

Skilled Nursing Facility Cost Report**LINDA MANOR EXTENDED CARE FAC**

Filing Year: 2023

Date: 12/19/2024

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SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	LINDA MANOR EXTENDED CARE FAC
1.2	MassHealth Provider ID	110026666A
1.3	Federal Employer Tax ID	201721651
1.4	VPN	0928941
1.5	Is the above information correct?	Yes
1.6	Facility Number	01023
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	349 Haydenville Raod
1.11	City	Leeds
1.12	Zip	01053
1.13	Telephone	+1 (413) 586-7700
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.	Northampton 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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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	Ryan Aldam
3.3	Nursing Facility or Firm Name	Integrity Healthcare Management Services, Inc
3.4	Title	Financial Analyst
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) 447-2574
3.10	Email Address	raldam@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	4,077,328	2,655	4,079,983
1.2	Commercial Managed Care	121,346	47,527	168,873
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	3,289,003	382,866	3,671,869
1.5	Medicare Managed Care (Part C)	697,266		697,266
1.6	MassHealth Fee-for-Service	4,560,669		4,560,669
1.7	MassHealth Managed Care	650,072		650,072
1.8	Senior Care Options	44,663	9,172	53,835
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount	1,082,801		1,082,801
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public	790,484	2,868	793,352
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	15,313,632	445,088	15,758,720

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	366,912
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	(105,552)
3.7	Interest Income	2,010
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	67,271
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	330,641

Detail of Endowment and Non-Recoverable Revenue			
Table 4		1	2
Line #	Description	Type	Revenue
4.1	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Covid Revenue	366,912
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		366,912

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	16,089,361

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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	168,580		168,580
1.2	Director of Nurses: Employee Benefits	12,804		12,804
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	5,012		5,012
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	186,396		186,396
1.7	Registered Nurses: Salaries	975,298		975,298
1.8	Registered Nurses: Employee Benefits	74,078		74,078
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	28,998		28,998
1.10	Registered Nurses Purchased Service: Per Diem	332,305		332,305
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	92,403	25,279	67,124
1.200	Subtotal: Registered Nurses Expenses	1,503,082		1,477,803
1.12	Licensed Practical Nurses: Salaries	1,273,610		1,273,610
1.13	Licensed Practical Nurses: Employee Benefits	96,735		96,735
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	37,867		37,867
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	675,728	50,195	625,533
1.300	Subtotal: Licensed Practical Nurses Expenses	2,083,940		2,033,745
1.17	Certified Nurse Aides: Salaries	1,750,865		1,750,865
1.18	Certified Nurse Aides: Employee Benefits	132,984		132,984
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	52,059		52,059
1.20	Certified Nurse Aides Purchased Service: Per Diem	422,219		422,219
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	1,045,169	52,182	992,987
1.400	Subtotal: Certified Nurse Aides Expenses	3,403,296		3,351,114

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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	7,176,714		7,049,058

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	7,176,714		7,049,058

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	164,885		164,885
2.2	Administration: Employee Benefits	4,232		4,232
2.3	Administration: Payroll Taxes incl Workers Comp.	4,902		4,902
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	174,019		174,019
2.7	Clerical Staff: Salaries	390,063		390,063
2.8	Clerical Staff: Employee Benefits	29,627		29,627
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	11,597		11,597
2.10	Clerical Staff: Purchased Service			0
2.200	Subtotal: Clerical Staff Expenses	431,287		431,287
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services			0
2.12	Office Supplies	65,079		65,079
2.13	Telecommunications (e.g. Internet, Phone)	37,842		37,842

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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	22,245		22,245
2.17	Licenses and Dues: Patient Care Related Portion	22,626		22,626
2.18	Continuing Professional Education / Training and Development	11,804		11,804
2.19	Accounting Services (Not related to appeals)			0
2.20	Insurance: Malpractice & General Liability	74,369		74,369
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	0		0
2.23	Non-Allowable A & G Expenses	1,948,141	1,948,141	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)		900,381	900,381
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		25,572	25,572
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	2,182,106		1,159,918
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	2,787,412		1,765,224
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		67,271	67,271
2.500	Subtotal: Administrative & General Recoverable Income	0		67,271
200	Total: Net Administrative & General Expenses After Recoverable Income	2,787,412		1,697,953

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Detail of Other A&G Expenses		
Table 2A	1	2
Line #	Description	Amount
2A.1	Prior Year Expense Adjustment	87,913
2A.2	Accrued Expenses	(87,913)
2A.100	Subtotal: Other A&G Expenses	0

Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	37,059
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	2,994
2B.7	Key Person Insurance	
2B.8	Management Company Fees	816,230
2B.9	Management Consultants	42,355
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	27,152
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	107,000
2B.15	User Fee Assessment	915,351
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	1,948,141

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			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
3.100	Subtotal: Staff Development Coordinator Expenses	0		0
3.5	Plant Operation: Salaries	84,029		84,029
3.6	Plant Operation: Employee Benefits	6,382		6,382
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	2,498		2,498
3.8	Plant Operation: Purchased Service	104,783		104,783
3.9	Plant Operation: Supplies and Expenses	29,771		29,771
3.10	Plant Operation: Utilities	254,121		254,121
3.11	Plant Operation: Repairs	23,816		23,816
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	505,400		505,400
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	541,578		541,578
3.19	Dietary: Employee Benefits	41,134		41,134
3.20	Dietary: Payroll Taxes incl Workers Comp.	16,103		16,103
3.21	Dietary: Food	302,195		302,195
3.22	Dietary: Purchased Service	69,489		69,489
3.23	Dietary: Supplies and Expenses	40,147		40,147
3.400	Subtotal: Dietary Expenses	1,010,646		1,010,646
3.24	Housekeeping/Laundry: Salaries	135,306		135,306
3.25	Housekeeping/Laundry: Employee Benefits	10,277		10,277
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	4,022		4,022
3.27	Housekeeping/Laundry: Purchased Service	36,105		36,105
3.28	Housekeeping/Laundry: Supplies and Expenses	48,160		48,160
3.29	Housekeeping/Laundry: Linen and Bedding	3,020		3,020
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	236,890		236,890

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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
3.600	Subtotal: QA Professional Expenses	0		0
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	16,937		16,937
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	1,286		1,286
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	504		504
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	18,727		18,727
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	254,571		254,571
3.49	Social Service Worker: Employee Benefits	19,336		19,336
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	7,569		7,569
3.51	Social Service Worker: Purchased Service	27,150		27,150
3.1000	Subtotal: Social Service Worker Expenses	308,626		308,626
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	13,275		13,275
3.60	Direct Restorative Therapy: Salaries		0	0
3.61	Direct Restorative Therapy: Benefits		0	0
3.62	Direct Restorative Therapy: Consultants	810,852	810,852	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	824,127		13,275
3.64	Recreational Therapy/Activities: Salaries	233,202		233,202
3.65	Recreational Therapy/Activities: Employee Benefits	17,712		17,712
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	6,933		6,933
3.67	Recreational Therapy/Activities: Purchased Service	3,835		3,835
3.68	Recreational Therapy/Activities: Supplies and Expenses	3,369		3,369
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	265,051		265,051
3.70	Resident Care Assistant: Salaries	273,804		273,804
3.71	Resident Care Assistant: Employee Benefits	20,797		20,797
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.	8,141		8,141
3.73	Resident Care Assistant: Purchased Service			0
3.1400	Subtotal: Resident Care Assistant Expenses	302,742		302,742
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	16,546		16,546
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	48,283		48,283

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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	8,292		8,292
3.86	Physician Services: Other	3,774		3,774
3.87	Legend Drugs	425,594	425,594	0
3.88	Personal Protective Equipment			0
3.89	House Supplies Not Resold	541,305		541,305
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents	122,757	122,757	0
3.92	Pharmacy Consultant	18,032		18,032
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	1,184,583		636,232
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	4,656,792		3,297,589
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	4,656,792		3,297,589

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Capital & Fixed Cost Expenses				
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Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
4.1	Depreciation Expense	637,320	262,401	374,919
4.2	Long-Term Interest Expense SNF-CR	787,450		787,450
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	27,787		27,787
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	36,956		36,956
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	83,747	83,747	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	1,573,260		1,227,112
Less: Capital & Fixed Cost Expense Recoverable Income				
4.17	Fixed Cost Recoverable Income SNF-CR		0	0
4.18	Fixed Cost Recoverable Income REA-CR			0
4.200	Subtotal: Capital & Fixed Cost Recoverable Income	0		0
400	Total: Net Capital & Fixed Cost Expenses Including Recoverable Income	1,573,260		1,227,112

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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	16,194,178		13,338,983
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	16,194,178		13,271,712

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	16,020,080
1B.2	Other Revenue	67,271
1B.3	Net Assets Released from Restriction	
1B.100	Total Operating Revenue	16,087,351
1B.4	Salaries and Wages	6,890,959
1B.5	Employee Benefits	238,493
1B.6	Supplies and Other (including Payroll Taxes)	7,532,956
1B.7	Interest Expense	787,449
1B.8	Provision for Bad Debt	107,000
1B.9	Depreciation and Amortization Expenses	637,321
1B.200	Total Operating Expenses	16,194,178
1B.300	Income(Loss) from Operations	(106,827)
	Non-Operating Income and Expenses	
1B.10	Interest Income	2,010
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	(104,817)

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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)	16,089,361
2.2	Total Nursing Expenses (Schedule 3)	7,176,714
2.3	Total Administrative and General Expenses (Schedule 3)	2,787,412
2.4	Total Variable Expenses (Schedule 3)	4,656,792
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	1,573,260
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	16,194,178
200	Cost Reported Net Income(Loss)	(104,817)

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)		(104,817)
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)		(104,817)

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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	3,982,348
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	4,032,537
1.6	Less Reserve for Bad Debt	(262,885)
1.100	Subtotal: Net Patient Accounts Receivable	3,769,652
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	5,370,484
1.9	Interest Receivable	
1.10	Supply Inventory	29,965
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	7,144
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	326,330
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
100	Total Current Assets	13,485,923

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	1,843,170
2.2	Buildings	12,143,200
2.3	Improvements	713,969
2.4	Equipment	479,947
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	15,180,286

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	2,130,286
3.4	Construction in Progress	24,586
3.5	Mortgage Acquisition Costs	195,558
3.6	Accumulated Amortization of Mortgage Acquisition Costs	
3.100	Net Mortgage Acquisition Costs	195,558
300	Total Non-Current Assets	2,350,430

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	Goodwill	2,126,928
3A.2	Deposit Lease	3,358
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	2,130,286

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Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	31,016,639

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	1,249,422
5.2	Accrued Expenses	362,227
5.3	Due to Insurance Payers	350,240
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	233,805
5.7	Accrued Salaries and Payroll Liabilities	573,391
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	(21,820)
5.10	Other Current Liabilities	13,220
500	Total Current Liabilities	2,760,485

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Management Fee	8,840
5A.2	Capital Lease Obligation	5,630
5A.3	AR	(1,250)
5A.100	Subtotal: Other Current Liabilities	13,220

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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	15,758,112
600	Total Non-Current Liabilities	15,758,112

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	18,518,597

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	12,602,859		12,602,859
8A.2	Prior Period Adjustment(s)	0		0
8A.3	SNF-CR Excess (Deficiency) of Revenues Over Expenses	(104,817)		(104,817)
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	12,498,042	0	12,498,042

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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)	31,016,639

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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	1,843,170			1,843,170				1,843,170
1.2	Building	12,561,931			12,561,931		(418,731)	(418,731)	12,143,200
1.3	Improvements	2,325,597	78,224		2,403,821	(1,611,611)	(78,241)	(1,689,852)	713,969
1.4	Equipment	2,566,722	68,240		2,634,962	(2,014,667)	(140,348)	(2,155,015)	479,947
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles				0			0	0
100	Total	19,297,420	146,464	0	19,443,884	(3,626,278)	(637,320)	(4,263,598)	15,180,286

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	440,090					440,090				
2.2	Land REA-CR						0				
2.3	Building SNF-CR	5,544,791					5,544,791	2.50%	418,731	(280,111)	138,620
2.4	Building REA-CR						0	2.50%			0
2.5	Improvements SNF-CR	2,011,466		78,224		(55,973)	2,033,717	5.00%	78,241	23,444	101,685
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	1,364,875		68,240		(86,971)	1,346,144	10.00%	140,348	(5,734)	134,614

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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	9,361,222	0	146,464	0	(142,944)	9,364,742	637,320	(262,401)	374,919

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1989
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2021
3.3	What was the value from the most recent municipal property assessment for this facility?	4,474,200
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?	67
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	49,757
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	22,110
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?	11.1
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	No

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

SCHEDULE 8 : STATEMENT OF CASH FLOWS

Beginning Cash and Cash Equivalents Balance

Table 1		1
Line #	Description	Reported
1.1	Cash and Cash Equivalents (Beginning of Year)	2,826,845

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(104,817)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	637,322
2.3	Increases (Decreases) to Cash Provided by Operating Activities	999,891
200	Net Cash from Operating Activities	1,532,396

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(120,894)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(120,894)

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	(255,999)
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	(255,999)

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	1,155,503
500	Cash and Cash Equivalents (End of Year)	3,982,348

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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	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

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	9,109	321		4,991	1,736	21,243
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)	60					236
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	9,169	321	0	4,991	1,736	21,479

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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
2,226	190				2,567			42,383
								0
								0
								0
								0
								0
								0
								0
24					17			337
								0
								0
								0
2,250	190	0	0	0	2,584	0	0	42,720

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Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	382
3.2	0140.1	Number of MassHealth Admissions During Year	70
3.3	0150.0	Number of Discharges During Year	384
3.4	0190.0	Average Length of Stay	111
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	333
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	115

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	590,792	12,849.3	705,631	19,239.8	884,111	40,245.5
1.2	Total Overtime Wages	66,058	707.7	123,196	3,277.4	312,431	9,611.8
1.3	Total Shift Differential	20,458		24,299		51,131	
1.4	Total Other Differentials						
100	Total	677,308	13,557.0	853,126	22,517.2	1,247,673	49,857.3

<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	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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Detail of Staff and Hours by Position				
Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development	1	0.0	0.0
3.2	Plant Operations	1	1.5	3,159.6
3.3	Dietary Staff	29	12.1	25,265.9
3.4	Dietician	1	0.0	0.0
3.5	Housekeeping/Laundry Staff	4	2.9	6,126.6
3.6	Unit Clerk & Medical Records Staff	20	3.8	7,844.9
3.7	Quality Assurance		0.1	131.0
3.8	MMQ Nurses and MDS Coordinator	3	0.2	344.0
3.9	Social Services Staff	4	2.9	5,946.1
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	8	4.7	9,691.9
3.14	Administration and Officers	2	1.2	2,506.5
3.15	Security Staff			
3.16	Clerical Staff	18	6.3	13,178.9
3.17	Director of Nurses	2	1.3	2,710.8
3.18	Registered Nurses	21	11.2	13,557.0
3.19	Licensed Practical Nurses	27	14.3	22,517.2
3.20	Certified Nurse Aides	76	29.1	49,857.3
3.21	Resident Care Assistants	3	3.1	6,528.4
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	220	94.7	169,366.1

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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		722.3	25,279	1,434.1	50,195	1,490.9	52,182		
Registered Temporary Nursing Service Agencies										
4.2	All American Healthcare Services, Inc.	TOIY	65.4	2,289	2,331.6	81,604	2,203.0	77,104		
4.3	Allegiance Nursing, LLC	TOX6	45.0	1,575	501.9	17,565	392.0	13,719		
4.4	First Choice Staffing Services, LLC	T6U0	84.0	2,942	1,787.3	62,556				
4.5	General Healthcare Resources, LLC	TQFN	105.8	3,703						
4.6	Intelycare, Inc.	TM7F	1,410.9	49,381	6,476.2	226,669	5,947.2	208,153		
4.7	Maxim Healthcare Services - TNS Plymouth	T20Z	206.7	7,234	5,587.0	195,544	121.9	4,266		
4.8	Amazing Hands Home Care, LLC	T25T			76.8	2,687				
4.9	Favorite Healthcare Staffing, Inc.	TOTB			548.0	19,180	11,934.0	417,691		
4.10	First Choice Staffing Services, LLC	T6U0					210.7	7,375		
4.11	Mas Medical Staffing, Corp	TJ4S			550.0	19,248	6,641.3	232,445		
4.12	WW Staffing LLC	TR7R			13.7	480	921.0	32,234		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		1,917.8	67,124	17,872.5	625,533	28,371.1	992,987	0.0	0
400	Total Temporary Nursing Service Agency Expenses		2,640.1	92,403	19,306.6	675,728	29,862.0	1,045,169	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	Wilson	AnnMarie	LPN	Nursing	157,036			157,036
5.2	Rosario	Carment	CNA	Nursing	151,090			151,090
5.3	Heinze	Jeffrey	Admin	Administrative & General	170,474			170,474
5.4	Emmonds	Jessica	Director of Nursing	Nursing	147,436			147,436
5.5	Robinson	Wendy	CNA	Nursing	147,076			147,076

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	Other	TD Bank	No	12/29/20 22	12/29/2052	360	12	11,165,00 0	7,417	7,417
1.2	Other	Webster Bank	No	12/29/20 22	12/29/2052	360	12	5,075,000	3,371	3,371
100	TOTALS								10,788	10,788

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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
11,165,000		170,557			10,994,443	4.710%	532,485		539,902
5,075,000		77,526			4,997,474	4.710%	242,038		245,409
					15,991,917		774,523	0	785,311

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
(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:

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 1:54PM	(1) Footnotes and Explanations	2023 Board of Trustees List.pdf	application/pdf	Ryan Aldam
04/29/2024 1:54PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
04/29/2024 1:55PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
04/29/2024 1:58PM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
04/29/2024 1:58PM	(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	Ryan Aldam
1.2	Nursing Facility or Firm Name	Integrity Healthcare Management Services, Inc
1.3	Title	Financial Analyst
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) 447-2574
1.9	Email Address	raldam@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:	10/29/2024

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	[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	05/02/2024
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 along with the following information:

a) User Name

b) User E-Mail Address

c) Organization Name

d) Applicable Filing Year

e) Reason for request