

**Skilled Nursing Facility Cost Report****MADONNA MANOR NURSING HOME**

Filing Year: 2022

Date: 11/28/2023

Time: 10:47 AM

**SCHEDULE 1 : GENERAL INFORMATION****Facility Information**

<b>Table 1</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	
1.1	Facility Name	MADONNA MANOR NURSING HOME
1.2	MassHealth Provider ID	110026293A
1.3	Federal Employer Tax ID	042596550
1.4	VPN	0918938
1.5	Is the above information correct?	Yes
1.6	Facility Number	00974
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	85 North Washington Street
1.11	City	North Attleboro
1.12	Zip	02760
1.13	Telephone	+1 (508) 679-8154
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 Non-Profit Corp (Chapter 180)
1.18	List the name of the management company as reported on the management company cost report.	Office of Diocesan Health Facilities
1.19	List the name of the entity that holds the nursing facility license.	Madonna Manor, Inc.
1.20	List realty company names as reported on each realty company cost report.	N/A
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

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**MADONNA MANOR NURSING HOME**  
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Date: 11/28/2023  
Time: 10:47 AM

<b>Contact Information</b>		
<b>Table 2</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	
2.1	Contact Person Name	Laura Mitchell
2.2	Nursing Facility or Firm Name	Office of Diocesan Health Facilities
2.3	Title	Chief Financial Officer
2.4	Street Address	368 N. Main Stret
2.5	City	Fall River
2.6	State	MA
2.7	Zip Code	02720
2.8	Phone Number	+1 (508) 679-8154
2.9	Email Address	lauram@dhfo.org

<b>Preparer Information</b>		
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.		
<b>Table 3</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	
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	Maria C. Bunker, CPA
3.3	Nursing Facility or Firm Name	Livingston & Haynes, CPA
3.4	Title	Partner
3.5	Street Address	40 Grove Street, Suite 380
3.6	City	Wellesley
3.7	State	MA
3.8	Zip Code	02482
3.9	Phone Number	+1 (781) 237-3339
3.10	Email Address	mbunker@lh-cpa.com
3.11	Type of Accounting Service Performed	Compilation

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 AM

<b>Owner Business Information</b>						
Please use this table to provide information on any other Massachusetts public payer programs that the direct and indirect owners of this facility operate.						
<b>Table 4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Line #	Service Type	Company Name	MassHealth Provider ID	Direct Owner/Partner Names	Indirect Owner/Partner Names	Parent Organization Names
4.1						
4.2						
4.3						
4.4						
4.5						
4.6						
4.7						
4.8						

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023

Time: 10:47 AM

**SCHEDULE 2 : REVENUE**

<b>Nursing Facility Revenue</b>				
<b>Table 1</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Payer</b>	<b>Routine Revenue</b>	<b>Ancillary Revenue</b>	<b>Total Revenue</b>
1.1	Private Pay	1,630,463	19,187	1,649,650
1.2	Commercial Managed Care		4,139	4,139
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	932,918	461,409	1,394,327
1.5	Medicare Managed Care (Part C)			0
1.6	MassHealth Fee-for-Service	3,109,002		3,109,002
1.7	MassHealth Managed Care			0
1.8	Senior Care Options	683,545	21,888	705,433
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount	1,059,173		1,059,173
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue	404,822		404,822
<b>100</b>	<b>Total Nursing Facility Revenue</b>	<b>7,819,923</b>	<b>506,623</b>	<b>8,326,546</b>

**Detail of Ancillary Revenue**

<b>Table 2</b>		<b>1</b>	<b>2</b>
<b>Line #</b>	<b>Description</b>	<b>Type</b>	<b>Ancillary Revenue</b>
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		
<b>200</b>	<b>Total Ancillary Revenue</b>		

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 AM

<b>Other Nursing Facility Revenue</b>		
<b>Table 3</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Revenue</b>
3.1	Total Other Business Revenue	0
3.2	Endowment and Other Non-Recoverable Revenue	679,251
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	(11,500)
3.7	Interest Income	966
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	32,237
3.10	Nursing Recoverable Revenue	20,183
3.11	Variable Recoverable Revenue	52,483
3.12	Fixed Cost Recoverable Revenue	
<b>300</b>	<b>Total Other Nursing Facility Revenue</b>	<b>773,620</b>

<b>Detail of Endowment and Non-Recoverable Revenue</b>			
<b>Table 4</b>		<b>1</b>	<b>2</b>
<b>Line #</b>	<b>Description</b>	<b>Type</b>	<b>Revenue</b>
4.1	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Covid Testing Income	311,400
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Mass Health Restricted Income	320,951
4.3	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Other Miscellaneous Income	46,900
4.4	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.5	Other Endowment and Non-Recoverable Revenue		
<b>400</b>	<b>Total Endowment and Non-Recoverable Revenue</b>		<b>679,251</b>

<b>Total Revenue</b>		
<b>Table 5</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Total</b>
<b>500</b>	<b>Total Revenue</b>	<b>9,100,166</b>

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023

Time: 10:47 AM

**SCHEDULE 3 : EXPENSES**

**Nursing Expenses**

<b>Table 1</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>	<b>Non-Allowable Expenses and Add -backs</b>	<b>Total Allowable Expenses</b>
1.1	Director of Nurses: Salaries	105,327		105,327
1.2	Director of Nurses: Employee Benefits	12,650		12,650
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	9,374		9,374
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
<b>1.100</b>	<b>Subtotal: Director of Nurses Expenses</b>	<b>127,351</b>		<b>127,351</b>
1.7	Registered Nurses: Salaries	1,037,247		1,037,247
1.8	Registered Nurses: Employee Benefits	124,635		124,635
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	92,318		92,318
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	22,740	0	22,740
<b>1.200</b>	<b>Subtotal: Registered Nurses Expenses</b>	<b>1,276,940</b>		<b>1,276,940</b>
1.12	Licensed Practical Nurses: Salaries	1,143,227		1,143,227
1.13	Licensed Practical Nurses: Employee Benefits	137,369		137,369
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	101,751		101,751
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	155,603	0	155,603
<b>1.300</b>	<b>Subtotal: Licensed Practical Nurses Expenses</b>	<b>1,537,950</b>		<b>1,537,950</b>
1.17	Certified Nurse Aides: Salaries	1,451,546		1,451,546
1.18	Certified Nurse Aides: Employee Benefits	174,417		174,417
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	129,192		129,192
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	5,178	0	5,178
<b>1.400</b>	<b>Subtotal: Certified Nurse Aides Expenses</b>	<b>1,760,333</b>		<b>1,760,333</b>

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023

Time: 10:47 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
<b>1.500</b>	<b>Subtotal: Other Nursing Expenses</b>	<b>0</b>		<b>0</b>
<b>1.600</b>	<b>Subtotal: Total Nursing Expenses Before Recoverable Income</b>	<b>4,702,574</b>		<b>4,702,574</b>

**Less: Nursing Recoverable Income**

1.26	Nursing & Director of Nursing Recoverable Income		20,183	20,183
1.27	Nurses' Aide Training Recoverable Income		0	
<b>1.700</b>	<b>Subtotal: Nursing &amp; Director of Nursing Recoverable Income</b>	<b>0</b>		<b>20,183</b>
<b>100</b>	<b>Total: Net Nursing Expenses Including Recoverable Income</b>	<b>4,702,574</b>		<b>4,682,391</b>

**Administrative and General Expenses**

<b>Table 2</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>	<b>Non-Allowable Expenses and Add -backs</b>	<b>Total Allowable Expenses</b>
2.1	Administration: Salaries	135,111		135,111
2.2	Administration: Employee Benefits	16,235		16,235
2.3	Administration: Payroll Taxes incl Workers Comp.	12,026		12,026
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
<b>2.100</b>	<b>Subtotal: Administration &amp; Officers Expenses</b>	<b>163,372</b>		<b>163,372</b>
2.7	Clerical Staff: Salaries	226,777		226,777
2.8	Clerical Staff: Employee Benefits	22,005		22,005
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	16,299		16,299
2.10	Clerical Staff: Purchased Service	17,633		17,633
<b>2.200</b>	<b>Subtotal: Clerical Staff Expenses</b>	<b>282,714</b>		<b>282,714</b>
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	12,218		12,218
2.12	Office Supplies	103,132		103,132
2.13	Telecommunications (e.g. Internet, Phone)	57,364		57,364

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 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	5,342		5,342
2.17	Licenses and Dues: Patient Care Related Portion	46,229		46,229
2.18	Continuing Professional Education / Training and Development	1,549		1,549
2.19	Accounting Services (Not related to appeals)	26,500		26,500
2.20	Insurance: Malpractice & General Liability	47,172		47,172
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion	1,886		1,886
2.22	Other A & G Expenses	13,727		13,727
2.23	Non-Allowable A & G Expenses	891,717	891,717	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)		201,372	201,372
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		2,646	2,646
2.27	This line description is intentionally left blank			0
2.28	This line description is intentionally left blank			0
<b>2.300</b>	<b>Subtotal: Other Administrative and General Expenses</b>	<b>1,206,836</b>		<b>519,137</b>
<b>2.400</b>	<b>Subtotal: Total Administrative and General Expenses Before Recoverable Income</b>	<b>1,652,922</b>		<b>965,223</b>
<b>Less: Administrative &amp; General Recoverable Income</b>				
2.29	A & G Recoverable Income		32,237	32,237
<b>2.500</b>	<b>Subtotal: Administrative &amp; General Recoverable Income</b>	<b>0</b>		<b>32,237</b>
<b>200</b>	<b>Total: Net Administrative &amp; General Expenses After Recoverable Income</b>	<b>1,652,922</b>		<b>932,986</b>



**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 AM

<b>Detail of Other A&amp;G Expenses</b>		
<b>Table 2A</b>	<b>1</b>	<b>2</b>
<b>Line #</b>	<b>Description</b>	<b>Amount</b>
2A.1	Resident Covid Testing	2,845
2A.2	Other Miscellaneous Expenses	10,882
<b>2A.100</b>	<b>Subtotal: Other A&amp;G Expenses</b>	<b>13,727</b>

<b>Detail of Non-Allowable A &amp; G Expenses</b>		
<b>Table 2B</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>
2B.1	Advertising: Marketing	4,760
2B.2	Licenses and Dues: Not Related to Resident Care	40
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	194
2B.5	Legal: Resident Care	
2B.6	Legal: Other	4,933
2B.7	Key Person Insurance	
2B.8	Management Company Fees	248,086
2B.9	Management Consultants	
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	2,900
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	41,146
2B.15	User Fee Assessment	589,658
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	
<b>2B.100</b>	<b>Total Non-Allowable A&amp;G Expenses</b>	<b>891,717</b>

<b>Variable Expenses</b>				
<b>Table 3</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>	<b>Non-Allowable Expenses and Add -backs</b>	<b>Total Allowable Expenses</b>
3.1	Staff Development Coordinator: Salaries	50		50
3.2	Staff Dev. Coord.: Employee Benefits	6		6

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 AM

3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	5		5
3.4	Staff Dev. Coord.: Purchased Service			0
<b>3.100</b>	<b>Subtotal: Staff Development Coordinator Expenses</b>	<b>61</b>		<b>61</b>
3.5	Plant Operation: Salaries	175,168		175,168
3.6	Plant Operation: Employee Benefits	21,049		21,049
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	15,591		15,591
3.8	Plant Operation: Purchased Service	234,861		234,861
3.9	Plant Operation: Supplies and Expenses	32,565		32,565
3.10	Plant Operation: Utilities	190,693		190,693
3.11	Plant Operation: Repairs			0
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
<b>3.200</b>	<b>Subtotal: Plant Operation Expenses</b>	<b>669,927</b>		<b>669,927</b>
3.13	Dietician: Salaries			0
3.14	Dietician: Employee Benefits			0
3.15	Dietician: Payroll Taxes incl Workers Comp.			0
3.16	Dietician: Purchased Service	32,874		32,874
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
<b>3.300</b>	<b>Subtotal: Dietician Expenses</b>	<b>32,874</b>		<b>32,874</b>
3.18	Dietary: Salaries	502,395		502,395
3.19	Dietary: Employee Benefits	68,673		68,673
3.20	Dietary: Payroll Taxes incl Workers Comp.	36,409		36,409
3.21	Dietary: Food	261,093		261,093
3.22	Dietary: Purchased Service	24,235		24,235
3.23	Dietary: Supplies and Expenses	44,720		44,720
<b>3.400</b>	<b>Subtotal: Dietary Expenses</b>	<b>937,525</b>		<b>937,525</b>
3.24	Housekeeping/Laundry: Salaries	76,353		76,353
3.25	Housekeeping/Laundry: Employee Benefits	9,175		9,175
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	6,795		6,795
3.27	Housekeeping/Laundry: Purchased Service	252,103		252,103
3.28	Housekeeping/Laundry: Supplies and Expenses	31,966		31,966
3.29	Housekeeping/Laundry: Linen and Bedding	5,525		5,525
3.30	Housekeeping/Laundry: Special Cleaning			0
<b>3.500</b>	<b>Subtotal: Housekeeping/Laundry Expenses</b>	<b>381,917</b>		<b>381,917</b>

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023

Time: 10:47 AM

3.31	Quality Assurance (QA) Professional: Salaries	7,177		7,177
3.32	QA Professional: Employee Benefits	863		863
3.33	QA Professional: Payroll Taxes incl Workers Comp.	639		639
3.34	QA Professional: Purchased Service			0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
<b>3.600</b>	<b>Subtotal: QA Professional Expenses</b>	<b>8,679</b>		<b>8,679</b>
3.36	Unit Clerk & Medical Records: Salaries	28,604		28,604
3.37	Unit Clerk & Medical Records: Employee Benefits	8,681		8,681
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	6,430		6,430
3.39	Unit Clerk & Medical Records: Purchased Service			0
<b>3.700</b>	<b>Subtotal: Unit Clerk and Medical Record Expenses</b>	<b>43,715</b>		<b>43,715</b>
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	137,641		137,641
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	16,540		16,540
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	12,250		12,250
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	15,607		15,607
<b>3.800</b>	<b>Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses</b>	<b>182,038</b>		<b>182,038</b>
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
<b>3.900</b>	<b>Subtotal: Behavioral Health Specialist Expenses</b>	<b>0</b>		<b>0</b>
3.48	Social Service Worker: Salaries	62,223		62,223
3.49	Social Service Worker: Employee Benefits	7,477		7,477
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	5,538		5,538
3.51	Social Service Worker: Purchased Service	4,644		4,644
<b>3.1000</b>	<b>Subtotal: Social Service Worker Expenses</b>	<b>79,882</b>		<b>79,882</b>
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****MADONNA MANOR NURSING HOME**

Filing Year: 2022

Date: 11/28/2023

Time: 10:47 AM

<b>3.1100</b>	<b>Subtotal: Interpreters Expenses</b>	<b>0</b>		<b>0</b>
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
3.61	Direct Restorative Therapy: Benefits		0	0
3.62	Direct Restorative Therapy: Consultants	546,523	546,523	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
<b>3.1200</b>	<b>Subtotal: Restorative Therapy Expenses</b>	<b>546,523</b>		<b>0</b>
3.64	Recreational Therapy/Activities: Salaries	198,106		198,106
3.65	Recreational Therapy/Activities: Employee Benefits	23,805		23,805
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	17,632		17,632
3.67	Recreational Therapy/Activities: Purchased Service	41,343	4,300	37,043
3.68	Recreational Therapy/Activities: Supplies and Expenses	7,350		7,350
3.69	Recreational Therapy/Activities: Transportation		0	0
<b>3.1300</b>	<b>Subtotal: Recreational Therapy/Activities Expenses</b>	<b>288,236</b>		<b>283,936</b>
3.70	Resident Care Assistant: Salaries			0
3.71	Resident Care Assistant: Employee Benefits			0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.			0
3.73	Resident Care Assistant: Purchased Service			0
<b>3.1400</b>	<b>Subtotal: Resident Care Assistant Expenses</b>	<b>0</b>		<b>0</b>
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
<b>3.1500</b>	<b>Subtotal: Security Expenses</b>	<b>0</b>		<b>0</b>
3.78	Travel: Motor Vehicle Expense	6,810		6,810
3.79	Variable Other Required Education	1,268		1,268
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	21,600		21,600

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 AM

3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals	126,202		126,202
3.86	Physician Services: Other	441		441
3.87	Legend Drugs	46,993	46,993	0
3.88	Personal Protective Equipment			0
3.89	House Supplies Not Resold	179,851		179,851
3.90	House Supplies Resold to Private Residents	7,241	7,241	0
3.91	House Supplies Resold to Public Residents		0	0
3.92	Pharmacy Consultant	12,584		12,584
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
<b>3.1600</b>	<b>Subtotal: Other Variable Expenses</b>	<b>402,990</b>		<b>348,756</b>
<b>3.1700</b>	<b>Subtotal: Total Variable Expenses Before Recoverable Income</b>	<b>3,574,367</b>		<b>2,969,310</b>
<b>Less: Variable Recoverable Income</b>				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		52,483	52,483
<b>3.1800</b>	<b>Subtotal: Variable Recoverable Income</b>	<b>0</b>		<b>52,483</b>
<b>300</b>	<b>Total: Net Variable Expenses Including Recoverable Income</b>	<b>3,574,367</b>		<b>2,916,827</b>

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 AM

<b>Capital &amp; Fixed Cost Expenses</b>				
<b>Table 4</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>	<b>Non-Allowable Expenses and Add -backs</b>	<b>Total Allowable Expenses</b>
4.1	Depreciation Expense	136,405	0	136,405
4.2	Long-Term Interest Expense SNF-CR	17,039		17,039
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	17,447		17,447
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			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
<b>4.100</b>	<b>Subtotal: Total Capital &amp; Fixed Cost Expenses Before Recoverable Income</b>	<b>170,891</b>		<b>170,891</b>
<b>Less: Capital &amp; Fixed Cost Expense Recoverable Income</b>				
4.17	Fixed Cost Recoverable Income SNF-CR		0	0
4.18	Fixed Cost Recoverable Income REA-CR			0
<b>4.200</b>	<b>Subtotal: Capital &amp; Fixed Cost Recoverable Income</b>	<b>0</b>		<b>0</b>
<b>400</b>	<b>Total: Net Capital &amp; Fixed Cost Expenses Including Recoverable Income</b>	<b>170,891</b>		<b>170,891</b>

**Skilled Nursing Facility Cost Report****MADONNA MANOR NURSING HOME**

Filing Year: 2022

Date: 11/28/2023

Time: 10:47 AM

<b>Total Combined Expenses Before Recoverable Income</b>				
<b>Table 5</b>		<b>1</b>	<b>2</b>	<b>3</b>
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
<b>500</b>	<b>Total Combined Expenses Before Recoverable Income</b>	<b>10,100,754</b>		<b>8,807,998</b>
<b>Total Combined Expenses Net of Recoverable Income</b>				
<b>Table 6</b>		<b>1</b>	<b>2</b>	<b>3</b>
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
<b>600</b>	<b>Total Combined Expenses Net of Recoverable Income</b>	<b>10,100,754</b>		<b>8,703,095</b>

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 AM

**SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES**

<b>Other Business Activities</b>		
<b>Table 1</b>		<b>1</b>
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:	

<b>Other Business Revenue</b>			
<b>Table 2</b>			<b>1</b>
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	
<b>200</b>	<b>3026.0</b>	<b>TOTAL OTHER BUSINESS REVENUE</b>	<b>0</b>



**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 AM

<b>Other Business Expenses</b>					
<b>Table 3</b>			<b>1</b>	<b>2</b>	<b>3</b>
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	
<b>300</b>	<b>8070.0</b>	<b>TOTAL OTHER BUSINESS EXPENSES</b>	<b>0</b>	<b>0</b>	

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 AM

**SCHEDULE 5 : STATEMENT OF OPERATIONS AND RECONCILIATION OF FINANCIAL TO COST REPORTED NET INCOME**

**Financial Statement of Operations**

<b>Table 1</b>		
<b>Table 1B</b>		
<b>Not-For-Profit</b>		
<b>Line #</b>	<b>Description</b>	<b>Reported</b>
1B.1	Net Patient Service Revenue	8,326,546
1B.2	Other Revenue	762,897
1B.3	Net Assets Released from Restriction	
<b>1B.100</b>	<b>Total Operating Revenue</b>	<b>9,089,443</b>
1B.4	Salaries and Wages	5,286,950
1B.5	Employee Benefits	1,105,829
1B.6	Supplies and Other (including Payroll Taxes)	3,513,385
1B.7	Interest Expense	17,039
1B.8	Provision for Bad Debt	41,146
1B.9	Depreciation and Amortization Expenses	136,405
<b>1B.200</b>	<b>Total Operating Expenses</b>	<b>10,100,754</b>
<b>1B.300</b>	<b>Income(Loss) from Operations</b>	<b>(1,011,311)</b>
	<b>Non-Operating Income and Expenses</b>	
1B.10	Interest Income	966
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)	
	<b>Other Changes in Net Assets Without Donor Restrictions</b>	
1B.15	Contributions, Gifts, and Other	9,757
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	
<b>1B.400</b>	<b>Financial Statement Excess (Deficiency) of Revenues over Expenses</b>	<b>(1,000,588)</b>

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 AM

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

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

<i>Cost Reported Statement of Operations</i>		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	9,100,166
2.2	Total Nursing Expenses (Schedule 3)	4,702,574
2.3	Total Administrative and General Expenses (Schedule 3)	1,652,922
2.4	Total Variable Expenses (Schedule 3)	3,574,367
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	170,891
2.6	Total Other Business Expenses (Schedule 4)	0
<b>2.100</b>	<b>Subtotal: Total Facility Expenses</b>	<b>10,100,754</b>
<b>200</b>	<b>Cost Reported Net Income(Loss)</b>	<b>(1,000,588)</b>

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 AM

<b>Reconciliation Between Financial Statement and Cost Report Net Income</b>			
<b>Table 3</b>		<b>1</b>	<b>2</b>
<b>Line #</b>	<b>Description</b>	<b>Describe Reconciling Item</b>	<b>Amount</b>
3.1	Net Income(Loss) on Financial Statement of Operations (Table 1)		(1,000,588)
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)		(1,000,588)

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 AM

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

<b>Current Assets</b>		
<b>Table 1</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Account Balance</b>
1.1	Cash and Cash Equivalents	89,250
1.2	Short-Term Investments	
1.3	Current Portion Assets Whose Use is Limited	
1.4	Other Cash and Equivalents	2,308
1.5	Payer Accounts Receivable	855,512
1.6	Less Reserve for Bad Debt	(45,000)
<b>1.100</b>	<b>Subtotal: Net Patient Accounts Receivable</b>	<b>810,512</b>
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	187,970
1.9	Interest Receivable	
1.10	Supply Inventory	39,923
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	38,355
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	18,875
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
<b>100</b>	<b>Total Current Assets</b>	<b>1,187,193</b>

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

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 AM

<b>Non-Current Fixed Assets</b>		
<b>Table 2</b>		<b>1</b>
Line #	Description	Account Balance
2.1	Land	37,500
2.2	Buildings	
2.3	Improvements	805,246
2.4	Equipment	174,343
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
<b>200</b>	<b>Total Non-Current Fixed Assets</b>	<b>1,017,089</b>

<b>Other Non-Current Assets</b>		
<b>Table 3</b>		<b>1</b>
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	30,318
3.4	Construction in Progress	
3.5	Mortgage Acquisition Costs	
3.6	Accumulated Amortization of Mortgage Acquisition Costs	
<b>3.100</b>	<b>Net Mortgage Acquisition Costs</b>	<b>0</b>
<b>300</b>	<b>Total Non-Current Assets</b>	<b>30,318</b>

<b>Detail of Other Deferred Charges and Non-Current Assets</b>		
<b>Table 3A</b>	<b>1</b>	<b>2</b>
Line #	Description	Account Balance
3A.1	Restricted Cash	30,318
<b>3A.100</b>	<b>Subtotal: Other Deferred Charges and Non-Current Assets</b>	<b>30,318</b>

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 AM

<b>Total Assets</b>		
<b>Table 4</b>		<b>1</b>
Line #	Description	Account Balance
<b>400</b>	<b>Total Assets</b>	2,234,600

<b>Current Liabilities</b>		
<b>Table 5</b>		<b>1</b>
Line #	Description	Account Balance
5.1	Trade Payables	393,332
5.2	Accrued Expenses	197,996
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	23,792
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	
5.7	Accrued Salaries and Payroll Liabilities	455,893
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	1,055,370
<b>500</b>	<b>Total Current Liabilities</b>	2,126,383

<b>Detail of Other Current Liabilities</b>		
<b>Table 5A</b>	<b>1</b>	<b>2</b>
Line #	Description	Account Balance
5A.1	Due to Affiliates	1,025,052
5A.2	Resident Funds	30,318
<b>5A.100</b>	<b>Subtotal: Other Current Liabilities</b>	1,055,370

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 AM

<b>Non-Current Liabilities</b>		
<b>Table 6</b>		<b>1</b>
Line #	Description	Account Balance
6.1	Mortgages Payable	
6.2	Due to Related Parties, Subsidiaries, and Affiliates	647,249
6.3	Other Long-Term Debt	
<b>600</b>	<b>Total Non-Current Liabilities</b>	<b>647,249</b>

<b>Total Liabilities</b>		
<b>Table 7</b>		<b>1</b>
Line #	Description	Account Balance
<b>700</b>	<b>Total Liabilities</b>	<b>2,773,632</b>

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

<b>Table 8</b>				
<b>Table 8A</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Not-for-Profits</b>				
Line #	Description	Net Assets Without Donor Restrictions	Net Assets With Donor Restrictions	Total Net Assets
8A.1	Net Assets Balance: Prior Year	461,556		461,556
8A.2	Prior Period Adjustment(s)	0		0
8A.3	SNF-CR Excess (Deficiency) of Revenues Over Expenses	(1,000,588)		(1,000,588)
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
<b>8A.100</b>	<b>Net Assets Balance: Current Year</b>	<b>(539,032)</b>	<b>0</b>	<b>(539,032)</b>



**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 AM

<b>Prior Period Adjustments</b>		
<b>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.</b>		
<b>Table 8D</b>	<b>1</b>	<b>2</b>
<b>Line #</b>	<b>Description</b>	<b>Amount</b>
8D.1		
<b>8D.100</b>	<b>Subtotal: Prior Period Adjustments</b>	<b>0</b>
<b>Total Liabilities and Owner's Equity (or Net Assets for Not-for-Profits)</b>		
<b>Table 9</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Account Balance</b>
<b>900</b>	<b>Total Liabilities and Owner's Equity (or Net Assets for Not-For-Profit)</b>	<b>2,234,600</b>

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023

Time: 10:47 AM

**SCHEDULE 7 : DETAIL OF FIXED ASSETS AND DEPRECIATION**

<b>Financial Statement Fixed Assets</b>									
<b>Table 1</b>		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	37,500			37,500				37,500
1.2	Building	1,339,449			1,339,449	(1,339,449)		(1,339,449)	0
1.3	Improvements	2,355,931	64,102		2,420,033	(1,536,273)	(78,514)	(1,614,787)	805,246
1.4	Equipment	1,560,052			1,560,052	(1,328,301)	(57,408)	(1,385,709)	174,343
1.5	Software/Limited Life Assets	1,450			1,450	(967)	(483)	(1,450)	0
1.6	Motor Vehicles	62,984			62,984	(62,984)		(62,984)	0
<b>100</b>	<b>Total</b>	<b>5,357,366</b>	<b>64,102</b>	<b>0</b>	<b>5,421,468</b>	<b>(4,267,974 )</b>	<b>(136,405)</b>	<b>(4,404,379 )</b>	<b>1,017,089</b>

**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.

<b>Table 2</b>		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	37,500					37,500				
2.2	Land REA-CR						0				
2.3	Building SNF-CR						0		0		0
2.4	Building REA-CR						0				0
2.5	Improvements SNF-CR	1,711,804		64,102		(205,633)	1,570,273	5.00%	78,514		78,514
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	683,855				(109,776)	574,079	10.00%	57,408		57,408

# Skilled Nursing Facility Cost Report

## MADONNA MANOR NURSING HOME

Filing Year: 2022

Date: 11/28/2023

Time: 10:47 AM

2.8	Equipment REA-CR					0	10.00%			0
2.9	Software/Limited Life Assets SNF-CR	1,450				1,450	33.33%	483		483
2.10	Software/Limited Life Assets REA-CR					0	33.33%			0
<b>200</b>	<b>Total Claimed Fixed Assets</b>	<b>2,434,609</b>	<b>0</b>	<b>64,102</b>	<b>0</b>	<b>(315,409)</b>	<b>2,183,302</b>	<b>136,405</b>	<b>0</b>	<b>136,405</b>

### General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1962
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?	5,360,600
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?	73
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	29,100
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	16,100
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?	1.1
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	Yes

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 AM

<i>Changes in Facility or Realty Company Ownership</i>					
<b>Table 4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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**

<b>Table 1</b>		<b>1</b>
Line #	Description	Reported
1.1	Cash and Cash Equivalents (Beginning of Year)	966,232

**Cash Flows from Operating Activities**

<b>Table 2</b>		<b>1</b>
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(1,000,588)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	177,551
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(280,487)
<b>200</b>	<b>Net Cash from Operating Activities</b>	<b>(1,103,524)</b>

**Cash Flows from Investing Activities**

<b>Table 3</b>		<b>1</b>
Line #	Description	Reported
3.1	Capital Expenditures	(64,102)
3.2	Cash Flows from Other Investing Activities	316,157
<b>300</b>	<b>Net Cash from Investing Activities</b>	<b>252,055</b>

**Cash Flows from Financing Activities**

<b>Table 4</b>		<b>1</b>
Line #	Description	Reported
4.1	Proceeds from Issuance of Long-Term Debt	
4.2	Payments on Long-Term Debt and Capital Lease Expenditures	(23,205)
4.3	Cash Flows from Other Financing Activities	
<b>400</b>	<b>Net Cash from Financing Activities</b>	<b>(23,205)</b>

**Net Increase (Decrease) in Cash and Cash Equivalents**

<b>Table 5</b>		<b>1</b>
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(874,674)
<b>500</b>	<b>Cash and Cash Equivalents (End of Year)</b>	<b>91,558</b>

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 AM

**SCHEDULE 9 : LICENSURE & PATIENT STATISTICS**

**Bed Licensure**

<b>Table 1</b>	1	2	3	4	5	6
Line #	DPH Licensure Issue Date	Skilled Nursing (Level I,II, & III)	Residential Care (Level IV)	Pediatric	Total Licensed Beds	Constructed Capacity
1.1	12/06/2020	129			129	129
1.2	12/06/2022	97			97	129
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.	97				
1.7	Is above listed bed licensure information correct?	Yes				

**Patient Statistics - Days**

<b>Table 2</b>		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	4,296			1,575		17,101
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)	38					89
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
<b>200</b>	<b>Total</b>	<b>4,334</b>	<b>0</b>	<b>0</b>	<b>1,575</b>	<b>0</b>	<b>17,190</b>

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 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
	2,803						1,465	27,240
								0
								0
								0
								0
								0
								0
								0
	14							141
								0
								0
								0
0	2,817	0	0	0	0	0	1,465	27,381

**Skilled Nursing Facility Cost Report****MADONNA MANOR NURSING HOME**

Filing Year: 2022

Date: 11/28/2023

Time: 10:47 AM

**Patient Statistics - Summary**

<b>Table 3</b>			<b>1</b>
<b>Line #</b>	<b>Account</b>	<b>Description</b>	<b>Reported</b>
3.1	0140.0	Number of Admissions During Year	48
3.2	0140.1	Number of MassHealth Admissions During Year	7
3.3	0150.0	Number of Discharges During Year	47
3.4	0190.0	Average Length of Stay	236
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	33
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	83



**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 AM

**SCHEDULE 10 : DETAIL OF FACILITY COMPENSATION AND PURCHASED NURSING SERVICES**

**Detail of Staff Nursing Services Wages and Hours**

<b>Table 1</b>		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	924,785	22,300.7	864,638	24,443.7	1,198,577	60,658.9
1.2	Total Overtime Wages	94,250	1,650.1	259,301	5,512.6	195,214	6,108.0
1.3	Total Shift Differential	12,603		12,183		39,241	
1.4	Total Other Differentials	5,609		7,105		18,514	
<b>100</b>	<b>Total</b>	<b>1,037,247</b>	<b>23,950.8</b>	<b>1,143,227</b>	<b>29,956.3</b>	<b>1,451,546</b>	<b>66,766.9</b>

**Detail of Nursing Services Shift Differentials**

<b>Table 2</b>		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	1.50	1.50	2.50	3.00
2.2	Licensed Practical Nurses	1.00	1.50	1.50	2.50	3.00
2.3	Certified Nurse Aides	1.00	1.50	1.50	2.50	3.00

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 AM

***Detail of Staff and Hours by Position***

<b>Table 3</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Description</b>	<b>Number of Staff</b>	<b>Total Full Time Equivalents</b>	<b>Total Hours</b>
3.1	Staff Development	1	0.0	1.0
3.2	Plant Operations	5	4.1	8,572.2
3.3	Dietary Staff	15	13.8	28,647.2
3.4	Dietician		0.0	0.0
3.5	Housekeeping/Laundry Staff	7	3.1	6,448.7
3.6	Unit Clerk & Medical Records Staff	2	1.6	3,307.6
3.7	Quality Assurance	1	0.1	208.0
3.8	MMQ Nurses and MDS Coordinator	2	2.1	4,295.5
3.9	Social Services Staff	1	1.0	2,080.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff		0.0	0.0
3.12	Restorative Therapy - Indirect Staff		0.0	0.0
3.13	Recreational Staff	6	4.9	10,292.7
3.14	Administration and Officers	1	1.0	2,080.0
3.15	Security Staff		0.0	0.0
3.16	Clerical Staff	5	0.0	7,192.8
3.17	Director of Nurses	1	1.0	2,083.0
3.18	Registered Nurses	15	11.5	23,950.8
3.19	Licensed Practical Nurses	15	14.4	29,956.3
3.20	Certified Nurse Aides	57	32.1	66,766.9
3.21	Resident Care Assistants			
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
<b>300</b>	<b>Total</b>	<b>134</b>	<b>90.7</b>	<b>195,882.7</b>

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023

Time: 10:47 AM

<b>Detail of Purchased Nursing Services</b>										
<b>Table 4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>Line #</b>	<b>Temporary Nursing Services Agency Name</b>	<b>DPH Registration #</b>	<b>RN Total Hours of Service</b>	<b>RN Total Charges</b>	<b>LPN Total Hours of Service</b>	<b>LPN Total Charges</b>	<b>CNA Total Hours of Service</b>	<b>CNA Total Charges</b>	<b>DON Total Hours of Service</b>	<b>DON Total Charges</b>
<b>Unregistered Temporary Nursing Service Agencies</b>										
4.1	Total Unregistered Temporary Nursing Service Agencies									
<b>Registered Temporary Nursing Service Agencies</b>										
4.2	Intelycare, Inc.	TM7F	301.0	22,740	2,444.0	155,603	11.4	5,178		
4.200	<b>Subtotal: Registered Temporary Nursing Service Agencies</b>		<b>301.0</b>	<b>22,740</b>	<b>2,444.0</b>	<b>155,603</b>	<b>11.4</b>	<b>5,178</b>	<b>0.0</b>	<b>0</b>
<b>400</b>	<b>Total Temporary Nursing Service Agency Expenses</b>		<b>301.0</b>	<b>22,740</b>	<b>2,444.0</b>	<b>155,603</b>	<b>11.4</b>	<b>5,178</b>	<b>0.0</b>	<b>0</b>
<b>Five Highest Paid Salaries (including salaries, payroll taxes, workers' compensation, all fringe benefits, and draws)</b>										
	<b>NOTE: List the names and compensation of the <u>five</u> persons who have the highest compensation paid by this facility.</b>									
<b>Table 5</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>		
<b>Line #</b>	<b>Last Name</b>	<b>First Name</b>	<b>Title</b>	<b>Primary Expense Category</b>	<b>Salary &amp; Benefits</b>	<b>Dividends/Draws</b>	<b>Other</b>	<b>TOTAL</b>		
5.1	Wainwright	Denise	LPN Charge	Nursing	194,231		4,389	<b>198,620</b>		
5.2	Raynor	Spencer	LPN Charge	Nursing	144,203		3,207	<b>147,410</b>		
5.3	Wheaton	Kurt	Administrator	Administrative & General	170,835		3,313	<b>174,148</b>		
5.4	Lounsbury	Mary	Nurse Manager, RN	Nursing	128,454		2,985	<b>131,439</b>		
5.5	Alvarado	Cendi	Nursing Supervisor	Nursing	114,611		2,664	<b>117,275</b>		

**Skilled Nursing Facility Cost Report****MADONNA MANOR NURSING HOME**

Filing Year: 2022

Date: 11/28/2023

Time: 10:47 AM

**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
<b>Corporation</b>									
6C.1									0
6C.2									0
6C.3									0
									0

**Skilled Nursing Facility Cost Report****MADONNA MANOR NURSING HOME**

Filing Year: 2022

Date: 11/28/2023

Time: 10:47 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	Other	Diocese of Fall River	Yes	07/01/20 20	07/01/2044	300	3,358	748,533		
<b>100</b>	<b>TOTALS</b>								0	0

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 AM

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
694,246		23,205			671,041	2.500%	17,039		17,039
					671,041		17,039	0	17,039

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 AM

<b>Working Capital Debt</b>									
<b>Table 2</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Line / Column #</b>	<b>Lender Name</b>	<b>Related Party</b>	<b>Beginning Balance: Jan 1</b>	<b>Amount</b>	<b>Start Date</b>	<b>Principal Payment</b>	<b>Ending Balance: Dec 31</b>	<b>Interest Rate %</b>	<b>Interest Expense</b>
2.1							0		
<b>200</b>	<b>Total Working Capital Interest</b>						0		0

**SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES**

UPLOADS REQUIRED
<b>(1) Footnotes and Explanations</b>
<i>Upload Type: Excel, Word, or PDF</i>
This section is used to provide detail to any of the information included in this report.
<b>(2) Ownership and Facility Information</b>
<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. <b>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".</b>
<b>(3) Related Party Debt</b>
<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'. <b>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".</b>
<b>(4) Related Party Transactions</b>
<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.) <b>Note: This information must be submitted in the format of the template provided.</b>
<b>(5) Financial Statements</b>
<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**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 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
08/08/2023 12:35PM	(1) Footnotes and Explanations	Footnote.docx	application/vnd.openxmlformats-officedocument.wordprocessingml.document	Maria Spinale
08/08/2023 12:36PM	(2) Ownership and Facility Information	Ownership and Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Maria Spinale
08/08/2023 12:38PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Maria Spinale
08/08/2023 12:50PM	(5) Financial Statements	financial statements.pdf	application/pdf	Maria Spinale
09/15/2023 10:53AM	(4) Related Party Transactions	related party transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Maria Spinale

**Skilled Nursing Facility Cost Report**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 AM

**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	Maria C. Bunker, CPA
1.2	Nursing Facility or Firm Name	Livingston & Haynes, CPA
1.3	Title	Partner
1.4	Street Address	40 Grove Street, Suite 380
1.5	City	Wellesley
1.6	State	MA
1.7	Zip Code	02482
1.8	Phone Number	+1 (781) 237-3339
1.9	Email Address	mbunker@lh-cpa.com
1.10	Is this information correct?	Yes
1.11	<b>[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.</b>	
1.12	Date of Authorization:	09/08/2023

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**  
**MADONNA MANOR NURSING HOME**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:47 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	<b>[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.</b>	
2.2	Date of Authorization	09/21/2023
2.3	Last Name	Mitchell
2.4	First Name	Laura
2.5	Middle Name	M.
2.6	Title	Director of Finance
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](mailto: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*