

Skilled Nursing Facility Cost Report**MADONNA MANOR NURSING HOME**

Filing Year: 2023

Date: 12/19/2024

Time: 11:45 AM

SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	MADONNA MANOR NURSING HOME
1.2	MassHealth Provider ID	110026293A
1.3	Federal Employer Tax ID	042596550
1.4	VPN	0918938
1.5	Is the above information correct?	Yes
1.6	Facility Number	00974
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	85 North Washington Street
1.11	City	North Attleboro
1.12	Zip	02760
1.13	Telephone	+1 (508) 679-8154
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 Non-Profit Corp (Chapter 180)
1.18	List the name of the management company as reported on the management company cost report.	Office of Diocesan Health Facilities
1.19	List the name of the entity that holds the nursing facility license.	Madonna Manor, Inc.
1.20	List realty company names as reported on each realty company cost report.	N/A
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

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Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Laura Mitchell
2.2	Nursing Facility or Firm Name	Office of Diocesan Health Facilities
2.3	Title	Chief Financial Officer
2.4	Street Address	368 N. Main Stret
2.5	City	Fall River
2.6	State	MA
2.7	Zip Code	02720
2.8	Phone Number	+1 (508) 679-8154
2.9	Email Address	lauram@dhfo.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	Maria C. Bunker, CPA
3.3	Nursing Facility or Firm Name	Livingston & Haynes, CPA
3.4	Title	Partner
3.5	Street Address	40 Grove Street, Suite 380
3.6	City	Wellesley
3.7	State	MA
3.8	Zip Code	02482
3.9	Phone Number	+1 (781) 237-3339
3.10	Email Address	mbunker@lh-cpa.com
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						
4.2						
4.3						
4.4						
4.5						
4.6						
4.7						
4.8						

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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	2,094,670	1,347	2,096,017
1.2	Commercial Managed Care		7,908	7,908
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	1,164,517	369,559	1,534,076
1.5	Medicare Managed Care (Part C)			0
1.6	MassHealth Fee-for-Service	3,268,506		3,268,506
1.7	MassHealth Managed Care			0
1.8	Senior Care Options	747,006	26,298	773,304
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount	1,171,327		1,171,327
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue	504,455		504,455
100	Total Nursing Facility Revenue	8,950,481	405,112	9,355,593

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	60,494
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	(14,551)
3.7	Interest Income	810
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	41,978
3.10	Nursing Recoverable Revenue	43,728
3.11	Variable Recoverable Revenue	74,783
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	207,242

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 Testing Income	47,856
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Other Miscellaneous	12,638
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		60,494

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	9,562,835

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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	105,919		105,919
1.2	Director of Nurses: Employee Benefits	12,151		12,151
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	10,223		10,223
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	128,293		128,293
1.7	Registered Nurses: Salaries	891,111		891,111
1.8	Registered Nurses: Employee Benefits	102,219		102,219
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	86,005		86,005
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	166,944	0	166,944
1.200	Subtotal: Registered Nurses Expenses	1,246,279		1,246,279
1.12	Licensed Practical Nurses: Salaries	1,012,806		1,012,806
1.13	Licensed Practical Nurses: Employee Benefits	116,179		116,179
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	97,751		97,751
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	396,673	0	396,673
1.300	Subtotal: Licensed Practical Nurses Expenses	1,623,409		1,623,409
1.17	Certified Nurse Aides: Salaries	1,386,473		1,386,473
1.18	Certified Nurse Aides: Employee Benefits	159,042		159,042
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	133,816		133,816
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	145,984	0	145,984
1.400	Subtotal: Certified Nurse Aides Expenses	1,825,315		1,825,315

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1.22	Nurse's Aide Training Administration		0	0
1.23	Nursing Education and Training			0
1.24	This line description is intentionally left blank			0
1.25	This line description is intentionally left blank			0
1.500	Subtotal: Other Nursing Expenses	0		0
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	4,823,296		4,823,296

Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		43,728	43,728
1.27	Nurses' Aide Training Recoverable Income		0	
1.700	Subtotal: Nursing & Director of Nursing Recoverable Income	0		43,728
100	Total: Net Nursing Expenses Including Recoverable Income	4,823,296		4,779,568

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	136,179		136,179
2.2	Administration: Employee Benefits	15,621		15,621
2.3	Administration: Payroll Taxes incl Workers Comp.	13,144		13,144
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	164,944		164,944
2.7	Clerical Staff: Salaries	223,314		223,314
2.8	Clerical Staff: Employee Benefits	25,616		25,616
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	21,553		21,553
2.10	Clerical Staff: Purchased Service	40,225		40,225
2.200	Subtotal: Clerical Staff Expenses	310,708		310,708
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	10,326		10,326
2.12	Office Supplies	65,062		65,062
2.13	Telecommunications (e.g. Internet, Phone)	65,931		65,931

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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	7,039		7,039
2.17	Licenses and Dues: Patient Care Related Portion	41,421		41,421
2.18	Continuing Professional Education / Training and Development	2,400		2,400
2.19	Accounting Services (Not related to appeals)	74,750		74,750
2.20	Insurance: Malpractice & General Liability	51,826		51,826
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	9,264		9,264
2.23	Non-Allowable A & G Expenses	1,078,462	1,078,462	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)		185,518	185,518
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		2,411	2,411
2.27	This line description is intentionally left blank			0
2.28	This line description is intentionally left blank			0
2.300	Subtotal: Other Administrative and General Expenses	1,406,481		515,948
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	1,882,133		991,600
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		41,978	41,978
2.500	Subtotal: Administrative & General Recoverable Income	0		41,978
200	Total: Net Administrative & General Expenses After Recoverable Income	1,882,133		949,622

Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	Miscellaneous Expenses	9,264
2A.100	Subtotal: Other A&G Expenses	9,264

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Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	8,895
2B.2	Licenses and Dues: Not Related to Resident Care	42
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	194
2B.5	Legal: Resident Care	
2B.6	Legal: Other	18,467
2B.7	Key Person Insurance	
2B.8	Management Company Fees	250,000
2B.9	Management Consultants	
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	76,362
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	59,303
2B.15	User Fee Assessment	665,199
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	1,078,462

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	48,859		48,859
3.2	Staff Dev. Coord.: Employee Benefits	5,605		5,605
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	4,716		4,716
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	59,180		59,180
3.5	Plant Operation: Salaries	173,169		173,169
3.6	Plant Operation: Employee Benefits	19,864		19,864
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	16,714		16,714

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3.8	Plant Operation: Purchased Service	154,447		154,447
3.9	Plant Operation: Supplies and Expenses	37,267		37,267
3.10	Plant Operation: Utilities	177,608		177,608
3.11	Plant Operation: Repairs			0
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	579,069		579,069
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	31,734		31,734
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	31,734		31,734
3.18	Dietary: Salaries	483,317		483,317
3.19	Dietary: Employee Benefits	55,441		55,441
3.20	Dietary: Payroll Taxes incl Workers Comp.	46,647		46,647
3.21	Dietary: Food	285,818		285,818
3.22	Dietary: Purchased Service	4,275		4,275
3.23	Dietary: Supplies and Expenses	42,560		42,560
3.400	Subtotal: Dietary Expenses	918,058		918,058
3.24	Housekeeping/Laundry: Salaries			0
3.25	Housekeeping/Laundry: Employee Benefits			0
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.			0
3.27	Housekeeping/Laundry: Purchased Service	386,853		386,853
3.28	Housekeeping/Laundry: Supplies and Expenses	24,332		24,332
3.29	Housekeeping/Laundry: Linen and Bedding	4,103		4,103
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	415,288		415,288
3.31	Quality Assurance (QA) Professional: Salaries	57,524		57,524
3.32	QA Professional: Employee Benefits	6,599		6,599
3.33	QA Professional: Payroll Taxes incl Workers Comp.	5,552		5,552
3.34	QA Professional: Purchased Service			0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
3.600	Subtotal: QA Professional Expenses	69,675		69,675
3.36	Unit Clerk & Medical Records: Salaries	33,463		33,463

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3.37	Unit Clerk & Medical Records: Employee Benefits	3,838		3,838
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	3,229		3,229
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	40,530		40,530
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	167,324		167,324
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	19,193		19,193
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	16,150		16,150
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	22,845		22,845
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	225,512		225,512
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	64,032		64,032
3.49	Social Service Worker: Employee Benefits	7,345		7,345
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	6,180		6,180
3.51	Social Service Worker: Purchased Service	4,635		4,635
3.1000	Subtotal: Social Service Worker Expenses	82,192		82,192
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
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			0
3.60	Direct Restorative Therapy: Salaries		0	0

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3.61	Direct Restorative Therapy: Benefits		0	0
3.62	Direct Restorative Therapy: Consultants	494,887	494,887	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	494,887		0
3.64	Recreational Therapy/Activities: Salaries	205,808		205,808
3.65	Recreational Therapy/Activities: Employee Benefits	23,609		23,609
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	19,863		19,863
3.67	Recreational Therapy/Activities: Purchased Service	52,253		52,253
3.68	Recreational Therapy/Activities: Supplies and Expenses	4,999		4,999
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	306,532		306,532
3.70	Resident Care Assistant: Salaries			0
3.71	Resident Care Assistant: Employee Benefits			0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.			0
3.73	Resident Care Assistant: Purchased Service			0
3.1400	Subtotal: Resident Care Assistant Expenses	0		0
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	8,376		8,376
3.79	Variable Other Required Education	4,389		4,389
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	21,600		21,600
3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals			0
3.86	Physician Services: Other	2,259		2,259
3.87	Legend Drugs	50,048	50,048	0
3.88	Personal Protective Equipment			0

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3.89	House Supplies Not Resold	187,429		187,429
3.90	House Supplies Resold to Private Residents	30,216	30,216	0
3.91	House Supplies Resold to Public Residents		0	0
3.92	Pharmacy Consultant	9,736		9,736
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	314,053		233,789
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	3,536,710		2,961,559
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		74,783	74,783
3.1800	Subtotal: Variable Recoverable Income	0		74,783
300	Total: Net Variable Expenses Including Recoverable Income	3,536,710		2,886,776

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Capital & Fixed Cost Expenses				
Table 4		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
4.1	Depreciation Expense	124,211	0	124,211
4.2	Long-Term Interest Expense SNF-CR	16,455		16,455
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	19,168		19,168
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR			0
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR			0
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR			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	159,834		159,834
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	159,834		159,834

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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	10,401,973		8,936,289
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	10,401,973		8,775,800

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SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES

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

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

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

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

Financial Statement of Operations

Table 1		
Table 1B		
Not-For-Profit		
Line #	Description	Reported
1B.1	Net Patient Service Revenue	9,355,593
1B.2	Other Revenue	206,432
1B.3	Net Assets Released from Restriction	
1B.100	Total Operating Revenue	9,562,025
1B.4	Salaries and Wages	4,989,297
1B.5	Employee Benefits	685,888
1B.6	Supplies and Other (including Payroll Taxes)	4,526,819
1B.7	Interest Expense	16,455
1B.8	Provision for Bad Debt	59,303
1B.9	Depreciation and Amortization Expenses	124,211
1B.200	Total Operating Expenses	10,401,973
1B.300	Income(Loss) from Operations	(839,948)
	Non-Operating Income and Expenses	
1B.10	Interest Income	810
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	(839,138)

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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)	9,562,835
2.2	Total Nursing Expenses (Schedule 3)	4,823,296
2.3	Total Administrative and General Expenses (Schedule 3)	1,882,133
2.4	Total Variable Expenses (Schedule 3)	3,536,710
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	159,834
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	10,401,973
200	Cost Reported Net Income(Loss)	(839,138)

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)		(839,138)
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)		(839,138)

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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	
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	1,343,690
1.6	Less Reserve for Bad Debt	(80,000)
1.100	Subtotal: Net Patient Accounts Receivable	1,263,690
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	70,491
1.9	Interest Receivable	
1.10	Supply Inventory	42,134
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	40,831
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	19,599
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
100	Total Current Assets	1,436,745

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	37,500
2.2	Buildings	
2.3	Improvements	736,490
2.4	Equipment	159,533
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	933,523

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	27,745
3.4	Construction in Progress	
3.5	Mortgage Acquisition Costs	
3.6	Accumulated Amortization of Mortgage Acquisition Costs	
3.100	Net Mortgage Acquisition Costs	0
300	Total Non-Current Assets	27,745

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	Restricted Cash	27,745
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	27,745

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Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	2,398,013

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	285,986
5.2	Accrued Expenses	357,923
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	24,394
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	
5.7	Accrued Salaries and Payroll Liabilities	441,577
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	1,107,396
500	Total Current Liabilities	2,217,276

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Due to Affiliates	981,636
5A.2	Resident Funds	27,745
5A.3	Bank Overdraft	98,015
5A.100	Subtotal: Other Current Liabilities	1,107,396

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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	622,855
600	Total Non-Current Liabilities	622,855

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	2,840,131

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	(539,032)		(539,032)
8A.2	Prior Period Adjustment(s)	0		0
8A.3	SNF-CR Excess (Deficiency) of Revenues Over Expenses	(839,138)		(839,138)
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	936,052		936,052
8A.100	Net Assets Balance: Current Year	(442,118)	0	(442,118)

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)	2,398,013

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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	37,500			37,500				37,500
1.2	Building	1,339,449			1,339,449	(1,339,449)		(1,339,449)	0
1.3	Improvements	2,420,033	6,637	(27,328)	2,399,342	(1,588,177)	(74,675)	(1,662,852)	736,490
1.4	Equipment	1,560,052	34,819	(43,677)	1,551,194	(1,342,125)	(49,536)	(1,391,661)	159,533
1.5	Software/Limited Life Assets	1,450			1,450	(1,450)		(1,450)	0
1.6	Motor Vehicles	62,984			62,984	(62,984)		(62,984)	0
100	Total	5,421,468	41,456	(71,005)	5,391,919	(4,334,185)	(124,211)	(4,458,396)	933,523

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	37,500					37,500				
2.2	Land REA-CR						0				
2.3	Building SNF-CR						0		0		0
2.4	Building REA-CR						0				0
2.5	Improvements SNF-CR	1,570,273		6,637		(84,350)	1,492,560	5.00%	74,675		74,675
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	574,079		34,819		(114,831)	494,067	10.00%	49,536		49,536

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2.8	Equipment REA-CR					0	10.00%			0
2.9	Software/Limited Life Assets SNF-CR	1,450			(1,450)	0	33.33%	0		0
2.10	Software/Limited Life Assets REA-CR					0	33.33%			0
200	Total Claimed Fixed Assets	2,183,302	0	41,456	0	(200,631)	2,024,127	124,211	0	124,211

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1962
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?	5,360,600
3.4	Was there a change of ownership of this facility during the reporting period?	No
3.5	Was there a change of ownership of company that owns the real assets of the facility (realty company) during the reporting period?	No
3.6	What is the number of nursing facility resident rooms?	73
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	29,100
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	16,100
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?	1.1
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?	Yes

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)	91,558

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(839,138)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	184,324
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(497,874)
200	Net Cash from Operating Activities	(1,152,688)

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(41,455)
3.2	Cash Flows from Other Investing Activities	185,000
300	Net Cash from Investing Activities	143,545

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	(23,792)
4.3	Cash Flows from Other Financing Activities	941,377
400	Net Cash from Financing Activities	917,585

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(91,558)
500	Cash and Cash Equivalents (End of Year)	0

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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	12/06/2020	129			129	129
1.2	12/06/2022	97			97	129
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.	97				
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	4,598			1,889		16,704
2.2	Residential Care						
2.3	Pediatrics						
2.4	Ventilator Unit						
2.5	Head Trauma/ABI						
2.6	Amyotrophic Lateral Sclerosis (ALS)						
2.7	Multiple Sclerosis (MS)						
2.8	Other Medicaid Special Contract						
2.9	Nursing Leave of Absence (Paid)	6					311
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	4,604	0	0	1,889	0	17,015

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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
	2,754						1,773	27,718
								0
								0
								0
								0
								0
								0
								0
	48							365
								0
								0
								0
0	2,802	0	0	0	0	0	1,773	28,083

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<i>Patient Statistics - Summary</i>			
Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	53
3.2	0140.1	Number of MassHealth Admissions During Year	7
3.3	0150.0	Number of Discharges During Year	61
3.4	0190.0	Average Length of Stay	218
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	44
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	85

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SCHEDULE 10 : DETAIL OF FACILITY COMPENSATION AND PURCHASED NURSING SERVICES

<i>Detail of Staff Nursing Services Wages and Hours</i>							
Table 1		1	2	3	4	5	6
Line #	Description	RN Wages	RN Hours	LPN Wages	LPN Hours	CNA Wages	CNA Hours
1.1	Total Base Wages	762,433	17,342.9	787,189	19,324.5	1,071,679	54,275.0
1.2	Total Overtime Wages	113,138	1,930.9	209,243	4,333.7	273,893	8,367.7
1.3	Total Shift Differential	10,846		10,759		32,326	
1.4	Total Other Differentials	4,693		5,614		8,576	
100	Total	891,110	19,273.8	1,012,805	23,658.2	1,386,474	62,642.7

<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	1.50	1.50	2.50	3.00
2.2	Licensed Practical Nurses	1.00	1.50	1.50	2.50	3.00
2.3	Certified Nurse Aides	1.00	1.50	1.50	2.50	3.00

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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	0.5	1,125.9
3.2	Plant Operations	5	4.2	8,753.8
3.3	Dietary Staff	16	13.1	27,195.9
3.4	Dietician			
3.5	Housekeeping/Laundry Staff			
3.6	Unit Clerk & Medical Records Staff	1	1.0	2,132.0
3.7	Quality Assurance	2	1.0	1,334.6
3.8	MMQ Nurses and MDS Coordinator	2	1.5	3,074.1
3.9	Social Services Staff	1	1.0	2,080.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	6	5.1	10,617.7
3.14	Administration and Officers	1	1.0	2,080.0
3.15	Security Staff			
3.16	Clerical Staff	6	4.8	9,958.6
3.17	Director of Nurses	1	1.0	2,080.0
3.18	Registered Nurses	16	9.3	19,273.8
3.19	Licensed Practical Nurses	14	11.4	23,658.2
3.20	Certified Nurse Aides	31	30.1	62,642.7
3.21	Resident Care Assistants			
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	103	85.0	176,007.3

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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									
Registered Temporary Nursing Service Agencies										
4.2	Intelycare, Inc.	TM7F	2,211.4	166,944	6,014.1	396,673	3,950.7	145,984		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		2,211.4	166,944	6,014.1	396,673	3,950.7	145,984	0.0	0
400	Total Temporary Nursing Service Agency Expenses		2,211.4	166,944	6,014.1	396,673	3,950.7	145,984	0.0	0
Five Highest Paid Salaries (including salaries, payroll taxes, workers' compensation, all fringe benefits, and draws)										
	NOTE: List the names and compensation of the <u>five</u> persons who have the highest compensation paid by this facility.									
Table 5	1	2	3	4	5	6	7	8		
Line #	Last Name	First Name	Title	Primary Expense Category	Salary & Benefits	Dividends/Draws	Other	TOTAL		
5.1	Wainwright	Denise	LPN Charge	Nursing	201,450		260	201,710		
5.2	Barry	Binta	RN charge	Nursing	150,388		200	150,588		
5.3	Wheaton	Kurt	Administrat or	Administrative & General	177,608		196	177,804		
5.4	Hurley	LisaMarie	LPN Charge	Nursing	122,246		163	122,409		
5.5	Lounsbury	Mary	Nurse Manager, RN	Nursing	121,746		162	121,908		

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

SCHEDULE 11 : NOTES PAYABLE AND WORKING CAPITAL DEBT

Mortgages and Notes Supporting Fixed Assets

Table 1	1	2	3	4	5	6	7	8	9	10
Line / Column #	Type of Notes Payable	Lender Name	Related Party	Date Mortgage Acquired	Due Date	Number of Months Amortized	Monthly Payments	Original Loan Amount	Mortgage Acquisition Costs	Amortization of Mortgage Acquisition Costs
1.1	Other	Diocese of Fall River	Yes	07/01/2020	07/01/2044	300	3,358	748,533		
100	TOTALS								0	0

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11	12	13	14	15	16	17	18	19	20
Beginnin g Loan Balance: Jan 1	Beginnin g Balance - New Loans	Principal Payment s	Pay Off Amount	Pay Off Date	Ending Loan Balance: Dec 31	Interest Rate %	Interest Expense	Period Expense s	Total Amortiza tion, Interest and Period Expense s
671,041		23,792			647,249	2.500%	16,455		16,455
					647,249		16,455	0	16,455

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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

SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

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

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

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

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

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
04/25/2024 11:52AM	(2) Ownership and Facility Information	Ownership and Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Maria Spinale
04/25/2024 11:58AM	(4) Related Party Transactions	related party transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Maria Spinale
04/29/2024 12:10PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Maria Spinale
04/29/2024 1:42PM	(1) Footnotes and Explanations	Footnote.docx	application/vnd.openxmlformats-officedocument.wordprocessingml.document	Maria Spinale
04/30/2024 12:35PM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Maria Spinale

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	Maria C. Bunker, CPA
1.2	Nursing Facility or Firm Name	Livingston & Haynes, CPA
1.3	Title	Partner
1.4	Street Address	40 Grove Street, Suite 380
1.5	City	Wellesley
1.6	State	MA
1.7	Zip Code	02482
1.8	Phone Number	+1 (781) 237-3339
1.9	Email Address	mbunker@lh-cpa.com
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	04/30/2024

*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	04/30/2024
2.3	Last Name	Mitchell
2.4	First Name	Laura
2.5	Middle Name	M.
2.6	Title	Director of Finance
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