,807	10	-	-	-	281	281	2,526
PPE - Leasehold Improvements	4/7/2022	1,212	10	-	-	-	121	121	1,091
PPE - Leasehold Improvements	4/26/2022	14,802	10	-	-	-	1,480	1,480	13,322
PPE - Leasehold Improvements	6/12/2022	4,456	10	-	-	-	446	446	4,010
PPE - Leasehold Improvements	6/12/2022	5,690	10	-	-	-	569	569	5,121
PPE - Leasehold Improvements	7/1/2022	4,249	10	-	-	-	425	425	3,824
PPE - Leasehold Improvements	7/27/2022	31,854	10	-	-	-	3,185	3,185	28,669
PPE - Leasehold Improvements	7/5/2022	2,024	10	-	-	-	202	202	1,822
Total Leasehold Improvements									
		124,276		17,477	5,434	22,911	12,143	35,054	89,222
Mobile Equipment									
2015 Additions									
PPE - Information Technology	6/30/2015	1,791	5	1,791	1	1,792	(1)	1,791	-
PPE - Information Technology	11/30/2014	692	5	692	1	693	(1)	692	-
PPE - Information Technology	7/31/2015	12,404	10	7,441	1,240	8,681	1,240	9,921	2,483
PPE - Furniture & Equipment	12/31/2014	5,965	10	3,581	597	4,178	597	4,775	1,190
PPE - Information Technology	6/30/2015	1,458	5	1,458	-	1,458	-	1,458	-

2016 Additions
8878709

2017 Additions

2018 Additions

2019 Additions

2019 Disposals

2020 Additions

2021 Additions

2022 Additions

	1,900	1,900	1,900	1,900	1,900	1,900	1,900
PPE - Furniture & Equipment							
A/D - Furniture & Equipment Furniture & Equipment	10/21/2015	745	149	743	2	745	
		1,912	382	1,906	6	1,912	
Furniture & Equipment	8/16/2017	4,825	965	3,860	965	4,825	
Furniture & Equipment	6/26/2018	3,717	743	2,972	743	3,715	
A/D - Furniture & Equipment	6/2/2017	(745)	(149)	(743)	(2)	(745)	
Furniture & Equipment	11/15/2018	3,078	308	924	308	1,232	
Furniture & Equipment	11/21/2018	2,550	510	1,550	510	2,040	
Furniture & Equipment	12/9/2019	1,699	340	1,020	340	1,360	
Furniture & Equipment	2/26/2019	10,000	1,000	3,000	1,000	4,000	
Furniture & Equipment	3/13/2019	3,092	618	309	309	1,236	
Furniture & Equipment	6/28/2019	11,689	2,338	3,507	1,169	4,676	
Furniture & Equipment	7/24/2019	4,873	974	1,461	487	1,948	
		(15,203)	(1,520)	(4,560)	-	(4,560)	(10,643)
Various Asset Disposals	10/4/2019	5,000	1,000	2,000	1,000	3,000	
Furniture & Equipment	11/5/2019	5,082	1,016	2,033	1,016	3,049	
Furniture & Equipment	11/21/2019	5,133	1,027	2,053	1,027	3,080	
Furniture & Equipment	3/31/2020	1,999	240	480	240	480	
Furniture & Equipment	4/28/2020	5,370	1,074	2,148	1,074	2,222	
Furniture & Equipment	5/11/2020	10,889	2,178	4,356	2,178	4,356	
Furniture & Equipment	7/1/2020	2,465	493	986	493	1,479	
Furniture & Equipment	7/22/2020	15,110	3,022	6,044	3,022	6,044	
Furniture & Equipment	7/29/2020	30,974	6,195	12,390	6,195	18,584	
Furniture & Equipment	9/10/2020	144	20	58	20	86	
Furniture & Equipment	9/20/2020	3,080	616	1,232	616	1,848	
Furniture & Equipment	9/30/2020	1,052	210	421	210	421	
Furniture & Equipment	9/30/2020	1,048	210	419	210	419	
Furniture & Equipment	11/16/2020	8,570	1,714	1,714	1,714	3,428	
Furniture & Equipment	11/18/2020	1,225	245	245	245	490	
Furniture & Equipment	12/16/2020	1,580	316	316	316	632	
Furniture & Equipment	12/29/2020	947	189	189	189	378	
Furniture & Equipment	12/14/2020	11,663	2,333	2,333	2,333	4,666	
Furniture & Equipment	11/25/2020	6,127	613	613	613	1,226	
Furniture & Equipment	1/12/2021	1,477	148	148	148	296	
Furniture & Equipment	4/9/2021	22,838	4,568	4,568	4,568	9,136	
Furniture & Equipment	4/30/2021	1,049	210	210	210	420	
Furniture & Equipment	5/27/2021	5,052	1,010	1,010	1,010	2,020	
Furniture & Equipment	7/30/2021	573	115	115	115	230	
Furniture & Equipment	8/13/2021	2,036	407	407	407	814	
Furniture & Equipment	8/13/2021	7,971	797	797	797	1,594	
Furniture & Equipment	9/9/2021	3,094	619	619	619	1,238	
Furniture & Equipment	12/10/2020	13,379	2,676	2,676	2,676	5,352	
Furniture & Equipment	2/10/2021	144	29	29	29	58	
Furniture & Equipment	2/19/2021	3,206	641	641	641	1,282	
Furniture & Equipment	5/6/2021	7,647	1,529	1,529	1,529	3,058	
Furniture & Equipment	7/26/2021	12,605	1,261	1,261	1,261	2,522	
Furniture & Equipment	10/1/2021	1,081	-	-	-	216	
Furniture & Equipment	10/18/2021	3,566	-	-	-	713	
Furniture & Equipment	12/15/2021	1,318	-	-	-	264	
Furniture & Equipment	1/18/2022	2,861	-	-	-	572	
Furniture & Equipment	2/15/2022	7,466	-	-	-	1,493	
Furniture & Equipment	3/16/2022	11,849	-	-	-	2,370	

Table with columns: Furniture & Equipment, Keypad lock replacement (Laplops (6), Wheelchair scale, Patient Lift, CT Transf Grant), Per Cost Report, Per Trial Balance, Variance. Rows include various equipment items like furniture, keypad locks, wheelchair scales, patient lifts, and CT transfer grants.

Summary table for Realty Entity - Building Improvements 2015 Additions. Columns include: 4/12/2022, 4/22/2022, 5/20/2022, 6/2/2022, 46,026, 43,409, 89,435, 53,013, 142,448, 151,783, 63,503, 48,843, 112,346, 65,157, 177,502, 244,005, 40,241, 45,805, 86,046, 64,313, 150,359, 271,148, 23,262, 3,038, 26,300, 844, 27,143, 27,143. Total 2015 Additions: 177,167, 33,654, 210,821, 33,654, 244,475, 250,595.

Detailed summary table for Realty Entity - Building Improvements 2015 Additions. Rows include: Doors/Door Hardware, Windows, Shower Rooms, Plumbing/3 Bed Sinks, Exterior Repair, HVAC/Ductwork, Site Cost, Paint, Hand Rail/ Corner Guards, General Conditions, SL Fee 18% - Contractor Fee. Totals: 204,489, 40,898, 245,387, 40,898, 286,285, 363,100.

Summary table for Realty Entity - Building Improvements 2016 Additions. Columns include: 10/1/2016, 11/1/2016, 1,073, 260, 1,342, 260, 1,611, 3,770, 1,120, 283, 1,412, 283, 1,695, 3,969. Total 2016 Additions: 383,609, 75,659, 459,268, 75,659, 534,927, 623,429.

Summary table for Realty Entity - Building Improvements 2017 Additions. Columns include: 11/18/2019, 10/22/2019, 4,117, 4,120, 8,237. Total 2017 Additions: 1,158,356.

Summary table for Realty Entity - Movable Equipment 2015 Additions. Columns include: 9/30/2015, 9/30/2015, 69,466, 10,003, 69,466, 10,000, 7,180, 2,823. Total 2015 Additions: 75,659, 459,268, 75,659, 534,927, 623,429.

2016 Additions		2017 Additions		2018 Additions		2019 Additions		Total 2015 Additions		Total 2016 Additions		Total 2017 Additions		Total 2018 Additions		Total 2019 Additions		Total 2020 Additions		
FF&E	9/30/2016	30,782	79,469	30,782	79,469	30,782	79,469	30,782	79,469	30,782	79,469	30,782	79,469	30,782	79,469	30,782	79,469	30,782	79,469	30,782
FF&E	9/30/2016	130,431		130,431		130,431		130,431		130,431		130,431		130,431		130,431		130,431		130,431
Soft Goods	9/30/2016	95,957		95,957		95,957		95,957		95,957		95,957		95,957		95,957		95,957		95,957
CO # 1 Dressers Add	9/30/2016	47,977		47,977		47,977		47,977		47,977		47,977		47,977		47,977		47,977		47,977
Total 2016 Additions		305,147		305,147		305,147		305,147		305,147		305,147		305,147		305,147		305,147		305,147
Realty - Movable Equip	10/31/2016	285		285		285		285		285		285		285		285		285		285
Realty - Movable Equip	2/28/2017	98		98		98		98		98		98		98		98		98		98
Realty - Movable Equip	3/31/2017	96		96		96		96		96		96		96		96		96		96
Total 2017 Additions		479		479		479		479		479		479		479		479		479		479
Realty - Movable Equip	9/25/2018	12,710		12,710		12,710		12,710		12,710		12,710		12,710		12,710		12,710		12,710
Furniture & Equipment	10/9/2018	12,710		12,710		12,710		12,710		12,710		12,710		12,710		12,710		12,710		12,710
Furniture & Equipment	11/1/2018	7,165		7,165		7,165		7,165		7,165		7,165		7,165		7,165		7,165		7,165
Furniture & Equipment	1/7/2019	7,165		7,165		7,165		7,165		7,165		7,165		7,165		7,165		7,165		7,165
Total 2018 Additions		27,040		27,040		27,040		27,040		27,040		27,040		27,040		27,040		27,040		27,040
Total Realty Movable Equipment		424,845		424,845		424,845		424,845		424,845		424,845		424,845		424,845		424,845		424,845
Total Realty Entity Assets		1,583,201		1,583,201		1,583,201		1,583,201		1,583,201		1,583,201		1,583,201		1,583,201		1,583,201		1,583,201
Total Assets 2022		2,004,708		2,004,708		2,004,708		2,004,708		2,004,708		2,004,708		2,004,708		2,004,708		2,004,708		2,004,708

FF&E
FF&E
Soft Goods
CO # 1 Dressers Add

Dec. lease cost (Ducheno) Inv. 1301080
Deferred Lease Cost (Fullz inv 134697)
Deferred Lease Cost (CSC inv# 8115957)

Call bell system

Call Bell System
Fujitsu Mini Split System-Rec Room (1/2)
Fujitsu Mini Split System - Rec Room (2/2)

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

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended		Page	of		
WV-Crossings East, LLC d/b/a Harbor Village North Health		2436		9/30/2022		24	37		
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
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	Var	Var	Various	57,182	22,911	S/L	Varior	5,434	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var	Var	Various	67,094		S/L	10	6,709	
C-4. Subtotal									12,143
D. Total Amortization									12,143

* 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-Crossings East, LLC d/b/a Harbo	License No. 2436	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	128				
6. Square Footage					
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 Yrs	392,621	

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-Crossings East, LLC d/b/a Harbo		2436	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-Crossings East, LLC d/b/a Har		2436		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) Interest Expense/ PPL/ PPR				\$	50,990	50,990	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	50,990	50,990	
14. Insurance							
a. Insurance on Property (buildings only)				\$	16,570	16,570	
b. Insurance on Automobiles				\$	88	88	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	104,372	104,372	
2. Fire and Extended Coverage				\$			
3. Other (Specify) D&O Liability/ Cyber/ Bond				\$	11,914	11,914	
14d. Total Insurance Expenditures (14a + b + c)				\$	132,944	132,944	
15. Total All Expenditures (A-13 thru C-14)				\$	11,595,593	11,595,593	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor Village North Health &				2436	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	\$ 10,261	10,261		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 295,169	295,169		
7.			Other - See attached Schedule	\$ 9,767	9,767		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 55,991	55,991		
10.			Accounting	\$			
10a.			Legal	\$ 2,977	2,977		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,972	1,972		
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	\$ 1,556	1,556		
17.	16	L6	Automobile Expense (e.g. personal use)	\$ 595	595		
18.	16	m2/3	Unallowable Advertising *	\$ 475	475		
19.	15	1k1	Income Tax / Corporate Business Tax	\$ 51,378	51,378		
20.	16	m10	Fund Raising / Contributions	\$ 2,500	2,500		
21.	16	m12	Unallowable Management Fees	\$ 229,691	229,691		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 34,855	34,855		
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)				\$ 697,187	697,187		

(Carry Subtotal forward to next page)

* All except "Help Wanted".

** 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	\$ 10,261		
Total Other Salaries Adjustment			\$ 10,261	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12	Consulting - IV	\$ 9,684		
13	B12	Other - Ancillary	\$ 83		
Total Other Fees Adjustments			\$ 9,767	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a9	Meals A&G	\$ 47		
15	1a9	Nurses/ CNA/ Nursing home week expense	\$ 2,264		
15	1a9	Employee Recognition	\$ 1,117		
16	m13	Credit Card Fee	\$ 25,933		
16	m13	Miscellaneous Expenses	\$ 5,494		
Total Other A&G Adjustments			\$ 34,855	\$ -	\$ -

**Harbor Village North Rehab and Nursing
Disallowance Schedule for Cell Phones
September 30, 2022**

Pg. 28b

	<u>Amount</u>
Total Cell Phone Expense	3,412
Cell Phone Allowed Based on Bed Capacity	4
Monthly Allowable amount per Cell Phone	\$ 30
Months in Year	<u>12</u>
Total Allowable Cost	\$ 1,440
Days in Cost Report 365 / 365 Days	<u>100.00%</u>
Revised Total Allowable Cost	\$ 1,440
Disallowed Cell Phone (Page 28, Line 12)	<u><u>\$ 1,972</u></u>

**Harbor Village North Rehab and Nursing
 Calculation of Allowable Management Fee
 September 30, 2022**

<u>Description</u>	<u>Amount</u>
Management fees Charged	568,718
Patient Days	42,190
Imputed Days - 90% Occupancy (365/365 Days)	42,048
Amount Per Patient Day (Greater of 90% or Actaul Days)	\$ 13.53
PPD Allowance Per Rate Agreement	7.53
2022 CPI % Increase - 7.32%	<u>1.0732</u>
PPD Allowance 9/30/2022	<u>8.08</u>
 Amount over (Under)	 \$ 5.4442
Total Days	42,190
Disallowed Management Fee	<u><u>\$ 229,691</u></u>

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

Name of Facility			License No.	Report for Year Ended	Page	of	
WV-Crossings East, LLC d/b/a Harbor Village North Health			2436	9/30/2022	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 700,186	700,186		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 141,563	141,563		
28.			Ambulance/Limousine	\$ 5,207	5,207		
29.			X-rays, etc	\$ 6,517	6,517		
30.			Laboratory	\$ 15,332	15,332		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 6,742	6,742		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 62,459	62,459		
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	\$ 10,066	10,066		
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)				\$ 948,072	948,072		

*** 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	51	Cable TV (See attached)	\$ 19,310		
20	51	Supplies - Wound Care	\$ 8,164		
20	51	Supplies - Prosthetic Device	\$ 1,060		
20	51	Replace of Res. Personal Prop.	\$ 79		
20	51	Pharmacy Supplies - IV	\$ 1,554		
20	51	Supplies - PT	\$ 691		
20	51	Supplies - Respiratory	\$ 2,748		
20	51	ME Lease - Wound Vacs	\$ 1,399		
20	51	ME Lease - Specialty Beds	\$ 5,865		
20	51	ME Lease - IV Pump	\$ 1,880		
20	51	ME Lease - Respiratory	\$ 19,709		
Total Other Ancillary Costs			\$ 62,459	\$ -	\$ -

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)
30	IV8	Miscellaneous Revenue	\$ 3,709		
30	IV8	Medical Records Revenue	\$ 63		
27	14c3	D&O Insurance	\$ 6,294		
Total Other Adjustments			\$ 10,066	\$ -	\$ -

Schedule of Unallowable Building Interest

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

**Harbor Village North Rehab and Nursing
 Disallowance Schedule for Cable TV
 September 30, 2022**

	<u>Amount</u>
Total Cable TV Expense Account # 20-1231	\$ 22,910
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>\$ 19,310</u></u>

F. Statement of Revenue

Name of Facility		License No.		Report for Year Ended		Page of	
WV-Crossings East, LLC d/b/a Harbor Vi2436				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>)				\$ 8,186,143	8,186,143		
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>)				\$ 1,370,048	1,370,048		
b. Medicare Room and Board Contractual Allowance **				\$			
4. a. Private-Pay Residents and Other				\$ 1,426,351	1,426,351		
b. Private-Pay Room and Board Contractual Allowance **				\$			
II. Other Resident Revenue							
1. a. Prescription Drugs - Medicare				\$ 66,113	66,113		
b. Prescription Drugs - Medicare Contractual Allowance **				\$ (66,113)	(66,113)		
c. Prescription Drugs - Non-Medicare				\$ 56,989	56,989		
d. Prescription Drugs - Non-Medicare Contractual Allowance **				\$ (53,607)	(53,607)		
2. a. Medical Supplies - Medicare				\$			
b. Medical Supplies - Medicare Contractual Allowance **				\$			
c. Medical Supplies - Non-Medicare				\$ 274	274		
d. Medical Supplies - Non-Medicare Contractual Allowance **				\$ (221)	(221)		
3. a. Physical Therapy - Medicare				\$ 256,749	256,749		
b. Physical Therapy - Medicare Contractual Allowance **				\$ (115,424)	(115,424)		
c. Physical Therapy - Non-Medicare				\$ 121,578	121,578		
d. Physical Therapy - Non-Medicare Contractual Allowance **				\$ (90,196)	(90,196)		
4. a. Speech Therapy - Medicare				\$ 40,952	40,952		
b. Speech Therapy - Medicare Contractual Allowance **				\$ (21,140)	(21,140)		
c. Speech Therapy - Non-Medicare				\$ 24,728	24,728		
d. Speech Therapy - Non-Medicare Contractual Allowance **				\$ (17,031)	(17,031)		
5. a. Occupational Therapy - Medicare				\$ 325,628	325,628		
b. Occupational Therapy - Medicare Contractual Allowance **				\$ (165,828)	(165,828)		
c. Occupational Therapy - Non-Medicare				\$ 160,684	160,684		
d. Occupational Therapy - Non-Medicare Contractual Allowance **				\$ (124,328)	(124,328)		
6. a. Other (<i>Specify</i>) - Medicare				\$ (2,033)	(2,033)		
b. Other (<i>Specify</i>) - Non-Medicare				\$ 11,102	11,102		
III. Total Resident Revenue (Section I. thru Section II.)				\$ 11,391,418	11,391,418		
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>)				\$ 4	4		
6. Private Duty Nurses' Fees				\$			
7. Barber, Coffee, Beauty and Gift shops				\$			
8. Other (<i>Specify</i>)				\$ 40,078	40,078		
V. Total Other Revenue (1 thru 8)				\$ 40,082	40,082		
VI. Total All Revenue (III +V)				\$ 11,431,500	11,431,500		

* 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	\$ 2,616		
30 116a	X-Ray - Med A - C/A	\$ (2,616)		
30 116a	Lab - Med A	\$ 7,674		
30 116a	Lab - Med A - C/A	\$ (7,674)		
30 116a	IV - Med A	\$ 1,231		
30 116a	IV - Med A - C/A	\$ (1,231)		
30 116a	Oxygen - Med A	\$ 438		
30 116a	Oxygen - Med A - C/A	\$ (438)		
30 116a	Medical Equip - Med A	\$ 973		
30 116a	Medical Equip - Med A - C/A	\$ (973)		
30 116a	Sequestration - Med B	\$ (2,033)		
Total Other Resident Revenue - Medicare		\$ (2,033)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 116b	X-Ray - Medicaid	806		
30 116b	X-Ray - HMO	1,144		
30 116b	X-Ray - Private	50		
30 116b	X-Ray - Medicaid - C/A	(806)		
30 116b	X-Ray - HMO - C/A	(1,144)		
30 116b	Lab - Medicaid	2,470		
30 116b	Lab - HMO	3,254		
30 116b	Lab - Private	178		
30 116b	Lab - Hospice	115		
30 116b	Lab - Insurance	100		
30 116b	Lab - Medicaid - C/A	(2,470)		
30 116b	Lab - HMO - C/A	(3,254)		
30 116b	Lab - Insurance - C/A	(100)		
30 116b	IV - Medicinal	1,608		
30 116b	IV - HMO	187		
30 116b	IV - Insurance	32		
30 116b	IV - Medicaid - C/A	(1,608)		
30 116b	IV - HMO - C/A	(187)		
30 116b	IV - Insurance - C/A	(32)		
30 116b	Oxygen - Medicaid	12,242		
30 116b	Oxygen - HMO	810		
30 116b	Oxygen - Private	360		
30 116b	Oxygen - Hospice	247		
30 116b	Oxygen - Medicaid - C/A	(12,242)		
30 116b	Oxygen - HMO - C/A	(810)		
30 116b	Oxygen - Hospice - C/A	(247)		
30 116b	Medical Equip - Medicaid	5,621		
30 116b	Medical Equip - HMO	213		
30 116b	Medical Equip - Private	\$ 479		
30 116b	Medical Equip - Medicaid - C/A	\$ (5,621)		
30 116b	Medical Equip - HMO - C/A	\$ (213)		
30 116b	Resident Income - Tapestry Health Payments	\$ 9,920		
Total Other Resident Revenue		\$ 11,102	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 1V5	Interest Income AR Accounts	N/A	\$ 4		
Total Interest Income			\$ 4	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 1V8	Prior Period Adjustments	\$ (10,963)		
30 1V8	COVID Relief Funds - State	\$ 182,508		
30 1V8	COVID Relief Funds - Federal	\$ (133,312)		
30 1V8	Revenue - Medical Records (Disallowed on Page 29)	\$ 62		
30 1V8	Revenue - Discounts	\$ (2,427)		
30 1V8	Revenue - Donations	\$ 500		
30 1V8	Revenue - Miscellaneous (Disallowed on Page 29)	\$ 3,709		
Total Other Revenue		\$ 40,078	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor	2436	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	324,256
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	524,021
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	4,500
4 Inventories			\$	
5. Prepaid Expenses			\$	76,224
a. Prepaid Insurance	57,623			
b. Prepaid Expense	18,601			
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)			\$	929,001
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 124,276		\$	89,222
	Accum. Depreciation 35,054	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost 297,231		\$	154,783
	Accum. Depreciation 142,448	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	27,143
F/S vs C/R NBV	27,143			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	271,148

* 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	
Total Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Due From Employees	\$ 240
32	D7	Exchange	\$ (2,447)
Total Other Assets			\$ (2,207)

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 Provider Tax/ User Fees	\$ 376,718
33	A12	Accrued Rent	\$ 106,314
33	A12	Deferred Rent - S.L. Portion	\$ 53,231
33	A12	Accrued Management Fees	\$ 48,128
33	A12	Other Payroll Liabilities	\$ 7,501
33	A12	Payroll W/H - AFLAC	\$ 486
33	A12	Other Current Liability	\$ 21
33	A12	Accrued Expenses	\$ (1,933)
33	A12	Due Medicaid	\$ (9,951)
Total Other Current Liabilities (Itemize)			\$ 580,515

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

Page Ref	Line Ref	Description	
34	B4	NP - SAHRA - PPL	\$ 462,679
34	B4	NP - SAHRA - PPR	\$ 252,862
34	B4	Accrued Interest LT - Sahra PPR	\$ 58,343
34	B4	Accrued Interest LT - Sahra PPL	\$ 2,288
Total Other Long-Term Liabilities (Itemize)			\$ 776,172

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor	2436	9/30/2022	32	37
Account			Amount	
Total Brought Forward:			\$	1,200,149
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____ Net	
			\$	
3. Buildings			*Historical Cost 1,158,356	
			Accum. Depreciation 534,927 Net	
			\$	623,429
4. Non-Movable Equipment			*Historical Cost _____ Net	
			\$	
5. Movable Equipment			*Historical Cost 424,845	
			Accum. Depreciation 306,001 Net	
			\$	118,844
6. Motor Vehicles			*Historical Cost _____ Net	
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	742,273
D. Investment and Other Assets				
1. Deferred Deposits			\$	6,661
2. Escrow Deposits			\$	93,799
3. Organization Expense			*Historical Cost _____ Net	
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

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

7. Other Assets (<i>itemize</i>)			\$	(2,207)

See Schedule			(2,207)	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	98,253
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	2,040,675

* 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-Crossings East, LLC d/b/a Harbor Village		2436	9/30/2022	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	401,308
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>)				\$	300,087
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	10,429
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>)				\$	580,515

See Schedule				580,515	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,292,339

* 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-Crossings East, LLC d/b/a Harbor Villa		License No. 2436	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,292,339	
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>)					\$ (646,488)
Name and Address of Lender	Amount	Loan Date			
Intercompany Exchange/ WV/ PW/ QY/ RP/ VM	(646,488)				
4. Other Long-Term Liabilities (<i>itemize</i>)					\$ 776,171

See Schedule					776,171
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 129,683
C. Total All Liabilities (Lines A-13 + B-5)					\$ 1,422,022

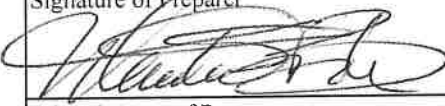
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor	2436	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			\$	742,273
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	742,273
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(81,725)
6. Gain or Loss for Period			\$	(41,895)
	10/1/2021	thru	9/30/2022	
7. Total Net Worth			\$	(123,620)
C. Total Reserves and Net Worth			\$	618,653
D. Total Liabilities, Reserves, and Net Worth			\$	2,040,675

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor V	2436	9/30/2022	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	84,458
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	11,431,500
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	11,473,395
D. Net Income or Deficit			\$	(41,895)
E. Balance			\$	42,563
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Total Expenditures (on Page 27) \$11,595,593				
Depreciation Amount \$(122,199)				
Rounding \$1				
Total Expenditures \$11,473,395				
2. Other <i>(itemize)</i>				
Prior Period Adjustments (166,183)				
F-3. Total Additions			\$	(166,183)
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			\$	(123,620)

I. Preparer's/Reviewer's Certification

Name of Facility WV-Crossings East, LLC d/b/a Harbor		License No. 2436	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. Bovolack					
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					