

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023
Time: 11:17 AM

SCHEDULE 1 : GENERAL INFORMATION

Facility Information		
Table 1		1
Line #	Description	
1.1	Facility Name	E. LONGMEADOW SKILLED NURSING CTR
1.2	MassHealth Provider ID	110026304C
1.3	Federal Employer Tax ID	043080762
1.4	VPN	0919969
1.5	Is the above information correct?	Yes
1.6	Facility Number	00020
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	305 Maple Street
1.11	City	East Longmeadow
1.12	Zip	01028
1.13	Telephone	+1 (413) 525-6361
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.	Fairview Extended Care Services 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

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023
Time: 11:17 AM

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

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023

Time: 11:17 AM

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	DAY BROOK VILLAGE SENIOR LIVING	110126706A	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Systems Inc
4.2	Other	FAIRVIEW COMMONS NURS & REH. CTR	110026175B	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Systems Inc
4.3	Other	HILLCREST COMMONS NURS & REH. CTR	110026559A	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Systems Inc
4.4	Other	HUNT NURSING AND REHABILITATION CENTER	110026304B	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Systems Inc
4.5	Other	KIMBALL FARMS NURSING CARE CENTER	110026326B	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Systems Inc
4.6	Other	NORTH ADAMS COMMONS NRS & REH. CTR	110026217B	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Systems Inc
4.7	Other	PILGRIM REH & SKIL NURS CTR	110026304D	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Systems Inc
4.8	Other	WILLIAMSTOWN COMMONS N&R CTR	110026218B	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Systems Inc

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E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023

Time: 11:17 AM

SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	2,300,151	6,750	2,306,901
1.2	Commercial Managed Care	108,420	38,548	146,968
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	3,533,943	345,373	3,879,316
1.5	Medicare Managed Care (Part C)	728,891		728,891
1.6	MassHealth Fee-for-Service	5,075,786	81	5,075,867
1.7	MassHealth Managed Care	1,948,034	1	1,948,035
1.8	Senior Care Options	290,085		290,085
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount	1,085,846		1,085,846
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public	422,067	8,693	430,760
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	15,493,223	399,446	15,892,669

Detail of Ancillary Revenue

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

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023

Time: 11:17 AM

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	746,646
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	(383,632)
3.7	Interest Income	255
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	49,531
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	412,800

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	746,646
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		746,646

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	16,305,469

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023

Time: 11:17 AM

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	118,896		118,896
1.2	Director of Nurses: Employee Benefits	12,940		12,940
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	10,307		10,307
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	142,143		142,143
1.7	Registered Nurses: Salaries	705,387		705,387
1.8	Registered Nurses: Employee Benefits	76,770		76,770
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	61,148		61,148
1.10	Registered Nurses Purchased Service: Per Diem	67,600		67,600
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	240,901	0	240,901
1.200	Subtotal: Registered Nurses Expenses	1,151,806		1,151,806
1.12	Licensed Practical Nurses: Salaries	1,896,288		1,896,288
1.13	Licensed Practical Nurses: Employee Benefits	203,874		203,874
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	162,389		162,389
1.15	Licensed Practical Nurses Purchased Service: Per Diem	50,997		50,997
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	830,730	0	830,730
1.300	Subtotal: Licensed Practical Nurses Expenses	3,144,278		3,144,278
1.17	Certified Nurse Aides: Salaries	1,543,308		1,543,308
1.18	Certified Nurse Aides: Employee Benefits	167,962		167,962
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	133,785		133,785
1.20	Certified Nurse Aides Purchased Service: Per Diem	85,867		85,867
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	1,405,923	21,679	1,384,244
1.400	Subtotal: Certified Nurse Aides Expenses	3,336,845		3,315,166

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023

Time: 11:17 AM

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	7,775,072		7,753,393

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	7,775,072		7,753,393

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	196,572		196,572
2.2	Administration: Employee Benefits			0
2.3	Administration: Payroll Taxes incl Workers Comp.	14,713		14,713
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	211,285		211,285
2.7	Clerical Staff: Salaries	453,115		453,115
2.8	Clerical Staff: Employee Benefits	49,313		49,313
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	39,279		39,279
2.10	Clerical Staff: Purchased Service			0
2.200	Subtotal: Clerical Staff Expenses	541,707		541,707
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services			0
2.12	Office Supplies	57,689		57,689
2.13	Telecommunications (e.g. Internet, Phone)	47,397		47,397

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E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023
Time: 11:17 AM

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	3,140		3,140
2.17	Licenses and Dues: Patient Care Related Portion	22,226		22,226
2.18	Continuing Professional Education / Training and Development	10,806		10,806
2.19	Accounting Services (Not related to appeals)			0
2.20	Insurance: Malpractice & General Liability	54,369		54,369
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	158,762	158,762	0
2.23	Non-Allowable A & G Expenses	1,616,319	1,616,319	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)		869,211	869,211
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		18,671	18,671
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	1,970,708		1,083,509
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	2,723,700		1,836,501
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		49,531	49,531
2.500	Subtotal: Administrative & General Recoverable Income	0		49,531
200	Total: Net Administrative & General Expenses After Recoverable Income	2,723,700		1,786,970

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023

Time: 11:17 AM

Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	Accrued Expense	148,941
2A.2	Prior Year Expense	9,821
2A.100	Subtotal: Other A&G Expenses	158,762

Detail of Non-Allowable A & G Expenses

Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	34,294
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	17,558
2B.7	Key Person Insurance	
2B.8	Management Company Fees	453,100
2B.9	Management Consultants	50,063
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	57,609
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	108,716
2B.15	User Fee Assessment	894,979
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	1,616,319

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	115,386		115,386
3.2	Staff Dev. Coord.: Employee Benefits	12,557		12,557

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023

Time: 11:17 AM

3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	10,002		10,002
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	137,945		137,945
3.5	Plant Operation: Salaries	101,540		101,540
3.6	Plant Operation: Employee Benefits	11,051		11,051
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	8,802		8,802
3.8	Plant Operation: Purchased Service	139,296		139,296
3.9	Plant Operation: Supplies and Expenses	20,948		20,948
3.10	Plant Operation: Utilities	346,488		346,488
3.11	Plant Operation: Repairs	19,447		19,447
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	647,572		647,572
3.13	Dietician: Salaries	75,862		75,862
3.14	Dietician: Employee Benefits	8,256		8,256
3.15	Dietician: Payroll Taxes incl Workers Comp.	6,576		6,576
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	90,694		90,694
3.18	Dietary: Salaries	520,910		520,910
3.19	Dietary: Employee Benefits	56,691		56,691
3.20	Dietary: Payroll Taxes incl Workers Comp.	45,156		45,156
3.21	Dietary: Food	378,077		378,077
3.22	Dietary: Purchased Service	5,214		5,214
3.23	Dietary: Supplies and Expenses	42,248		42,248
3.400	Subtotal: Dietary Expenses	1,048,296		1,048,296
3.24	Housekeeping/Laundry: Salaries	510,265		510,265
3.25	Housekeeping/Laundry: Employee Benefits	55,534		55,534
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	44,234		44,234
3.27	Housekeeping/Laundry: Purchased Service			0
3.28	Housekeeping/Laundry: Supplies and Expenses	62,018		62,018
3.29	Housekeeping/Laundry: Linen and Bedding	6,042		6,042
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	678,093		678,093

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023

Time: 11:17 AM

3.31	Quality Assurance (QA) Professional: Salaries	58,524		58,524
3.32	QA Professional: Employee Benefits	5,760		5,760
3.33	QA Professional: Payroll Taxes incl Workers Comp.	11,520		11,520
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	75,804		75,804
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	153,403		153,403
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	16,695		16,695
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	13,298		13,298
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	183,396		183,396
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	192,411		192,411
3.49	Social Service Worker: Employee Benefits	20,940		20,940
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	16,679		16,679
3.51	Social Service Worker: Purchased Service	24,850		24,850
3.1000	Subtotal: Social Service Worker Expenses	254,880		254,880
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

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023

Time: 11:17 AM

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	1,331		1,331
3.60	Direct Restorative Therapy: Salaries		0	0
3.61	Direct Restorative Therapy: Benefits		0	0
3.62	Direct Restorative Therapy: Consultants	848,938	848,938	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	850,269		1,331
3.64	Recreational Therapy/Activities: Salaries	208,495		208,495
3.65	Recreational Therapy/Activities: Employee Benefits	22,691		22,691
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	18,073		18,073
3.67	Recreational Therapy/Activities: Purchased Service	2,770		2,770
3.68	Recreational Therapy/Activities: Supplies and Expenses	2,160		2,160
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	254,189		254,189
3.70	Resident Care Assistant: Salaries	34,201		34,201
3.71	Resident Care Assistant: Employee Benefits	3,722		3,722
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.	2,964		2,964
3.73	Resident Care Assistant: Purchased Service			0
3.1400	Subtotal: Resident Care Assistant Expenses	40,887		40,887
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	468		468
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education			0
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	48,000		48,000

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023
Time: 11:17 AM

3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals	23,720		23,720
3.86	Physician Services: Other			0
3.87	Legend Drugs	525,854	525,854	0
3.88	Personal Protective Equipment			0
3.89	House Supplies Not Resold	343,554		343,554
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents	213,493	213,493	0
3.92	Pharmacy Consultant	32,715		32,715
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	1,187,804		448,457
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	5,449,829		3,861,544
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	5,449,829		3,861,544

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023
Time: 11:17 AM

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	1,050,111	149,509	900,602
4.2	Long-Term Interest Expense SNF-CR	787,785		787,785
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	17,770		17,770
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	84,274	84,274	0
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR			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	1,939,940		1,706,157
Less: Capital & Fixed Cost Expense Recoverable Income				
4.17	Fixed Cost Recoverable Income SNF-CR		0	0
4.18	Fixed Cost Recoverable Income REA-CR			0
4.200	Subtotal: Capital & Fixed Cost Recoverable Income	0		0
400	Total: Net Capital & Fixed Cost Expenses Including Recoverable Income	1,939,940		1,706,157

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023

Time: 11:17 AM

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	17,888,541		15,157,595
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	17,888,541		15,108,064

SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES

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

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

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023
Time: 11:17 AM

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 1B		
Not-For-Profit		
Line #	Description	Reported
1B.1	Net Patient Service Revenue	16,255,683
1B.2	Other Revenue	49,531
1B.3	Net Assets Released from Restriction	
1B.100	Total Operating Revenue	16,305,214
1B.4	Salaries and Wages	6,861,570
1B.5	Employee Benefits	795,150
1B.6	Supplies and Other (including Payroll Taxes)	8,285,209
1B.7	Interest Expense	787,786
1B.8	Provision for Bad Debt	108,716
1B.9	Depreciation and Amortization Expenses	1,050,110
1B.200	Total Operating Expenses	17,888,541
1B.300	Income(Loss) from Operations	(1,583,327)
	Non-Operating Income and Expenses	
1B.10	Interest Income	255
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	(1,583,072)

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023
Time: 11:17 AM

<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)	16,305,469
2.2	Total Nursing Expenses (Schedule 3)	7,775,072
2.3	Total Administrative and General Expenses (Schedule 3)	2,723,700
2.4	Total Variable Expenses (Schedule 3)	5,449,829
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	1,939,940
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	17,888,541
200	Cost Reported Net Income(Loss)	(1,583,072)

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023
Time: 11:17 AM

Reconciliation Between Financial Statement and Cost Report Net Income			
Table 3		1	2
Line #	Description	Describe Reconciling Item	Amount
3.1	Net Income(Loss) on Financial Statement of Operations (Table 1)		(1,583,072)
3.2	Reconciling Item		
3.3	Reconciling Item		
3.4	Reconciling Item		
3.5	Reconciling Item		
3.6	Net Income(Loss) on Cost Report Statement of Operations (Table 2)		(1,583,072)

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	76,717
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	3,018,646
1.6	Less Reserve for Bad Debt	(377,824)
1.100	Subtotal: Net Patient Accounts Receivable	2,640,822
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	6,498,971
1.9	Interest Receivable	
1.10	Supply Inventory	114,304
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	10,808
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	75,641
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
100	Total Current Assets	9,417,263

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

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023
Time: 11:17 AM

Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	809,959
2.2	Buildings	22,418,475
2.3	Improvements	458,513
2.4	Equipment	1,350,932
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	25,037,879

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	516,823
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	516,823

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	Net Capitalized Interest	511,583
3A.2	Other Assets	5,240
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	516,823

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023

Time: 11:17 AM

Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	34,971,965

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	956,657
5.2	Accrued Expenses	770,062
5.3	Due to Insurance Payers	531
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	1,061,826
5.7	Accrued Salaries and Payroll Liabilities	341,511
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	13,382
5.10	Other Current Liabilities	12,935
500	Total Current Liabilities	3,156,904

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Management Fee	4,644
5A.2	Capital Lease Obligation	8,291
5A.100	Subtotal: Other Current Liabilities	12,935

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023

Time: 11:17 AM

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	28,154,433
600	Total Non-Current Liabilities	28,154,433

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	31,311,337

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	5,243,700		5,243,700
8A.2	Prior Period Adjustment(s)	0		0
8A.3	SNF-CR Excess (Deficiency) of Revenues Over Expenses	(1,583,072)		(1,583,072)
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	3,660,628	0	3,660,628

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023
Time: 11:17 AM

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)	34,971,965

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	809,959			809,959				809,959
1.2	Building	24,073,006			24,073,006	(1,052,693)	(601,838)	(1,654,531)	22,418,475
1.3	Improvements	926,965	16,213		943,178	(412,147)	(72,518)	(484,665)	458,513
1.4	Equipment	2,358,522	48,514	(35,000)	2,372,036	(645,349)	(375,755)	(1,021,104)	1,350,932
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles				0			0	0
100	Total	28,168,452	64,727	(35,000)	28,198,179	(2,110,189)	(1,050,111)	(3,160,300)	25,037,879

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	809,959					809,959				
2.2	Land REA-CR						0				
2.3	Building SNF-CR	24,649,564					24,649,564	2.50%	601,838	14,401	616,239
2.4	Building REA-CR						0	2.50%			0
2.5	Improvements SNF-CR	926,965		16,213			943,178	5.00%	72,518	(25,359)	47,159
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	2,358,522		48,514		(35,000)	2,372,036	10.00%	375,755	(138,551)	237,204

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023

Time: 11:17 AM

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	28,745,010	0	64,727	0	(35,000)	28,774,737	1,050,111	(149,509)	900,602

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	2020
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2021
3.3	What was the value from the most recent municipal property assessment for this facility?	23,622,300
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?	131
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	84,605
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	26,868
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?	12.2
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

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023
Time: 11:17 AM

<i>Changes in Facility or Realty Company Ownership</i>					
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)	26,576

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(1,583,072)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	582,575
2.3	Increases (Decreases) to Cash Provided by Operating Activities	1,131,641
200	Net Cash from Operating Activities	131,144

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	504,850
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	504,850

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	(585,853)
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	(585,853)

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	50,141
500	Cash and Cash Equivalents (End of Year)	76,717

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	05/27/2021	131			131	131
1.2	05/28/2021	131			131	131
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.	131				
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	5,736	342		5,958	1,646	23,388
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)	19					465
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	5,755	342	0	5,958	1,646	23,853

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023
Time: 11:17 AM

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
6,560	1,053				1,399			46,082
								0
								0
								0
								0
								0
								0
								0
48	42				13			587
								0
								0
								0
6,608	1,095	0	0	0	1,412	0	0	46,669

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023
Time: 11:17 AM

Patient Statistics - Summary			
Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	467
3.2	0140.1	Number of MassHealth Admissions During Year	98
3.3	0150.0	Number of Discharges During Year	466
3.4	0190.0	Average Length of Stay	100
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	414
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	128

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	427,419	10,509.0	997,681	28,311.0	1,106,521	56,434.0
1.2	Total Overtime Wages	36,475	565.0	285,618	5,259.0	212,119	6,317.0
1.3	Total Shift Differential	6,513		23,088		41,614	
1.4	Total Other Differentials						
100	Total	470,407	11,074.0	1,306,387	33,570.0	1,360,254	62,751.0

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	0.75	0.75	1.00	1.75	1.75
2.2	Licensed Practical Nurses	0.75	0.75	1.00	1.75	1.75
2.3	Certified Nurse Aides	0.75	0.75	1.00	1.75	1.75

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023

Time: 11:17 AM

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	1.0	2,505.0
3.2	Plant Operations	3	2.0	4,867.0
3.3	Dietary Staff	40	14.0	29,298.0
3.4	Dietician	1	1.0	1,664.0
3.5	Housekeeping/Laundry Staff	10	3.0	5,956.0
3.6	Unit Clerk & Medical Records Staff	28	12.0	24,047.0
3.7	Quality Assurance	1	0.0	28.0
3.8	MMQ Nurses and MDS Coordinator	3	2.0	3,226.0
3.9	Social Services Staff	3	3.0	6,817.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	14	6.0	11,918.0
3.14	Administration and Officers	2	1.0	2,577.0
3.15	Security Staff			
3.16	Clerical Staff	19	8.0	16,408.0
3.17	Director of Nurses	2	1.0	1,960.0
3.18	Registered Nurses	16	9.0	11,074.0
3.19	Licensed Practical Nurses	30	21.0	33,570.0
3.20	Certified Nurse Aides	87	34.0	62,751.0
3.21	Resident Care Assistants	1	1.0	1,789.0
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	261	119.0	220,455.0

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023

Time: 11:17 AM

<i>Detail of Purchased Nursing Services</i>										
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						748.0	21,679		
Registered Temporary Nursing Service Agencies										
4.2			131.7	3,819	3,106.0	90,070	3,991.0	115,741		
4.3	Aura Staffing	TKZV	23.0	667	384.0	11,125	146.0	4,236		
4.4			3,670.3	106,441	8,276.0	240,011	3,342.0	96,914		
4.5	Favorite Healthcare Staffing, Inc.	TOTB	3,460.5	100,356	7,137.0	206,984	18,000.0	522,018		
4.6	First Choice Staffing Services, LLC	T6U0	735.8	21,338			6,453.0	187,131		
4.7	Intelycare, Inc.	TM7F	208.5	6,047	6,973.0	202,211	3,528.0	102,313		
4.8	Mas Medical Staffing, Corp	TJ4S	77.0	2,233	155.0	4,489	4,988.0	144,658		
4.9	WW Staffing LLC	TR7R			1,620.0	46,974	299.0	8,681		
4.10	Allegiance Nursing LLC	TOJ9			61.0	1,776	484.0	14,050		
4.11	Staffing Experts, LLC (1)	TAMP					23.0	656		
4.12	Golden Years Staffing Inc	T75H			934.0	27,090	6,477.0	187,846		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		8,306.8	240,901	28,646.0	830,730	47,731.0	1,384,244	0.0	0
400	Total Temporary Nursing Service Agency Expenses		8,306.8	240,901	28,646.0	830,730	48,479.0	1,405,923	0.0	0

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023

Time: 11:17 AM

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	Mackenzie	Allison	LPN	Nursing	158,122			158,122
5.2	Saint Mary	Francis	LPN	Nursing	167,825			167,825
5.3	Williams	Monique	LPN	Nursing	146,799			146,799
5.4	Johnson	Tara	RN	Nursing	142,143			142,143
5.5	Galbreath	Tiara	LPN	Nursing	162,330			162,330

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

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023
Time: 11:17 AM

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	TD Bank	No	11/30/2016	12/31/2041	300	12	6,931,607	473,302	5,767
1.2	1st Mortgage	TD Bank	No	12/28/2017	12/28/2027	120	12	24,965,992		20,328
100	TOTALS								473,302	26,095

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023
Time: 11:17 AM

11	12	13	14	15	16	17	18	19	20
Beginnin g Loan Balance: Jan 1	Beginnin g Balance - New Loans	Principal Payment s	Pay Off Amount	Pay Off Date	Ending Loan Balance: Dec 31	Interest Rate %	Interest Expense	Period Expense s	Total Amortiza tion, Interest and Period Expense s
5,896,497		224,869			5,671,628	2.740%	160,480		166,247
24,814,238		807,738			24,006,500	2.430%	601,211		621,539
					29,678,128		761,691	0	787,786

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
 Filing Year: 2022

Date: 11/28/2023
 Time: 11:17 AM

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

SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

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

Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023

Time: 11:17 AM

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 1:56PM	(1) Footnotes and Explanations	Board of Trustees Contact and Term Data 2022.pdf	application/pdf	Ryan Aldam
09/22/2023 1:57PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
09/22/2023 1:59PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
09/22/2023 2:09PM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
09/22/2023 2:09PM	(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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Skilled Nursing Facility Cost Report
E. LONGMEADOW SKILLED NURSING CTR
Filing Year: 2022

Date: 11/28/2023

Time: 11:17 AM

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