

Skilled Nursing Facility Cost Report**MAPLEWOOD CENTER**

Filing Year: 2023

Date: 09/19/2024

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SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	MAPLEWOOD CENTER LLC
1.2	MassHealth Provider ID	110170834A
1.3	Federal Employer Tax ID	853627174
1.4	VPN	0950883
1.5	Is the above information correct?	Yes
1.6	Facility Number	00449
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	6 Morrill Place
1.11	City	Amesbury
1.12	Zip	01913
1.13	Telephone	+1 (978) 388-3500
1.14	Is this a hospital-based nursing facility?	No
1.15	Does the provider have pediatric beds?	No
1.16	Does the provider have an executed special contract with MassHealth (e.g. ventilator unit, acquired brain injury, etc.)?	No
1.17	Legal Status	Partnership/Limited Liability Partnership (LLP)
1.18	List the name of the management company as reported on the management company cost report.	
1.19	List the name of the entity that holds the nursing facility license.	Maplewood Center LLC
1.20	List realty company names as reported on each realty company cost report.	PC 6 Morrell LLC
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	Matthew S. Bovolack
2.2	Nursing Facility or Firm Name	Marcum LLP
2.3	Title	Principal
2.4	Street Address	555 Long Wharf Drive
2.5	City	New Haven
2.6	State	CT
2.7	Zip Code	06511
2.8	Phone Number	+1 (203) 781-9600
2.9	Email Address	Matthew.Bovolack@marcumllp.com

Preparer Information		
Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.		
Table 3		1
Line #	Description	
3.1	<input type="checkbox"/> I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer Name	Matthew S. Bovolack
3.3	Nursing Facility or Firm Name	Marcum LLP
3.4	Title	Principal
3.5	Street Address	555 Long Wharf Drive
3.6	City	New Haven
3.7	State	CT
3.8	Zip Code	06511
3.9	Phone Number	+1 (203) 781-9600
3.10	Email Address	Matthew.Bovolack@marcumllp.com
3.11	Type of Accounting Service Performed	Other (Explain in Footnotes)

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	315,896	0	315,896
1.2	Commercial Managed Care	0	0	0
1.3	Commercial Non-Managed Care	0	0	0
1.4	Medicare Fee-For-Service	1,482,803	1,609,650	3,092,453
1.5	Medicare Managed Care (Part C)	325,774	(17)	325,757
1.6	MassHealth Fee-for-Service	4,138,626	(5)	4,138,621
1.7	MassHealth Managed Care	74,190	0	74,190
1.8	Senior Care Options	0	0	0
1.9	OneCare	0	0	0
1.10	PACE	0	0	0
1.11	Medicaid Out-of-State	0	0	0
1.12	Medicaid Patient Paid Amount	1,035,535	0	1,035,535
1.13	DTA & EAEDC	0	0	0
1.14	Veteran's Affairs & Other Public	0	0	0
1.15	Other Payer Revenue	0	0	0
100	Total Nursing Facility Revenue	7,372,824	1,609,628	8,982,452

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	1,462,777
3.3	Laundry Revenue	0
3.4	Vending Machine Revenue	0
3.5	Recovery of Bad Debts	0
3.6	Prior Year Retroactive Revenue	(15,615)
3.7	Interest Income	23
3.8	Nurses' Aide Training Revenue	0
3.9	Administrative and General Recoverable Revenue	28
3.10	Nursing Recoverable Revenue	1,143
3.11	Variable Recoverable Revenue	0
3.12	Fixed Cost Recoverable Revenue	0
300	Total Other Nursing Facility Revenue	1,448,356

Detail of Endowment and Non-Recoverable Revenue

Table 4		1	2
Line #	Description	Type	Revenue
4.1	Other Endowment and Non-Recoverable Revenue: (Enter Description)	COVID RELATED INCOME	46,444
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Employee Retention Credit	1,416,333
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		1,462,777

Total Revenue

Table 5		1
Line #	Description	Total
500	Total Revenue	10,430,808

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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	152,233		152,233
1.2	Director of Nurses: Employee Benefits	331		331
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	15,781		15,781
1.4	Director of Nurses Purchased Service: Per Diem	0		0
1.5	Director of Nurses Purchased Service: Temporary Agency Staff	0		0
1.6	Director of Nurses Add-back (MGT-CR Sch 6)			0
1.100	Subtotal: Director of Nurses Expenses	168,345		168,345
1.7	Registered Nurses: Salaries	220,881		220,881
1.8	Registered Nurses: Employee Benefits	12,719		12,719
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	23,423		23,423
1.10	Registered Nurses Purchased Service: Per Diem	0		0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	151,847	#Error	151,847
1.200	Subtotal: Registered Nurses Expenses	408,870		408,870
1.12	Licensed Practical Nurses: Salaries	678,788		678,788
1.13	Licensed Practical Nurses: Employee Benefits	33,328		33,328
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	72,744		72,744
1.15	Licensed Practical Nurses Purchased Service: Per Diem	0		0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	686,625		686,625
1.300	Subtotal: Licensed Practical Nurses Expenses	1,471,485		1,471,485
1.17	Certified Nurse Aides: Salaries	994,656		994,656
1.18	Certified Nurse Aides: Employee Benefits	22,361		22,361
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	87,746		87,746
1.20	Certified Nurse Aides Purchased Service: Per Diem	0		0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	455,786		455,786
1.400	Subtotal: Certified Nurse Aides Expenses	1,560,549		1,560,549

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1.22	Nurse's Aide Training Administration	1,170	1,170	0
1.23	Nursing Education and Training	0		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	1,170		0
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	3,610,419		3,609,249

Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		1,143	1,143
1.27	Nurses' Aide Training Recoverable Income		0	0
1.700	Subtotal: Nursing & Director of Nursing Recoverable Income	0		1,143
100	Total: Net Nursing Expenses Including Recoverable Income	3,610,419		3,608,106

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	169,487		169,487
2.2	Administration: Employee Benefits	369		369
2.3	Administration: Payroll Taxes incl Workers Comp.	17,413		17,413
2.4	Administration: Purchased Service	0		0
2.5	Officers: Total Compensation	0	0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	187,269		187,269
2.7	Clerical Staff: Salaries	263,003		263,003
2.8	Clerical Staff: Employee Benefits	21,626		21,626
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	28,815		28,815
2.10	Clerical Staff: Purchased Service	0		0
2.200	Subtotal: Clerical Staff Expenses	313,444		313,444
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	59,330		59,330
2.12	Office Supplies	102,692		102,692
2.13	Telecommunications (e.g. Internet, Phone)	37,889		37,889

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)	0		0
2.15	Travel: Conventions & Meetings	0		0
2.16	Advertising: Help Wanted	79,812		79,812
2.17	Licenses and Dues: Patient Care Related Portion	22,538	2,091	20,447
2.18	Continuing Professional Education / Training and Development	0		0
2.19	Accounting Services (Not related to appeals)	28,750		28,750
2.20	Insurance: Malpractice & General Liability	69,673		69,673
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion	0		0
2.22	Other A & G Expenses	324,883	3,876	321,007
2.23	Non-Allowable A & G Expenses	1,156,288	1,156,288	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)		0	0
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		0	0
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	1,881,855		719,600
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	2,382,568		1,220,313
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		28	28
2.500	Subtotal: Administrative & General Recoverable Income	0		28
200	Total: Net Administrative & General Expenses After Recoverable Income	2,382,568		1,220,285

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Detail of Other A&G Expenses		
Table 2A	1	2
Line #	Description	Amount
2A.1	EMPLOYEE BACKGROUND CHECK	6,997
2A.2	CONSULTANT	231,870
2A.3	BANK CHARGES	83,285
2A.4	EMPLOYEE BENEFITS	2,674
2A.5	UNION	57
2A.6		
2A.7		
2A.8		
2A.9		
2A.10		
2A.100	Subtotal: Other A&G Expenses	324,883

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Detail of Non-Allowable A & G Expenses

Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	10,982
2B.2	Licenses and Dues: Not Related to Resident Care	0
2B.3	Accounting: Appeal Service	0
2B.4	Legal: Appeal Service and DALA Filing Fees	0
2B.5	Legal: Resident Care	0
2B.6	Legal: Other	14,692
2B.7	Key Person Insurance	0
2B.8	Management Company Fees	0
2B.9	Management Consultants	515,476
2B.10	Interest on Working Capital	0
2B.11	Fines, Late Fees, Penalties, including Interest	43,302
2B.12	State and Federal Income Taxes	0
2B.13	Pre-Opening Expenses	0
2B.14	Bad Debt Expense	4,137
2B.15	User Fee Assessment	565,141
2B.16	Other Non-Allowable A&G Expenses	2,558
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	1,156,288

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		0
3.2	Staff Dev. Coord.: Employee Benefits	0	0	0
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	0		0
3.4	Staff Dev. Coord.: Purchased Service	0		0
3.100	Subtotal: Staff Development Coordinator Expenses	0		0
3.5	Plant Operation: Salaries	92,057		92,057
3.6	Plant Operation: Employee Benefits	13,397	0	13,397
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	9,910		9,910

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3.8	Plant Operation: Purchased Service	70,492		70,492
3.9	Plant Operation: Supplies and Expenses	11,432		11,432
3.10	Plant Operation: Utilities	220,118		220,118
3.11	Plant Operation: Repairs	0		0
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	417,406		417,406
3.13	Dietician: Salaries	74,007		74,007
3.14	Dietician: Employee Benefits	5,008	0	5,008
3.15	Dietician: Payroll Taxes incl Workers Comp.	7,724		7,724
3.16	Dietician: Purchased Service	0		0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	86,739		86,739
3.18	Dietary: Salaries	355,881		355,881
3.19	Dietary: Employee Benefits	22,437	0	22,437
3.20	Dietary: Payroll Taxes incl Workers Comp.	39,592		39,592
3.21	Dietary: Food	218,894		218,894
3.22	Dietary: Purchased Service	26,210		26,210
3.23	Dietary: Supplies and Expenses	14,195		14,195
3.400	Subtotal: Dietary Expenses	677,209		677,209
3.24	Housekeeping/Laundry: Salaries	306,864		306,864
3.25	Housekeeping/Laundry: Employee Benefits	668	0	668
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	34,288		34,288
3.27	Housekeeping/Laundry: Purchased Service	0		0
3.28	Housekeeping/Laundry: Supplies and Expenses	23,940		23,940
3.29	Housekeeping/Laundry: Linen and Bedding	3,018		3,018
3.30	Housekeeping/Laundry: Special Cleaning	0		0
3.500	Subtotal: Housekeeping/Laundry Expenses	368,778		368,778
3.31	Quality Assurance (QA) Professional: Salaries	0		0
3.32	QA Professional: Employee Benefits	0	0	0
3.33	QA Professional: Payroll Taxes incl Workers Comp.	0		0
3.34	QA Professional: Purchased Service	0		0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
3.600	Subtotal: QA Professional Expenses	0		0
3.36	Unit Clerk & Medical Records: Salaries	5,229		5,229

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3.37	Unit Clerk & Medical Records: Employee Benefits	11	0	11
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	744		744
3.39	Unit Clerk & Medical Records: Purchased Service	0		0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	5,984		5,984
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	116,388		116,388
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	253	0	253
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	11,990		11,990
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	12,422		12,422
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	141,053		141,053
3.44	Behavioral Health Specialist: Salaries	0		0
3.45	Behavioral Health Specialist: Employee Benefits	0		0
3.46	Behavioral Health Specialist: Payroll Taxes incl Workers Comp.	0		0
3.47	Behavioral Health Specialist: Purchased Service	0		0
3.900	Subtotal: Behavioral Health Specialist Expenses	0		0
3.48	Social Service Worker: Salaries	0		0
3.49	Social Service Worker: Employee Benefits	0	0	0
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	0		0
3.51	Social Service Worker: Purchased Service	92,032		92,032
3.1000	Subtotal: Social Service Worker Expenses	92,032		92,032
3.52	Interpreters: Salaries	0		0
3.53	Interpreters: Employee Benefits	0		0
3.54	Interpreters: Payroll Taxes incl Workers Comp.	0		0
3.55	Interpreters: Purchased Service	0		0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries	0		0
3.57	Indirect Restorative Therapy: Employee Benefits	0		0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.	0		0
3.59	Indirect Restorative Therapy: Consultants	0		0
3.60	Direct Restorative Therapy: Salaries	327,711	327,711	0

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3.61	Direct Restorative Therapy: Benefits	51,668	51,668	0
3.62	Direct Restorative Therapy: Consultants	33,000	33,000	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	412,379		0
3.64	Recreational Therapy/Activities: Salaries	99,858		99,858
3.65	Recreational Therapy/Activities: Employee Benefits	246	0	246
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	11,237		11,237
3.67	Recreational Therapy/Activities: Purchased Service	2,690		2,690
3.68	Recreational Therapy/Activities: Supplies and Expenses	6,954		6,954
3.69	Recreational Therapy/Activities: Transportation	0	0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	120,985		120,985
3.70	Resident Care Assistant: Salaries	0		0
3.71	Resident Care Assistant: Employee Benefits	0		0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.	0		0
3.73	Resident Care Assistant: Purchased Service	0		0
3.1400	Subtotal: Resident Care Assistant Expenses	0		0
3.74	Security: Salaries	0		0
3.75	Security: Employee Benefits	0		0
3.76	Security: Payroll Taxes including Workers Comp.	0		0
3.77	Security: Purchased Service	0		0
3.1500	Subtotal: Security Expenses	0		0
3.78	Travel: Motor Vehicle Expense	17,179	7,989	9,190
3.79	Variable Other Required Education	0		0
3.80	Variable Job Related Education	0		0
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion	0		0
3.82	Physician Services: Medical Director	33,500		33,500
3.83	Physician Services: Advisory Physician	0		0
3.84	Physician Services: Utilization Review Committee	0		0
3.85	Physician Services: Employee Physicals	0		0
3.86	Physician Services: Other	39,717		39,717
3.87	Legend Drugs	213,971	213,971	0
3.88	Personal Protective Equipment	0		0

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3.89	House Supplies Not Resold	99,006		99,006
3.90	House Supplies Resold to Private Residents	0	0	0
3.91	House Supplies Resold to Public Residents	0	0	0
3.92	Pharmacy Consultant	0		0
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	403,373		181,413
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	2,725,938		2,091,599
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	2,725,938		2,091,599

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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	23,050	(94,064)	117,114
4.2	Long-Term Interest Expense SNF-CR	76,639		76,639
4.3	Long-Term Interest Expense REA-CR		406,343	406,343
4.4	MA Corp. Excise Tax - Non-Income Portion SNF-CR	0		0
4.5	MA Corp. Excise Tax - Non-Income Portion REA-CR			0
4.6	Building Insurance Expense SNF-CR	20,163		20,163
4.7	Building Insurance Expense REA-CR		0	0
4.8	Real Estate Tax Expense SNF-CR	59,868		59,868
4.9	Real Estate Tax Expense REA-CR		0	0
4.10	Personal Property Tax Expense SNF-CR	1,371		1,371
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	0		0
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	503,255	503,255	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	684,346		681,498
Less: Capital & Fixed Cost Expense Recoverable Income				
4.17	Fixed Cost Recoverable Income SNF-CR		0	0
4.18	Fixed Cost Recoverable Income REA-CR		0	0
4.200	Subtotal: Capital & Fixed Cost Recoverable Income	0		0
400	Total: Net Capital & Fixed Cost Expenses Including Recoverable Income	684,346		681,498

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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	9,403,271		7,602,659
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	9,403,271		7,601,488

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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	0
2.2	3025.6	Child Day Care Revenue	0
2.3	3025.4	Assisted Living Revenue	0
2.4	3025.5	Outpatient Services Revenue	0
2.5	3025.7	Other Special Program Revenue	0
2.6	3026.1	Hospital Revenue – Other Business	0
2.7	3026.3	Residential Care Revenue	0
2.8	3026.2	Other	0
200	3026.0	TOTAL OTHER BUSINESS REVENUE	0

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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	0	
3.2	8041.0	Child Day Care Expenses	0	0	
3.3	8045.0	Assisted Living Expenses	0	0	
3.4	8046.0	Outpatient Service Expenses	0	0	
3.5	8047.0	Chapter 766 Education Program Expenses	0	0	
3.6	8048.0	Ventilator Program Expenses	0	0	
3.7	8049.0	Acquired Brain Injury Unit Expenses	0	0	
3.8	8042.0	MS/ALS Program Expenses	0	0	
3.9	8050.0	Other Special Program Expenses	0	0	
3.10	8060.0	Hospital Expenses - Other Business	0	0	
3.11	8065.0	Other	0	0	
300	8070.0	TOTAL OTHER BUSINESS EXPENSES	0	0	

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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 1A		1
For Profit		
Line #	Description	Reported
1A.1	Net Patient Service Revenue	8,982,452
1A.2	Other Revenue	1,448,333
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	10,430,785
1A.4	Salaries and Wages	3,857,043
1A.5	Employee Benefits	132,754
1A.6	Supplies and Other (including Payroll Taxes)	5,309,648
1A.7	Interest Expense	76,639
1A.8	Provision for Bad Debt	4,137
1A.9	Depreciation and Amortization Expenses	23,050
1A.200	Total Operating Expenses	9,403,271
1A.300	Income(Loss) from Operations	1,027,514
	Non-Operating Income and Expenses	
1A.10	Interest Income	23
1A.11	Investment Income	
1A.12	Realized Gain(Loss) from Investments	
1A.13	Realized Gain(Loss) from Sale or Disposal of Equipment	
1A.14	Other Non-Operating Income(Expense)	
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	1,027,537
1A.15	Provision for Income Tax	
1A.16	Extraordinary Items	0
1A.17	Cumulative Change in Accounting Principles	0
1A.500	Financial Statement Net Income(Loss)	1,027,537

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Detail of Extraordinary Items

Table 1C	1	2
Line #	Description	Amount
1C.1		
1C.2		
1C.3		
1C.4		
1C.5		
1C.6		
1C.7		
1C.8		
1C.9		
1C.10		
1C.100	Subtotal: Cumulative Extraordinary Items	0

Detail of Changes in Accounting Principles

Table 1D	1	2
Line #	Description	Amount
1D.1		
1D.2		
1D.3		
1D.4		
1D.5		
1D.6		
1D.7		
1D.8		
1D.9		
1D.10		
1D.100	Subtotal: Cumulative Changes in Accounting Principles	0

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Cost Reported Statement of Operations

Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	10,430,808
2.2	Total Nursing Expenses (Schedule 3)	3,610,419
2.3	Total Administrative and General Expenses (Schedule 3)	2,382,568
2.4	Total Variable Expenses (Schedule 3)	2,725,938
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	684,346
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	9,403,271
200	Cost Reported Net Income(Loss)	1,027,537

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)		1,027,537
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)		1,027,537

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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	1,498
1.2	Short-Term Investments	0
1.3	Current Portion Assets Whose Use is Limited	0
1.4	Other Cash and Equivalents	2,392
1.5	Payer Accounts Receivable	2,128,647
1.6	Less Reserve for Bad Debt	0
1.100	Subtotal: Net Patient Accounts Receivable	2,128,647
1.7	Receivable from Officers/Owners/Employees	0
1.8	Receivable from Affiliates/Related Parties	1,269,395
1.9	Interest Receivable	0
1.10	Supply Inventory	0
1.11	Other Receivables	0
1.12	Prepaid Interest	0
1.13	Prepaid Insurance	22,381
1.14	Prepaid Taxes	0
1.15	Other Prepaid Expenses	3,458
1.16	Capitalized Pre-Opening Costs	0
1.17	Other Current Assets	232,713
100	Total Current Assets	3,660,484

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Detail of Other Current Assets

Table 1A	1	2
Line #	Description	Account Balance
1A.1	PPD R.E.T.	(14,805)
1A.2	OPERATING ESCROW	100,000
1A.3	INSURANCE ESCROW	166,694
1A.4	TAX ESCROW	(19,176)
1A.5		
1A.6		
1A.7		
1A.8		
1A.9		
1A.10		
1A.100	Subtotal: Other Current Assets	232,713

Non-Current Fixed Assets

Table 2	1
Line #	Account Balance
2.1	0
2.2	0
2.3	143,655
2.4	39,197
2.5	0
2.6	0
200	182,852

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Other Non-Current Assets		
Table 3		1
Line #	Description	Account Balance
3.1	Long-Term Investments	0
3.2	Non-Current Assets Whose Use is Limited	0
3.3	Other Deferred Charges and Non-Current Assets	63,391
3.4	Construction in Progress	0
3.5	Mortgage Acquisition Costs	24,000
3.6	Accumulated Amortization of Mortgage Acquisition Costs	0
3.100	Net Mortgage Acquisition Costs	24,000
300	Total Non-Current Assets	87,391

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	SECURITY DEP L/T	27,568
3A.2	ORGANIZATION COST	18,339
3A.3	START UP COSTS	5,233
3A.4	INTANGIBLE ASSET	12,251
3A.5		
3A.6		
3A.7		
3A.8		
3A.9		
3A.10		
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	63,391

Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	3,930,727

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Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	1,252,864
5.2	Accrued Expenses	37,374
5.3	Due to Insurance Payers	264,983
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	7,164
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	414,450
5.7	Accrued Salaries and Payroll Liabilities	17,653
5.8	State and Federal Taxes Payable	(65,340)
5.9	Accrued Interest Payable	0
5.10	Other Current Liabilities	(123,845)
500	Total Current Liabilities	1,805,303

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	DUE TO MEDICARE	15,046
5A.2	L&E	(44,163)
5A.3	MEDICARE COINS - 65%	(74,151)
5A.4	INTERIM WRITE OFF	(26,346)
5A.5	DUE TO PRIOR OWNER	53,759
5A.6	RESIDENT REFUNDS	(249)
5A.7	GARNISHEE PAYABLE	1
5A.8	WASH Description - MASTER OPER.	(47,197)
5A.9	CHARITABLE DONATIONS	(545)
5A.10		
5A.100	Subtotal: Other Current Liabilities	(123,845)

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Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	0
6.2	Due to Related Parties, Subsidiaries, and Affiliates	2,411,043
6.3	Other Long-Term Debt	0
600	Total Non-Current Liabilities	2,411,043

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	4,216,346

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

Table 8		
Table 8B		1
Proprietorship, Partnership, or Limited Liability Company (LLC)		
Line #	Description	Amount
8B.1	Owner's Equity Balance: Prior Year	(839,368)
8B.2	Prior Period Adjustment(s)	(159,630)
8B.3	Capital Contributions During the Year	(6,333)
8B.4	SNF-CR Net Income/(Loss)	1,027,537
8B.5	Proprietor/Partner Drawings	(307,825)
8B.100	Owner's Equity Balance: Current Year	(285,619)

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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	Prior Period Adjustment	(159,630)
8D.2		
8D.3		
8D.4		
8D.5		
8D.6		
8D.7		
8D.8		
8D.9		
8D.10		
8D.100	Subtotal: Prior Period Adjustments	(159,630)

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)	3,930,727

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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	0	0	0	0				0
1.2	Building	0	0	0	0	0	0	0	0
1.3	Improvements	146,007	23,407	0	169,414	(10,516)	(15,243)	(25,759)	143,655
1.4	Equipment	49,885	5,433	0	55,318	(8,314)	(7,807)	(16,121)	39,197
1.5	Software/Limited Life Assets	0	0	0	0	0	0	0	0
1.6	Motor Vehicles	0	0	0	0	0	0	0	0
100	Total	195,892	28,840	0	224,732	(18,830)	(23,050)	(41,880)	182,852

Claimed Fixed Assets

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

Table 2		1	2	3	4	5	6	7	8	9	10
Line #	Description	Allowable Cost Basis Beginning Balance	Claimed Additions From Renovations (DON)	Claimed Other Additions	Claimed Deletions From Renovations (DON)	Claimed Other Deletions	Allowable Cost Basis Ending Balance	Depreciation %	Financial Statement Depreciation Expense	Non-Allowable Expenses and Add-backs	Claimed Net Depreciation Expense
2.1	Land SNF-CR	0	0	0	0	0	0				
2.2	Land REA-CR	656,250	0	0	0	0	656,250				
2.3	Building SNF-CR	0	0	0	0	0	0		0	0	0
2.4	Building REA-CR	1,995,042	0	0	0	0	1,995,042	2.50%		49,876	49,876
2.5	Improvements SNF-CR	146,007	0	23,407	0	0	169,414	5.00%	15,243	0	15,243
2.6	Improvements REA-CR	0	0	0	0	0	0	5.00%		0	0
2.7	Equipment SNF-CR	49,885	0	5,433	0	0	55,318	10.00%	7,807	0	7,807

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2.8	Equipment REA-CR	441,882	0	0	0	0	441,882	10.00%		44,188	44,188
2.9	Software/Limited Life Assets SNF-CR	0	0	0	0	0	0	33.33%	0	0	0
2.10	Software/Limited Life Assets REA-CR	0	0	0	0	0	0	33.33%		0	0
200	Total Claimed Fixed Assets	3,289,066	0	28,840	0	0	3,317,906		23,050	94,064	117,114

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1966
3.2	What was the date of the most recent assessed property value of this facility?	12/31/2021
3.3	What was the value from the most recent municipal property assessment for this facility?	3,624,200
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?	42
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	7,015
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	882
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	0
3.10	What is the total acreage of the facility site?	0.9
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)	78,642

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	1,027,537
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	0
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(968,850)
200	Net Cash from Operating Activities	58,687

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(28,840)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(28,840)

Cash Flows from Financing Activities

Table 4		1
Line #	Description	Reported
4.1	Proceeds from Issuance of Long-Term Debt	
4.2	Payments on Long-Term Debt and Capital Lease Expenditures	
4.3	Cash Flows from Other Financing Activities	(104,599)
400	Net Cash from Financing Activities	(104,599)

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(74,752)
500	Cash and Cash Equivalents (End of Year)	3,890

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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	02/16/2021	109			109	120
1.2	02/16/2023	86	0		86	120
1.3					0	
1.4					0	
1.5					0	
1.6	List the number of certified Medicare beds at the close of this reporting period.	100				
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	603			2,705	2,561	20,847
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)					2	254
2.10	Nursing Leave of Absence (Unpaid)				17		
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	603	0	0	2,722	2,563	21,101

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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
410								27,126
								0
								0
								0
								0
								0
								0
								0
								0
								256
								17
								0
								0
410	0	0	0	0	0	0	0	27,399

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Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	85
3.2	0140.1	Number of MassHealth Admissions During Year	13
3.3	0150.0	Number of Discharges During Year	68
3.4	0190.0	Average Length of Stay	403
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	120
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	12

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SCHEDULE 10 : DETAIL OF FACILITY COMPENSATION AND PURCHASED NURSING SERVICES**Detail of Staff Nursing Services Wages and Hours**

Table 1		1	2	3	4	5	6
Line #	Description	RN Wages	RN Hours	LPN Wages	LPN Hours	CNA Wages	CNA Hours
1.1	Total Base Wages	216,432	4,264.0	480,402	19,352.0	762,277	59,029.0
1.2	Total Overtime Wages	2,458	37.0	163,532	2,780.0	176,559	5,141.0
1.3	Total Shift Differential	1,991		34,854		55,820	
1.4	Total Other Differentials						
100	Total	220,881	4,301.0	678,788	22,132.0	994,656	64,170.0

Detail of Nursing Services Shift Differentials

Table 2		1	2	3	4	5
Line #	Description	Median Hourly Shift Differential: Weekday Evening	Median Hourly Shift Differential: Weekday Night	Median Hourly Shift Differential: Weekend Day	Median Hourly Shift Differential: Weekend Evening	Median Hourly Shift Differential: Weekend Night
2.1	Registered Nurses	3.00	3.00	5.00	5.00	5.00
2.2	Licensed Practical Nurses	3.00	3.00	5.00	5.00	5.00
2.3	Certified Nurse Aides	1.50	1.50	3.00	3.00	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			0.0
3.2	Plant Operations	2	1.8	3,709.0
3.3	Dietary Staff	8	8.5	17,634.0
3.4	Dietician	1	1.0	2,080.0
3.5	Housekeeping/Laundry Staff	8	8.2	17,110.0
3.6	Unit Clerk & Medical Records Staff			
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	2	1.5	3,141.0
3.9	Social Services Staff			
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff	4	3.6	7,406.0
3.12	Restorative Therapy - Indirect Staff		0.0	0.0
3.13	Recreational Staff	3	2.9	5,966.0
3.14	Administration and Officers	1	1.0	2,000.0
3.15	Security Staff			
3.16	Clerical Staff	5	4.9	10,279.0
3.17	Director of Nurses	1	1.0	2,069.0
3.18	Registered Nurses	2	2.1	4,301.0
3.19	Licensed Practical Nurses	11	10.6	22,132.0
3.20	Certified Nurse Aides	31	30.9	64,170.0
3.21	Resident Care Assistants			
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	79	77.9	161,997.0

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Detail of Purchased Nursing Services										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges
Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies			#Error						
Registered Temporary Nursing Service Agencies										
4.2	Aunty Kate's Staffing Agency Inc	TEDP	3,290.2	118,448	8,032.7	289,177	8,603.2	309,716		
4.3	Grace Health Services	TPCL	331.8	24,786	76.5	4,360	173.0	6,579		
4.4	Other		118.0	8,613	5,008.3	389,170	4,156.0	139,491		
4.5	Sympathy Care LLC	TGU3			71.8	3,918				
4.200	Subtotal: Registered Temporary Nursing Service Agencies		3,740.0	151,847	13,189.3	686,625	12,932.2	455,786	0.0	0
400	Total Temporary Nursing Service Agency Expenses		3,740.0	151,847	13,189.3	686,625	12,932.2	455,786	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	Bernadeau	Barsanat	Clinical Coordinator	Other	117,433	0	0	117,433		
5.2	Kellman	Maureen	Nurse Executive	Nursing	160,728	0	0	160,728		
5.3	Mwangi	Robert	LPN	Nursing	121,572	0	0	121,572		
5.4	Nazaire	Judith	Executive Director	Administrative & General	162,805	0	0	162,805		
5.5	Sonuga	Monsurat	CNAs	Nursing	120,030	0	0	120,030		

Earnings and Compensation Disclosures									
Table 6	NOTE: This schedule is used to report the name(s) of the Owner, Partner, or Officer and disclose all salary and benefits, drawings and dividends, and other compensation as well as the accounts that were charged.								
Table 6B	1	2	3	4	5	6	7	8	9
Line #	Last Name	First Name	Title	Primary Expense Category	Total Hours	Salary & Benefits	Draw / Dividends	Other Compensation	TOTAL
Partnership, Limited Liability Company (LLC)									
6B.1				Other					0
6B.2				Other					0
6B.3									0
6B.4									0
6B.5									0
6B.6									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										
1.2										
1.3										
1.4										
1.5										
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
					0				0
					0				0
					0				0
					0				0
					0				0
					0				0
					0		0	0	0

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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	CNH Finance, L.P.	No	519,049		02/25/2021	104,599	414,450		76,639
2.2							0		
2.3							0		
2.4							0		
2.5							0		
200	Total Working Capital Interest						414,450		76,639

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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:

C) Financial Statements Unavailable: The facility was not required to obtain audited, reviewed, or compiled financial statements for purposes other than 957 CMR 7.00.

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
04/29/2024 2:02PM	(1) Footnotes and Explanations	FootnotesandExplanations.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
04/29/2024 2:02PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
04/29/2024 2:02PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
04/29/2024 2:02PM	(4) Related Party Transactions	RelatedPartyTransactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore

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SCHEDULE 13 : SUBMISSION AND ATTESTATION

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

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

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

1.1	Preparer Name	Matthew S. Bovolack
1.2	Nursing Facility or Firm Name	Marcum LLP
1.3	Title	Principal
1.4	Street Address	555 Long Wharf Drive
1.5	City	New Haven
1.6	State	CT
1.7	Zip Code	06511
1.8	Phone Number	+1 (203) 781-9600
1.9	Email Address	Matthew.Bovolack@marcumllp.com
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	04/29/2024

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	05/01/2024
2.3	Last Name	Lieberman
2.4	First Name	Azriel
2.5	Middle Name	
2.6	Title	
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