

Skilled Nursing Facility Cost Report**PARKWAY HEALTH & REAHB CTR**

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	PARKWAY HEALTH & REAHB CTR
1.2	MassHealth Provider ID	110148538A
1.3	Federal Employer Tax ID	832124338
1.4	VPN	0950724
1.5	Is the above information correct?	Yes
1.6	Facility Number	00648
1.7	This line is intentionally left blank	
1.8	Reporting Period From	01/01/2022
1.9	Reporting Period To	12/31/2022
1.10	Street Address	1190 VFW Parkway
1.11	City	West Roxbury
1.12	Zip	02132
1.13	Telephone	+1 (617) 325-1688
1.14	Is this a hospital-based nursing facility?	No
1.15	Does the provider have pediatric beds?	No
1.16	Does the provider have an executed special contract with MassHealth (e.g. ventilator unit, acquired brain injury, etc.)?	No
1.17	Legal Status	Partnership/Limited Liability Partnership (LLP)
1.18	List the name of the management company as reported on the management company cost report.	Bear Mountain Management LLC / JACC Management
1.19	List the name of the entity that holds the nursing facility license.	Bear Mountain Healthcare LLC
1.20	List realty company names as reported on each realty company cost report.	Parkway Property Holdings LLC
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

Skilled Nursing Facility Cost Report
PARKWAY HEALTH & REAHB CTR
Filing Year: 2022

Date: 10/02/2024
Time: 3:07 PM

Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Jonathan Langfield
2.2	Nursing Facility or Firm Name	CliftonLarsonAllen LLP
2.3	Title	CPA
2.4	Street Address	4 Batterymarch Park, Suite 100
2.5	City	Quincy
2.6	State	MA
2.7	Zip Code	02169
2.8	Phone Number	+1 (781) 982-1001
2.9	Email Address	jonathan.langfield@claconnect.com

Preparer Information		
Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.		
Table 3		1
Line #	Description	
3.1	<input type="checkbox"/> I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer Name	Jonathan Langfield
3.3	Nursing Facility or Firm Name	CliftonLarsonAllen LLP
3.4	Title	CPA
3.5	Street Address	4 Batterymarch Park, Suite 100
3.6	City	Quincy
3.7	State	MA
3.8	Zip Code	02169
3.9	Phone Number	+1 (781) 982-1001
3.10	Email Address	jonathan.langfield@claconnect.com
3.11	Type of Accounting Service Performed	Other (Explain in Footnotes)

Skilled Nursing Facility Cost Report**PARKWAY HEALTH & REAHB CTR**

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

Owner Business Information

Please use this table to provide information on any other Massachusetts public payer programs that the direct and indirect owners of this facility operate.

Table 4	1	2	3	4	5	6
Line #	Service Type	Company Name	MassHealth Provider ID	Direct Owner/Partner Names	Indirect Owner/Partner Names	Parent Organization Names
4.1						
4.2						
4.3						
4.4						
4.5						
4.6						
4.7						
4.8						

Skilled Nursing Facility Cost Report**PARKWAY HEALTH & REAHB CTR**

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

SCHEDULE 2 : REVENUE**Nursing Facility Revenue**

Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	222,800		222,800
1.2	Commercial Managed Care	79,794		79,794
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	507,093	390,180	897,273
1.5	Medicare Managed Care (Part C)	503,871		503,871
1.6	MassHealth Fee-for-Service	3,253,564		3,253,564
1.7	MassHealth Managed Care			0
1.8	Senior Care Options	4,122,278		4,122,278
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount			0
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public	389,669	121,725	511,394
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	9,079,069	511,905	9,590,974

Detail of Ancillary Revenue

Table 2		1	2
Line #	Description	Type	Ancillary Revenue
2.1	Revenue from Prescription Drugs		
2.2	Revenue from Direct Therapy Services		
2.3	Other Ancillary Revenue: (Enter Description)		
2.4	Other Ancillary Revenue: (Enter Description)		
2.5	Other Ancillary Revenue		
200	Total Ancillary Revenue		

Skilled Nursing Facility Cost Report**PARKWAY HEALTH & REAHB CTR**

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

Other Nursing Facility Revenue

Table 3		1
Line #	Description	Revenue
3.1	Total Other Business Revenue	0
3.2	Endowment and Other Non-Recoverable Revenue	2,168,868
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	521
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	
3.7	Interest Income	21,615
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	26,837
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	2,217,841

Detail of Endowment and Non-Recoverable Revenue

Table 4		1	2
Line #	Description	Type	Revenue
4.1	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Covid Relief	2,168,868
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.3	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.4	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.5	Other Endowment and Non-Recoverable Revenue		
400	Total Endowment and Non-Recoverable Revenue		2,168,868

Total Revenue

Table 5		1
Line #	Description	Total
500	Total Revenue	11,808,815

Skilled Nursing Facility Cost Report**PARKWAY HEALTH & REAHB CTR**

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

SCHEDULE 3 : EXPENSES**Nursing Expenses**

Table 1		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
1.1	Director of Nurses: Salaries	39,257		39,257
1.2	Director of Nurses: Employee Benefits	2,047		2,047
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	4,527		4,527
1.4	Director of Nurses Purchased Service: Per Diem			0
1.5	Director of Nurses Purchased Service: Temporary Agency Staff	0	0	0
1.6	Director of Nurses Add-back (MGT-CR Sch 6)			0
1.100	Subtotal: Director of Nurses Expenses	45,831		45,831
1.7	Registered Nurses: Salaries	604,678		604,678
1.8	Registered Nurses: Employee Benefits	31,530		31,530
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	69,739		69,739
1.10	Registered Nurses Purchased Service: Per Diem	324,607		324,607
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	0	0	0
1.200	Subtotal: Registered Nurses Expenses	1,030,554		1,030,554
1.12	Licensed Practical Nurses: Salaries	821,696		821,696
1.13	Licensed Practical Nurses: Employee Benefits	42,846		42,846
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	94,769		94,769
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	0	0	0
1.300	Subtotal: Licensed Practical Nurses Expenses	959,311		959,311
1.17	Certified Nurse Aides: Salaries	1,403,252		1,403,252
1.18	Certified Nurse Aides: Employee Benefits	73,170		73,170
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	161,842		161,842
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	0	0	0
1.400	Subtotal: Certified Nurse Aides Expenses	1,638,264		1,638,264

Skilled Nursing Facility Cost Report

PARKWAY HEALTH & REAHB CTR

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

1.22	Nurse's Aide Training Administration		0	0
1.23	Nursing Education and Training			0
1.24	This line description is intentionally left blank			0
1.25	This line description is intentionally left blank			0
1.500	Subtotal: Other Nursing Expenses	0		0
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	3,673,960		3,673,960

Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		0	
1.27	Nurses' Aide Training Recoverable Income		0	
1.700	Subtotal: Nursing & Director of Nursing Recoverable Income	0		0
100	Total: Net Nursing Expenses Including Recoverable Income	3,673,960		3,673,960

Administrative and General Expenses

Table 2		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
2.1	Administration: Salaries	128,773		128,773
2.2	Administration: Employee Benefits	6,715		6,715
2.3	Administration: Payroll Taxes incl Workers Comp.	14,852		14,852
2.4	Administration: Purchased Service			0
2.5	Officers: Total Compensation		0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	150,340		150,340
2.7	Clerical Staff: Salaries	369,778		369,778
2.8	Clerical Staff: Employee Benefits	19,282		19,282
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	42,647		42,647
2.10	Clerical Staff: Purchased Service	148,878		148,878
2.200	Subtotal: Clerical Staff Expenses	580,585		580,585
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	32,358		32,358
2.12	Office Supplies	33,150		33,150
2.13	Telecommunications (e.g. Internet, Phone)	17,028		17,028

Skilled Nursing Facility Cost Report

PARKWAY HEALTH & REAHB CTR

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	9,729		9,729
2.16	Advertising: Help Wanted	2,022		2,022
2.17	Licenses and Dues: Patient Care Related Portion	21,575		21,575
2.18	Continuing Professional Education / Training and Development			0
2.19	Accounting Services (Not related to appeals)	9,215		9,215
2.20	Insurance: Malpractice & General Liability	102,658		102,658
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	7,119	7,119	0
2.23	Non-Allowable A & G Expenses	3,400,743	3,400,743	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)			0
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		266,265	266,265
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		1,892	1,892
2.27	This line description is intentionally left blank			0
2.28	This line description is intentionally left blank			0
2.300	Subtotal: Other Administrative and General Expenses	3,635,597		495,892
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	4,366,522		1,226,817
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		26,837	26,837
2.500	Subtotal: Administrative & General Recoverable Income	0		26,837
200	Total: Net Administrative & General Expenses After Recoverable Income	4,366,522		1,199,980

Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	Patient Expenses	7,119
2A.100	Subtotal: Other A&G Expenses	7,119

Skilled Nursing Facility Cost Report**PARKWAY HEALTH & REAHB CTR**

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

Detail of Non-Allowable A & G Expenses

Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	689
2B.2	Licenses and Dues: Not Related to Resident Care	
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	
2B.5	Legal: Resident Care	
2B.6	Legal: Other	32,379
2B.7	Key Person Insurance	
2B.8	Management Company Fees	566,341
2B.9	Management Consultants	
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	272,335
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	1,693,380
2B.15	User Fee Assessment	835,619
2B.16	Other Non-Allowable A&G Expenses	
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
2B.100	Total Non-Allowable A&G Expenses	3,400,743

Variable Expenses

Table 3		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
3.1	Staff Development Coordinator: Salaries	103,187		103,187
3.2	Staff Dev. Coord.: Employee Benefits	5,381		5,381
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	11,900		11,900
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	120,468		120,468
3.5	Plant Operation: Salaries	147,628		147,628
3.6	Plant Operation: Employee Benefits	7,697		7,697
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	17,026		17,026

Skilled Nursing Facility Cost Report

PARKWAY HEALTH & REAHB CTR

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

3.8	Plant Operation: Purchased Service	200,184		200,184
3.9	Plant Operation: Supplies and Expenses	82,980		82,980
3.10	Plant Operation: Utilities	291,884		291,884
3.11	Plant Operation: Repairs			0
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	747,399		747,399
3.13	Dietician: Salaries	87,981		87,981
3.14	Dietician: Employee Benefits	4,588		4,588
3.15	Dietician: Payroll Taxes incl Workers Comp.	10,147		10,147
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	102,716		102,716
3.18	Dietary: Salaries	428,401		428,401
3.19	Dietary: Employee Benefits	22,339		22,339
3.20	Dietary: Payroll Taxes incl Workers Comp.	49,408		49,408
3.21	Dietary: Food			0
3.22	Dietary: Purchased Service	475		475
3.23	Dietary: Supplies and Expenses	348,642		348,642
3.400	Subtotal: Dietary Expenses	849,265		849,265
3.24	Housekeeping/Laundry: Salaries	347,649		347,649
3.25	Housekeeping/Laundry: Employee Benefits	18,127		18,127
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	40,095		40,095
3.27	Housekeeping/Laundry: Purchased Service			0
3.28	Housekeeping/Laundry: Supplies and Expenses	49,219		49,219
3.29	Housekeeping/Laundry: Linen and Bedding	5,531		5,531
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	460,621		460,621
3.31	Quality Assurance (QA) Professional: Salaries			0
3.32	QA Professional: Employee Benefits			0
3.33	QA Professional: Payroll Taxes incl Workers Comp.			0
3.34	QA Professional: Purchased Service			0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)		135,395	135,395
3.600	Subtotal: QA Professional Expenses	0		135,395
3.36	Unit Clerk & Medical Records: Salaries	281,383		281,383

Skilled Nursing Facility Cost Report**PARKWAY HEALTH & REAHB CTR**

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

3.37	Unit Clerk & Medical Records: Employee Benefits	14,673		14,673
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	32,453		32,453
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	328,509		328,509
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	332,386		332,386
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	9,568		9,568
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	21,163		21,163
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	363,117		363,117
3.44	Behavioral Health Specialist: Salaries			0
3.45	Behavioral Health Specialist: Employee Benefits			0
3.46	Behavioral Health Specialist: Payroll Taxes incl Workers Comp.			0
3.47	Behavioral Health Specialist: Purchased Service			0
3.900	Subtotal: Behavioral Health Specialist Expenses	0		0
3.48	Social Service Worker: Salaries	121,385		121,385
3.49	Social Service Worker: Employee Benefits	6,329		6,329
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	14,000		14,000
3.51	Social Service Worker: Purchased Service	8,135		8,135
3.1000	Subtotal: Social Service Worker Expenses	149,849		149,849
3.52	Interpreters: Salaries			0
3.53	Interpreters: Employee Benefits			0
3.54	Interpreters: Payroll Taxes incl Workers Comp.			0
3.55	Interpreters: Purchased Service			0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries			0
3.57	Indirect Restorative Therapy: Employee Benefits			0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.			0
3.59	Indirect Restorative Therapy: Consultants			0
3.60	Direct Restorative Therapy: Salaries	276,621	276,621	0

Skilled Nursing Facility Cost Report

PARKWAY HEALTH & REAHB CTR

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

3.61	Direct Restorative Therapy: Benefits	46,328	46,328	0
3.62	Direct Restorative Therapy: Consultants	11,308	11,308	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	334,257		0
3.64	Recreational Therapy/Activities: Salaries	78,243		78,243
3.65	Recreational Therapy/Activities: Employee Benefits	4,080		4,080
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	9,024		9,024
3.67	Recreational Therapy/Activities: Purchased Service			0
3.68	Recreational Therapy/Activities: Supplies and Expenses	17,172		17,172
3.69	Recreational Therapy/Activities: Transportation	147	147	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	108,666		108,519
3.70	Resident Care Assistant: Salaries			0
3.71	Resident Care Assistant: Employee Benefits			0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.			0
3.73	Resident Care Assistant: Purchased Service			0
3.1400	Subtotal: Resident Care Assistant Expenses	0		0
3.74	Security: Salaries			0
3.75	Security: Employee Benefits			0
3.76	Security: Payroll Taxes including Workers Comp.			0
3.77	Security: Purchased Service			0
3.1500	Subtotal: Security Expenses	0		0
3.78	Travel: Motor Vehicle Expense	187		187
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education	954		954
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	30,000		30,000
3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals			0
3.86	Physician Services: Other			0
3.87	Legend Drugs	253,953	253,953	0
3.88	Personal Protective Equipment			0

Skilled Nursing Facility Cost Report**PARKWAY HEALTH & REAHB CTR**

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

3.89	House Supplies Not Resold	150,371		150,371
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents		0	0
3.92	Pharmacy Consultant	11,072		11,072
3.93	This line description is intentionally left blank			0
3.94	This line description is intentionally left blank			0
3.95	This line description is intentionally left blank			0
3.1600	Subtotal: Other Variable Expenses	446,537		192,584
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	4,011,404		3,558,442
Less: Variable Recoverable Income				
3.96	Vending Machine Income		521	521
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		0	0
3.1800	Subtotal: Variable Recoverable Income	0		521
300	Total: Net Variable Expenses Including Recoverable Income	4,011,404		3,557,921

Skilled Nursing Facility Cost Report

PARKWAY HEALTH & REAHB CTR

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

Capital & Fixed Cost Expenses				
Table 4		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
4.1	Depreciation Expense	48,844	(267,000)	315,844
4.2	Long-Term Interest Expense SNF-CR			0
4.3	Long-Term Interest Expense REA-CR		50,992	50,992
4.4	MA Corp. Excise Tax - Non-Income Portion SNF-CR			0
4.5	MA Corp. Excise Tax - Non-Income Portion REA-CR			0
4.6	Building Insurance Expense SNF-CR	19,982		19,982
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	63,442		63,442
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR	14,552		14,552
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	31,066		31,066
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	1,221,427	1,221,427	0
4.15	This line description is intentionally left blank			0
4.16	This line description is intentionally left blank			0
4.100	Subtotal: Total Capital & Fixed Cost Expenses Before Recoverable Income	1,399,313		495,878
Less: Capital & Fixed Cost Expense Recoverable Income				
4.17	Fixed Cost Recoverable Income SNF-CR		0	0
4.18	Fixed Cost Recoverable Income REA-CR			0
4.200	Subtotal: Capital & Fixed Cost Recoverable Income	0		0
400	Total: Net Capital & Fixed Cost Expenses Including Recoverable Income	1,399,313		495,878

Skilled Nursing Facility Cost Report**PARKWAY HEALTH & REAHB CTR**

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

Total Combined Expenses Before Recoverable Income				
Table 5		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
500	Total Combined Expenses Before Recoverable Income	13,451,199		8,955,097
Total Combined Expenses Net of Recoverable Income				
Table 6		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
600	Total Combined Expenses Net of Recoverable Income	13,451,199		8,927,739

Skilled Nursing Facility Cost Report**PARKWAY HEALTH & REAHB CTR**

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES**Other Business Activities**

Table 1		1
Line / Column #	Other Business Activity	Select Yes/No from Dropdown Menu
1.1	Adult Day Health	No
1.2	Child Day Care	No
1.3	Assisted Living	No
1.4	Outpatient Services	No
1.5	Chapter 766 Education Program	No
1.6	Ventilator Program	No
1.7	Acquired Brain Injury Unit	No
1.8	MS/ALS Program	No
1.9	Other Special Program	No
1.10	Hospital – Other Business	No
1.11	Residential Care	No
1.12	Does the nursing facility have other business activities not listed above?	No
1.13	Describe the other business activities:	

Other Business Revenue

Table 2			1
Line / Column #	Account	Description	Reported
2.1	3025.3	Adult Day Health Revenue	
2.2	3025.6	Child Day Care Revenue	
2.3	3025.4	Assisted Living Revenue	
2.4	3025.5	Outpatient Services Revenue	
2.5	3025.7	Other Special Program Revenue	
2.6	3026.1	Hospital Revenue – Other Business	
2.7	3026.3	Residential Care Revenue	
2.8	3026.2	Other	
200	3026.0	TOTAL OTHER BUSINESS REVENUE	0

Skilled Nursing Facility Cost Report**PARKWAY HEALTH & REAHB CTR**

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

Other Business Expenses					
Table 3			1	2	3
Line / Column #	Account	Description	Reported	Non-Allowable Expenses	Total Allowable Expenses
3.1	8040.0	Adult Day Health Expenses		0	
3.2	8041.0	Child Day Care Expenses		0	
3.3	8045.0	Assisted Living Expenses		0	
3.4	8046.0	Outpatient Service Expenses		0	
3.5	8047.0	Chapter 766 Education Program Expenses		0	
3.6	8048.0	Ventilator Program Expenses		0	
3.7	8049.0	Acquired Brain Injury Unit Expenses		0	
3.8	8042.0	MS/ALS Program Expenses		0	
3.9	8050.0	Other Special Program Expenses		0	
3.10	8060.0	Hospital Expenses - Other Business		0	
3.11	8065.0	Other		0	
300	8070.0	TOTAL OTHER BUSINESS EXPENSES	0	0	

Skilled Nursing Facility Cost Report**PARKWAY HEALTH & REAHB CTR**

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

SCHEDULE 5 : STATEMENT OF OPERATIONS AND RECONCILIATION OF FINANCIAL TO COST REPORTED NET INCOME**Financial Statement of Operations**

Table 1		
Table 1A		1
For Profit		
Line #	Description	Reported
1A.1	Net Patient Service Revenue	9,590,974
1A.2	Other Revenue	27,358
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	9,618,332
1A.4	Salaries and Wages	5,572,298
1A.5	Employee Benefits	908,292
1A.6	Supplies and Other (including Payroll Taxes)	5,228,385
1A.7	Interest Expense	
1A.8	Provision for Bad Debt	1,693,380
1A.9	Depreciation and Amortization Expenses	48,844
1A.200	Total Operating Expenses	13,451,199
1A.300	Income(Loss) from Operations	(3,832,867)
	Non-Operating Income and Expenses	
1A.10	Interest Income	21,615
1A.11	Investment Income	
1A.12	Realized Gain(Loss) from Investments	
1A.13	Realized Gain(Loss) from Sale or Disposal of Equipment	
1A.14	Other Non-Operating Income(Expense)	2,168,868
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	(1,642,384)
1A.15	Provision for Income Tax	
1A.16	Extraordinary Items	0
1A.17	Cumulative Change in Accounting Principles	0
1A.500	Financial Statement Net Income(Loss)	(1,642,384)

Skilled Nursing Facility Cost Report
PARKWAY HEALTH & REAHB CTR
Filing Year: 2022

Date: 10/02/2024
Time: 3:07 PM

<i>Detail of Extraordinary Items</i>		
Table 1C	1	2
Line #	Description	Amount
1C.1		
1C.100	Subtotal: Cumulative Extraordinary Items	0

<i>Detail of Changes in Accounting Principles</i>		
Table 1D	1	2
Line #	Description	Amount
1D.1		
1D.100	Subtotal: Cumulative Changes in Accounting Principles	0

<i>Cost Reported Statement of Operations</i>		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	11,808,815
2.2	Total Nursing Expenses (Schedule 3)	3,673,960
2.3	Total Administrative and General Expenses (Schedule 3)	4,366,522
2.4	Total Variable Expenses (Schedule 3)	4,011,404
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	1,399,313
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	13,451,199
200	Cost Reported Net Income(Loss)	(1,642,384)

Skilled Nursing Facility Cost Report**PARKWAY HEALTH & REAHB CTR**

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

Reconciliation Between Financial Statement and Cost Report Net Income

Table 3		1	2
Line #	Description	Describe Reconciling Item	Amount
3.1	Net Income(Loss) on Financial Statement of Operations (Table 1)		(1,642,384)
3.2	Reconciling Item		
3.3	Reconciling Item		
3.4	Reconciling Item		
3.5	Reconciling Item		
3.6	Net Income(Loss) on Cost Report Statement of Operations (Table 2)		(1,642,384)

Skilled Nursing Facility Cost Report**PARKWAY HEALTH & REAHB CTR**

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

SCHEDULE 6 : BALANCE SHEET AND RECONCILIATION OF OWNER'S EQUITY**Current Assets**

Table 1		1
Line #	Description	Account Balance
1.1	Cash and Cash Equivalents	174,564
1.2	Short-Term Investments	
1.3	Current Portion Assets Whose Use is Limited	
1.4	Other Cash and Equivalents	
1.5	Payer Accounts Receivable	5,230,511
1.6	Less Reserve for Bad Debt	(3,766,400)
1.100	Subtotal: Net Patient Accounts Receivable	1,464,111
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	
1.9	Interest Receivable	
1.10	Supply Inventory	
1.11	Other Receivables	85,135
1.12	Prepaid Interest	
1.13	Prepaid Insurance	4,067
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	3,119
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
100	Total Current Assets	1,730,996

Detail of Other Current Assets

Table 1A	1	2
Line #	Description	Account Balance
1A.1		
1A.100	Subtotal: Other Current Assets	0

Skilled Nursing Facility Cost Report
PARKWAY HEALTH & REAHB CTR
Filing Year: 2022

Date: 10/02/2024
Time: 3:07 PM

Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	
2.2	Buildings	
2.3	Improvements	443,020
2.4	Equipment	62,522
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	505,542

Other Non-Current Assets		
Table 3		1
Line #	Description	Account Balance
3.1	Long-Term Investments	
3.2	Non-Current Assets Whose Use is Limited	
3.3	Other Deferred Charges and Non-Current Assets	96,507
3.4	Construction in Progress	
3.5	Mortgage Acquisition Costs	
3.6	Accumulated Amortization of Mortgage Acquisition Costs	
3.100	Net Mortgage Acquisition Costs	0
300	Total Non-Current Assets	96,507

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	Security Deposit Building	96,507
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	96,507

Skilled Nursing Facility Cost Report
PARKWAY HEALTH & REAHB CTR
Filing Year: 2022

Date: 10/02/2024
Time: 3:07 PM

Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	2,333,045

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	2,437,549
5.2	Accrued Expenses	938,060
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	250,000
5.7	Accrued Salaries and Payroll Liabilities	439,328
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	703,268
500	Total Current Liabilities	4,768,205

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Rent Payable	340,710
5A.2	Deferred Rent	362,558
5A.100	Subtotal: Other Current Liabilities	703,268

Skilled Nursing Facility Cost Report**PARKWAY HEALTH & REAHB CTR**

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

Non-Current Liabilities

Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	
6.2	Due to Related Parties, Subsidiaries, and Affiliates	4,366,158
6.3	Other Long-Term Debt	
600	Total Non-Current Liabilities	4,366,158

Total Liabilities

Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	9,134,363

Reconciliation of Owner's Equity or Net Assets for Not-for-Profits**Table 8**

Table 8B		1
Proprietorship, Partnership, or Limited Liability Company (LLC)		
Line #	Description	Amount
8B.1	Owner's Equity Balance: Prior Year	(5,158,938)
8B.2	Prior Period Adjustment(s)	4
8B.3	Capital Contributions During the Year	
8B.4	SNF-CR Net Income/(Loss)	(1,642,384)
8B.5	Proprietor/Partner Drawings	
8B.100	Owner's Equity Balance: Current Year	(6,801,318)

Prior Period Adjustments

NOTE: Disclose all facts relative to adjustments and explain any impact on reimbursable costs as reported in prior year(s) cost report identifying the specific cost centers affected.

Table 8D	1	2
Line #	Description	Amount
8D.1	Rounding	4
8D.100	Subtotal: Prior Period Adjustments	4

Skilled Nursing Facility Cost Report
PARKWAY HEALTH & REAHB CTR
 Filing Year: 2022

Date: 10/02/2024
 Time: 3:07 PM

Total Liabilities and Owner's Equity (or Net Assets for Not-for-Profits)		
Table 9		1
Line #	Description	Account Balance
900	Total Liabilities and Owner's Equity (or Net Assets for Not-For-Profit)	2,333,045

Skilled Nursing Facility Cost Report

PARKWAY HEALTH & REAHB CTR

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

SCHEDULE 7 : DETAIL OF FIXED ASSETS AND DEPRECIATION

Financial Statement Fixed Assets									
Table 1		1	2	3	4	5	6	7	8
Line #	Description	Fixed Asset Cost Beginning Balance	Current Year Additions	Current Year Deletions	Fixed Asset Cost Ending Balance	Accumulated Depreciation Beginning Balance	Current Year Depreciation	Accumulated Depreciation Ending Balance	Financial Statement Net Book Value
1.1	Land				0				0
1.2	Building				0			0	0
1.3	Improvements	201,450	308,073		509,523	(30,954)	(35,549)	(66,503)	443,020
1.4	Equipment	86,657	9,240		95,897	(20,080)	(13,295)	(33,375)	62,522
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles				0			0	0
100	Total	288,107	317,313	0	605,420	(51,034)	(48,844)	(99,878)	505,542

Claimed Fixed Assets

Note: This table does not include all fixed assets for the facility; only those that can be claimed as nursing facility fixed assets.

Table 2		1	2	3	4	5	6	7	8	9	10
Line #	Description	Allowable Cost Basis Beginning Balance	Claimed Additions From Renovations (DON)	Claimed Other Additions	Claimed Deletions From Renovations (DON)	Claimed Other Deletions	Allowable Cost Basis Ending Balance	Depreciation %	Financial Statement Depreciation Expense	Non-Allowable Expenses and Add-backs	Claimed Net Depreciation Expense
2.1	Land SNF-CR						0				
2.2	Land REA-CR	1,540,000					1,540,000				
2.3	Building SNF-CR						0		0		0
2.4	Building REA-CR	7,720,000					7,720,000	3.05%		193,000	193,000
2.5	Improvements SNF-CR	201,450		308,073			509,523	5.00%	35,549		35,549
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	86,656		9,240			95,896	10.00%	13,295		13,295

Skilled Nursing Facility Cost Report

PARKWAY HEALTH & REAHB CTR

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

2.8	Equipment REA-CR	740,000					740,000	10.00%		74,000	74,000
2.9	Software/Limited Life Assets SNF-CR						0	33.33%	0		0
2.10	Software/Limited Life Assets REA-CR						0	33.33%			0
200	Total Claimed Fixed Assets	10,288,106	0	317,313	0	0	10,605,419		48,844	267,000	315,844

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1965
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2014
3.3	What was the value from the most recent municipal property assessment for this facility?	2,365,000
3.4	Was there a change of ownership of this facility during the reporting period?	No
3.5	Was there a change of ownership of company that owns the real assets of the facility (realty company) during the reporting period?	No
3.6	What is the number of nursing facility resident rooms?	141
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	33,239
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	28,158
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	
3.10	What is the total acreage of the facility site?	3.0
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	Yes

Changes in Facility or Realty Company Ownership					
Table 4	1	2	3	4	5
Line #	Type of Ownership Change	Transaction Date	Purchased From	Purchased By	Sale Price
4.1					
4.2					
4.3					

SCHEDULE 8 : STATEMENT OF CASH FLOWS

Beginning Cash and Cash Equivalents Balance

Table 1		1
Line #	Description	Reported
1.1	Cash and Cash Equivalents (Beginning of Year)	135,856

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(1,642,384)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	48,844
2.3	Increases (Decreases) to Cash Provided by Operating Activities	1,699,561
200	Net Cash from Operating Activities	106,021

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(317,313)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(317,313)

Cash Flows from Financing Activities

Table 4		1
Line #	Description	Reported
4.1	Proceeds from Issuance of Long-Term Debt	
4.2	Payments on Long-Term Debt and Capital Lease Expenditures	
4.3	Cash Flows from Other Financing Activities	250,000
400	Net Cash from Financing Activities	250,000

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	38,708
500	Cash and Cash Equivalents (End of Year)	174,564

Skilled Nursing Facility Cost Report**PARKWAY HEALTH & REAHB CTR**

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

SCHEDULE 9 : LICENSURE & PATIENT STATISTICS**Bed Licensure**

Table 1	1	2	3	4	5	6
Line #	DPH Licensure Issue Date	Skilled Nursing (Level I,II, & III)	Residential Care (Level IV)	Pediatric	Total Licensed Beds	Constructed Capacity
1.1	12/01/2020	141			141	141
1.2	12/01/2022	141	0		141	141
1.3					0	
1.4					0	
1.5					0	
1.6	List the number of certified Medicare beds at the close of this reporting period.	141				
1.7	Is above listed bed licensure information correct?	Yes				

Patient Statistics - Days

Table 2		1	2	3	4	5	6
Line #	Description	Private Pay	Commercial Managed Care	Commercial Non-Managed Care	Medicare Fee-For-Service	Medicare Managed Care (Part C)	MassHealth Fee-for-Service
2.1	Nursing	590	93		1,098	587	15,621
2.2	Residential Care						
2.3	Pediatrics						
2.4	Ventilator Unit						
2.5	Head Trauma/ABI						
2.6	Amyotrophic Lateral Sclerosis (ALS)						
2.7	Multiple Sclerosis (MS)						
2.8	Other Medicaid Special Contract						
2.9	Nursing Leave of Absence (Paid)						
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	590	93	0	1,098	587	15,621

Skilled Nursing Facility Cost Report
PARKWAY HEALTH & REAHB CTR
Filing Year: 2022

Date: 10/02/2024
Time: 3:07 PM

7	8	9	10	11	12	13	14	15
MassHealth Managed Care	Senior Care Options	OneCare	PACE	Out-of-State Medicaid	Veteran's Affairs & Other Public	DTA & EAEDC	Other	Total
	19,792				1,398			39,179
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
0	19,792	0	0	0	1,398	0	0	39,179

Skilled Nursing Facility Cost Report**PARKWAY HEALTH & REAHB CTR**

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	117
3.2	0140.1	Number of MassHealth Admissions During Year	11
3.3	0150.0	Number of Discharges During Year	130
3.4	0190.0	Average Length of Stay	301
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	

Skilled Nursing Facility Cost Report**PARKWAY HEALTH & REAHB CTR**

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

SCHEDULE 10 : DETAIL OF FACILITY COMPENSATION AND PURCHASED NURSING SERVICES***Detail of Staff Nursing Services Wages and Hours***

Table 1		1	2	3	4	5	6
Line #	Description	RN Wages	RN Hours	LPN Wages	LPN Hours	CNA Wages	CNA Hours
1.1	Total Base Wages	251,227	6,358.0	214,149	8,660.0	1,284,408	72,173.0
1.2	Total Overtime Wages	352,263	8,643.7	605,306	15,051.0	112,162	4,063.0
1.3	Total Shift Differential	1,188		2,241		6,682	
1.4	Total Other Differentials						
100	Total	604,678	15,001.7	821,696	23,711.0	1,403,252	76,236.0

Detail of Nursing Services Shift Differentials

Table 2		1	2	3	4	5
Line #	Description	Median Hourly Shift Differential: Weekday Evening	Median Hourly Shift Differential: Weekday Night	Median Hourly Shift Differential: Weekend Day	Median Hourly Shift Differential: Weekend Evening	Median Hourly Shift Differential: Weekend Night
2.1	Registered Nurses					
2.2	Licensed Practical Nurses					
2.3	Certified Nurse Aides					

Skilled Nursing Facility Cost Report
PARKWAY HEALTH & REAHB CTR
Filing Year: 2022

Date: 10/02/2024
Time: 3:07 PM

Detail of Staff and Hours by Position				
Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development	2	1.1	2,320.8
3.2	Plant Operations	3	2.6	5,430.5
3.3	Dietary Staff	30	11.8	24,568.6
3.4	Dietician	1	1.0	2,081.5
3.5	Housekeeping/Laundry Staff	21	11.6	24,160.1
3.6	Unit Clerk & Medical Records Staff	5	3.6	7,488.1
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	5	4.1	8,491.8
3.9	Social Services Staff	1	1.5	3,192.8
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff	8	3.0	6,288.4
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	2	2.0	4,183.5
3.14	Administration and Officers	2	1.1	2,215.8
3.15	Security Staff			
3.16	Clerical Staff	10	7.4	15,336.8
3.17	Director of Nurses	1	0.4	885.8
3.18	Registered Nurses	10	7.2	15,001.7
3.19	Licensed Practical Nurses	21	11.4	23,711.0
3.20	Certified Nurse Aides	101	36.7	76,236.0
3.21	Resident Care Assistants			
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	223	106.5	221,593.2

Skilled Nursing Facility Cost Report

PARKWAY HEALTH & REAHB CTR

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

Detail of Purchased Nursing Services										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges
Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies									
Registered Temporary Nursing Service Agencies										
4.2										
4.200	Subtotal: Registered Temporary Nursing Service Agencies		0.0	0	0.0	0	0.0	0	0.0	0
400	Total Temporary Nursing Service Agency Expenses		0.0	0	0.0	0	0.0	0	0.0	0
Five Highest Paid Salaries (including salaries, payroll taxes, workers' compensation, all fringe benefits, and draws)										
	NOTE: List the names and compensation of the <u>five</u> persons who have the highest compensation paid by this facility.									
Table 5	1	2	3	4	5	6	7	8		
Line #	Last Name	First Name	Title	Primary Expense Category	Salary & Benefits	Dividends/Draws	Other	TOTAL		
5.1	Boisguene	Medjine Marie	Unit Coord	Nursing	204,171			204,171		
5.2	Saint Louis	Mirelle	Asst Dir of Nursees	Nursing	164,303			164,303		
5.3	Chen	Yuying	RN	Nursing	136,401			136,401		
5.4	Brutus	Nancie	Unit Coord	Nursing	131,160			131,160		
5.5	Murfitt	Hans P	Administrat or	Administrative & General	124,064			124,064		

Skilled Nursing Facility Cost Report
PARKWAY HEALTH & REAHB CTR
 Filing Year: 2022

Date: 10/02/2024
 Time: 3:07 PM

Earnings and Compensation Disclosures									
Table 6	NOTE: This schedule is used to report the name(s) of the Owner, Partner, or Officer and disclose all salary and benefits, drawings and dividends, and other compensation as well as the accounts that were charged.								
Table 6B	1	2	3	4	5	6	7	8	9
Line #	Last Name	First Name	Title	Primary Expense Category	Total Hours	Salary & Benefits	Draw / Dividends	Other Compensation	TOTAL
Partnership, Limited Liability Company (LLC)									
6B.1									0
6B.2									0
6B.3									0
									0

Skilled Nursing Facility Cost Report**PARKWAY HEALTH & REAHB CTR**

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

SCHEDULE 11 : NOTES PAYABLE AND WORKING CAPITAL DEBT**Mortgages and Notes Supporting Fixed Assets**

Table 1	1	2	3	4	5	6	7	8	9	10
Line / Column #	Type of Notes Payable	Lender Name	Related Party	Date Mortgag e Acquired	Due Date	Number of Months Amortize d	Monthly Payment s	Original Loan Amount	Mortgag e Acquisiti on Costs	Amortiza tion of Mortgag e Acquisiti on Costs
1.1										
100	TOTALS								0	0

Skilled Nursing Facility Cost Report**PARKWAY HEALTH & REAHB CTR**

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

11	12	13	14	15	16	17	18	19	20
Beginning Loan Balance: Jan 1	Beginning Balance - New Loans	Principal Payments	Pay Off Amount	Pay Off Date	Ending Loan Balance: Dec 31	Interest Rate %	Interest Expense	Period Expenses	Total Amortization, Interest and Period Expenses
					0				0
					0		0	0	0

Skilled Nursing Facility Cost Report**PARKWAY HEALTH & REAHB CTR**

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

Working Capital Debt									
Table 2	1	2	3	4	5	6	7	8	9
Line / Column #	Lender Name	Related Party	Beginnin g Balance: Jan 1	Amount	Start Date	Principal Payment	Ending Balance: Dec 31	Interest Rate %	Interest Expense
2.1	Bank	No		250,000	12/31/2022		250,000		
200	Total Working Capital Interest						250,000		0

Skilled Nursing Facility Cost Report

PARKWAY HEALTH & REAHB CTR

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Time: 3:07 PM

SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

UPLOADS REQUIRED
(1) Footnotes and Explanations
<i>Upload Type: Excel, Word, or PDF</i>
This section is used to provide detail to any of the information included in this report.
(2) Ownership and Facility Information
<i>Upload Type: Excel Template</i>
List the names of all direct and indirect nursing facility owners and the name(s) of any Massachusetts and non-Massachusetts nursing or residential care facilities that are owned, directly or indirectly by the facility owners that have an interest of 5% or more. Note: This information must be submitted in the format of the template provided. In order for the file to be accepted, you MUST use the file name "Ownership and Facility Information".
(3) Related Party Debt
<i>Upload Type: Excel Template</i>
List any indebtedness (mortgages, deeds, trust instruments, notes or other financial information) between the nursing facility and any related party of the facility or the direct or indirect owners as reported on the template uploaded in accordance with Schedule 12, Section (2) Ownership and Facility Information. Example: If the owner borrowed monies from the facility, report the owner as 'Borrower'. If the nursing facility borrowed monies from the owner, list the nursing facility as 'Borrower'. Note: This information must be submitted in the format of the template provided. In order for the file to be accepted, you MUST use the file name "Related Party Debt".
(4) Related Party Transactions
<i>Upload Type: Excel Template</i>
Indicate any entity or person as defined as a "related party" in 101 CMR 206.00 and that (a) provides services, facilities, goods and/or supplies to this company; or (b) receives any salary, fee or other compensation from this company. Indicate the amount paid by this company for this reporting year. (Attach addendum if necessary.) Note: This information must be submitted in the format of the template provided.
(5) Financial Statements
<i>Upload Type: Excel, PDF</i>
Providers must upload financial statements (audited, unaudited, reviewed, or compiled financial statements). As noted below, preparing financial statements is not intended to be an additional requirement for the sole purposes of complying with CHIA's reporting requirements in Section 7.03 (d) of Title 957 of the Code of Massachusetts Regulations (CMR):

Skilled Nursing Facility Cost Report

PARKWAY HEALTH & REAHB CTR

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

If a Provider or its parent organization is required or elects to obtain independent audited financial statements for purposes other than 957 CMR 7.00, the Provider must file a complete copy of its audited financial statements with the Center, that most closely correspond to the Provider's Nursing Facility cost report fiscal period. If the Provider or its parent organization does not obtain audited financial statements but is required or elects to obtain reviewed or compiled financial statements for purposes other than 957 CMR 7.00, the Provider must file with the Center a complete copy of its financial statements that most closely correspond to the Nursing Facility cost report fiscal period.

Please select one option from the menu, and upload applicable statements for choices A or B. These options are listed in descending order of preference:

B) Unaudited Financial Statements: Unaudited financial statements for the reporting year.

Note: If A or B is selected, providers need to upload financial statements and MUST use the file name "Financial Statements". If C is selected, an upload is not required.

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
09/27/2023 11:27AM	(1) Footnotes and Explanations	SNF-CR Footnotes.pdf	application/pdf	Jonathan Langfield
09/27/2023 11:27AM	(2) Ownership and Facility Information	Ownership and Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Jonathan Langfield
09/27/2023 11:27AM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Jonathan Langfield
09/27/2023 11:28AM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Jonathan Langfield

Skilled Nursing Facility Cost Report**PARKWAY HEALTH & REAHB CTR**

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

SCHEDULE 13 : SUBMISSION AND ATTESTATION

Electronic signatures are required to submit this Cost Report. There are two sections that require signature: (A) Certification by Preparer (Other than Owner, Partner, or Officer) and (B) Certifications by Owner, Partner, or Officer.

Section A - Certification by Preparer (Other than Owner, Partner, or Officer)

Note: The information in the table below is sourced from Schedule 1, Table 3 of this report.

1.1	Preparer Name	Jonathan Langfield
1.2	Nursing Facility or Firm Name	CliftonLarsonAllen LLP
1.3	Title	CPA
1.4	Street Address	4 Batterymarch Park, Suite 100
1.5	City	Quincy
1.6	State	MA
1.7	Zip Code	02169
1.8	Phone Number	+1 (781) 982-1001
1.9	Email Address	jonathan.langfield@claconnect.com
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	09/27/2023

Please note this button does not submit the Cost Report for CHIA review, and is solely for your internal review purposes.

If the report needs to be unlocked by the Preparer, uncheck the attestation box on Line 1.11 and click the Save and Validate button.

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Skilled Nursing Facility Cost Report

PARKWAY HEALTH & REAHB CTR

Filing Year: 2022

Date: 10/02/2024

Time: 3:07 PM

Section B - Certification by Owner, Partner, or Officer

A) ACCURACY OF REPORTED COSTS: I declare and affirm under the penalties of perjury that this cost report and supporting schedules have been examined by me and, to the best of my knowledge and belief, are a true and correct statement of total operating expenditures, balance sheet, earnings and expenses, and other required information. Further, I declare that the report and supplemental information were prepared from the books and records of the provider, unless otherwise noted, in accordance with applicable federal and state laws, regulations and instructions. I understand that any payment resulting from this report will be from state and federal funds and that any false statements or documents, or the concealment of a material fact, may be prosecuted under applicable federal and state laws. I also understand that this report and supporting schedules are subject to audit and verification by the Center for Health Information and Analysis or any other state or federal agency or their subcontractors. I will keep all records, books, and other information pertaining to this cost report for a period of five years. If there is an unresolved audit exception, I will keep these records until all issues are resolved.

B) USE OF PUBLIC FUNDS: Section 681 of Chapter 26 of the Acts of 2003 requires that a nursing home or health care facility receiving public funds must certify that these funds shall not be used directly or indirectly for political contributions, lobbying activities, entertainment expenses or efforts to assist, promote, deter or discourage union organizing. In accordance with Section 681, I hereby certify to the best of my knowledge, by said signature, that from and after the date of this certification, the facility shall not use public funds received from the Commonwealth of Massachusetts, directly or indirectly, for purposes of political contributions, lobbying activities, entertainment expenses or efforts to assist, promote, deter or discourage union organizing.

This certification is signed under pains and penalties of perjury.

2.1	[x] By checking this box, I hereby certify that under pains and penalties of perjury, that the above statements entitled A) Accuracy of Reported Costs and B) Use of Public Funds are correct and true, to the best of my knowledge and belief. This report is subject to audit and verification by the Center for Health Information and Analysis.	
2.2	Date of Authorization	09/18/2024
2.3	Last Name	Ziskin
2.4	First Name	Scott
2.5	Middle Name	
2.6	Title	Executive Vice President and Assistant Administrator
2.7	Is this information correct?	Yes

Please note once the Submit button is clicked, this Cost Report and all attachments will be submitted to CHIA for review and finalized. This Cost Report can then only be reopened by contacting CHIA and submitting a request.

Please submit all request to Costreports.LTCF@CHIAMass.gov along with the following information:

a) User Name

b) User E-Mail Address

c) Organization Name

d) Applicable Filing Year

e) Reason for request