

Skilled Nursing Facility Cost Report**DAY BROOK VILLAGE SENIOR LIVING**

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	DAY BROOK VILLAGE SENIOR LIVING
1.2	MassHealth Provider ID	110126706A
1.3	Federal Employer Tax ID	821583686
1.4	VPN	0950691
1.5	Is the above information correct?	Yes
1.6	Facility Number	00028
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	298 Jarvis Avenue
1.11	City	Holyoke
1.12	Zip	01040
1.13	Telephone	+1 (413) 538-7551
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	MA Corp (Chapter 156B with 501c(3) exemption)
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.	Holyoke Retirement Community Inc
1.20	List realty company names as reported on each realty company cost report.	
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	MOUNT GREYLOCK EXT. CARE FAC.	110084194A	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services Inc
4.2	Other	E. LONGMEADOW SKILLED NURSING CTR	110026304C	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services Inc
4.3	Other	FAIRVIEW COMMONS NURS & REH. CTR	110026175B	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services Inc
4.4	Other	HILLCREST COMMONS NURS & REH. CTR	110026559A	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services Inc
4.5	Other	HUNT NURSING AND REHABILITATION CENTER	110026304B	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services Inc
4.6	Other	KIMBALL FARMS NURSING CARE CENTER	110026326B	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services Inc
4.7	Other	NORTH ADAMS COMMONS NRS & REH. CTR	110026217B	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services Inc
4.8	Other	PILGRIM REH & SKIL NURS CTR	110026304D	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services Inc

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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	2,172,430	830	2,173,260
1.2	Commercial Managed Care	37,726	43,769	81,495
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	2,120,261	203,425	2,323,686
1.5	Medicare Managed Care (Part C)	402,245	29	402,274
1.6	MassHealth Fee-for-Service	3,840,272	444	3,840,716
1.7	MassHealth Managed Care	1,074,175	2	1,074,177
1.8	Senior Care Options	98,795	22,243	121,038
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount	668,854		668,854
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	10,414,758	270,742	10,685,500

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	550,183
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	(13,825)
3.7	Interest Income	623
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	42,560
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	579,541

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	550,183
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		550,183

Total Revenue

Table 5		1
Line #	Description	Total
500	Total Revenue	11,265,041

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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	126,808		126,808
1.2	Director of Nurses: Employee Benefits	15,564		15,564
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	12,916		12,916
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	155,288		155,288
1.7	Registered Nurses: Salaries	208,085		208,085
1.8	Registered Nurses: Employee Benefits	25,539		25,539
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	21,194		21,194
1.10	Registered Nurses Purchased Service: Per Diem	115,381		115,381
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	232,545	0	232,545
1.200	Subtotal: Registered Nurses Expenses	602,744		602,744
1.12	Licensed Practical Nurses: Salaries	683,425		683,425
1.13	Licensed Practical Nurses: Employee Benefits	83,877		83,877
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	69,606		69,606
1.15	Licensed Practical Nurses Purchased Service: Per Diem	79,819		79,819
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	1,360,701	0	1,360,701
1.300	Subtotal: Licensed Practical Nurses Expenses	2,277,428		2,277,428
1.17	Certified Nurse Aides: Salaries	946,870		946,870
1.18	Certified Nurse Aides: Employee Benefits	116,208		116,208
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	96,437		96,437
1.20	Certified Nurse Aides Purchased Service: Per Diem	423,844		423,844
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	1,273,938	0	1,273,938
1.400	Subtotal: Certified Nurse Aides Expenses	2,857,297		2,857,297

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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	5,892,757		5,892,757

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	5,892,757		5,892,757

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	184,345		184,345
2.2	Administration: Employee Benefits	20,606		20,606
2.3	Administration: Payroll Taxes incl Workers Comp.	18,774		18,774
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	223,725		223,725
2.7	Clerical Staff: Salaries	258,184		258,184
2.8	Clerical Staff: Employee Benefits	31,687		31,687
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	26,296		26,296
2.10	Clerical Staff: Purchased Service			0
2.200	Subtotal: Clerical Staff Expenses	316,167		316,167
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services			0
2.12	Office Supplies	42,593		42,593
2.13	Telecommunications (e.g. Internet, Phone)	32,337		32,337

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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	16,093		16,093
2.18	Continuing Professional Education / Training and Development	6,909		6,909
2.19	Accounting Services (Not related to appeals)			0
2.20	Insurance: Malpractice & General Liability	38,334		38,334
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	9,117	9,117	0
2.23	Non-Allowable A & G Expenses	481,131	481,131	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)		649,276	649,276
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		13,947	13,947
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	626,514		799,489
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	1,166,406		1,339,381
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		42,560	42,560
2.500	Subtotal: Administrative & General Recoverable Income	0		42,560
200	Total: Net Administrative & General Expenses After Recoverable Income	1,166,406		1,296,821

Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	Prior Year Expense	9,117
2A.100	Subtotal: Other A&G Expenses	9,117

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Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	16,781
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	30,745
2B.7	Key Person Insurance	
2B.8	Management Company Fees	217,450
2B.9	Management Consultants	24,690
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	58,341
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	73,000
2B.15	User Fee Assessment	60,124
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	481,131

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	37,701		37,701
3.2	Staff Dev. Coord.: Employee Benefits	4,627		4,627
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	3,840		3,840
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	46,168		46,168
3.5	Plant Operation: Salaries	117,892		117,892
3.6	Plant Operation: Employee Benefits	14,469		14,469
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	12,008		12,008

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3.8	Plant Operation: Purchased Service	94,643		94,643
3.9	Plant Operation: Supplies and Expenses	19,792		19,792
3.10	Plant Operation: Utilities	222,136		222,136
3.11	Plant Operation: Repairs	69,770		69,770
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	550,710		550,710
3.13	Dietician: Salaries	39,625		39,625
3.14	Dietician: Employee Benefits	4,863		4,863
3.15	Dietician: Payroll Taxes incl Workers Comp.	4,036		4,036
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	48,524		48,524
3.18	Dietary: Salaries	482,952		482,952
3.19	Dietary: Employee Benefits	59,272		59,272
3.20	Dietary: Payroll Taxes incl Workers Comp.	49,188		49,188
3.21	Dietary: Food	240,580		240,580
3.22	Dietary: Purchased Service	4,615		4,615
3.23	Dietary: Supplies and Expenses	26,771		26,771
3.400	Subtotal: Dietary Expenses	863,378		863,378
3.24	Housekeeping/Laundry: Salaries	261,217		261,217
3.25	Housekeeping/Laundry: Employee Benefits	32,059		32,059
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	26,606		26,606
3.27	Housekeeping/Laundry: Purchased Service			0
3.28	Housekeeping/Laundry: Supplies and Expenses	31,934		31,934
3.29	Housekeeping/Laundry: Linen and Bedding	3,938		3,938
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	355,754		355,754
3.31	Quality Assurance (QA) Professional: Salaries	41,101		41,101
3.32	QA Professional: Employee Benefits	4,045		4,045
3.33	QA Professional: Payroll Taxes incl Workers Comp.	8,090		8,090
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	53,236		53,236
3.36	Unit Clerk & Medical Records: Salaries			0

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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	79,927		79,927
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	9,809		9,809
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	8,141		8,141
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	97,877		97,877
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	190,460		190,460
3.49	Social Service Worker: Employee Benefits	23,375		23,375
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	19,399		19,399
3.51	Social Service Worker: Purchased Service	47,010		47,010
3.1000	Subtotal: Social Service Worker Expenses	280,244		280,244
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		0	0

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3.61	Direct Restorative Therapy: Benefits		0	0
3.62	Direct Restorative Therapy: Consultants	613,758	613,758	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	613,758		0
3.64	Recreational Therapy/Activities: Salaries	149,299		149,299
3.65	Recreational Therapy/Activities: Employee Benefits	18,323		18,323
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	15,206		15,206
3.67	Recreational Therapy/Activities: Purchased Service	2,173		2,173
3.68	Recreational Therapy/Activities: Supplies and Expenses	1,572		1,572
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	186,573		186,573
3.70	Resident Care Assistant: Salaries	77,594		77,594
3.71	Resident Care Assistant: Employee Benefits	9,523		9,523
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.	7,903		7,903
3.73	Resident Care Assistant: Purchased Service			0
3.1400	Subtotal: Resident Care Assistant Expenses	95,020		95,020
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	841		841
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education	4,000		4,000
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	2,019		2,019
3.86	Physician Services: Other			0
3.87	Legend Drugs	191,394	191,394	0
3.88	Personal Protective Equipment			0

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3.89	House Supplies Not Resold	580,005		580,005
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents	69,238	69,238	0
3.92	Pharmacy Consultant	9,034		9,034
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	886,531		625,899
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	4,077,773		3,203,383
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	4,077,773		3,203,383

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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	271,398	53,890	217,508
4.2	Long-Term Interest Expense SNF-CR	152,642		152,642
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	14,415		14,415
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR			0
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	106,133	106,133	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	544,588		384,565
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	544,588		384,565

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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	11,681,524		10,820,086
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	11,681,524		10,777,526

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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	

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

Table 1		
Table 1B		
Not-For-Profit		
Line #	Description	Reported
1B.1	Net Patient Service Revenue	11,221,858
1B.2	Other Revenue	42,560
1B.3	Net Assets Released from Restriction	
1B.100	Total Operating Revenue	11,264,418
1B.4	Salaries and Wages	3,885,487
1B.5	Employee Benefits	545,806
1B.6	Supplies and Other (including Payroll Taxes)	6,753,191
1B.7	Interest Expense	152,643
1B.8	Provision for Bad Debt	73,000
1B.9	Depreciation and Amortization Expenses	271,397
1B.200	Total Operating Expenses	11,681,524
1B.300	Income(Loss) from Operations	(417,106)
	Non-Operating Income and Expenses	
1B.10	Interest Income	623
1B.11	Investment Income	
1B.12	Realized Gain(Loss) from Investments	
1B.13	Realized Gain(Loss) from Sale or Disposal of Equipment	
1B.14	Other Non-Operating Income(Expense)	
	Other Changes in Net Assets Without Donor Restrictions	
1B.15	Contributions, Gifts, and Other	
1B.16	Extraordinary Items	0
1B.17	Cumulative Effect of Changes in Accounting Principles	0
1B.18	Change in Beneficial Interest in Net Assets Without Donor Restrictions	
1B.19	Unrealized Gain(Loss) on Investments from Net Assets Without Donor Restrictions	
1B.20	Other Changes in Net Assets Without Donor Restrictions	
1B.400	Financial Statement Excess (Deficiency) of Revenues over Expenses	(416,483)

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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)	11,265,041
2.2	Total Nursing Expenses (Schedule 3)	5,892,757
2.3	Total Administrative and General Expenses (Schedule 3)	1,166,406
2.4	Total Variable Expenses (Schedule 3)	4,077,773
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	544,588
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	11,681,524
200	Cost Reported Net Income(Loss)	(416,483)

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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)		(416,483)
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)		(416,483)

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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	123,486
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	2,090,821
1.6	Less Reserve for Bad Debt	(87,415)
1.100	Subtotal: Net Patient Accounts Receivable	2,003,406
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	98,712
1.9	Interest Receivable	
1.10	Supply Inventory	85,127
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	4,865
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	84,898
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
100	Total Current Assets	2,400,494

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	137,342
2.2	Buildings	2,779,996
2.3	Improvements	123,570
2.4	Equipment	655,617
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	3,696,525

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	0
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	0

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1		
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	0

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Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	6,097,019

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	
5.2	Accrued Expenses	26,565
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	184,576
5.7	Accrued Salaries and Payroll Liabilities	305,165
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	11,822
5.10	Other Current Liabilities	11,490
500	Total Current Liabilities	539,618

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Management Fee	1,861
5A.2	Capital Lease Obligation	9,629
5A.100	Subtotal: Other Current Liabilities	11,490

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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	3,441,533
600	Total Non-Current Liabilities	3,441,533

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	3,981,151

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

Table 8				
Table 8A		1	2	3
Not-for-Profits				
Line #	Description	Net Assets Without Donor Restrictions	Net Assets With Donor Restrictions	Total Net Assets
8A.1	Net Assets Balance: Prior Year	2,532,351		2,532,351
8A.2	Prior Period Adjustment(s)	0		0
8A.3	SNF-CR Excess (Deficiency) of Revenues Over Expenses	(416,483)		(416,483)
8A.4	Gain/(Loss) Realized on Investments			0
8A.5	Contributions, Gifts and Other			0
8A.6	Change in Unrealized Gains/(Losses) on Investments			0
8A.7	Net Assets Released from Donor Restriction			0
8A.8	Net Assets - Other			0
8A.100	Net Assets Balance: Current Year	2,115,868	0	2,115,868

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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

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)	6,097,019

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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 on Beginning Balance	Current Year Depreciation	Accumulated Depreciation on Ending Balance	Financial Statement Net Book Value
1.1	Land	137,342			137,342				137,342
1.2	Building	3,358,384			3,358,384	(466,442)	(111,946)	(578,388)	2,779,996
1.3	Improvements	146,657	28,461		175,118	(31,262)	(20,286)	(51,548)	123,570
1.4	Equipment	1,119,185	128,733		1,247,918	(453,135)	(139,166)	(592,301)	655,617
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles				0			0	0
100	Total	4,761,568	157,194	0	4,918,762	(950,839)	(271,398)	(1,222,237)	3,696,525

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	137,342					137,342				
2.2	Land REA-CR						0				
2.3	Building SNF-CR	3,358,384					3,358,384	2.50%	111,946	(27,986)	83,960
2.4	Building REA-CR						0	2.50%			0
2.5	Improvements SNF-CR	146,657		28,461			175,118	5.00%	20,286	(11,530)	8,756
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	1,119,185		128,733			1,247,918	10.00%	139,166	(14,374)	124,792

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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	4,761,568	0	157,194	0	0	4,918,762	271,398	(53,890)	217,508

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1980
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?	5,415,500
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?	92
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	235,870
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	185,725
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?	4.9
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)	14,848

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(416,483)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	271,397
2.3	Increases (Decreases) to Cash Provided by Operating Activities	589,407
200	Net Cash from Operating Activities	444,321

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(157,193)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(157,193)

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	(178,490)
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	(178,490)

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	108,638
500	Cash and Cash Equivalents (End of Year)	123,486

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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	11/01/2021	92			92	92
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.	92				
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	5,283	190		3,466	1,047	17,115
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)	146					251
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	5,429	190	0	3,466	1,047	17,366

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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
3,604	365							31,070
								0
								0
								0
								0
								0
								0
								0
133								530
								0
								0
								0
3,737	365	0	0	0	0	0	0	31,600

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Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	234
3.2	0140.1	Number of MassHealth Admissions During Year	78
3.3	0150.0	Number of Discharges During Year	228
3.4	0190.0	Average Length of Stay	139
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	196
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	90

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SCHEDULE 10 : DETAIL OF FACILITY COMPENSATION AND PURCHASED NURSING SERVICES

<i>Detail of Staff Nursing Services Wages and Hours</i>							
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	62,273	1,550.0	339,743	9,711.0	642,031	30,215.0
1.2	Total Overtime Wages	57,327	826.0	38,079	681.0	100,789	2,629.0
1.3	Total Shift Differential	4,162		11,856		42,828	
1.4	Total Other Differentials						
100	Total	123,762	2,376.0	389,678	10,392.0	785,648	32,844.0

<i>Detail of Nursing Services Shift Differentials</i>						
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	1.00	2.00	3.00	3.00
2.2	Licensed Practical Nurses	1.00	1.00	2.00	3.00	3.00
2.3	Certified Nurse Aides	1.00	1.00	2.00	3.00	3.00

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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	1	0.0	819.0
3.2	Plant Operations	4	2.0	4,745.0
3.3	Dietary Staff	26	11.0	22,893.0
3.4	Dietician	1	0.4	816.0
3.5	Housekeeping/Laundry Staff	4	2.0	3,795.0
3.6	Unit Clerk & Medical Records Staff	12	7.0	15,208.0
3.7	Quality Assurance	1		20.0
3.8	MMQ Nurses and MDS Coordinator	3	1.0	1,870.0
3.9	Social Services Staff	4	3.0	5,760.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	4	4.0	7,477.0
3.14	Administration and Officers	2	1.0	2,371.0
3.15	Security Staff			
3.16	Clerical Staff	20	11.0	23,130.0
3.17	Director of Nurses	2	1.0	2,115.0
3.18	Registered Nurses	4	1.0	2,376.0
3.19	Licensed Practical Nurses	20	6.0	10,392.0
3.20	Certified Nurse Aides	68	19.0	32,844.0
3.21	Resident Care Assistants		0.4	827.0
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	176	69.8	137,458.0

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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	Allegiance Nursing LLC	TOJ9	69.2	4,687	239.0	16,169	153.0	10,396		
4.3	American Medical Staffing, INC	TKOR	8.7	591	748.0	50,664	323.0	21,883		
4.4	Favorite Healthcare Staffing, Inc.	TOTB	1,697.6	115,049	8,592.0	582,256	9,001.0	609,982		
4.5	First Choice Staffing Services, LLC	T6U0	293.3	19,878	1,360.0	92,147	3,148.0	213,330		
4.6	Intelycare, Inc.	TM7F	802.1	54,360	3,769.0	255,445	3,236.0	219,325		
4.7	Mas Medical Staffing, Corp	TJ4S	154.8	10,490	99.0	6,706	493.0	33,411		
4.8	Paramount Healthcare Services	TNVC	269.4	18,256	437.0	29,643	74.0	5,036		
4.9		T5DI	120.5	8,165						
4.10	WW Staffing LLC	TR7R	15.8	1,069						
4.11	Aura Staffing	TKZV			36.0	2,432	70.0	4,760		
4.12					4,719.0	319,777	2,273.0	154,017		
4.13	Expert Staffing, LLC (Worcester)	T462			11.0	766				
4.14	Staffing Experts, LLC (1)	TAMP			69.0	4,696	27.0	1,798		
4.15										
4.200	Subtotal: Registered Temporary Nursing Service Agencies		3,431.4	232,545	20,079.0	1,360,701	18,798.0	1,273,938	0.0	0
400	Total Temporary Nursing Service Agency Expenses		3,431.4	232,545	20,079.0	1,360,701	18,798.0	1,273,938	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	Binyenya	Sheila	LPN	Nursing	124,408			124,408
5.2	Yush	Peggy	RN	Nursing	153,212			153,212
5.3	Barnard	Immacolata	Aide	Nursing	117,030			117,030
5.4	Rivera	Cynthia	LPN	Nursing	109,763			109,763
5.5	Kuloba	Anne	RN	Nursing	148,111			148,111

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 6C	1	2	3	4	5	6	7	8	9
Line #	Last Name	First Name	Title	Primary Expense Category	Total Hours	Salary & Benefits	Dividends	Other Compensation	TOTAL
Corporation									
6C.1									0
6C.2									0
6C.3									0
									0

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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	1st Mortgage	Peoples United	No	10/31/20 17	10/01/2042	300		4,547,500	106,804	21,946
100	TOTALS								106,804	21,946

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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
4,053,210		350,375			3,702,835	3.380%	130,697		152,643
					3,702,835		130,697	0	152,643

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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
09/22/2023 1:45PM	(1) Footnotes and Explanations	Board of Trustees Contact and Term Data 2022.pdf	application/pdf	Ryan Aldam
09/22/2023 1:50PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
09/22/2023 1:51PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
09/22/2023 1:53PM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
09/22/2023 1:53PM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Ryan Aldam

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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	09/22/2023
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