

Skilled Nursing Facility Cost Report**ROYAL COTUIT NUR & REHAB CE**

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 AM

SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	ROYAL COTUIT NUR & REHAB CENTER
1.2	MassHealth Provider ID	110100386A
1.3	Federal Employer Tax ID	465220990
1.4	VPN	0950349
1.5	Is the above information correct?	Yes
1.6	Facility Number	00921
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	161 Falmouth Road
1.11	City	Mashpee
1.12	Zip	02649
1.13	Telephone	+1 (781) 826-2393
1.14	Is this a hospital-based nursing facility?	No
1.15	Does the provider have pediatric beds?	No
1.16	Does the provider have an executed special contract with MassHealth (e.g. ventilator unit, acquired brain injury, etc.)?	No
1.17	Legal Status	Partnership/Limited Liability Partnership (LLP)
1.18	List the name of the management company as reported on the management company cost report.	Mamary, Inc.
1.19	List the name of the entity that holds the nursing facility license.	Royal Cotuit Nursing & Rehab Center
1.20	List realty company names as reported on each realty company cost report.	161 Falmouth Road
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

Skilled Nursing Facility Cost Report
ROYAL COTUIT NUR & REHAB CE
Filing Year: 2022

Date: 11/28/2023
Time: 9:55 AM

Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Matthew S. Bovolack
2.2	Nursing Facility or Firm Name	Marcum LLP
2.3	Title	Principal
2.4	Street Address	555 Long Wharf Drive
2.5	City	New Haven
2.6	State	Connecticut
2.7	Zip Code	06511
2.8	Phone Number	+1 (203) 781-2680
2.9	Email Address	Matthew.Bovolack@marcumllp.com

Preparer Information		
Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.		
Table 3		1
Line #	Description	
3.1	<input type="checkbox"/> I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer Name	Matthew S. Bovolack
3.3	Nursing Facility or Firm Name	Marcum LLP
3.4	Title	Principal
3.5	Street Address	555 Long Wharf Drive
3.6	City	New Haven
3.7	State	Connecticut
3.8	Zip Code	06511
3.9	Phone Number	+1 (203) 781-2680
3.10	Email Address	Matthew.Bovolack@marcumllp.com
3.11	Type of Accounting Service Performed	Other (Explain in Footnotes)

Skilled Nursing Facility Cost Report**ROYAL COTUIT NUR & REHAB CE**

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 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						
4.2						
4.3						
4.4						
4.5						
4.6						
4.7						
4.8						

Skilled Nursing Facility Cost Report**ROYAL COTUIT NUR & REHAB CE**

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 AM

SCHEDULE 2 : REVENUE**Nursing Facility Revenue**

Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	329,906	0	329,906
1.2	Commercial Managed Care	634,186	53,471	687,657
1.3	Commercial Non-Managed Care	0	0	0
1.4	Medicare Fee-For-Service	2,735,086	152,085	2,887,171
1.5	Medicare Managed Care (Part C)	0	0	0
1.6	MassHealth Fee-for-Service	3,312,483	0	3,312,483
1.7	MassHealth Managed Care	0	0	0
1.8	Senior Care Options	292,746	0	292,746
1.9	OneCare	0	0	0
1.10	PACE	0	0	0
1.11	Medicaid Out-of-State	0	0	0
1.12	Medicaid Patient Paid Amount	737,145	0	737,145
1.13	DTA & EAEDC	0	0	0
1.14	Veteran's Affairs & Other Public	0	0	0
1.15	Other Payer Revenue	0	0	0
100	Total Nursing Facility Revenue	8,041,552	205,556	8,247,108

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**ROYAL COTUIT NUR & REHAB CE**

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 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	1,326,685
3.3	Laundry Revenue	0
3.4	Vending Machine Revenue	0
3.5	Recovery of Bad Debts	0
3.6	Prior Year Retroactive Revenue	(192,817)
3.7	Interest Income	53
3.8	Nurses' Aide Training Revenue	0
3.9	Administrative and General Recoverable Revenue	14,497
3.10	Nursing Recoverable Revenue	0
3.11	Variable Recoverable Revenue	0
3.12	Fixed Cost Recoverable Revenue	0
300	Total Other Nursing Facility Revenue	1,148,418

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 - PP2 Forgiveness	856,787
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)	COVID - Medicaid Supplemental Payments 2022	202,648
4.3	Other Endowment and Non-Recoverable Revenue: (Enter Description)	COVID - Medicaid Testing Reimbursemnt	194,856
4.4	Other Endowment and Non-Recoverable Revenue: (Enter Description)	COVID - Medicaid Recruitment Retention	57,979
4.5	Other Endowment and Non-Recoverable Revenue		14,415
400	Total Endowment and Non-Recoverable Revenue		1,326,685

Skilled Nursing Facility Cost Report
ROYAL COTUIT NUR & REHAB CE
Filing Year: 2022

Date: 11/28/2023
Time: 9:55 AM

<i>Total Revenue</i>		
Table 5		1
Line #	Description	Total
500	Total Revenue	9,395,526

Skilled Nursing Facility Cost Report
ROYAL COTUIT NUR & REHAB CE
Filing Year: 2022

Date: 11/28/2023

Time: 9:55 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	114,576		114,576
1.2	Director of Nurses: Employee Benefits	2,331	588	1,743
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	12,796		12,796
1.4	Director of Nurses Purchased Service: Per Diem	0		0
1.5	Director of Nurses Purchased Service: Temporary Agency Staff	0		0
1.6	Director of Nurses Add-back (MGT-CR Sch 6)			0
1.100	Subtotal: Director of Nurses Expenses	129,703		129,115
1.7	Registered Nurses: Salaries	640,232		640,232
1.8	Registered Nurses: Employee Benefits	13,025	3,285	9,740
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	71,499		71,499
1.10	Registered Nurses Purchased Service: Per Diem	0		0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	18,731	#Error	18,731
1.200	Subtotal: Registered Nurses Expenses	743,487		740,202
1.12	Licensed Practical Nurses: Salaries	795,422		795,422
1.13	Licensed Practical Nurses: Employee Benefits	16,182	4,081	12,101
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	88,830		88,830
1.15	Licensed Practical Nurses Purchased Service: Per Diem	0		0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	15,018		15,018
1.300	Subtotal: Licensed Practical Nurses Expenses	915,452		911,371
1.17	Certified Nurse Aides: Salaries	1,052,582		1,052,582
1.18	Certified Nurse Aides: Employee Benefits	21,415	5,401	16,014
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	117,549		117,549
1.20	Certified Nurse Aides Purchased Service: Per Diem	0		0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	50,969		50,969
1.400	Subtotal: Certified Nurse Aides Expenses	1,242,515		1,237,114

Skilled Nursing Facility Cost Report

ROYAL COTUIT NUR & REHAB CE

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 AM

1.22	Nurse's Aide Training Administration	1,015	1,015	0
1.23	Nursing Education and Training	6,756	600	6,156
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	7,771		6,156
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	3,038,928		3,023,958

Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		0	0
1.27	Nurses' Aide Training Recoverable Income		0	0
1.700	Subtotal: Nursing & Director of Nursing Recoverable Income	0		0
100	Total: Net Nursing Expenses Including Recoverable Income	3,038,928		3,023,958

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	114,307		114,307
2.2	Administration: Employee Benefits	2,326	587	1,739
2.3	Administration: Payroll Taxes incl Workers Comp.	12,765		12,765
2.4	Administration: Purchased Service	0		0
2.5	Officers: Total Compensation	0	0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	129,398		128,811
2.7	Clerical Staff: Salaries	392,364		392,364
2.8	Clerical Staff: Employee Benefits	7,982	2,013	5,969
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	43,818		43,818
2.10	Clerical Staff: Purchased Service	3,023		3,023
2.200	Subtotal: Clerical Staff Expenses	447,187		445,174
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	136,437		136,437
2.12	Office Supplies	15,347		15,347
2.13	Telecommunications (e.g. Internet, Phone)	65,344		65,344

Skilled Nursing Facility Cost Report

ROYAL COTUIT NUR & REHAB CE

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 AM

2.14	Other Telecommunications (e.g. tablets to support family and resident communications)	0		0
2.15	Travel: Conventions & Meetings	2,878		2,878
2.16	Advertising: Help Wanted	13,025		13,025
2.17	Licenses and Dues: Patient Care Related Portion	16,673	1,537	15,136
2.18	Continuing Professional Education / Training and Development	590		590
2.19	Accounting Services (Not related to appeals)	37,494		37,494
2.20	Insurance: Malpractice & General Liability	9,223		9,223
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion	0		0
2.22	Other A & G Expenses	20,389	4,659	15,730
2.23	Non-Allowable A & G Expenses	903,402	903,402	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		82,415	82,415
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		277,634	277,634
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		16,825	16,825
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	1,220,802		688,078
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	1,797,387		1,262,063
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		14,497	14,497
2.500	Subtotal: Administrative & General Recoverable Income	0		14,497
200	Total: Net Administrative & General Expenses After Recoverable Income	1,797,387		1,247,566

Skilled Nursing Facility Cost Report**ROYAL COTUIT NUR & REHAB CE**

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 AM

Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	Bank Service Charges	19,399
2A.2	Professional Fees	727
2A.3	Miscellaneous	263
2A.4		
2A.5		
2A.6		
2A.7		
2A.8		
2A.9		
2A.10		
2A.100	Subtotal: Other A&G Expenses	20,389

Skilled Nursing Facility Cost Report

ROYAL COTUIT NUR & REHAB CE

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 AM

Detail of Non-Allowable A & G Expenses

Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	4,089
2B.2	Licenses and Dues: Not Related to Resident Care	500
2B.3	Accounting: Appeal Service	0
2B.4	Legal: Appeal Service and DALA Filing Fees	0
2B.5	Legal: Resident Care	0
2B.6	Legal: Other	28,594
2B.7	Key Person Insurance	0
2B.8	Management Company Fees	428,000
2B.9	Management Consultants	0
2B.10	Interest on Working Capital	0
2B.11	Fines, Late Fees, Penalties, including Interest	1,070
2B.12	State and Federal Income Taxes	0
2B.13	Pre-Opening Expenses	0
2B.14	Bad Debt Expense	(17,120)
2B.15	User Fee Assessment	458,269
2B.16	Other Non-Allowable A&G Expenses	0
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	903,402

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	65,296		65,296
3.2	Staff Dev. Coord.: Employee Benefits	1,328	335	993
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	7,292		7,292
3.4	Staff Dev. Coord.: Purchased Service	0		0
3.100	Subtotal: Staff Development Coordinator Expenses	73,916		73,581
3.5	Plant Operation: Salaries	73,971		73,971
3.6	Plant Operation: Employee Benefits	1,505	380	1,125
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	8,261		8,261

Skilled Nursing Facility Cost Report

ROYAL COTUIT NUR & REHAB CE

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 AM

3.8	Plant Operation: Purchased Service	129,915		129,915
3.9	Plant Operation: Supplies and Expenses	57,924		57,924
3.10	Plant Operation: Utilities	216,051		216,051
3.11	Plant Operation: Repairs	0		0
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	487,627		487,247
3.13	Dietician: Salaries	39,585		39,585
3.14	Dietician: Employee Benefits	805	203	602
3.15	Dietician: Payroll Taxes incl Workers Comp.	4,421		4,421
3.16	Dietician: Purchased Service	142		142
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	44,953		44,750
3.18	Dietary: Salaries	361,620		361,620
3.19	Dietary: Employee Benefits	7,357	1,855	5,502
3.20	Dietary: Payroll Taxes incl Workers Comp.	40,385		40,385
3.21	Dietary: Food	203,621		203,621
3.22	Dietary: Purchased Service	1,196		1,196
3.23	Dietary: Supplies and Expenses	22,653		22,653
3.400	Subtotal: Dietary Expenses	636,832		634,977
3.24	Housekeeping/Laundry: Salaries	0		0
3.25	Housekeeping/Laundry: Employee Benefits	0	0	0
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	0		0
3.27	Housekeeping/Laundry: Purchased Service	346,727		346,727
3.28	Housekeeping/Laundry: Supplies and Expenses	21,874		21,874
3.29	Housekeeping/Laundry: Linen and Bedding	8,080		8,080
3.30	Housekeeping/Laundry: Special Cleaning	0		0
3.500	Subtotal: Housekeeping/Laundry Expenses	376,681		376,681
3.31	Quality Assurance (QA) Professional: Salaries	0		0
3.32	QA Professional: Employee Benefits	0		0
3.33	QA Professional: Payroll Taxes incl Workers Comp.	0		0
3.34	QA Professional: Purchased Service	0		0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
3.600	Subtotal: QA Professional Expenses	0		0
3.36	Unit Clerk & Medical Records: Salaries	37,407		37,407

Skilled Nursing Facility Cost Report

ROYAL COTUIT NUR & REHAB CE

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 AM

3.37	Unit Clerk & Medical Records: Employee Benefits	761	192	569
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	4,178		4,178
3.39	Unit Clerk & Medical Records: Purchased Service	0		0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	42,346		42,154
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	94,775		94,775
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	1,928	486	1,442
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	10,584		10,584
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	0		0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	107,287		106,801
3.44	Behavioral Health Specialist: Salaries	0		0
3.45	Behavioral Health Specialist: Employee Benefits	0		0
3.46	Behavioral Health Specialist: Payroll Taxes incl Workers Comp.	0		0
3.47	Behavioral Health Specialist: Purchased Service	0		0
3.900	Subtotal: Behavioral Health Specialist Expenses	0		0
3.48	Social Service Worker: Salaries	79,079		79,079
3.49	Social Service Worker: Employee Benefits	1,609	406	1,203
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	8,831		8,831
3.51	Social Service Worker: Purchased Service	13,460		13,460
3.1000	Subtotal: Social Service Worker Expenses	102,979		102,573
3.52	Interpreters: Salaries	0		0
3.53	Interpreters: Employee Benefits	0		0
3.54	Interpreters: Payroll Taxes incl Workers Comp.	0		0
3.55	Interpreters: Purchased Service	0		0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries	0		0
3.57	Indirect Restorative Therapy: Employee Benefits	0		0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.	0		0
3.59	Indirect Restorative Therapy: Consultants	99,123		99,123
3.60	Direct Restorative Therapy: Salaries	0	0	0

Skilled Nursing Facility Cost Report

ROYAL COTUIT NUR & REHAB CE

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 AM

3.61	Direct Restorative Therapy: Benefits	0	0	0
3.62	Direct Restorative Therapy: Consultants	474,991	474,991	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	574,114		99,123
3.64	Recreational Therapy/Activities: Salaries	92,247		92,247
3.65	Recreational Therapy/Activities: Employee Benefits	1,877	473	1,404
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	10,302		10,302
3.67	Recreational Therapy/Activities: Purchased Service	3,010		3,010
3.68	Recreational Therapy/Activities: Supplies and Expenses	3,287		3,287
3.69	Recreational Therapy/Activities: Transportation	0	0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	110,723		110,250
3.70	Resident Care Assistant: Salaries	0		0
3.71	Resident Care Assistant: Employee Benefits	0		0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.	0		0
3.73	Resident Care Assistant: Purchased Service	0		0
3.1400	Subtotal: Resident Care Assistant Expenses	0		0
3.74	Security: Salaries	0		0
3.75	Security: Employee Benefits	0		0
3.76	Security: Payroll Taxes including Workers Comp.	0		0
3.77	Security: Purchased Service	0		0
3.1500	Subtotal: Security Expenses	0		0
3.78	Travel: Motor Vehicle Expense	218		218
3.79	Variable Other Required Education	0		0
3.80	Variable Job Related Education	864		864
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion	0		0
3.82	Physician Services: Medical Director	24,000		24,000
3.83	Physician Services: Advisory Physician	0		0
3.84	Physician Services: Utilization Review Committee	0		0
3.85	Physician Services: Employee Physicals	0		0
3.86	Physician Services: Other	0		0
3.87	Legend Drugs	329,823	329,823	0
3.88	Personal Protective Equipment	21,955		21,955

Skilled Nursing Facility Cost Report**ROYAL COTUIT NUR & REHAB CE**

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 AM

3.89	House Supplies Not Resold	199,374		199,374
3.90	House Supplies Resold to Private Residents	0	0	0
3.91	House Supplies Resold to Public Residents	0	0	0
3.92	Pharmacy Consultant	17,820		17,820
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	594,054		264,231
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	3,151,512		2,342,368
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	3,151,512		2,342,368

Skilled Nursing Facility Cost Report

ROYAL COTUIT NUR & REHAB CE

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 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	1,551	(110,169)	111,720
4.2	Long-Term Interest Expense SNF-CR	7,197		7,197
4.3	Long-Term Interest Expense REA-CR		397,579	397,579
4.4	MA Corp. Excise Tax - Non-Income Portion SNF-CR	0		0
4.5	MA Corp. Excise Tax - Non-Income Portion REA-CR			0
4.6	Building Insurance Expense SNF-CR	0		0
4.7	Building Insurance Expense REA-CR		11,430	11,430
4.8	Real Estate Tax Expense SNF-CR	0		0
4.9	Real Estate Tax Expense REA-CR		32,153	32,153
4.10	Personal Property Tax Expense SNF-CR	514		514
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	36,272		36,272
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	1,007,485	1,007,485	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	1,053,019		596,865
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	1,053,019		596,865

Skilled Nursing Facility Cost Report**ROYAL COTUIT NUR & REHAB CE**

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 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	9,040,846		7,225,254
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	9,040,846		7,210,757

Skilled Nursing Facility Cost Report**ROYAL COTUIT NUR & REHAB CE**

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 AM

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:	N/A

Other Business Revenue

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

Skilled Nursing Facility Cost Report**ROYAL COTUIT NUR & REHAB CE**

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 AM

Other Business Expenses

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

Skilled Nursing Facility Cost Report
ROYAL COTUIT NUR & REHAB CE
Filing Year: 2022

Date: 11/28/2023
Time: 9:55 AM

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

Financial Statement of Operations

Table 1		
Table 1A		1
For Profit		
Line #	Description	Reported
1A.1	Net Patient Service Revenue	8,247,108
1A.2	Other Revenue	1,148,365
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	9,395,473
1A.4	Salaries and Wages	3,953,463
1A.5	Employee Benefits	80,431
1A.6	Supplies and Other (including Payroll Taxes)	5,022,521
1A.7	Interest Expense	0
1A.8	Provision for Bad Debt	(17,120)
1A.9	Depreciation and Amortization Expenses	1,551
1A.200	Total Operating Expenses	9,040,846
1A.300	Income(Loss) from Operations	354,627
	Non-Operating Income and Expenses	
1A.10	Interest Income	53
1A.11	Investment Income	0
1A.12	Realized Gain(Loss) from Investments	0
1A.13	Realized Gain(Loss) from Sale or Disposal of Equipment	0
1A.14	Other Non-Operating Income(Expense)	
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	354,680
1A.15	Provision for Income Tax	
1A.16	Extraordinary Items	0
1A.17	Cumulative Change in Accounting Principles	0
1A.500	Financial Statement Net Income(Loss)	354,680

Skilled Nursing Facility Cost Report**ROYAL COTUIT NUR & REHAB CE**

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 AM

Detail of Extraordinary Items

Table 1C	1	2
Line #	Description	Amount
1C.1		
1C.2		
1C.3		
1C.4		
1C.5		
1C.6		
1C.7		
1C.8		
1C.9		
1C.10		
1C.100	Subtotal: Cumulative Extraordinary Items	0

Detail of Changes in Accounting Principles

Table 1D	1	2
Line #	Description	Amount
1D.1		
1D.2		
1D.3		
1D.4		
1D.5		
1D.6		
1D.7		
1D.8		
1D.9		
1D.10		
1D.100	Subtotal: Cumulative Changes in Accounting Principles	0

Skilled Nursing Facility Cost Report
ROYAL COTUIT NUR & REHAB CE
Filing Year: 2022

Date: 11/28/2023
Time: 9:55 AM

Cost Reported Statement of Operations		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	9,395,526
2.2	Total Nursing Expenses (Schedule 3)	3,038,928
2.3	Total Administrative and General Expenses (Schedule 3)	1,797,387
2.4	Total Variable Expenses (Schedule 3)	3,151,512
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	1,053,019
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	9,040,846
200	Cost Reported Net Income(Loss)	354,680

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)		354,680
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)		354,680

Skilled Nursing Facility Cost Report
ROYAL COTUIT NUR & REHAB CE
Filing Year: 2022

Date: 11/28/2023
Time: 9:55 AM

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	504,813
1.2	Short-Term Investments	0
1.3	Current Portion Assets Whose Use is Limited	0
1.4	Other Cash and Equivalents	0
1.5	Payer Accounts Receivable	1,173,276
1.6	Less Reserve for Bad Debt	(197,794)
1.100	Subtotal: Net Patient Accounts Receivable	975,482
1.7	Receivable from Officers/Owners/Employees	0
1.8	Receivable from Affiliates/Related Parties	3,817,787
1.9	Interest Receivable	0
1.10	Supply Inventory	0
1.11	Other Receivables	0
1.12	Prepaid Interest	0
1.13	Prepaid Insurance	7,528
1.14	Prepaid Taxes	0
1.15	Other Prepaid Expenses	9,826
1.16	Capitalized Pre-Opening Costs	0
1.17	Other Current Assets	0
100	Total Current Assets	5,315,436

Skilled Nursing Facility Cost Report**ROYAL COTUIT NUR & REHAB CE**

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 AM

Detail of Other Current Assets

Table 1A	1	2
Line #	Description	Account Balance
1A.1		
1A.2		
1A.3		
1A.4		
1A.5		
1A.6		
1A.7		
1A.8		
1A.9		
1A.10		
1A.100	Subtotal: Other Current Assets	0

Non-Current Fixed Assets

Table 2		1
Line #	Description	Account Balance
2.1	Land	0
2.2	Buildings	0
2.3	Improvements	0
2.4	Equipment	0
2.5	Software/Limited Life Assets	775
2.6	Motor Vehicles	0
200	Total Non-Current Fixed Assets	775

Skilled Nursing Facility Cost Report
ROYAL COTUIT NUR & REHAB CE
Filing Year: 2022

Date: 11/28/2023
Time: 9:55 AM

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

Detail of Other Deferred Charges and Non-Current Assets

Table 3A	1	2
Line #	Description	Account Balance
3A.1		
3A.2		
3A.3		
3A.4		
3A.5		
3A.6		
3A.7		
3A.8		
3A.9		
3A.10		
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	0

Total Assets

Table 4		1
Line #	Description	Account Balance
400	Total Assets	5,316,211

Skilled Nursing Facility Cost Report
ROYAL COTUIT NUR & REHAB CE
Filing Year: 2022

Date: 11/28/2023
Time: 9:55 AM

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	468,166
5.2	Accrued Expenses	164,698
5.3	Due to Insurance Payers	0
5.4	Patient Funds Due	4,059
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	0
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	22,416
5.7	Accrued Salaries and Payroll Liabilities	137,650
5.8	State and Federal Taxes Payable	(12,343)
5.9	Accrued Interest Payable	0
5.10	Other Current Liabilities	44,837
500	Total Current Liabilities	829,483

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Due to Medicaid	28,004
5A.2	Due to Third Party	16,833
5A.3		
5A.4		
5A.5		
5A.6		
5A.7		
5A.8		
5A.9		
5A.10		
5A.100	Subtotal: Other Current Liabilities	44,837

Skilled Nursing Facility Cost Report
ROYAL COTUIT NUR & REHAB CE
Filing Year: 2022

Date: 11/28/2023
Time: 9:55 AM

Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	0
6.2	Due to Related Parties, Subsidiaries, and Affiliates	0
6.3	Other Long-Term Debt	2,158
600	Total Non-Current Liabilities	2,158

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	831,641

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

Table 8		
Table 8B		1
Proprietorship, Partnership, or Limited Liability Company (LLC)		
Line #	Description	Amount
8B.1	Owner's Equity Balance: Prior Year	4,129,892
8B.2	Prior Period Adjustment(s)	(2)
8B.3	Capital Contributions During the Year	0
8B.4	SNF-CR Net Income/(Loss)	354,680
8B.5	Proprietor/Partner Drawings	0
8B.100	Owner's Equity Balance: Current Year	4,484,570

Skilled Nursing Facility Cost Report**ROYAL COTUIT NUR & REHAB CE**

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 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	Prior Period Adjustment	(2)
8D.2		
8D.3		
8D.4		
8D.5		
8D.6		
8D.7		
8D.8		
8D.9		
8D.10		
8D.100	Subtotal: Prior Period Adjustments	(2)

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)	5,316,211

Skilled Nursing Facility Cost Report

ROYAL COTUIT NUR & REHAB CE

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 AM

SCHEDULE 7 : DETAIL OF FIXED ASSETS AND DEPRECIATION

Financial Statement Fixed Assets									
Table 1		1	2	3	4	5	6	7	8
Line #	Description	Fixed Asset Cost Beginning Balance	Current Year Additions	Current Year Deletions	Fixed Asset Cost Ending Balance	Accumulated Depreciation Beginning Balance	Current Year Depreciation	Accumulated Depreciation Ending Balance	Financial Statement Net Book Value
1.1	Land	0	0	0	0				0
1.2	Building	0	0	0	0	0	0	0	0
1.3	Improvements	0	0	0	0	0	0	0	0
1.4	Equipment	0	0	0	0	0	0	0	0
1.5	Software/Limited Life Assets	9,457	0	0	9,457	(7,131)	(1,551)	(8,682)	775
1.6	Motor Vehicles	0	0	0	0	0	0	0	0
100	Total	9,457	0	0	9,457	(7,131)	(1,551)	(8,682)	775

Claimed Fixed Assets

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

Table 2		1	2	3	4	5	6	7	8	9	10
Line #	Description	Allowable Cost Basis Beginning Balance	Claimed Additions From Renovations (DON)	Claimed Other Additions	Claimed Deletions From Renovations (DON)	Claimed Other Deletions	Allowable Cost Basis Ending Balance	Depreciation %	Financial Statement Depreciation Expense	Non-Allowable Expenses and Add-backs	Claimed Net Depreciation Expense
2.1	Land SNF-CR	0	0	0	0	0	0				
2.2	Land REA-CR	41,086	0	0	0	0	41,086				
2.3	Building SNF-CR	0	0	0	0	0	0	0.00%	0	0	0
2.4	Building REA-CR	2,708,348	0	0	0	0	2,708,348	0.00%		67,709	67,709
2.5	Improvements SNF-CR	104,675	0	0	0	0	104,675	5.00%	0	0	0
2.6	Improvements REA-CR	117,638	0	0	0	0	117,638	5.00%		5,882	5,882
2.7	Equipment SNF-CR	305,655	0	0	0	0	305,655	10.00%	0	0	0

Skilled Nursing Facility Cost Report

ROYAL COTUIT NUR & REHAB CE

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 AM

2.8	Equipment REA-CR	357,314	0	8,466	0	0	365,780	10.00%		36,578	36,578
2.9	Software/Limited Life Assets SNF-CR	9,456	0	0	0	0	9,456	33.33%	1,551	0	1,551
2.10	Software/Limited Life Assets REA-CR	0	0	0	0	0	0	33.33%		0	0
200	Total Claimed Fixed Assets	3,644,172	0	8,466	0	0	3,652,638		1,551	110,169	111,720

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1975
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2023
3.3	What was the value from the most recent municipal property assessment for this facility?	4,397,100
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?	50
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	29,241
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	14,849
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	
3.10	What is the total acreage of the facility site?	4.1
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?	No

Skilled Nursing Facility Cost Report**ROYAL COTUIT NUR & REHAB CE**

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 AM

Changes in Facility or Realty Company Ownership

Table 4	1	2	3	4	5
Line #	Type of Ownership Change	Transaction Date	Purchased From	Purchased By	Sale Price
4.1					
4.2					
4.3					

SCHEDULE 8 : STATEMENT OF CASH FLOWS

Beginning Cash and Cash Equivalents Balance

Table 1		1
Line #	Description	Reported
1.1	Cash and Cash Equivalents (Beginning of Year)	246,824

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	354,680
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	0
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(96,691)
200	Net Cash from Operating Activities	257,989

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	0
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	0

Cash Flows from Financing Activities

Table 4		1
Line #	Description	Reported
4.1	Proceeds from Issuance of Long-Term Debt	0
4.2	Payments on Long-Term Debt and Capital Lease Expenditures	(2,090)
4.3	Cash Flows from Other Financing Activities	0
400	Net Cash from Financing Activities	(2,090)

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	255,899
500	Cash and Cash Equivalents (End of Year)	502,723

Skilled Nursing Facility Cost Report

ROYAL COTUIT NUR & REHAB CE

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 AM

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	07/01/2020	98			98	120
1.2					0	
1.3					0	
1.4					0	
1.5					0	
1.6	List the number of certified Medicare beds at the close of this reporting period.	98				
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	897	1,181		3,638		16,928
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)	6			6		285
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	903	1,181	0	3,644	0	17,213

Skilled Nursing Facility Cost Report
ROYAL COTUIT NUR & REHAB CE
Filing Year: 2022

Date: 11/28/2023
Time: 9:55 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
	1,326							23,970
								0
								0
								0
								0
								0
								0
								0
	84							381
								0
								0
								0
0	1,410	0	0	0	0	0	0	24,351

Skilled Nursing Facility Cost Report**ROYAL COTUIT NUR & REHAB CE**

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 AM

Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	175
3.2	0140.1	Number of MassHealth Admissions During Year	12
3.3	0150.0	Number of Discharges During Year	171
3.4	0190.0	Average Length of Stay	142
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	182
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	49

Skilled Nursing Facility Cost Report**ROYAL COTUIT NUR & REHAB CE**

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 AM

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	536,766	13,376.0	617,190	16,857.0	709,544	32,262.0
1.2	Total Overtime Wages	69,768	1,061.0	119,823	2,162.0	233,165	6,326.0
1.3	Total Shift Differential	32,830		58,371		106,652	
1.4	Total Other Differentials	868		38		3,221	
100	Total	640,232	14,437.0	795,422	19,019.0	1,052,582	38,588.0

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	3.00	3.00	2.50	5.50	2.50
2.2	Licensed Practical Nurses	3.00	3.00	2.50	5.50	2.50
2.3	Certified Nurse Aides	2.00	2.00	2.50	4.50	2.50

Skilled Nursing Facility Cost Report
ROYAL COTUIT NUR & REHAB CE
Filing Year: 2022

Date: 11/28/2023
Time: 9:55 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	0.9	1,776.0
3.2	Plant Operations	1	1.0	2,142.0
3.3	Dietary Staff	8	8.0	16,647.0
3.4	Dietician	1	0.5	964.0
3.5	Housekeeping/Laundry Staff			
3.6	Unit Clerk & Medical Records Staff			
3.7	Quality Assurance	1	0.7	1,512.0
3.8	MMQ Nurses and MDS Coordinator	1	1.1	2,378.0
3.9	Social Services Staff	1	1.0	2,168.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	2	2.0	4,122.0
3.14	Administration and Officers	1	1.0	2,091.0
3.15	Security Staff			
3.16	Clerical Staff	7	6.8	14,176.0
3.17	Director of Nurses	1	0.9	1,833.0
3.18	Registered Nurses	7	6.9	14,437.0
3.19	Licensed Practical Nurses	9	9.1	19,019.0
3.20	Certified Nurse Aides	18	18.6	38,588.0
3.21	Resident Care Assistants			
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	59	58.6	121,853.0

Skilled Nursing Facility Cost Report

ROYAL COTUIT NUR & REHAB CE

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 AM

Detail of Purchased Nursing Services										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges
Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies			#Error						
Registered Temporary Nursing Service Agencies										
4.2			265.1	18,731			1,044.6	34,849		
4.3		TOIY			241.3	15,018				
4.4	MAS Medical Staffing (Worcester, MA)	TKYS					282.1	14,280		
4.5	Norton and Associates Inc	TOWP					41.0	1,840		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		265.1	18,731	241.3	15,018	1,367.7	50,969	0.0	0
400	Total Temporary Nursing Service Agency Expenses		265.1	18,731	241.3	15,018	1,367.7	50,969	0.0	0

Five Highest Paid Salaries (including salaries, payroll taxes, workers' compensation, all fringe benefits, and draws)

	NOTE: List the names and compensation of the <u>five</u> persons who have the highest compensation paid by this facility.									
Table 5	1	2	3	4	5	6	7	8		
Line #	Last Name	First Name	Title	Primary Expense Category	Salary & Benefits	Dividends/ Draws	Other	TOTAL		
5.1	McCusker	Claire	LPN	Nursing	128,713			128,713		
5.2	Barrows	Achante	Executive Director	Administrative & General	126,502			126,502		
5.3	Pires	Natalia Victoria	Nursing	Nursing	107,825			107,825		
5.4	Es	Loniane Marie	Dietary Supervisor	Administrative & General	108,387			108,387		
5.5	Lindo	Nadica	LPN	Nursing	103,625			103,625		

Skilled Nursing Facility Cost Report**ROYAL COTUIT NUR & REHAB CE**

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 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 6B	1	2	3	4	5	6	7	8	9
Line #	Last Name	First Name	Title	Primary Expense Category	Total Hours	Salary & Benefits	Draw / Dividends	Other Compensation	TOTAL
Partnership, Limited Liability Company (LLC)									
6B.1	Mamary	James	Owner						0
6B.2									0
6B.3									0
6B.4									0
6B.5									0
6B.6									0
									0

Skilled Nursing Facility Cost Report**ROYAL COTUIT NUR & REHAB CE**

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 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	Capital Lease	M&T Bank Capital lease	No	01/22/20 19	12/31/2023	60	2,090	0	0	0
100	TOTALS								0	0

Skilled Nursing Facility Cost Report**ROYAL COTUIT NUR & REHAB CE**

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 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
24,574	0	2,090	0	12/31/2023	22,484		7,197	0	7,197
					22,484		7,197	0	7,197

Skilled Nursing Facility Cost Report**ROYAL COTUIT NUR & REHAB CE**

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 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				0		7,197
200	Total Working Capital Interest						0		7,197

Skilled Nursing Facility Cost Report

ROYAL COTUIT NUR & REHAB CE

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 AM

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

ROYAL COTUIT NUR & REHAB CE

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 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:

C) Financial Statements Unavailable: The facility was not required to obtain audited, reviewed, or compiled financial statements for purposes other than 957 CMR 7.00.

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
07/31/2023 3:11PM	(1) Footnotes and Explanations	FootnotesandExplanations.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	James DErrico
07/31/2023 3:11PM	(3) Related Party Debt	RelatedPartyDebt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	James DErrico
08/02/2023 9:37AM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	James DErrico
08/02/2023 9:37AM	(4) Related Party Transactions	RelatedPartyTransactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	James DErrico

Skilled Nursing Facility Cost Report**ROYAL COTUIT NUR & REHAB CE**

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 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	Matthew S. Bovolack
1.2	Nursing Facility or Firm Name	Marcum LLP
1.3	Title	Principal
1.4	Street Address	555 Long Wharf Drive
1.5	City	New Haven
1.6	State	Connecticut
1.7	Zip Code	06511
1.8	Phone Number	+1 (203) 781-2680
1.9	Email Address	Matthew.Bovolack@marcumllp.com
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	08/10/2023

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

ROYAL COTUIT NUR & REHAB CE

Filing Year: 2022

Date: 11/28/2023

Time: 9:55 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	08/15/2023
2.3	Last Name	Mamary
2.4	First Name	James
2.5	Middle Name	S.
2.6	Title	Owner
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