

**Skilled Nursing Facility Cost Report****CHARLENE MANOR EXT. CARE FAC.**

Filing Year: 2023

Date: 12/19/2024

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

<b>Table 1</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	
1.1	Facility Name	CHARLENE MANOR EXT. CARE FAC.
1.2	MassHealth Provider ID	110026667A
1.3	Federal Employer Tax ID	201721687
1.4	VPN	0928950
1.5	Is the above information correct?	Yes
1.6	Facility Number	01006
1.7	This line is intentionally left blank	
1.8	Reporting Period From	01/01/2023
1.9	Reporting Period To	12/31/2023
1.10	Street Address	130 Colrain Road
1.11	City	Greenfield
1.12	Zip	01301
1.13	Telephone	+1 (413) 774-3724
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.	Integrity Healthcare Management Services, Inc
1.19	List the name of the entity that holds the nursing facility license.	Greenfield Management Systems, Inc
1.20	List realty company names as reported on each realty company cost report.	
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	Yes

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<b>Contact Information</b>		
<b>Table 2</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	
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

<b>Preparer Information</b>		
Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.		
<b>Table 3</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	
3.1	<input type="checkbox"/> I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer Name	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.**

<b>Table 4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Line #</b>	<b>Service Type</b>	<b>Company Name</b>	<b>MassHealth Provider ID</b>	<b>Direct Owner/Partner Names</b>	<b>Indirect Owner/Partner Names</b>	<b>Parent Organization Names</b>
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**

<b>Table 1</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Payer</b>	<b>Routine Revenue</b>	<b>Ancillary Revenue</b>	<b>Total Revenue</b>
1.1	Private Pay	2,044,438	3,430	2,047,868
1.2	Commercial Managed Care	112,999	60,038	173,037
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	2,865,238	299,504	3,164,742
1.5	Medicare Managed Care (Part C)	932,389		932,389
1.6	MassHealth Fee-for-Service	5,279,315		5,279,315
1.7	MassHealth Managed Care	608,401	1	608,402
1.8	Senior Care Options	104,733	8,797	113,530
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount	1,097,977		1,097,977
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public	712,011	11,388	723,399
1.15	Other Payer Revenue			0
<b>100</b>	<b>Total Nursing Facility Revenue</b>	<b>13,757,501</b>	<b>383,158</b>	<b>14,140,659</b>

**Detail of Ancillary Revenue**

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

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**Other Nursing Facility Revenue**

<b>Table 3</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Revenue</b>
3.1	Total Other Business Revenue	0
3.2	Endowment and Other Non-Recoverable Revenue	56,352
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	(193,100)
3.7	Interest Income	1,512
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	11,725
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	
3.12	Fixed Cost Recoverable Revenue	
<b>300</b>	<b>Total Other Nursing Facility Revenue</b>	<b>(123,511)</b>

**Detail of Endowment and Non-Recoverable Revenue**

<b>Table 4</b>		<b>1</b>	<b>2</b>
<b>Line #</b>	<b>Description</b>	<b>Type</b>	<b>Revenue</b>
4.1	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Other Revenue Covid	56,352
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		
<b>400</b>	<b>Total Endowment and Non-Recoverable Revenue</b>		<b>56,352</b>

**Total Revenue**

<b>Table 5</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Total</b>
<b>500</b>	<b>Total Revenue</b>	<b>14,017,148</b>

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**SCHEDULE 3 : EXPENSES****Nursing Expenses**

<b>Table 1</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>	<b>Non-Allowable Expenses and Add -backs</b>	<b>Total Allowable Expenses</b>
1.1	Director of Nurses: Salaries	122,527		122,527
1.2	Director of Nurses: Employee Benefits	11,309		11,309
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
<b>1.100</b>	<b>Subtotal: Director of Nurses Expenses</b>	<b>139,830</b>		<b>139,830</b>
1.7	Registered Nurses: Salaries	289,649		289,649
1.8	Registered Nurses: Employee Benefits	26,733		26,733
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	14,170		14,170
1.10	Registered Nurses Purchased Service: Per Diem	12,426		12,426
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	61,908	0	61,908
<b>1.200</b>	<b>Subtotal: Registered Nurses Expenses</b>	<b>404,886</b>		<b>404,886</b>
1.12	Licensed Practical Nurses: Salaries	1,952,820		1,952,820
1.13	Licensed Practical Nurses: Employee Benefits	180,313		180,313
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	95,578		95,578
1.15	Licensed Practical Nurses Purchased Service: Per Diem	28,335		28,335
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	292,597	51,179	241,418
<b>1.300</b>	<b>Subtotal: Licensed Practical Nurses Expenses</b>	<b>2,549,643</b>		<b>2,498,464</b>
1.17	Certified Nurse Aides: Salaries	1,379,778		1,379,778
1.18	Certified Nurse Aides: Employee Benefits	127,344		127,344
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	67,501		67,501
1.20	Certified Nurse Aides Purchased Service: Per Diem	166,325		166,325
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	1,115,954	25,090	1,090,864
<b>1.400</b>	<b>Subtotal: Certified Nurse Aides Expenses</b>	<b>2,856,902</b>		<b>2,831,812</b>

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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
<b>1.500</b>	<b>Subtotal: Other Nursing Expenses</b>	<b>0</b>		<b>0</b>
<b>1.600</b>	<b>Subtotal: Total Nursing Expenses Before Recoverable Income</b>	<b>5,951,261</b>		<b>5,874,992</b>

## Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		0	
1.27	Nurses' Aide Training Recoverable Income		0	
<b>1.700</b>	<b>Subtotal: Nursing &amp; Director of Nursing Recoverable Income</b>	<b>0</b>		<b>0</b>
<b>100</b>	<b>Total: Net Nursing Expenses Including Recoverable Income</b>	<b>5,951,261</b>		<b>5,874,992</b>

## 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	180,258		180,258
2.2	Administration: Employee Benefits	7,617		7,617
2.3	Administration: Payroll Taxes incl Workers Comp.	8,818		8,818
2.4	Administration: Purchased Service			0
2.5	Officers: Total Compensation		0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
<b>2.100</b>	<b>Subtotal: Administration &amp; Officers Expenses</b>	<b>196,693</b>		<b>196,693</b>
2.7	Clerical Staff: Salaries	368,015		368,015
2.8	Clerical Staff: Employee Benefits	33,966		33,966
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	18,004		18,004
2.10	Clerical Staff: Purchased Service			0
<b>2.200</b>	<b>Subtotal: Clerical Staff Expenses</b>	<b>419,985</b>		<b>419,985</b>
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services			0
2.12	Office Supplies	39,284		39,284
2.13	Telecommunications (e.g. Internet, Phone)	35,310		35,310

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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	33,564		33,564
2.17	Licenses and Dues: Patient Care Related Portion	21,937		21,937
2.18	Continuing Professional Education / Training and Development	10,533		10,533
2.19	Accounting Services (Not related to appeals)			0
2.20	Insurance: Malpractice & General Liability	73,064		73,064
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	1,037		1,037
2.23	Non-Allowable A & G Expenses	1,893,457	1,893,457	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)		777,921	777,921
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		22,094	22,094
2.27	This line description is intentionally left blank			0
2.28	This line description is intentionally left blank			0
<b>2.300</b>	<b>Subtotal: Other Administrative and General Expenses</b>	<b>2,108,186</b>		<b>1,014,744</b>
<b>2.400</b>	<b>Subtotal: Total Administrative and General Expenses Before Recoverable Income</b>	<b>2,724,864</b>		<b>1,631,422</b>
<b>Less: Administrative &amp; General Recoverable Income</b>				
2.29	A & G Recoverable Income		11,725	11,725
<b>2.500</b>	<b>Subtotal: Administrative &amp; General Recoverable Income</b>	<b>0</b>		<b>11,725</b>
<b>200</b>	<b>Total: Net Administrative &amp; General Expenses After Recoverable Income</b>	<b>2,724,864</b>		<b>1,619,697</b>



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<b>Detail of Other A&amp;G Expenses</b>		
<b>Table 2A</b>	<b>1</b>	<b>2</b>
<b>Line #</b>	<b>Description</b>	<b>Amount</b>
2A.1	Prior Year Expense Adjustment	25,894
2A.2	Accrued Expenses	(24,857)
<b>2A.100</b>	<b>Subtotal: Other A&amp;G Expenses</b>	<b>1,037</b>

<b>Detail of Non-Allowable A &amp; G Expenses</b>		
<b>Table 2B</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>
2B.1	Advertising: Marketing	55,529
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	26,965
2B.7	Key Person Insurance	
2B.8	Management Company Fees	731,564
2B.9	Management Consultants	31,587
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	56,644
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	84,228
2B.15	User Fee Assessment	906,940
2B.16	Other Non-Allowable A&G Expenses	
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
<b>2B.100</b>	<b>Total Non-Allowable A&amp;G Expenses</b>	<b>1,893,457</b>

<b>Variable Expenses</b>				
<b>Table 3</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>	<b>Non-Allowable Expenses and Add -backs</b>	<b>Total Allowable Expenses</b>
3.1	Staff Development Coordinator: Salaries			0
3.2	Staff Dev. Coord.: Employee Benefits			0

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3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.			0
3.4	Staff Dev. Coord.: Purchased Service			0
<b>3.100</b>	<b>Subtotal: Staff Development Coordinator Expenses</b>	<b>0</b>		<b>0</b>
3.5	Plant Operation: Salaries	97,880		97,880
3.6	Plant Operation: Employee Benefits	9,034		9,034
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	4,788		4,788
3.8	Plant Operation: Purchased Service	114,411		114,411
3.9	Plant Operation: Supplies and Expenses	28,038		28,038
3.10	Plant Operation: Utilities	268,351		268,351
3.11	Plant Operation: Repairs	18,345		18,345
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
<b>3.200</b>	<b>Subtotal: Plant Operation Expenses</b>	<b>540,847</b>		<b>540,847</b>
3.13	Dietician: Salaries			0
3.14	Dietician: Employee Benefits			0
3.15	Dietician: Payroll Taxes incl Workers Comp.			0
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
<b>3.300</b>	<b>Subtotal: Dietician Expenses</b>	<b>0</b>		<b>0</b>
3.18	Dietary: Salaries	612,218		612,218
3.19	Dietary: Employee Benefits	56,504		56,504
3.20	Dietary: Payroll Taxes incl Workers Comp.	29,951		29,951
3.21	Dietary: Food	367,707		367,707
3.22	Dietary: Purchased Service	3,083		3,083
3.23	Dietary: Supplies and Expenses	34,147		34,147
<b>3.400</b>	<b>Subtotal: Dietary Expenses</b>	<b>1,103,610</b>		<b>1,103,610</b>
3.24	Housekeeping/Laundry: Salaries	297,122		297,122
3.25	Housekeeping/Laundry: Employee Benefits	27,423		27,423
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	14,536		14,536
3.27	Housekeeping/Laundry: Purchased Service	30,918		30,918
3.28	Housekeeping/Laundry: Supplies and Expenses	56,370		56,370
3.29	Housekeeping/Laundry: Linen and Bedding	782		782
3.30	Housekeeping/Laundry: Special Cleaning			0
<b>3.500</b>	<b>Subtotal: Housekeeping/Laundry Expenses</b>	<b>427,151</b>		<b>427,151</b>

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3.31	Quality Assurance (QA) Professional: Salaries			0
3.32	QA Professional: Employee Benefits			0
3.33	QA Professional: Payroll Taxes incl Workers Comp.			0
3.34	QA Professional: Purchased Service			0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
<b>3.600</b>	<b>Subtotal: QA Professional Expenses</b>	<b>0</b>		<b>0</b>
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
<b>3.700</b>	<b>Subtotal: Unit Clerk and Medical Record Expenses</b>	<b>0</b>		<b>0</b>
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	38,998		38,998
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	3,600		3,600
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	1,908		1,908
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
<b>3.800</b>	<b>Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses</b>	<b>44,506</b>		<b>44,506</b>
3.44	Behavioral Health Specialist: Salaries			0
3.45	Behavioral Health Specialist: Employee Benefits			0
3.46	Behavioral Health Specialist: Payroll Taxes incl Workers Comp.			0
3.47	Behavioral Health Specialist: Purchased Service			0
<b>3.900</b>	<b>Subtotal: Behavioral Health Specialist Expenses</b>	<b>0</b>		<b>0</b>
3.48	Social Service Worker: Salaries	151,912		151,912
3.49	Social Service Worker: Employee Benefits	14,021		14,021
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	7,432		7,432
3.51	Social Service Worker: Purchased Service	64,201		64,201
<b>3.1000</b>	<b>Subtotal: Social Service Worker Expenses</b>	<b>237,566</b>		<b>237,566</b>
3.52	Interpreters: Salaries			0
3.53	Interpreters: Employee Benefits			0
3.54	Interpreters: Payroll Taxes incl Workers Comp.			0
3.55	Interpreters: Purchased Service			0

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<b>3.1100</b>	<b>Subtotal: Interpreters Expenses</b>	<b>0</b>		<b>0</b>
3.56	Indirect Restorative Therapy: Salaries			0
3.57	Indirect Restorative Therapy: Employee Benefits			0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.			0
3.59	Indirect Restorative Therapy: Consultants	5,154		5,154
3.60	Direct Restorative Therapy: Salaries		0	0
3.61	Direct Restorative Therapy: Benefits		0	0
3.62	Direct Restorative Therapy: Consultants	781,732	781,732	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
<b>3.1200</b>	<b>Subtotal: Restorative Therapy Expenses</b>	<b>786,886</b>		<b>5,154</b>
3.64	Recreational Therapy/Activities: Salaries	211,369		211,369
3.65	Recreational Therapy/Activities: Employee Benefits	19,508		19,508
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	10,340		10,340
3.67	Recreational Therapy/Activities: Purchased Service	1,420		1,420
3.68	Recreational Therapy/Activities: Supplies and Expenses	1,989		1,989
3.69	Recreational Therapy/Activities: Transportation		0	0
<b>3.1300</b>	<b>Subtotal: Recreational Therapy/Activities Expenses</b>	<b>244,626</b>		<b>244,626</b>
3.70	Resident Care Assistant: Salaries	75,475		75,475
3.71	Resident Care Assistant: Employee Benefits	6,967		6,967
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.	3,692		3,692
3.73	Resident Care Assistant: Purchased Service			0
<b>3.1400</b>	<b>Subtotal: Resident Care Assistant Expenses</b>	<b>86,134</b>		<b>86,134</b>
3.74	Security: Salaries			0
3.75	Security: Employee Benefits			0
3.76	Security: Payroll Taxes including Workers Comp.			0
3.77	Security: Purchased Service			0
<b>3.1500</b>	<b>Subtotal: Security Expenses</b>	<b>0</b>		<b>0</b>
3.78	Travel: Motor Vehicle Expense	14,831		14,831
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education			0
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	48,000		48,000

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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	9,018		9,018
3.86	Physician Services: Other	3,518		3,518
3.87	Legend Drugs	398,221	398,221	0
3.88	Personal Protective Equipment			0
3.89	House Supplies Not Resold	602,831		602,831
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents	248,191	248,191	0
3.92	Pharmacy Consultant	13,653		13,653
3.93	This line description is intentionally left blank			0
3.94	This line description is intentionally left blank			0
3.95	This line description is intentionally left blank			0
<b>3.1600</b>	<b>Subtotal: Other Variable Expenses</b>	<b>1,338,263</b>		<b>691,851</b>
<b>3.1700</b>	<b>Subtotal: Total Variable Expenses Before Recoverable Income</b>	<b>4,809,589</b>		<b>3,381,445</b>
<b>Less: Variable Recoverable Income</b>				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		0	0
<b>3.1800</b>	<b>Subtotal: Variable Recoverable Income</b>	<b>0</b>		<b>0</b>
<b>300</b>	<b>Total: Net Variable Expenses Including Recoverable Income</b>	<b>4,809,589</b>		<b>3,381,445</b>

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<b>Capital &amp; Fixed Cost Expenses</b>				
<b>Table 4</b>		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
4.1	Depreciation Expense	448,326	(72,578)	520,904
4.2	Long-Term Interest Expense SNF-CR	523,402		523,402
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	26,760		26,760
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	55,003		55,003
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	43,284	43,284	0
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR		0	0
4.15	This line description is intentionally left blank			0
4.16	This line description is intentionally left blank			0
<b>4.100</b>	<b>Subtotal: Total Capital &amp; Fixed Cost Expenses Before Recoverable Income</b>	<b>1,096,775</b>		<b>1,126,069</b>
<b>Less: Capital &amp; Fixed Cost Expense Recoverable Income</b>				
4.17	Fixed Cost Recoverable Income SNF-CR		0	0
4.18	Fixed Cost Recoverable Income REA-CR			0
<b>4.200</b>	<b>Subtotal: Capital &amp; Fixed Cost Recoverable Income</b>	<b>0</b>		<b>0</b>
<b>400</b>	<b>Total: Net Capital &amp; Fixed Cost Expenses Including Recoverable Income</b>	<b>1,096,775</b>		<b>1,126,069</b>

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<b>Total Combined Expenses Before Recoverable Income</b>				
<b>Table 5</b>		<b>1</b>	<b>2</b>	<b>3</b>
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
<b>500</b>	<b>Total Combined Expenses Before Recoverable Income</b>	<b>14,582,489</b>		<b>12,013,928</b>
<b>Total Combined Expenses Net of Recoverable Income</b>				
<b>Table 6</b>		<b>1</b>	<b>2</b>	<b>3</b>
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
<b>600</b>	<b>Total Combined Expenses Net of Recoverable Income</b>	<b>14,582,489</b>		<b>12,002,203</b>

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

<b>Table 1</b>		<b>1</b>
<b>Line / Column #</b>	<b>Other Business Activity</b>	<b>Select Yes/No from Dropdown Menu</b>
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**

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



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

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**SCHEDULE 5 : STATEMENT OF OPERATIONS AND RECONCILIATION OF FINANCIAL TO COST REPORTED NET INCOME****Financial Statement of Operations**

<b>Table 1</b>		
<b>Table 1B</b>		
<b>Not-For-Profit</b>		
Line #	Description	Reported
1B.1	Net Patient Service Revenue	14,003,911
1B.2	Other Revenue	11,725
1B.3	Net Assets Released from Restriction	
<b>1B.100</b>	<b>Total Operating Revenue</b>	<b>14,015,636</b>
1B.4	Salaries and Wages	6,407,121
1B.5	Employee Benefits	434,069
1B.6	Supplies and Other (including Payroll Taxes)	6,685,343
1B.7	Interest Expense	523,402
1B.8	Provision for Bad Debt	84,228
1B.9	Depreciation and Amortization Expenses	448,326
<b>1B.200</b>	<b>Total Operating Expenses</b>	<b>14,582,489</b>
<b>1B.300</b>	<b>Income(Loss) from Operations</b>	<b>(566,853)</b>
	<b>Non-Operating Income and Expenses</b>	
1B.10	Interest Income	1,512
1B.11	Investment Income	
1B.12	Realized Gain(Loss) from Investments	
1B.13	Realized Gain(Loss) from Sale or Disposal of Equipment	
1B.14	Other Non-Operating Income(Expense)	
	<b>Other Changes in Net Assets Without Donor Restrictions</b>	
1B.15	Contributions, Gifts, and Other	
1B.16	Extraordinary Items	0
1B.17	Cumulative Effect of Changes in Accounting Principles	0
1B.18	Change in Beneficial Interest in Net Assets Without Donor Restrictions	
1B.19	Unrealized Gain(Loss) on Investments from Net Assets Without Donor Restrictions	
1B.20	Other Changes in Net Assets Without Donor Restrictions	
<b>1B.400</b>	<b>Financial Statement Excess (Deficiency) of Revenues over Expenses</b>	<b>(565,341)</b>

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

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

<i>Cost Reported Statement of Operations</i>		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	14,017,148
2.2	Total Nursing Expenses (Schedule 3)	5,951,261
2.3	Total Administrative and General Expenses (Schedule 3)	2,724,864
2.4	Total Variable Expenses (Schedule 3)	4,809,589
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	1,096,775
2.6	Total Other Business Expenses (Schedule 4)	0
<b>2.100</b>	<b>Subtotal: Total Facility Expenses</b>	<b>14,582,489</b>
<b>200</b>	<b>Cost Reported Net Income(Loss)</b>	<b>(565,341)</b>

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)		(565,341)
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)		(565,341)

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

<b>Current Assets</b>		
<b>Table 1</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Account Balance</b>
1.1	Cash and Cash Equivalents	381,476
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	2,609,175
1.6	Less Reserve for Bad Debt	(203,420)
<b>1.100</b>	<b>Subtotal: Net Patient Accounts Receivable</b>	<b>2,405,755</b>
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	4,440,076
1.9	Interest Receivable	
1.10	Supply Inventory	30,598
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	7,141
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	356,518
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
<b>100</b>	<b>Total Current Assets</b>	<b>7,621,564</b>

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

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<b>Non-Current Fixed Assets</b>		
<b>Table 2</b>		<b>1</b>
Line #	Description	Account Balance
2.1	Land	747,984
2.2	Buildings	8,342,172
2.3	Improvements	280,267
2.4	Equipment	407,668
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
<b>200</b>	<b>Total Non-Current Fixed Assets</b>	<b>9,778,091</b>

<b>Other Non-Current Assets</b>		
<b>Table 3</b>		<b>1</b>
Line #	Description	Account Balance
3.1	Long-Term Investments	
3.2	Non-Current Assets Whose Use is Limited	
3.3	Other Deferred Charges and Non-Current Assets	1,750,287
3.4	Construction in Progress	
3.5	Mortgage Acquisition Costs	129,453
3.6	Accumulated Amortization of Mortgage Acquisition Costs	
<b>3.100</b>	<b>Net Mortgage Acquisition Costs</b>	<b>129,453</b>
<b>300</b>	<b>Total Non-Current Assets</b>	<b>1,879,740</b>

<b>Detail of Other Deferred Charges and Non-Current Assets</b>		
<b>Table 3A</b>	<b>1</b>	<b>2</b>
Line #	Description	Account Balance
3A.1	AR Prior Own	106,752
3A.2	Goodwill	1,643,535
<b>3A.100</b>	<b>Subtotal: Other Deferred Charges and Non-Current Assets</b>	<b>1,750,287</b>

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<b>Total Assets</b>		
<b>Table 4</b>		<b>1</b>
Line #	Description	Account Balance
<b>400</b>	<b>Total Assets</b>	19,279,395

<b>Current Liabilities</b>		
<b>Table 5</b>		<b>1</b>
Line #	Description	Account Balance
5.1	Trade Payables	1,206,061
5.2	Accrued Expenses	397,424
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	8,654
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	183,001
5.7	Accrued Salaries and Payroll Liabilities	413,016
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	(14,511)
5.10	Other Current Liabilities	6,367
<b>500</b>	<b>Total Current Liabilities</b>	2,200,012

<b>Detail of Other Current Liabilities</b>		
<b>Table 5A</b>	<b>1</b>	<b>2</b>
Line #	Description	Account Balance
5A.1	Capital Lease Obligation	6,367
<b>5A.100</b>	<b>Subtotal: Other Current Liabilities</b>	6,367

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<b>Non-Current Liabilities</b>		
<b>Table 6</b>		<b>1</b>
Line #	Description	Account Balance
6.1	Mortgages Payable	
6.2	Due to Related Parties, Subsidiaries, and Affiliates	
6.3	Other Long-Term Debt	10,445,068
<b>600</b>	<b>Total Non-Current Liabilities</b>	<b>10,445,068</b>

<b>Total Liabilities</b>		
<b>Table 7</b>		<b>1</b>
Line #	Description	Account Balance
<b>700</b>	<b>Total Liabilities</b>	<b>12,645,080</b>

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

<b>Table 8</b>				
<b>Table 8A</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Not-for-Profits</b>				
Line #	Description	Net Assets Without Donor Restrictions	Net Assets With Donor Restrictions	Total Net Assets
8A.1	Net Assets Balance: Prior Year	7,199,656		7,199,656
8A.2	Prior Period Adjustment(s)	0		0
8A.3	SNF-CR Excess (Deficiency) of Revenues Over Expenses	(565,341)		(565,341)
8A.4	Gain/(Loss) Realized on Investments			0
8A.5	Contributions, Gifts and Other			0
8A.6	Change in Unrealized Gains/(Losses) on Investments			0
8A.7	Net Assets Released from Donor Restriction			0
8A.8	Net Assets - Other			0
<b>8A.100</b>	<b>Net Assets Balance: Current Year</b>	<b>6,634,315</b>	<b>0</b>	<b>6,634,315</b>



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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.**

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

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

<b>Table 9</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Account Balance</b>
<b>900</b>	<b>Total Liabilities and Owner's Equity (or Net Assets for Not-For-Profit)</b>	<b>19,279,395</b>

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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	747,984			747,984				747,984
1.2	Building	8,629,833			8,629,833		(287,661)	(287,661)	8,342,172
1.3	Improvements	1,722,440	21,223		1,743,663	(1,419,966)	(43,430)	(1,463,396)	280,267
1.4	Equipment	2,265,742	30,015		2,295,757	(1,770,854)	(117,235)	(1,888,089)	407,668
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles				0			0	0
100	<b>Total</b>	<b>13,365,999</b>	<b>51,238</b>	<b>0</b>	<b>13,417,237</b>	<b>(3,190,820)</b>	<b>(448,326)</b>	<b>(3,639,146)</b>	<b>9,778,091</b>

### Claimed Fixed Assets

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

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	441,262					441,262				
2.2	Land REA-CR						0				
2.3	Building SNF-CR	6,154,951					6,154,951	2.50%	287,661	(133,787)	153,874
2.4	Building REA-CR						0	2.50%			0
2.5	Improvements SNF-CR	3,979,635		21,223		(27,739)	3,973,119	5.00%	43,430	155,226	198,656
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	1,786,929		30,015		(133,206)	1,683,738	10.00%	117,235	51,139	168,374

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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	12,362,777	0	51,238	0	(160,945)	12,253,070		448,326	72,578	520,904

## General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1987
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2022
3.3	What was the value from the most recent municipal property assessment for this facility?	5,390,400
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?	67
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	46,542
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	34,581
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?	7.7
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**

<b>Table 1</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Reported</b>
1.1	Cash and Cash Equivalents (Beginning of Year)	76,336

**Cash Flows from Operating Activities**

<b>Table 2</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Reported</b>
2.1	Change in Net Assets (Net Income)	(565,341)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	448,326
2.3	Increases (Decreases) to Cash Provided by Operating Activities	843,434
<b>200</b>	<b>Net Cash from Operating Activities</b>	<b>726,419</b>

**Cash Flows from Investing Activities**

<b>Table 3</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Reported</b>
3.1	Capital Expenditures	(48,486)
3.2	Cash Flows from Other Investing Activities	
<b>300</b>	<b>Net Cash from Investing Activities</b>	<b>(48,486)</b>

**Cash Flows from Financing Activities**

<b>Table 4</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Reported</b>
4.1	Proceeds from Issuance of Long-Term Debt	
4.2	Payments on Long-Term Debt and Capital Lease Expenditures	(372,793)
4.3	Cash Flows from Other Financing Activities	
<b>400</b>	<b>Net Cash from Financing Activities</b>	<b>(372,793)</b>

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

<b>Table 5</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Reported</b>
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	<b>305,140</b>
<b>500</b>	<b>Cash and Cash Equivalents (End of Year)</b>	<b>381,476</b>

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

<b>Table 1</b>	1	2	3	4	5	6
Line #	DPH Licensure Issue Date	Skilled Nursing (Level I,II, & III)	Residential Care (Level IV)	Pediatric	Total Licensed Beds	Constructed Capacity
1.1	05/02/2021	123			123	123
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.	123				
1.7	Is above listed bed licensure information correct?	Yes				

**Patient Statistics - Days**

<b>Table 2</b>		1	2	3	4	5	6
Line #	Description	Private Pay	Commercial Managed Care	Commercial Non-Managed Care	Medicare Fee-For-Service	Medicare Managed Care (Part C)	MassHealth Fee-for-Service
2.1	Nursing	5,114	321		4,894	2,175	25,070
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)	94					283
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
<b>200</b>	<b>Total</b>	<b>5,208</b>	<b>321</b>	<b>0</b>	<b>4,894</b>	<b>2,175</b>	<b>25,353</b>

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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
2,180	365				2,130			42,249
								0
								0
								0
								0
								0
								0
								0
32					15			424
								0
								0
								0
2,212	365	0	0	0	2,145	0	0	42,673

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***Patient Statistics - Summary***

<b>Table 3</b>			<b>1</b>
<b>Line #</b>	<b>Account</b>	<b>Description</b>	<b>Reported</b>
3.1	0140.0	Number of Admissions During Year	331
3.2	0140.1	Number of MassHealth Admissions During Year	96
3.3	0150.0	Number of Discharges During Year	331
3.4	0190.0	Average Length of Stay	129
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	288
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	120



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

<i>Detail of Staff Nursing Services Wages and Hours</i>							
<b>Table 1</b>		1	2	3	4	5	6
Line #	Description	RN Wages	RN Hours	LPN Wages	LPN Hours	CNA Wages	CNA Hours
1.1	Total Base Wages	437,108	9,352.0	1,470,323	37,653.0	877,464	42,363.0
1.2	Total Overtime Wages	9,521	202.0	162,488	2,797.0	81,538	1,836.0
1.3	Total Shift Differential	4,865		34,702		51,488	
1.4	Total Other Differentials						
<b>100</b>	<b>Total</b>	<b>451,494</b>	<b>9,554.0</b>	<b>1,667,513</b>	<b>40,450.0</b>	<b>1,010,490</b>	<b>44,199.0</b>

<i>Detail of Nursing Services Shift Differentials</i>						
<b>Table 2</b>		1	2	3	4	5
Line #	Description	Median Hourly Shift Differential: Weekday Evening	Median Hourly Shift Differential: Weekday Night	Median Hourly Shift Differential: Weekend Day	Median Hourly Shift Differential: Weekend Evening	Median Hourly Shift Differential: Weekend Night
2.1	Registered Nurses	1.00	1.25	1.00	2.00	2.25
2.2	Licensed Practical Nurses	1.00	1.25	1.00	2.00	2.25
2.3	Certified Nurse Aides	1.00	1.25	1.00	2.00	2.25

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<b>Detail of Staff and Hours by Position</b>				
<b>Table 3</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Description</b>	<b>Number of Staff</b>	<b>Total Full Time Equivalents</b>	<b>Total Hours</b>
3.1	Staff Development	1	0.0	0.0
3.2	Plant Operations	3	1.5	3,026.7
3.3	Dietary Staff	27	13.1	27,270.5
3.4	Dietician	1	0.0	0.0
3.5	Housekeeping/Laundry Staff	4	1.8	3,834.1
3.6	Unit Clerk & Medical Records Staff	10	5.0	10,362.5
3.7	Quality Assurance		0.0	26.0
3.8	MMQ Nurses and MDS Coordinator	3	0.5	956.8
3.9	Social Services Staff	3	2.1	4,293.4
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	8	4.8	9,918.6
3.14	Administration and Officers	2	1.1	2,343.8
3.15	Security Staff			
3.16	Clerical Staff	17	15.0	31,292.5
3.17	Director of Nurses	2	1.0	2,018.2
3.18	Registered Nurses	18	2.1	9,554.0
3.19	Licensed Practical Nurses	42	17.6	40,450.0
3.20	Certified Nurse Aides	79	25.6	44,199.0
3.21	Resident Care Assistants	2	2.4	4,972.6
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
<b>300</b>	<b>Total</b>	<b>222</b>	<b>93.6</b>	<b>194,518.7</b>

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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				319.1	51,179	59.2	25,090		
Registered Temporary Nursing Service Agencies										
4.2	All American Healthcare Services, Inc.	TOIY	535.1	20,367	260.3	21,805	442.0	109,990		
4.3	Favorite Healthcare Staffing, Inc.	TOTB	40.4	1,750	0.0		916.2	277,574		
4.4	Intelycare, Inc.	TM7F	646.8	37,940	570.2	88,185	1,719.7	632,593		
4.5	Staffing Experts, LLC (1)	TAMP	24.9	1,851	17.4	3,298	0.4	178		
4.6	Alliance Medical Staffing	TXUB			28.0	2,600	4.3	1,140		
4.7	Excellence Nurse Staffing LLC.				447.4	44,857	58.4	15,995		
4.8	First Choice Staffing Services, LLC	T6U0			518.7	65,987	49.5	16,186		
4.9	Mas Medical Staffing, Corp	TJ4S			14.2	2,612	65.9	26,525		
4.10	Nurse Advice LLC	TJ3B			64.8	12,074	5.4	2,214		
4.11	Allegiance Nursing, LLC	TOX6					7.0	1,558		
4.12	Excel Nursing Services, Inc.	TG6V					1.8	503		
4.13	WW Staffing LLC	TR7R					14.8	6,408		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		1,247.2	61,908	1,921.0	241,418	3,285.4	1,090,864	0.0	0
400	Total Temporary Nursing Service Agency Expenses		1,247.2	61,908	2,240.1	292,597	3,344.6	1,115,954	0.0	0

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

	<b>NOTE: List the names and compensation of the <u>five</u> persons who have the highest compensation paid by this facility.</b>							
<b>Table 5</b>	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	Alibozek	Mary	LPN	Nursing	117,574			117,574
5.2	Brunette	Jojean	LPN	Nursing	116,205			116,205
5.3	Lynch	Amanda	LPN	Nursing	116,266			116,266
5.4	Palmer	Meghan	LPN	Nursing	134,383			134,383
5.5	Shattuck	Jason	LPN	Nursing	117,132			117,132

**Earnings and Compensation Disclosures**

<b>Table 6</b>	<b>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.</b>								
<b>Table 6C</b>	1	2	3	4	5	6	7	8	9
Line #	Last Name	First Name	Title	Primary Expense Category	Total Hours	Salary & Benefits	Dividends	Other Compensation	TOTAL
<b>Corporation</b>									
6C.1									0
6C.2									0
6C.3									0
									0

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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	Other	TD Bank	No	12/29/20 22	12/29/2052	360	12	7,425,000	4,932	4,932
1.2	Other	Webster Bank	No	12/29/20 22	12/29/2052	360	12	3,375,000	2,242	2,242
<b>100</b>	<b>TOTALS</b>								7,174	7,174

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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
7,425,000		118,203			7,306,797	4.710%	354,115		359,047
3,375,000		53,728			3,321,272	4.710%	160,962		163,204
					10,628,069		515,077	0	522,251

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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

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## SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

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



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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:

B) Unaudited Financial Statements: Unaudited financial statements for the reporting year.

**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
04/29/2024 10:20AM	(1) Footnotes and Explanations	2023 Board of Trustees List.pdf	application/pdf	Ryan Aldam
04/29/2024 10:21AM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
04/29/2024 10:22AM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
04/29/2024 10:26AM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
04/29/2024 10:26AM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Ryan Aldam

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**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	<b>[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.</b>	
1.12	Date of Authorization:	10/31/2024

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	<b>[x] By checking this box, I hereby certify that under pains and penalties of perjury, that the above statements entitled A) Accuracy of Reported Costs and B) Use of Public Funds are correct and true, to the best of my knowledge and belief. This report is subject to audit and verification by the Center for Health Information and Analysis.</b>	
2.2	Date of Authorization	10/31/2024
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](mailto:Costreports.LTCF@CHIAMass.gov) along with the following information:

a) User Name

b) User E-Mail Address

c) Organization Name

d) Applicable Filing Year

e) Reason for request