

Skilled Nursing Facility Cost Report**WINDSOR NSG & RET. HOME**

Filing Year: 2022

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SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	WINDSOR NSG & RET. HOME
1.2	MassHealth Provider ID	110026304E
1.3	Federal Employer Tax ID	042979430
1.4	VPN	0919985
1.5	Is the above information correct?	Yes
1.6	Facility Number	00925
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	265 North Main St.
1.11	City	S. Yarmouth
1.12	Zip	02664
1.13	Telephone	+1 (413) 664-4041
1.14	Is this a hospital-based nursing facility?	No
1.15	Does the provider have pediatric beds?	No
1.16	Does the provider have an executed special contract with MassHealth (e.g. ventilator unit, acquired brain injury, etc.)?	No
1.17	Legal Status	MA Corp (Chapter 156B with 501c(3) exemption)
1.18	List the name of the management company as reported on the management company cost report.	BHS Management Services/Integritus Healthcare Management Services, Inc.
1.19	List the name of the entity that holds the nursing facility license.	Fairview Extended Care Services, Inc
1.20	List realty company names as reported on each realty company cost report.	None
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

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Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Denise Granger
2.2	Nursing Facility or Firm Name	Integrity Healthcare Management Services, Inc.
2.3	Title	Director of Payment Systems and Contracting
2.4	Street Address	75 North Street
2.5	City	Pittsfield
2.6	State	MA
2.7	Zip Code	01201
2.8	Phone Number	+1 (413) 553-9012
2.9	Email Address	integrityreimb@integrity1.org

Preparer Information		
Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.		
Table 3		1
Line #	Description	
3.1	<input type="checkbox"/> I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer Name	William C. Jones Jr.
3.3	Nursing Facility or Firm Name	Integrity Healthcare Management Services, Inc.
3.4	Title	President
3.5	Street Address	75 North Street
3.6	City	Pittsfield
3.7	State	MA
3.8	Zip Code	01201
3.9	Phone Number	+1 (413) 447-2996
3.10	Email Address	bjones@integrity1.org
3.11	Type of Accounting Service Performed	Compilation

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Owner Business Information**Please use this table to provide information on any other Massachusetts public payer programs that the direct and indirect owners of this facility operate.**

Table 4	1	2	3	4	5	6
Line #	Service Type	Company Name	MassHealth Provider ID	Direct Owner/Partner Names	Indirect Owner/Partner Names	Parent Organization Names
4.1	Other	DAY BROOK VILLAGE SENIOR LIVING	110126706A	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services, Inc.
4.2	Other	E. LONGMEADOW SKILLED NURSING CTR	110026304C	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services, Inc.
4.3	Other	FAIRVIEW COMMONS NURS & REH. CTR	110026175B	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services, Inc.
4.4	Other	HILLCREST COMMONS NURS & REH. CTR	110026559A	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services, Inc.
4.5	Other	HUNT NURSING AND REHABILITATION CENTER	110026304B	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services, Inc.
4.6	Other	KIMBALL FARMS NURSING CARE CENTER	110026326B	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services, Inc.
4.7	Other	NORTH ADAMS COMMONS NRS & REH. CTR	110026217B	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services, Inc.
4.8	Other	PILGRIM REH & SKIL NURS CTR	110026304D	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services, Inc.

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SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	932,592	1,509	934,101
1.2	Commercial Managed Care	222,480	43,555	266,035
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	3,540,004	589,277	4,129,281
1.5	Medicare Managed Care (Part C)	141,354	2	141,356
1.6	MassHealth Fee-for-Service	4,868,326		4,868,326
1.7	MassHealth Managed Care	113,108	1	113,109
1.8	Senior Care Options	84,863	20,304	105,167
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount	620,913		620,913
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	10,523,640	654,648	11,178,288

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

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Other Nursing Facility Revenue

Table 3		1
Line #	Description	Revenue
3.1	Total Other Business Revenue	0
3.2	Endowment and Other Non-Recoverable Revenue	534,065
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	(336)
3.7	Interest Income	18
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	37,169
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	570,916

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)	Other Revenue Covid	534,065
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		534,065

Total Revenue

Table 5		1
Line #	Description	Total
500	Total Revenue	11,749,204

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SCHEDULE 3 : EXPENSES**Nursing Expenses**

Table 1		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
1.1	Director of Nurses: Salaries	92,354		92,354
1.2	Director of Nurses: Employee Benefits	13,157		13,157
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	5,994		5,994
1.4	Director of Nurses Purchased Service: Per Diem			0
1.5	Director of Nurses Purchased Service: Temporary Agency Staff	0	0	0
1.6	Director of Nurses Add-back (MGT-CR Sch 6)			0
1.100	Subtotal: Director of Nurses Expenses	111,505		111,505
1.7	Registered Nurses: Salaries	385,548		385,548
1.8	Registered Nurses: Employee Benefits	54,926		54,926
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	25,026		25,026
1.10	Registered Nurses Purchased Service: Per Diem	62,393		62,393
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	193,823	49,001	144,822
1.200	Subtotal: Registered Nurses Expenses	721,716		672,715
1.12	Licensed Practical Nurses: Salaries	778,440		778,440
1.13	Licensed Practical Nurses: Employee Benefits	110,898		110,898
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	50,528		50,528
1.15	Licensed Practical Nurses Purchased Service: Per Diem	122,406		122,406
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	225,421	32,488	192,933
1.300	Subtotal: Licensed Practical Nurses Expenses	1,287,693		1,255,205
1.17	Certified Nurse Aides: Salaries	1,146,297		1,146,297
1.18	Certified Nurse Aides: Employee Benefits	163,305		163,305
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	74,407		74,407
1.20	Certified Nurse Aides Purchased Service: Per Diem	483,284		483,284
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	486,946	79,514	407,432
1.400	Subtotal: Certified Nurse Aides Expenses	2,354,239		2,274,725

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1.22	Nurse's Aide Training Administration		0	0
1.23	Nursing Education and Training			0
1.24	This line description is intentionally left blank			0
1.25	This line description is intentionally left blank			0
1.500	Subtotal: Other Nursing Expenses	0		0
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	4,475,153		4,314,150

Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		0	
1.27	Nurses' Aide Training Recoverable Income		0	
1.700	Subtotal: Nursing & Director of Nursing Recoverable Income	0		0
100	Total: Net Nursing Expenses Including Recoverable Income	4,475,153		4,314,150

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	143,511		143,511
2.2	Administration: Employee Benefits	12,828		12,828
2.3	Administration: Payroll Taxes incl Workers Comp.	9,311		9,311
2.4	Administration: Purchased Service			0
2.5	Officers: Total Compensation		0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	165,650		165,650
2.7	Clerical Staff: Salaries	247,614		247,614
2.8	Clerical Staff: Employee Benefits	35,275		35,275
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	16,073		16,073
2.10	Clerical Staff: Purchased Service			0
2.200	Subtotal: Clerical Staff Expenses	298,962		298,962
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services			0
2.12	Office Supplies	26,476		26,476
2.13	Telecommunications (e.g. Internet, Phone)	35,539		35,539

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings			0
2.16	Advertising: Help Wanted			0
2.17	Licenses and Dues: Patient Care Related Portion	32,247		32,247
2.18	Continuing Professional Education / Training and Development	6,932		6,932
2.19	Accounting Services (Not related to appeals)			0
2.20	Insurance: Malpractice & General Liability	49,602		49,602
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	48,929	48,929	0
2.23	Non-Allowable A & G Expenses	1,466,224	1,466,224	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)			0
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		869,211	869,211
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		18,671	18,671
2.27	This line description is intentionally left blank			0
2.28	This line description is intentionally left blank			0
2.300	Subtotal: Other Administrative and General Expenses	1,665,949		1,038,678
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	2,130,561		1,503,290
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		37,169	37,169
2.500	Subtotal: Administrative & General Recoverable Income	0		37,169
200	Total: Net Administrative & General Expenses After Recoverable Income	2,130,561		1,466,121

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Detail of Other A&G Expenses		
Table 2A	1	2
Line #	Description	Amount
2A.1	Prior Year Expense Adjustment	25,958
2A.2	Accrued Expense	22,971
2A.100	Subtotal: Other A&G Expenses	48,929

Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	29,287
2B.2	Licenses and Dues: Not Related to Resident Care	
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	
2B.5	Legal: Resident Care	
2B.6	Legal: Other	25,611
2B.7	Key Person Insurance	
2B.8	Management Company Fees	571,969
2B.9	Management Consultants	52,510
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	11,775
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	142,000
2B.15	User Fee Assessment	633,072
2B.16	Other Non-Allowable A&G Expenses	
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
2B.100	Total Non-Allowable A&G Expenses	1,466,224

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	109,026		109,026
3.2	Staff Dev. Coord.: Employee Benefits	15,532		15,532

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3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	7,077		7,077
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	131,635		131,635
3.5	Plant Operation: Salaries	129,182		129,182
3.6	Plant Operation: Employee Benefits	18,404		18,404
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	8,385		8,385
3.8	Plant Operation: Purchased Service	119,861		119,861
3.9	Plant Operation: Supplies and Expenses	49,171		49,171
3.10	Plant Operation: Utilities	167,849		167,849
3.11	Plant Operation: Repairs	38,165		38,165
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	531,017		531,017
3.13	Dietician: Salaries			0
3.14	Dietician: Employee Benefits			0
3.15	Dietician: Payroll Taxes incl Workers Comp.			0
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	0		0
3.18	Dietary: Salaries	501,262		501,262
3.19	Dietary: Employee Benefits	71,411		71,411
3.20	Dietary: Payroll Taxes incl Workers Comp.	32,537		32,537
3.21	Dietary: Food	355,966		355,966
3.22	Dietary: Purchased Service	92,907		92,907
3.23	Dietary: Supplies and Expenses	35,134		35,134
3.400	Subtotal: Dietary Expenses	1,089,217		1,089,217
3.24	Housekeeping/Laundry: Salaries	309,549		309,549
3.25	Housekeeping/Laundry: Employee Benefits	44,098		44,098
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	20,092		20,092
3.27	Housekeeping/Laundry: Purchased Service	82,180		82,180
3.28	Housekeeping/Laundry: Supplies and Expenses	37,139		37,139
3.29	Housekeeping/Laundry: Linen and Bedding	4,759		4,759
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	497,817		497,817

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3.31	Quality Assurance (QA) Professional: Salaries	53,610		53,610
3.32	QA Professional: Employee Benefits	5,276		5,276
3.33	QA Professional: Payroll Taxes incl Workers Comp.	10,552		10,552
3.34	QA Professional: Purchased Service			0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
3.600	Subtotal: QA Professional Expenses	69,438		69,438
3.36	Unit Clerk & Medical Records: Salaries			0
3.37	Unit Clerk & Medical Records: Employee Benefits			0
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.			0
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	0		0
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	83,392		83,392
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	11,880		11,880
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	5,413		5,413
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	100,685		100,685
3.44	Behavioral Health Specialist: Salaries			0
3.45	Behavioral Health Specialist: Employee Benefits			0
3.46	Behavioral Health Specialist: Payroll Taxes incl Workers Comp.			0
3.47	Behavioral Health Specialist: Purchased Service			0
3.900	Subtotal: Behavioral Health Specialist Expenses	0		0
3.48	Social Service Worker: Salaries	183,427		183,427
3.49	Social Service Worker: Employee Benefits	26,132		26,132
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	11,906		11,906
3.51	Social Service Worker: Purchased Service	59,650		59,650
3.1000	Subtotal: Social Service Worker Expenses	281,115		281,115
3.52	Interpreters: Salaries			0
3.53	Interpreters: Employee Benefits			0
3.54	Interpreters: Payroll Taxes incl Workers Comp.			0
3.55	Interpreters: Purchased Service			0

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3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries			0
3.57	Indirect Restorative Therapy: Employee Benefits			0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.			0
3.59	Indirect Restorative Therapy: Consultants	3,862		3,862
3.60	Direct Restorative Therapy: Salaries		0	0
3.61	Direct Restorative Therapy: Benefits		0	0
3.62	Direct Restorative Therapy: Consultants	894,184	894,184	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	898,046		3,862
3.64	Recreational Therapy/Activities: Salaries	111,066		111,066
3.65	Recreational Therapy/Activities: Employee Benefits	15,823		15,823
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	7,209		7,209
3.67	Recreational Therapy/Activities: Purchased Service	5,751		5,751
3.68	Recreational Therapy/Activities: Supplies and Expenses	1,970		1,970
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	141,819		141,819
3.70	Resident Care Assistant: Salaries	11,533		11,533
3.71	Resident Care Assistant: Employee Benefits	1,643		1,643
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.	749		749
3.73	Resident Care Assistant: Purchased Service			0
3.1400	Subtotal: Resident Care Assistant Expenses	13,925		13,925
3.74	Security: Salaries			0
3.75	Security: Employee Benefits			0
3.76	Security: Payroll Taxes including Workers Comp.			0
3.77	Security: Purchased Service			0
3.1500	Subtotal: Security Expenses	0		0
3.78	Travel: Motor Vehicle Expense	50,553		50,553
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education	2,850		2,850
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	57,633		57,633

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3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals	7,616		7,616
3.86	Physician Services: Other			0
3.87	Legend Drugs	270,355	270,355	0
3.88	Personal Protective Equipment			0
3.89	House Supplies Not Resold	425,069		425,069
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents	113,033	113,033	0
3.92	Pharmacy Consultant	14,488		14,488
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	941,597		558,209
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	4,696,311		3,418,739
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		0	0
3.1800	Subtotal: Variable Recoverable Income	0		0
300	Total: Net Variable Expenses Including Recoverable Income	4,696,311		3,418,739

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Capital & Fixed Cost Expenses				
Table 4		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
4.1	Depreciation Expense	173,664	(112,020)	285,684
4.2	Long-Term Interest Expense SNF-CR	125,189		125,189
4.3	Long-Term Interest Expense REA-CR			0
4.4	MA Corp. Excise Tax - Non-Income Portion SNF-CR			0
4.5	MA Corp. Excise Tax - Non-Income Portion REA-CR			0
4.6	Building Insurance Expense SNF-CR	15,270		15,270
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR			0
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR			0
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	96,944	96,944	0
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR		0	0
4.15	This line description is intentionally left blank			0
4.16	This line description is intentionally left blank			0
4.100	Subtotal: Total Capital & Fixed Cost Expenses Before Recoverable Income	411,067		426,143
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	411,067		426,143

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Total Combined Expenses Before Recoverable Income				
Table 5		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
500	Total Combined Expenses Before Recoverable Income	11,713,092		9,662,322
Total Combined Expenses Net of Recoverable Income				
Table 6		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
600	Total Combined Expenses Net of Recoverable Income	11,713,092		9,625,153

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SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES**Other Business Activities**

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

Other Business Revenue

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

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

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

Financial Statement of Operations

Table 1		
Table 1B		
Not-For-Profit		
Line #	Description	Reported
1B.1	Net Patient Service Revenue	11,712,017
1B.2	Other Revenue	37,169
1B.3	Net Assets Released from Restriction	
1B.100	Total Operating Revenue	11,749,186
1B.4	Salaries and Wages	4,285,810
1B.5	Employee Benefits	545,122
1B.6	Supplies and Other (including Payroll Taxes)	6,441,307
1B.7	Interest Expense	125,189
1B.8	Provision for Bad Debt	142,000
1B.9	Depreciation and Amortization Expenses	173,664
1B.200	Total Operating Expenses	11,713,092
1B.300	Income(Loss) from Operations	36,094
	Non-Operating Income and Expenses	
1B.10	Interest Income	18
1B.11	Investment Income	
1B.12	Realized Gain(Loss) from Investments	
1B.13	Realized Gain(Loss) from Sale or Disposal of Equipment	
1B.14	Other Non-Operating Income(Expense)	
	Other Changes in Net Assets Without Donor Restrictions	
1B.15	Contributions, Gifts, and Other	
1B.16	Extraordinary Items	0
1B.17	Cumulative Effect of Changes in Accounting Principles	0
1B.18	Change in Beneficial Interest in Net Assets Without Donor Restrictions	
1B.19	Unrealized Gain(Loss) on Investments from Net Assets Without Donor Restrictions	
1B.20	Other Changes in Net Assets Without Donor Restrictions	
1B.400	Financial Statement Excess (Deficiency) of Revenues over Expenses	36,112

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

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

<i>Cost Reported Statement of Operations</i>		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	11,749,204
2.2	Total Nursing Expenses (Schedule 3)	4,475,153
2.3	Total Administrative and General Expenses (Schedule 3)	2,130,561
2.4	Total Variable Expenses (Schedule 3)	4,696,311
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	411,067
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	11,713,092
200	Cost Reported Net Income(Loss)	36,112

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Reconciliation Between Financial Statement and Cost Report Net Income			
Table 3		1	2
Line #	Description	Describe Reconciling Item	Amount
3.1	Net Income(Loss) on Financial Statement of Operations (Table 1)		36,112
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)		36,112

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

Current Assets		
Table 1		1
Line #	Description	Account Balance
1.1	Cash and Cash Equivalents	233,337
1.2	Short-Term Investments	
1.3	Current Portion Assets Whose Use is Limited	
1.4	Other Cash and Equivalents	
1.5	Payer Accounts Receivable	2,697,033
1.6	Less Reserve for Bad Debt	(127,316)
1.100	Subtotal: Net Patient Accounts Receivable	2,569,717
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	
1.9	Interest Receivable	
1.10	Supply Inventory	61,820
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	12,758
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	27,309
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
100	Total Current Assets	2,904,941

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

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Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	547,000
2.2	Buildings	
2.3	Improvements	297,712
2.4	Equipment	484,171
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	1,328,883

Other Non-Current Assets		
Table 3		1
Line #	Description	Account Balance
3.1	Long-Term Investments	
3.2	Non-Current Assets Whose Use is Limited	
3.3	Other Deferred Charges and Non-Current Assets	0
3.4	Construction in Progress	41,127
3.5	Mortgage Acquisition Costs	
3.6	Accumulated Amortization of Mortgage Acquisition Costs	
3.100	Net Mortgage Acquisition Costs	0
300	Total Non-Current Assets	41,127

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

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Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	4,274,951

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	932,536
5.2	Accrued Expenses	677,311
5.3	Due to Insurance Payers	471
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	12,807,333
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	174,618
5.7	Accrued Salaries and Payroll Liabilities	180,732
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	10,273
5.10	Other Current Liabilities	13,968
500	Total Current Liabilities	14,797,242

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Management Fee	5,274
5A.2	Capital Lease Obligation	8,228
5A.3	Union Dues	466
5A.100	Subtotal: Other Current Liabilities	13,968

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Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	
6.2	Due to Related Parties, Subsidiaries, and Affiliates	
6.3	Other Long-Term Debt	4,068,645
600	Total Non-Current Liabilities	4,068,645

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	18,865,887

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

Table 8				
Table 8A		1	2	3
Not-for-Profits				
Line #	Description	Net Assets Without Donor Restrictions	Net Assets With Donor Restrictions	Total Net Assets
8A.1	Net Assets Balance: Prior Year	(14,627,048)		(14,627,048)
8A.2	Prior Period Adjustment(s)	0		0
8A.3	SNF-CR Excess (Deficiency) of Revenues Over Expenses	36,112		36,112
8A.4	Gain/(Loss) Realized on Investments			0
8A.5	Contributions, Gifts and Other			0
8A.6	Change in Unrealized Gains/(Losses) on Investments			0
8A.7	Net Assets Released from Donor Restriction			0
8A.8	Net Assets - Other			0
8A.100	Net Assets Balance: Current Year	(14,590,936)	0	(14,590,936)

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Prior Period Adjustments**NOTE: Disclose all facts relative to adjustments and explain any impact on reimbursable costs as reported in prior year(s) cost report identifying the specific cost centers affected.**

Table 8D	1	2
Line #	Description	Amount
8D.1		
8D.100	Subtotal: Prior Period Adjustments	0

Total Liabilities and Owner's Equity (or Net Assets for Not-for-Profits)

Table 9		1
Line #	Description	Account Balance
900	Total Liabilities and Owner's Equity (or Net Assets for Not-For-Profit)	4,274,951

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SCHEDULE 7 : DETAIL OF FIXED ASSETS AND DEPRECIATION

Financial Statement Fixed Assets									
Table 1		1	2	3	4	5	6	7	8
Line #	Description	Fixed Asset Cost Beginning Balance	Current Year Additions	Current Year Deletions	Fixed Asset Cost Ending Balance	Accumulated Depreciation Beginning Balance	Current Year Depreciation	Accumulated Depreciation Ending Balance	Financial Statement Net Book Value
1.1	Land	547,000			547,000				547,000
1.2	Building	4,955,000			4,955,000	(4,955,000)		(4,955,000)	0
1.3	Improvements	2,777,789	37,614		2,815,403	(2,462,186)	(55,505)	(2,517,691)	297,712
1.4	Equipment	3,010,586	188,746	(35,000)	3,164,332	(2,562,002)	(118,159)	(2,680,161)	484,171
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles				0			0	0
100	Total	11,290,375	226,360	(35,000)	11,481,735	(9,979,188)	(173,664)	(10,152,852)	1,328,883

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	134,150					134,150				
2.2	Land REA-CR						0				
2.3	Building SNF-CR	1,762,036					1,762,036	2.50%	0	44,051	44,051
2.4	Building REA-CR						0	2.50%			0
2.5	Improvements SNF-CR	2,266,636		37,614		(28,067)	2,276,183	5.00%	55,505	58,304	113,809
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	1,207,603		188,746		(118,105)	1,278,244	10.00%	118,159	9,665	127,824

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2.8	Equipment REA- CR						0	10.00%			0
2.9	Software/Limited Life Assets SNF- CR						0	33.33%	0		0
2.10	Software/Limited Life Assets REA- CR						0	33.33%			0
200	Total Claimed Fixed Assets	5,370,425	0	226,360	0	(146,172)	5,450,613		173,664	112,020	285,684

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?	01/31/2021
3.3	What was the value from the most recent municipal property assessment for this facility?	6,122,200
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?	45,706
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	32,676
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?	5.3
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	No

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<i>Changes in Facility or Realty Company Ownership</i>					
Table 4	1	2	3	4	5
Line #	Type of Ownership Change	Transaction Date	Purchased From	Purchased By	Sale Price
4.1					
4.2					
4.3					

SCHEDULE 8 : STATEMENT OF CASH FLOWS

Beginning Cash and Cash Equivalents Balance

Table 1		1
Line #	Description	Reported
1.1	Cash and Cash Equivalents (Beginning of Year)	20,634

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	36,112
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	131,001
2.3	Increases (Decreases) to Cash Provided by Operating Activities	12,522,594
200	Net Cash from Operating Activities	12,689,707

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(191,360)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(191,360)

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	(12,285,644)
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	(12,285,644)

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	212,703
500	Cash and Cash Equivalents (End of Year)	233,337

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SCHEDULE 9 : LICENSURE & PATIENT STATISTICS**Bed Licensure**

Table 1	1	2	3	4	5	6
Line #	DPH Licensure Issue Date	Skilled Nursing (Level I,II, & III)	Residential Care (Level IV)	Pediatric	Total Licensed Beds	Constructed Capacity
1.1	06/22/2020	120			120	120
1.2	06/22/2022	120			120	120
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.	120				
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	2,540	554		5,277	535	23,379
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)	20					370
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	2,560	554	0	5,277	535	23,749

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7	8	9	10	11	12	13	14	15
MassHealth Managed Care	Senior Care Options	OneCare	PACE	Out-of- State Medicaid	Veteran's Affairs & Other Public	DTA & EAEDC	Other	Total
428	330							33,043
								0
								0
								0
								0
								0
								0
								0
4	8							402
								0
								0
								0
432	338	0	0	0	0	0	0	33,445

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Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	214
3.2	0140.1	Number of MassHealth Admissions During Year	102
3.3	0150.0	Number of Discharges During Year	203
3.4	0190.0	Average Length of Stay	165
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	186
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	95

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SCHEDULE 10 : DETAIL OF FACILITY COMPENSATION AND PURCHASED NURSING SERVICES

<i>Detail of Staff Nursing Services Wages and Hours</i>							
Table 1		1	2	3	4	5	6
Line #	Description	RN Wages	RN Hours	LPN Wages	LPN Hours	CNA Wages	CNA Hours
1.1	Total Base Wages	195,959	5,471.0	377,044	12,102.0	259,665	14,563.0
1.2	Total Overtime Wages	7,582	2,140.0	23,727	6,595.0	423,624	12,804.0
1.3	Total Shift Differential	17		90		23,273	
1.4	Total Other Differentials						
100	Total	203,558	7,611.0	400,861	18,697.0	706,562	27,367.0

<i>Detail of Nursing Services Shift Differentials</i>						
Table 2		1	2	3	4	5
Line #	Description	Median Hourly Shift Differential: Weekday Evening	Median Hourly Shift Differential: Weekday Night	Median Hourly Shift Differential: Weekend Day	Median Hourly Shift Differential: Weekend Evening	Median Hourly Shift Differential: Weekend Night
2.1	Registered Nurses	2.00	2.00	2.50	4.50	4.50
2.2	Licensed Practical Nurses	2.00	2.00	2.50	4.50	4.50
2.3	Certified Nurse Aides	1.00	1.00	1.50	2.50	2.50

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Detail of Staff and Hours by Position				
Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development	1	1.0	2,030.0
3.2	Plant Operations	5	2.0	4,688.0
3.3	Dietary Staff	20	11.0	22,151.0
3.4	Dietician			
3.5	Housekeeping/Laundry Staff	7	2.0	4,005.0
3.6	Unit Clerk & Medical Records Staff	9	5.0	11,069.0
3.7	Quality Assurance	1	0.0	26.0
3.8	MMQ Nurses and MDS Coordinator	3	1.0	2,076.0
3.9	Social Services Staff	5	2.0	4,286.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	7	2.0	4,866.0
3.14	Administration and Officers	2	1.0	2,107.0
3.15	Security Staff			
3.16	Clerical Staff	8	5.0	9,546.0
3.17	Director of Nurses	2	1.0	1,387.0
3.18	Registered Nurses	5	4.0	7,611.0
3.19	Licensed Practical Nurses	12	9.0	18,697.0
3.20	Certified Nurse Aides	20	23.0	27,367.0
3.21	Resident Care Assistants			753.0
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	107	69.0	122,665.0

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Detail of Purchased Nursing Services										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges
Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies		1,687.8	49,001	1,119.0	32,488	2,739.0	79,514		
Registered Temporary Nursing Service Agencies										
4.2	Allegiance Nursing LLC	TOJ9	1,067.5	30,992	2,117.0	61,456				
4.3	Intelycare, Inc.	TM7F	3,920.7	113,830	3,748.0	108,822	5,945.0	172,603		
4.4	Aura Staffing	TKZV			47.0	1,356				
4.5	CONNECTRN INC	TGKV			13.0	383				
4.6					213.0	6,174	6,944.0	201,596		
4.7	General Healthcare Resources, LLC	TQFN			306.0	8,884				
4.8	Paramount Healthcare Services	TNVC			202.0	5,858	18.0	531		
4.9		TOIY					188.0	5,449		
4.10	Maxim Healthcare Services - TNS Plymouth	T20Z								
4.11	WW Staffing LLC	TR7R					939.0	27,253		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		4,988.2	144,822	6,646.0	192,933	14,034.0	407,432	0.0	0
400	Total Temporary Nursing Service Agency Expenses		6,676.0	193,823	7,765.0	225,421	16,773.0	486,946	0.0	0

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Five Highest Paid Salaries (including salaries, payroll taxes, workers' compensation, all fringe benefits, and draws)								
	NOTE: List the names and compensation of the <u>five</u> persons who have the highest compensation paid by this facility.							
Table 5	1	2	3	4	5	6	7	8
Line #	Last Name	First Name	Title	Primary Expense Category	Salary & Benefits	Dividends/ Draws	Other	TOTAL
5.1	Guerrini	Carli	LPN	Nursing	132,575			132,575
5.2	Kowalcek	Elizabeth	Certified Nursing Assistant	Nursing	141,210			141,210
5.3	Lira	Francisco	RN	Nursing	139,658			139,658
5.4	Meritus	Jean	LPN	Nursing	159,577			159,577
5.5	Brewer	Scott	Administrator	Administrative & General	171,486			171,486

Earnings and Compensation Disclosures									
Table 6	NOTE: This schedule is used to report the name(s) of the Owner, Partner, or Officer and disclose all salary and benefits, drawings and dividends, and other compensation as well as the accounts that were charged.								
Table 6C	1	2	3	4	5	6	7	8	9
Line #	Last Name	First Name	Title	Primary Expense Category	Total Hours	Salary & Benefits	Dividends	Other Compensation	TOTAL
Corporation									
6C.1									0
6C.2									0
6C.3									0
									0

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SCHEDULE 11 : NOTES PAYABLE AND WORKING CAPITAL DEBT**Mortgages and Notes Supporting Fixed Assets**

Table 1	1	2	3	4	5	6	7	8	9	10
Line / Column #	Type of Notes Payable	Lender Name	Related Party	Date Mortgag e Acquired	Due Date	Number of Months Amortize d	Monthly Payment s	Original Loan Amount	Mortgag e Acquisiti on Costs	Amortiza tion of Mortgag e Acquisiti on Costs
1.1	1st Mortgage	TD Bank	No	11/30/2016	12/31/2041	300	12	5,227,830	46,818	4,155
100	TOTALS								46,818	4,155

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11	12	13	14	15	16	17	18	19	20
Beginning Loan Balance: Jan 1	Beginning Balance - New Loans	Principal Payments	Pay Off Amount	Pay Off Date	Ending Loan Balance: Dec 31	Interest Rate %	Interest Expense	Period Expenses	Total Amortization, Interest and Period Expenses
4,447,149		344,216			4,102,933	2.740%	121,034		125,189
					4,102,933		121,034	0	125,189

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

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SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

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

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If a Provider or its parent organization is required or elects to obtain independent audited financial statements for purposes other than 957 CMR 7.00, the Provider must file a complete copy of its audited financial statements with the Center, that most closely correspond to the Provider's Nursing Facility cost report fiscal period. If the Provider or its parent organization does not obtain audited financial statements but is required or elects to obtain reviewed or compiled financial statements for purposes other than 957 CMR 7.00, the Provider must file with the Center a complete copy of its financial statements that most closely correspond to the Nursing Facility cost report fiscal period.

Please select one option from the menu, and upload applicable statements for choices A or B. These options are listed in descending order of preference:

A) Financial Statements: Audited, reviewed, or compiled financial statements prepared by a Certified Public Accountant (CPA).

Note: If A or B is selected, providers need to upload financial statements and MUST use the file name "Financial Statements". If C is selected, an upload is not required.

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
09/22/2023 2:35PM	(1) Footnotes and Explanations	Board of Trustees Contact and Term Data 2022.pdf	application/pdf	Ryan Aldam
09/22/2023 2:36PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
09/22/2023 2:37PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
09/22/2023 2:38PM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
09/22/2023 2:39PM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Ryan Aldam

SCHEDULE 13 : SUBMISSION AND ATTESTATION

Electronic signatures are required to submit this Cost Report. There are two sections that require signature: (A) Certification by Preparer (Other than Owner, Partner, or Officer) and (B) Certifications by Owner, Partner, or Officer.

Section A - Certification by Preparer (Other than Owner, Partner, or Officer)

Note: The information in the table below is sourced from Schedule 1, Table 3 of this report.

1.1	Preparer Name	William C. Jones Jr.
1.2	Nursing Facility or Firm Name	Integrity Healthcare Management Services, Inc.
1.3	Title	President
1.4	Street Address	75 North Street
1.5	City	Pittsfield
1.6	State	MA
1.7	Zip Code	01201
1.8	Phone Number	+1 (413) 447-2996
1.9	Email Address	bjones@integrity1.org
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	09/22/2023

Please note this button does not submit the Cost Report for CHIA review, and is solely for your internal review purposes.
If the report needs to be unlocked by the Preparer, uncheck the attestation box on Line 1.11 and click the Save and Validate button.

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Section B - Certification by Owner, Partner, or Officer

A) ACCURACY OF REPORTED COSTS: I declare and affirm under the penalties of perjury that this cost report and supporting schedules have been examined by me and, to the best of my knowledge and belief, are a true and correct statement of total operating expenditures, balance sheet, earnings and expenses, and other required information. Further, I declare that the report and supplemental information were prepared from the books and records of the provider, unless otherwise noted, in accordance with applicable federal and state laws, regulations and instructions. I understand that any payment resulting from this report will be from state and federal funds and that any false statements or documents, or the concealment of a material fact, may be prosecuted under applicable federal and state laws. I also understand that this report and supporting schedules are subject to audit and verification by the Center for Health Information and Analysis or any other state or federal agency or their subcontractors. I will keep all records, books, and other information pertaining to this cost report for a period of five years. If there is an unresolved audit exception, I will keep these records until all issues are resolved.

B) USE OF PUBLIC FUNDS: Section 681 of Chapter 26 of the Acts of 2003 requires that a nursing home or health care facility receiving public funds must certify that these funds shall not be used directly or indirectly for political contributions, lobbying activities, entertainment expenses or efforts to assist, promote, deter or discourage union organizing. In accordance with Section 681, I hereby certify to the best of my knowledge, by said signature, that from and after the date of this certification, the facility shall not use public funds received from the Commonwealth of Massachusetts, directly or indirectly, for purposes of political contributions, lobbying activities, entertainment expenses or efforts to assist, promote, deter or discourage union organizing.

This certification is signed under pains and penalties of perjury.

2.1	[x] By checking this box, I hereby certify that under pains and penalties of perjury, that the above statements entitled A) Accuracy of Reported Costs and B) Use of Public Funds are correct and true, to the best of my knowledge and belief. This report is subject to audit and verification by the Center for Health Information and Analysis.	
2.2	Date of Authorization	09/22/2023
2.3	Last Name	Jones
2.4	First Name	William
2.5	Middle Name	C.
2.6	Title	President and Treasurer
2.7	Is this information correct?	Yes

Please note once the Submit button is clicked, this Cost Report and all attachments will be submitted to CHIA for review and finalized. This Cost Report can then only be reopened by contacting CHIA and submitting a request.

Please submit all request to Costreports.LTCF@CHIAMass.gov along with the following information:

a) User Name

b) User E-Mail Address

c) Organization Name

d) Applicable Filing Year

e) Reason for request