

Skilled Nursing Facility Cost Report**CHARLENE MANOR EXT. CARE FAC.**

Filing Year: 2022

Date: 11/28/2023

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SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	CHARLENE MANOR EXT. CARE FAC.
1.2	MassHealth Provider ID	110026667A
1.3	Federal Employer Tax ID	201721687
1.4	VPN	0928950
1.5	Is the above information correct?	Yes
1.6	Facility Number	01006
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	130 Colrain Road
1.11	City	Greenfield
1.12	Zip	01301
1.13	Telephone	+1 (413) 774-3724
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.	BHS Management Services, Inc; Integritus Healthcare Management Services, Inc.
1.19	List the name of the entity that holds the nursing facility license.	Charlene Manor Nursing, LLC
1.20	List realty company names as reported on each realty company cost report.	N/A
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	Yes

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Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Denise Granger
2.2	Nursing Facility or Firm Name	Integrity Healthcare Management Services Inc
2.3	Title	Director of Payment Systems and Contracting
2.4	Street Address	75 North Street
2.5	City	Pittsfield
2.6	State	MA
2.7	Zip Code	01201
2.8	Phone Number	+1 (413) 553-9012
2.9	Email Address	integrityreimb@integrity1.org

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	William C. Jones Jr.
3.3	Nursing Facility or Firm Name	Integrity Healthcare Management Services Inc
3.4	Title	President
3.5	Street Address	75 North Street
3.6	City	Pittsfield
3.7	State	MA
3.8	Zip Code	01201
3.9	Phone Number	+1 (413) 447-2996
3.10	Email Address	bjones@integrity1.org
3.11	Type of Accounting Service Performed	Compilation

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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	Other	Bourne Manor Ext Care Facility	110081455A	N/A	Chakalos Family Dynasty f/b/o Charlene Gallagher ; Chakalos Family Dynasty f/b/o Elaine Chakalos ; Chakalos Family Dynasty f/b/o Linda Carmen ; Chakalos Family Dynasty f/b/o Valerie Santilli	Integratus Healthcare Management Services Inc
4.2	Other	Hathaway Manor Extended Care	110026670A	N/A	Chakalos Family Dynasty f/b/o Charlene Gallagher ; Chakalos Family Dynasty f/b/o Elaine Chakalos ; Chakalos Family Dynasty f/b/o Linda Carmen ; Chakalos Family Dynasty f/b/o Valerie Santilli	Integratus Healthcare Management Services Inc
4.3	Other	Linda Manor Extended Care Fac	110026666A	N/A	Chakalos Family Dynasty f/b/o Charlene Gallagher ; Chakalos Family Dynasty f/b/o Elaine Chakalos ; Chakalos Family Dynasty f/b/o Linda Carmen ; Chakalos Family Dynasty f/b/o Valerie Santilli	Integratus Healthcare Management Services Inc
4.4						
4.5						
4.6						
4.7						
4.8						

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SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	2,579,497	822	2,580,319
1.2	Commercial Managed Care	70,485	36,179	106,664
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	4,388,706	276,681	4,665,387
1.5	Medicare Managed Care (Part C)	1,010,418		1,010,418
1.6	MassHealth Fee-for-Service	4,809,987		4,809,987
1.7	MassHealth Managed Care	269,419		269,419
1.8	Senior Care Options	103,522	4,218	107,740
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount	815,730		815,730
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public	412,293	5,788	418,081
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	14,460,057	323,688	14,783,745

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		

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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	2,490,258
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	68,296
3.7	Interest Income	562
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	44,822
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	2,603,938

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 Revenue	1,157,840
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)	PPP Forgiveness	1,332,418
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		2,490,258

Total Revenue

Table 5		1
Line #	Description	Total
500	Total Revenue	17,387,683

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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	131,956		131,956
1.2	Director of Nurses: Employee Benefits	15,458		15,458
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	13,892		13,892
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	161,306		161,306
1.7	Registered Nurses: Salaries	412,284		412,284
1.8	Registered Nurses: Employee Benefits	48,296		48,296
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	43,406		43,406
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	17,238	0	17,238
1.200	Subtotal: Registered Nurses Expenses	521,224		521,224
1.12	Licensed Practical Nurses: Salaries	1,767,162		1,767,162
1.13	Licensed Practical Nurses: Employee Benefits	207,112		207,112
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	186,141		186,141
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	198,772	0	198,772
1.300	Subtotal: Licensed Practical Nurses Expenses	2,359,187		2,359,187
1.17	Certified Nurse Aides: Salaries	1,353,266		1,353,266
1.18	Certified Nurse Aides: Employee Benefits	158,528		158,528
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	142,473		142,473
1.20	Certified Nurse Aides Purchased Service: Per Diem	40,803		40,803
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	373,262	0	373,262
1.400	Subtotal: Certified Nurse Aides Expenses	2,068,332		2,068,332

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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	5,110,049		5,110,049

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	5,110,049		5,110,049

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	132,758		132,758
2.2	Administration: Employee Benefits	14,974		14,974
2.3	Administration: Payroll Taxes incl Workers Comp.	13,979		13,979
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	161,711		161,711
2.7	Clerical Staff: Salaries	252,804		252,804
2.8	Clerical Staff: Employee Benefits	29,614		29,614
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	26,616		26,616
2.10	Clerical Staff: Purchased Service			0
2.200	Subtotal: Clerical Staff Expenses	309,034		309,034
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services			0
2.12	Office Supplies	14,551		14,551
2.13	Telecommunications (e.g. Internet, Phone)	10,195		10,195

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings			0
2.16	Advertising: Help Wanted			0
2.17	Licenses and Dues: Patient Care Related Portion	18,130		18,130
2.18	Continuing Professional Education / Training and Development	10,948		10,948
2.19	Accounting Services (Not related to appeals)			0
2.20	Insurance: Malpractice & General Liability	54,974		54,974
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	43,404	43,404	0
2.23	Non-Allowable A & G Expenses	2,035,691	2,035,691	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)		964,368	964,368
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		20,715	20,715
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	2,187,893		1,093,881
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	2,658,638		1,564,626
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		44,822	44,822
2.500	Subtotal: Administrative & General Recoverable Income	0		44,822
200	Total: Net Administrative & General Expenses After Recoverable Income	2,658,638		1,519,804

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Detail of Other A&G Expenses		
Table 2A	1	2
Line #	Description	Amount
2A.1	Prior Year Expense	26,571
2A.2	Accrued Expense	16,833
2A.100	Subtotal: Other A&G Expenses	43,404

Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	63,284
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	31,759
2B.7	Key Person Insurance	
2B.8	Management Company Fees	1,012,741
2B.9	Management Consultants	30,633
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	61,449
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	83,775
2B.15	User Fee Assessment	752,050
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	2,035,691

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	95,684		95,684
3.2	Staff Dev. Coord.: Employee Benefits	11,209		11,209

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3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	10,073		10,073
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	116,966		116,966
3.5	Plant Operation: Salaries	69,797		69,797
3.6	Plant Operation: Employee Benefits	8,176		8,176
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	7,348		7,348
3.8	Plant Operation: Purchased Service	129,329		129,329
3.9	Plant Operation: Supplies and Expenses	22,236		22,236
3.10	Plant Operation: Utilities	196,007		196,007
3.11	Plant Operation: Repairs	22,197		22,197
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	455,090		455,090
3.13	Dietician: Salaries	92,362		92,362
3.14	Dietician: Employee Benefits	10,820		10,820
3.15	Dietician: Payroll Taxes incl Workers Comp.	9,724		9,724
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	112,906		112,906
3.18	Dietary: Salaries	474,223		474,223
3.19	Dietary: Employee Benefits	55,552		55,552
3.20	Dietary: Payroll Taxes incl Workers Comp.	49,927		49,927
3.21	Dietary: Food	337,980		337,980
3.22	Dietary: Purchased Service	2,935		2,935
3.23	Dietary: Supplies and Expenses	28,574		28,574
3.400	Subtotal: Dietary Expenses	949,191		949,191
3.24	Housekeeping/Laundry: Salaries	258,110		258,110
3.25	Housekeeping/Laundry: Employee Benefits	30,235		30,235
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	27,174		27,174
3.27	Housekeeping/Laundry: Purchased Service	748		748
3.28	Housekeeping/Laundry: Supplies and Expenses	48,014		48,014
3.29	Housekeeping/Laundry: Linen and Bedding	7,138		7,138
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	371,419		371,419

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3.31	Quality Assurance (QA) Professional: Salaries	54,950		54,950
3.32	QA Professional: Employee Benefits	5,408		5,408
3.33	QA Professional: Payroll Taxes incl Workers Comp.	10,816		10,816
3.34	QA Professional: Purchased Service			0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
3.600	Subtotal: QA Professional Expenses	71,174		71,174
3.36	Unit Clerk & Medical Records: Salaries			0
3.37	Unit Clerk & Medical Records: Employee Benefits			0
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.			0
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	0		0
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	265,078		265,078
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	31,051		31,051
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	27,908		27,908
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	150		150
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	324,187		324,187
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	110,291		110,291
3.49	Social Service Worker: Employee Benefits	12,920		12,920
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	11,612		11,612
3.51	Social Service Worker: Purchased Service	57,284		57,284
3.1000	Subtotal: Social Service Worker Expenses	192,107		192,107
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

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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	3,296		3,296
3.60	Direct Restorative Therapy: Salaries		0	0
3.61	Direct Restorative Therapy: Benefits		0	0
3.62	Direct Restorative Therapy: Consultants	881,955	881,955	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	885,251		3,296
3.64	Recreational Therapy/Activities: Salaries	207,385		207,385
3.65	Recreational Therapy/Activities: Employee Benefits	24,293		24,293
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	21,834		21,834
3.67	Recreational Therapy/Activities: Purchased Service	1,916		1,916
3.68	Recreational Therapy/Activities: Supplies and Expenses	3,201		3,201
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	258,629		258,629
3.70	Resident Care Assistant: Salaries	89,442		89,442
3.71	Resident Care Assistant: Employee Benefits	10,478		10,478
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.	9,417		9,417
3.73	Resident Care Assistant: Purchased Service			0
3.1400	Subtotal: Resident Care Assistant Expenses	109,337		109,337
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	2,164		2,164
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education	1,149		1,149
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	47,742		47,742

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3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals	575		575
3.86	Physician Services: Other	4,877		4,877
3.87	Legend Drugs	385,030	385,030	0
3.88	Personal Protective Equipment			0
3.89	House Supplies Not Resold	342,476		342,476
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents	268,985	268,985	0
3.92	Pharmacy Consultant	12,885		12,885
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	1,065,883		411,868
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	4,912,140		3,376,170
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		0	0
3.1800	Subtotal: Variable Recoverable Income	0		0
300	Total: Net Variable Expenses Including Recoverable Income	4,912,140		3,376,170

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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	292,416	(239,133)	531,549
4.2	Long-Term Interest Expense SNF-CR			0
4.3	Long-Term Interest Expense REA-CR			0
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	20,931		20,931
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	119,549		119,549
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR			0
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	37,338	37,338	0
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR		0	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	470,234		672,029
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	470,234		672,029

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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	13,151,061		10,722,874
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	13,151,061		10,678,052

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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

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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	

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	17,342,298
1A.2	Other Revenue	44,823
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	17,387,121
1A.4	Salaries and Wages	5,768,418
1A.5	Employee Benefits	822,307
1A.6	Supplies and Other (including Payroll Taxes)	6,184,145
1A.7	Interest Expense	
1A.8	Provision for Bad Debt	83,775
1A.9	Depreciation and Amortization Expenses	292,416
1A.200	Total Operating Expenses	13,151,061
1A.300	Income(Loss) from Operations	4,236,060
	Non-Operating Income and Expenses	
1A.10	Interest Income	562
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)	
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	4,236,622
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)	4,236,622

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<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)	17,387,683
2.2	Total Nursing Expenses (Schedule 3)	5,110,049
2.3	Total Administrative and General Expenses (Schedule 3)	2,658,638
2.4	Total Variable Expenses (Schedule 3)	4,912,140
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	470,234
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	13,151,061
200	Cost Reported Net Income(Loss)	4,236,622

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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)		4,236,622
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)		4,236,622

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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	75,402
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	2,165,414
1.6	Less Reserve for Bad Debt	(236,833)
1.100	Subtotal: Net Patient Accounts Receivable	1,928,581
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	5,617,094
1.9	Interest Receivable	
1.10	Supply Inventory	76,438
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	8,041
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	48,538
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
100	Total Current Assets	7,754,094

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

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Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	310,274
2.2	Buildings	571,918
2.3	Improvements	305,177
2.4	Equipment	494,936
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	1,682,305

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	206,752
3.4	Construction in Progress	
3.5	Mortgage Acquisition Costs	204,484
3.6	Accumulated Amortization of Mortgage Acquisition Costs	(204,484)
3.100	Net Mortgage Acquisition Costs	0
300	Total Non-Current Assets	206,752

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	AR Prior Own	106,752
3A.2	Deposit Lease	100,000
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	206,752

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Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	9,643,151

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	566,231
5.2	Accrued Expenses	599,620
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	8,654
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	
5.7	Accrued Salaries and Payroll Liabilities	414,136
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	8,270
500	Total Current Liabilities	1,596,911

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Capital Lease Obligation	8,270
5A.100	Subtotal: Other Current Liabilities	8,270

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Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	
6.2	Due to Related Parties, Subsidiaries, and Affiliates	
6.3	Other Long-Term Debt	6,367
600	Total Non-Current Liabilities	6,367

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	1,603,278

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	4,865,277
8B.2	Prior Period Adjustment(s)	0
8B.3	Capital Contributions During the Year	
8B.4	SNF-CR Net Income/(Loss)	4,236,622
8B.5	Proprietor/Partner Drawings	(1,062,026)
8B.100	Owner's Equity Balance: Current Year	8,039,873

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		
8D.100	Subtotal: Prior Period Adjustments	0

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<i>Total Liabilities and Owner's Equity (or Net Assets for Not-for-Profits)</i>		
Table 9		1
Line #	Description	Account Balance
900	Total Liabilities and Owner's Equity (or Net Assets for Not-For-Profit)	9,643,151

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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	310,274			310,274				310,274
1.2	Building	4,793,464			4,793,464	(4,101,709)	(119,837)	(4,221,546)	571,918
1.3	Improvements	1,694,978	27,463		1,722,441	(1,370,085)	(47,179)	(1,417,264)	305,177
1.4	Equipment	2,562,521	38,359		2,600,880	(1,980,544)	(125,400)	(2,105,944)	494,936
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles				0			0	0
100	Total	9,361,237	65,822	0	9,427,059	(7,452,338)	(292,416)	(7,744,754)	1,682,305

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	441,262					441,262				
2.2	Land REA-CR						0				
2.3	Building SNF-CR	6,154,951					6,154,951	2.50%	119,837	34,037	153,874
2.4	Building REA-CR						0	2.50%			0
2.5	Improvements SNF-CR	4,172,121		27,462		(219,949)	3,979,634	5.00%	47,179	151,803	198,982
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	1,855,902		38,359		(107,333)	1,786,928	10.00%	125,400	53,293	178,693

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2.8	Equipment REA- CR						0	10.00%			0
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	12,624,236	0	65,821	0	(327,282)	12,362,775		292,416	239,133	531,549

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1987
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2022
3.3	What was the value from the most recent municipal property assessment for this facility?	5,390,400
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?	67
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	46,542
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	34,581
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?	7.7
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?	No

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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)	151,076

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	4,236,622
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	(769,610)
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(3,468,596)
200	Net Cash from Operating Activities	(1,584)

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(65,821)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(65,821)

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	(8,269)
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	(8,269)

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(75,674)
500	Cash and Cash Equivalents (End of Year)	75,402

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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	05/02/2021	123			123	123
1.2					0	
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.	123				
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	6,505	199		7,349	2,577	23,303
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)	37					179
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	6,542	199	0	7,349	2,577	23,482

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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
983	365				1,240			42,521
								0
								0
								0
								0
								0
								0
								0
11					5			232
								0
								0
								0
994	365	0	0	0	1,245	0	0	42,753

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Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	407
3.2	0140.1	Number of MassHealth Admissions During Year	112
3.3	0150.0	Number of Discharges During Year	523
3.4	0190.0	Average Length of Stay	82
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	355
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	115

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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	582,884	13,170.0	1,385,244	37,095.0	818,325	41,841.0
1.2	Total Overtime Wages	9,521	163.0	162,488	2,705.0	81,538	2,512.0
1.3	Total Shift Differential	4,865		34,702		51,488	
1.4	Total Other Differentials						
100	Total	597,270	13,333.0	1,582,434	39,800.0	951,351	44,353.0

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	1.00	1.25	1.00	2.00	2.25
2.2	Licensed Practical Nurses	1.00	1.25	1.00	2.00	2.25
2.3	Certified Nurse Aides	1.00	1.25	1.00	2.00	2.25

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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			
3.2	Plant Operations	1	1.0	2,162.0
3.3	Dietary Staff	1	1.0	2,127.0
3.4	Dietician	32	12.0	24,814.0
3.5	Housekeeping/Laundry Staff	1	1.0	1,900.0
3.6	Unit Clerk & Medical Records Staff	5	0.3	5,347.0
3.7	Quality Assurance	9	0.4	7,789.0
3.8	MMQ Nurses and MDS Coordinator		0.0	26.0
3.9	Social Services Staff	3	3.0	5,822.0
3.10	Interpreters	2	2.0	3,190.0
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	6	5.0	10,080.0
3.14	Administration and Officers	2	1.0	1,433.0
3.15	Security Staff		0.0	0.0
3.16	Clerical Staff	13	15.0	30,885.0
3.17	Director of Nurses	2	1.0	2,211.0
3.18	Registered Nurses	18	1.0	13,333.0
3.19	Licensed Practical Nurses	39	18.0	39,800.0
3.20	Certified Nurse Aides	71	29.0	44,353.0
3.21	Resident Care Assistants	2	2.0	4,973.0
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	207	92.7	200,245.0

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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	First Choice Staffing Services, LLC	T6U0	29.7	1,040	45.0	1,592	539.0	18,852		
4.3	Intelycare, Inc.	TM7F	529.6	16,198	2,352.0	78,345	6,603.0	218,258		
4.4	Allegiance Nursing, LLC	TOX6			127.0	4,453	17.0	578		
4.5					2,932.0	102,633	7.0	228		
4.6	Favorite Healthcare Staffing, Inc.	TOTB			31.0	1,098	3,686.0	129,023		
4.7	Mas Medical Staffing, Corp	TJ4S			231.0	8,101	8.0	286		
4.8		TOIY					165.0	5,788		
4.9	Aura Staffing	TKZV					7.0	249		
4.10	Maxim Staffing Solutions, Inc - Boston	TUVG			73.0	2,550				
4.200	Subtotal: Registered Temporary Nursing Service Agencies		559.3	17,238	5,791.0	198,772	11,032.0	373,262	0.0	0
400	Total Temporary Nursing Service Agency Expenses		559.3	17,238	5,791.0	198,772	11,032.0	373,262	0.0	0

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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	Vorce	Heidi	Unit Manager LPN	Nursing	119,558			119,558
5.2	Malloy	Mark	Director of Nursing	Nursing	132,701			132,701
5.3	Korash	Jennifer	MDS Nurse	Nursing	130,475			130,475
5.4	Bernier	Sara	Dietician	Administrative & General	118,532			118,532
5.5	Alibozek	Mary	LPN	Nursing	132,911			132,911

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	Chakalos	John	Owner	Other			1,062,026		1,062,026
6B.2									0
6B.3									0
									1,062,026

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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

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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

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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							0		
200	Total Working Capital Interest						0		0

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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):

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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:

A) Financial Statements: Audited, reviewed, or compiled financial statements prepared by a Certified Public Accountant (CPA).

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
09/21/2023 11:31AM	(1) Footnotes and Explanations	Board of Trustees Contact and Term Data 2022.pdf	application/pdf	Ryan Aldam
09/21/2023 11:32AM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
09/21/2023 11:33AM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
09/21/2023 11:34AM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
09/21/2023 11:34AM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Ryan Aldam

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	William C. Jones Jr.
1.2	Nursing Facility or Firm Name	Integrity Healthcare Management Services Inc
1.3	Title	President
1.4	Street Address	75 North Street
1.5	City	Pittsfield
1.6	State	MA
1.7	Zip Code	01201
1.8	Phone Number	+1 (413) 447-2996
1.9	Email Address	bjones@integrity1.org
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:	09/22/2023

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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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	09/27/2023
2.3	Last Name	Jones
2.4	First Name	William
2.5	Middle Name	C.
2.6	Title	President and Treasurer
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