

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

SCHEDULE 1 : GENERAL INFORMATION

Facility Information		
Table 1		1
Line #	Description	
1.1	Facility Name	ROYAL WAYLAND NURSING HOME,LLC
1.2	MassHealth Provider ID	110117714A
1.3	Federal Employer Tax ID	812033553
1.4	VPN	0950493
1.5	Is the above information correct?	Yes
1.6	Facility Number	00321
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	188 Commonwealth Road
1.11	City	Wayland
1.12	Zip	01778
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 Wayland Nursing Home, LLC
1.20	List realty company names as reported on each realty company cost report.	Royal Wayland Realty Trust
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 WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

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) 781-9680
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) 781-9680
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 WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

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 WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024

Time: 12:58 PM

SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	626,648	0	626,648
1.2	Commercial Managed Care	98,147	46,239	144,386
1.3	Commercial Non-Managed Care	0	0	0
1.4	Medicare Fee-For-Service	290,262	85,541	375,803
1.5	Medicare Managed Care (Part C)	0	0	0
1.6	MassHealth Fee-for-Service	1,932,359	0	1,932,359
1.7	MassHealth Managed Care	0	0	0
1.8	Senior Care Options	260,428	0	260,428
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	373,650	0	373,650
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	3,581,494	131,780	3,713,274

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 WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

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	541,782
3.3	Laundry Revenue	0
3.4	Vending Machine Revenue	0
3.5	Recovery of Bad Debts	0
3.6	Prior Year Retroactive Revenue	15,942
3.7	Interest Income	85
3.8	Nurses' Aide Training Revenue	0
3.9	Administrative and General Recoverable Revenue	5,614
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	563,423

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 Related Funding	541,782
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.3	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.4	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.5	Other Endowment and Non-Recoverable Revenue		
400	Total Endowment and Non-Recoverable Revenue		541,782

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	4,276,697

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024

Time: 12:58 PM

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	130,228		130,228
1.2	Director of Nurses: Employee Benefits	2,384	860	1,524
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	14,590		14,590
1.4	Director of Nurses Purchased Service: Per Diem	0		0
1.5	Director of Nurses Purchased Service: Temporary Agency Staff	5,108		5,108
1.6	Director of Nurses Add-back (MGT-CR Sch 6)			0
1.100	Subtotal: Director of Nurses Expenses	152,310		151,450
1.7	Registered Nurses: Salaries	177,226		177,226
1.8	Registered Nurses: Employee Benefits	3,244	1,170	2,074
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	19,855		19,855
1.10	Registered Nurses Purchased Service: Per Diem	0		0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	116,990	#Error	116,990
1.200	Subtotal: Registered Nurses Expenses	317,315		316,145
1.12	Licensed Practical Nurses: Salaries	366,737		366,737
1.13	Licensed Practical Nurses: Employee Benefits	8,367	2,421	5,946
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	51,207		51,207
1.15	Licensed Practical Nurses Purchased Service: Per Diem	0		0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	198,297		198,297
1.300	Subtotal: Licensed Practical Nurses Expenses	624,608		622,187
1.17	Certified Nurse Aides: Salaries	589,831		589,831
1.18	Certified Nurse Aides: Employee Benefits	10,795	3,894	6,901
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	66,079		66,079
1.20	Certified Nurse Aides Purchased Service: Per Diem	0		0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	100,335		100,335
1.400	Subtotal: Certified Nurse Aides Expenses	767,040		763,146

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

1.22	Nurse's Aide Training Administration	0	0	0
1.23	Nursing Education and Training	490	270	220
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	490		220
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	1,861,763		1,853,148

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	1,861,763		1,853,148

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	80,366		80,366
2.2	Administration: Employee Benefits	1,471	531	940
2.3	Administration: Payroll Taxes incl Workers Comp.	9,003		9,003
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	90,840		90,309
2.7	Clerical Staff: Salaries	90,339		90,339
2.8	Clerical Staff: Employee Benefits	0	596	(596)
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	0		0
2.10	Clerical Staff: Purchased Service	2,073		2,073
2.200	Subtotal: Clerical Staff Expenses	92,412		91,816
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	58,368		58,368
2.12	Office Supplies	12,907		12,907
2.13	Telecommunications (e.g. Internet, Phone)	17,513		17,513

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

2.14	Other Telecommunications (e.g. tablets to support family and resident communications)	0		0
2.15	Travel: Conventions & Meetings	7,237		7,237
2.16	Advertising: Help Wanted	5,879		5,879
2.17	Licenses and Dues: Patient Care Related Portion	5,304	966	4,338
2.18	Continuing Professional Education / Training and Development	0		0
2.19	Accounting Services (Not related to appeals)	25,134		25,134
2.20	Insurance: Malpractice & General Liability	4,070		4,070
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion	0		0
2.22	Other A & G Expenses	72,156	64,107	8,049
2.23	Non-Allowable A & G Expenses	502,715	502,715	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		30,490	30,490
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		113,320	113,320
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		6,867	6,867
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	711,283		294,172
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	894,535		476,297
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		5,614	5,614
2.500	Subtotal: Administrative & General Recoverable Income	0		5,614
200	Total: Net Administrative & General Expenses After Recoverable Income	894,535		470,683

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

Detail of Other A&G Expenses		
Table 2A	1	2
Line #	Description	Amount
2A.1	Professional Fees	65,624
2A.2	Bank Service Charges	6,532
2A.100	Subtotal: Other A&G Expenses	72,156

Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	140
2B.2	Licenses and Dues: Not Related to Resident Care	0
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	19,779
2B.7	Key Person Insurance	0
2B.8	Management Company Fees	199,000
2B.9	Management Consultants	0
2B.10	Interest on Working Capital	0
2B.11	Fines, Late Fees, Penalties, including Interest	200
2B.12	State and Federal Income Taxes	0
2B.13	Pre-Opening Expenses	0
2B.14	Bad Debt Expense	24,644
2B.15	User Fee Assessment	258,952
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	502,715

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	86,317		86,317
3.2	Staff Dev. Coord.: Employee Benefits	1,580	570	1,010

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	9,670		9,670
3.4	Staff Dev. Coord.: Purchased Service	0		0
3.100	Subtotal: Staff Development Coordinator Expenses	97,567		96,997
3.5	Plant Operation: Salaries	66,270		66,270
3.6	Plant Operation: Employee Benefits	1,213	437	776
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	7,424		7,424
3.8	Plant Operation: Purchased Service	75,811		75,811
3.9	Plant Operation: Supplies and Expenses	28,693		28,693
3.10	Plant Operation: Utilities	78,213		78,213
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	257,624		257,187
3.13	Dietician: Salaries	5,799		5,799
3.14	Dietician: Employee Benefits	106	38	68
3.15	Dietician: Payroll Taxes incl Workers Comp.	650		650
3.16	Dietician: Purchased Service	0		0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	6,555		6,517
3.18	Dietary: Salaries	189,785		189,785
3.19	Dietary: Employee Benefits	3,474	1,253	2,221
3.20	Dietary: Payroll Taxes incl Workers Comp.	21,262		21,262
3.21	Dietary: Food	88,513		88,513
3.22	Dietary: Purchased Service	11,204		11,204
3.23	Dietary: Supplies and Expenses	12,122		12,122
3.400	Subtotal: Dietary Expenses	326,360		325,107
3.24	Housekeeping/Laundry: Salaries	334		334
3.25	Housekeeping/Laundry: Employee Benefits	6	2	4
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	37		37
3.27	Housekeeping/Laundry: Purchased Service	156,472		156,472
3.28	Housekeeping/Laundry: Supplies and Expenses	15,798		15,798
3.29	Housekeeping/Laundry: Linen and Bedding	2,057		2,057
3.30	Housekeeping/Laundry: Special Cleaning	0		0
3.500	Subtotal: Housekeeping/Laundry Expenses	174,704		174,702

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

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	18,173		18,173
3.37	Unit Clerk & Medical Records: Employee Benefits	333	120	213
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	2,036		2,036
3.39	Unit Clerk & Medical Records: Purchased Service	0		0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	20,542		20,422
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	47,969		47,969
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	878	317	561
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	5,374		5,374
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	0		0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	54,221		53,904
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	51,202		51,202
3.49	Social Service Worker: Employee Benefits	937	338	599
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	5,736		5,736
3.51	Social Service Worker: Purchased Service	5,280		5,280
3.1000	Subtotal: Social Service Worker Expenses	63,155		62,817
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

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

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	53,328		53,328
3.60	Direct Restorative Therapy: Salaries	0	0	0
3.61	Direct Restorative Therapy: Benefits	0	0	0
3.62	Direct Restorative Therapy: Consultants	89,930	89,930	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	143,258		53,328
3.64	Recreational Therapy/Activities: Salaries	67,715		67,715
3.65	Recreational Therapy/Activities: Employee Benefits	1,239	447	792
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	7,586		7,586
3.67	Recreational Therapy/Activities: Purchased Service	8,075		8,075
3.68	Recreational Therapy/Activities: Supplies and Expenses	2,950		2,950
3.69	Recreational Therapy/Activities: Transportation	0	0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	87,565		87,118
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	1,174		1,174
3.79	Variable Other Required Education	0		0
3.80	Variable Job Related Education	1,053		1,053
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion	0		0
3.82	Physician Services: Medical Director	13,000		13,000

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

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	30,065	30,065	0
3.88	Personal Protective Equipment	9,602		9,602
3.89	House Supplies Not Resold	96,887		96,887
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	9,404		9,404
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	161,185		131,120
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	1,392,736		1,269,219
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	1,392,736		1,269,219

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

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	(39,225)	40,776
4.2	Long-Term Interest Expense SNF-CR	0		0
4.3	Long-Term Interest Expense REA-CR		(97,714)	(97,714)
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		(10,045)	(10,045)
4.8	Real Estate Tax Expense SNF-CR	0		0
4.9	Real Estate Tax Expense REA-CR		(21,823)	(21,823)
4.10	Personal Property Tax Expense SNF-CR	536		536
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	8,408		8,408
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	195,816	195,816	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	206,311		(79,862)
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	0
4.200	Subtotal: Capital & Fixed Cost Recoverable Income	0		0
400	Total: Net Capital & Fixed Cost Expenses Including Recoverable Income	206,311		(79,862)

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

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	4,355,345		3,518,802
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	4,355,345		3,513,188

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 WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

Other Business Expenses					
Table 3			1	2	3
Line / Column #	Account	Description	Reported	Non-Allowable Expenses	Total Allowable Expenses
3.1	8040.0	Adult Day Health Expenses	0	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	

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	3,713,274
1A.2	Other Revenue	561,821
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	4,275,095
1A.4	Salaries and Wages	1,968,291
1A.5	Employee Benefits	36,027
1A.6	Supplies and Other (including Payroll Taxes)	2,323,315
1A.7	Interest Expense	
1A.8	Provision for Bad Debt	24,644
1A.9	Depreciation and Amortization Expenses	1,551
1A.200	Total Operating Expenses	4,353,828
1A.300	Income(Loss) from Operations	(78,733)
	Non-Operating Income and Expenses	
1A.10	Interest Income	85
1A.11	Investment Income	
1A.12	Realized Gain(Loss) from Investments	
1A.13	Realized Gain(Loss) from Sale or Disposal of Equipment	
1A.14	Other Non-Operating Income(Expense)	
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	(78,648)
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)	(78,648)

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

<i>Detail of Extraordinary Items</i>		
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

<i>Detail of Changes in Accounting Principles</i>		
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 WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

Cost Reported Statement of Operations		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	4,276,697
2.2	Total Nursing Expenses (Schedule 3)	1,861,763
2.3	Total Administrative and General Expenses (Schedule 3)	894,535
2.4	Total Variable Expenses (Schedule 3)	1,392,736
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	206,311
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	4,355,345
200	Cost Reported Net Income(Loss)	(78,648)

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)		(78,648)
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)		(78,648)

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	131,540
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	559,211
1.6	Less Reserve for Bad Debt	(80,017)
1.100	Subtotal: Net Patient Accounts Receivable	479,194
1.7	Receivable from Officers/Owners/Employees	0
1.8	Receivable from Affiliates/Related Parties	0
1.9	Interest Receivable	0
1.10	Supply Inventory	0
1.11	Other Receivables	0
1.12	Prepaid Interest	0
1.13	Prepaid Insurance	3,683
1.14	Prepaid Taxes	0
1.15	Other Prepaid Expenses	6,639
1.16	Capitalized Pre-Opening Costs	0
1.17	Other Current Assets	11,451
100	Total Current Assets	632,507

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

Detail of Other Current Assets		
Table 1A	1	2
Line #	Description	Account Balance
1A.1	Due to Third Party	11,451
1A.2		
1A.3		
1A.4		
1A.5		
1A.6		
1A.7		
1A.8		
1A.9		
1A.10		
1A.100	Subtotal: Other Current Assets	11,451
Non-Current Fixed Assets		
Table 2	1	2
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 WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

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	159,958
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	159,958

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	793,240

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	167,631
5.2	Accrued Expenses	108,122
5.3	Due to Insurance Payers	0
5.4	Patient Funds Due	2,673
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	0
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	0
5.7	Accrued Salaries and Payroll Liabilities	48,999
5.8	State and Federal Taxes Payable	13,782
5.9	Accrued Interest Payable	0
5.10	Other Current Liabilities	8,443
500	Total Current Liabilities	349,650

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Due to Medicaid	8,443
5A.2		
5A.3		
5A.4		
5A.5		
5A.6		
5A.7		
5A.8		
5A.9		
5A.10		
5A.100	Subtotal: Other Current Liabilities	8,443

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	0
6.2	Due to Related Parties, Subsidiaries, and Affiliates	2,557,497
6.3	Other Long-Term Debt	0
600	Total Non-Current Liabilities	2,557,497

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	2,907,147

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	(1,723,280)
8B.2	Prior Period Adjustment(s)	(311,979)
8B.3	Capital Contributions During the Year	0
8B.4	SNF-CR Net Income/(Loss)	(78,648)
8B.5	Proprietor/Partner Drawings	0
8B.100	Owner's Equity Balance: Current Year	(2,113,907)

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

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	(311,979)
8D.2		
8D.3		
8D.4		
8D.5		
8D.6		
8D.7		
8D.8		
8D.9		
8D.10		
8D.100	Subtotal: Prior Period Adjustments	(311,979)
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)	793,240

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	4,653	0	0	4,653	(2,327)	(1,551)	(3,878)	775
1.6	Motor Vehicles	0	0	0	0	0	0	0	0
100	Total	4,653	0	0	4,653	(2,327)	(1,551)	(3,878)	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	10,000	0	0	0	0	10,000				
2.3	Building SNF-CR	0	0	0	0	0	0		0	0	0
2.4	Building REA-CR	124,856	0	0	0	0	124,856			3,121	3,121
2.5	Improvements SNF-CR	0	0	0	0	0	0	5.00%	0	0	0
2.6	Improvements REA-CR	108,932	0	0	0	0	108,932	5.00%		5,447	5,447
2.7	Equipment SNF-CR	0	0	0	0	0	0	10.00%	0	0	0
2.8	Equipment REA-CR	306,567	0	0	0	0	306,567	10.00%		30,657	30,657

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

2.9	Software/Limited Life Assets SNF-CR	4,653	0	0	0	0	4,653	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	555,008	0	0	0	0	555,008		1,551	39,225	40,776

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1970
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?	1,148,600
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?	17
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	8,700
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	4,544
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	0
3.10	What is the total acreage of the facility site?	1.5
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

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)	205,675

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(78,648)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	
2.3	Increases (Decreases) to Cash Provided by Operating Activities	4,513
200	Net Cash from Operating Activities	(74,135)

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	
4.2	Payments on Long-Term Debt and Capital Lease Expenditures	
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	0

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(74,135)
500	Cash and Cash Equivalents (End of Year)	131,540

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

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	06/15/2020	40			40	40
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.	40				
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	1,941	217		415		7,965
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)	14			3		148
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	1,955	217	0	418	0	8,113

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

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
	1,149							11,687
								0
								0
								0
								0
								0
								0
								0
	21							186
								0
								0
								0
0	1,170	0	0	0	0	0	0	11,873

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

Patient Statistics - Summary			
Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	26
3.2	0140.1	Number of MassHealth Admissions During Year	7
3.3	0150.0	Number of Discharges During Year	21
3.4	0190.0	Average Length of Stay	565
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	19
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	15

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	154,280	3,783.0	265,352	7,109.0	416,983	20,160.0
1.2	Total Overtime Wages	11,158	202.0	85,470	1,418.0	120,304	3,617.0
1.3	Total Shift Differential	9,893		13,453		48,729	
1.4	Total Other Differentials	1,895		2,462		3,815	
100	Total	177,226	3,985.0	366,737	8,527.0	589,831	23,777.0

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	2.00	5.00	2.00	2.00	5.00
2.2	Licensed Practical Nurses	2.00	5.00	2.00	2.00	5.00
2.3	Certified Nurse Aides	5.00	5.00	1.50	2.75	5.00

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024

Time: 12:58 PM

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	1,832.0
3.2	Plant Operations	1	1.1	2,294.0
3.3	Dietary Staff	4	4.1	8,506.0
3.4	Dietician	1	0.1	131.0
3.5	Housekeeping/Laundry Staff	1	0.0	22.0
3.6	Unit Clerk & Medical Records Staff	1	0.4	761.0
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	1	0.6	1,174.0
3.9	Social Services Staff	1	0.6	1,228.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	1	1.2	2,578.0
3.14	Administration and Officers	1	0.8	1,671.0
3.15	Security Staff			
3.16	Clerical Staff	2	1.5	3,158.0
3.17	Director of Nurses	1	1.0	2,061.0
3.18	Registered Nurses	2	1.9	3,985.0
3.19	Licensed Practical Nurses	4	4.1	8,527.0
3.20	Certified Nurse Aides	11	11.4	23,777.0
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	33	29.7	61,705.0

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024

Time: 12:58 PM

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	CONNECTRN INC	TGKV	216.8	16,822	394.8	26,481	22.8	920		
4.3	Norton and Associates Inc	TOWP	500.3	32,448			172.5	9,042		
4.4	MAS Medical Staffing (Worcester, MA)	TKYS			99.0	5,928	462.4	28,204		
4.5	Onestaff Medical, LLC	TWJW	542.5	51,809	1,872.5	143,797	421.0	30,197		
4.6			160.0	15,911	293.4	22,091	630.0	31,972	56.8	5,108
4.200	Subtotal: Registered Temporary Nursing Service Agencies		1,419.6	116,990	2,659.7	198,297	1,708.7	100,335	56.8	5,108
400	Total Temporary Nursing Service Agency Expenses		1,419.6	116,990	2,659.7	198,297	1,708.7	100,335	56.8	5,108

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	Urbanovitch	Theresa	LPN/Staff Development	Nursing	146,428			146,428
5.2	Parmenter	Andrew	Dietary	Other	70,554			70,554
5.3	Johnson	Eugene	Maintenance	Plant & Operations	67,013			67,013
5.4	Coleman	Chasity	Activities Director	Administrative & General	66,759			66,759
5.5	Flores	Dayma	C.N.A.	Nursing	63,572			63,572

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

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									0
6B.2									0
6B.3									0
6B.4									0
6B.5									0
6B.6									0
									0

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

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 Mortgage Acquired	Due Date	Number of Months Amortized	Monthly Payments	Original Loan Amount	Mortgage Acquisition Costs	Amortization of Mortgage Acquisition Costs
1.1										
100	TOTALS								0	0

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

11	12	13	14	15	16	17	18	19	20
Beginning Loan Balance: Jan 1	Beginning Balance - New Loans	Principal Payments	Pay Off Amount	Pay Off Date	Ending Loan Balance: Dec 31	Interest Rate %	Interest Expense	Period Expenses	Total Amortization, Interest and Period Expenses
					0				0
					0		0	0	0

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
 Filing Year: 2022

Date: 01/11/2024
 Time: 12:58 PM

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

SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

UPLOADS REQUIRED
(1) Footnotes and Explanations
<i>Upload Type: Excel, Word, or PDF</i>
This section is used to provide detail to any of the information included in this report.
(2) Ownership and Facility Information
<i>Upload Type: Excel Template</i>
List the names of all direct and indirect nursing facility owners and the name(s) of any Massachusetts and non-Massachusetts nursing or residential care facilities that are owned, directly or indirectly by the facility owners that have an interest of 5% or more. Note: This information must be submitted in the format of the template provided. In order for the file to be accepted, you <i>MUST</i> 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 <i>MUST</i> 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 WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

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
08/01/2023 2:10PM	(1) Footnotes and Explanations	FootnotesandExplanations.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	James DErrico
08/01/2023 2:10PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	James DErrico
08/01/2023 2:10PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	James DErrico
08/02/2023 2:59PM	(4) Related Party Transactions	RelatedPartyTransactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	James DErrico

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) 781-9680
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.*

--	--	--

Skilled Nursing Facility Cost Report
ROYAL WAYLAND NURSING HOME LLC
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

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