

Skilled Nursing Facility Cost Report**MOUNT GREYLOCK EXT. CARE FAC.**

Filing Year: 2023

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SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	MOUNT GREYLOCK EXT. CARE FAC.
1.2	MassHealth Provider ID	110084194A
1.3	Federal Employer Tax ID	042982134
1.4	VPN	0950037
1.5	Is the above information correct?	Yes
1.6	Facility Number	01007
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	1000 North Street
1.11	City	Pittsfield
1.12	Zip	01201
1.13	Telephone	+1 (413) 499-7186
1.14	Is this a hospital-based nursing facility?	No
1.15	Does the provider have pediatric beds?	No
1.16	Does the provider have an executed special contract with MassHealth (e.g. ventilator unit, acquired brain injury, etc.)?	No
1.17	Legal Status	MA Corp (Chapter 156B with 501c(3) exemption)
1.18	List the name of the management company as reported on the management company cost report.	Integrity Healthcare Management Services, Inc.
1.19	List the name of the entity that holds the nursing facility license.	Pittsfield Management System, Inc.
1.20	List realty company names as reported on each realty company cost report.	
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	Yes

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

Preparer Information		
Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.		
Table 3		1
Line #	Description	
3.1	<input type="checkbox"/> I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer Name	Ryan Aldam
3.3	Nursing Facility or Firm Name	Integrity Healthcare Management Services, Inc.
3.4	Title	Financial Analyst
3.5	Street Address	75 North Street
3.6	City	Pittsfield
3.7	State	MA
3.8	Zip Code	01201
3.9	Phone Number	+1 (413) 447-2574
3.10	Email Address	integrityreimb@integrity1.org
3.11	Type of Accounting Service Performed	Compilation

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Owner Business Information

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

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

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SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	2,625,956	2,455	2,628,411
1.2	Commercial Managed Care	115,503	26,380	141,883
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	5,233,210	376,633	5,609,843
1.5	Medicare Managed Care (Part C)	180,026		180,026
1.6	MassHealth Fee-for-Service	3,996,548	98	3,996,646
1.7	MassHealth Managed Care	273,603		273,603
1.8	Senior Care Options	241,317	28,051	269,368
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount	868,375		868,375
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	13,534,538	433,617	13,968,155

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	64,560
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	15,832
3.7	Interest Income	93,244
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	31,152
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	204,788

Detail of Endowment and Non-Recoverable Revenue			
Table 4		1	2
Line #	Description	Type	Revenue
4.1	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Covid Revenue	64,560
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.3	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.4	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.5	Other Endowment and Non-Recoverable Revenue		
400	Total Endowment and Non-Recoverable Revenue		64,560

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	14,172,943

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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	63,372		63,372
1.2	Director of Nurses: Employee Benefits	6,939		6,939
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	6,299		6,299
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	76,610		76,610
1.7	Registered Nurses: Salaries	475,399		475,399
1.8	Registered Nurses: Employee Benefits	52,052		52,052
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	47,257		47,257
1.10	Registered Nurses Purchased Service: Per Diem	5,081		5,081
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	158,763	286	158,477
1.200	Subtotal: Registered Nurses Expenses	738,552		738,266
1.12	Licensed Practical Nurses: Salaries	1,445,606		1,445,606
1.13	Licensed Practical Nurses: Employee Benefits	158,283		158,283
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	143,698		143,698
1.15	Licensed Practical Nurses Purchased Service: Per Diem	376,786		376,786
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	401,928	450	401,478
1.300	Subtotal: Licensed Practical Nurses Expenses	2,526,301		2,525,851
1.17	Certified Nurse Aides: Salaries	1,823,682		1,823,682
1.18	Certified Nurse Aides: Employee Benefits	199,503		199,503
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	181,122		181,122
1.20	Certified Nurse Aides Purchased Service: Per Diem	308,029		308,029
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	217,185	0	217,185
1.400	Subtotal: Certified Nurse Aides Expenses	2,729,521		2,729,521

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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	6,070,984		6,070,248

Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		0	
1.27	Nurses' Aide Training Recoverable Income		0	
1.700	Subtotal: Nursing & Director of Nursing Recoverable Income	0		0
100	Total: Net Nursing Expenses Including Recoverable Income	6,070,984		6,070,248

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	160,691		160,691
2.2	Administration: Employee Benefits	7,141		7,141
2.3	Administration: Payroll Taxes incl Workers Comp.	15,973		15,973
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	183,805		183,805
2.7	Clerical Staff: Salaries	346,312		346,312
2.8	Clerical Staff: Employee Benefits	37,919		37,919
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	34,425		34,425
2.10	Clerical Staff: Purchased Service			0
2.200	Subtotal: Clerical Staff Expenses	418,656		418,656
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services			0
2.12	Office Supplies	46,888		46,888
2.13	Telecommunications (e.g. Internet, Phone)	38,065		38,065

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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	21,039		21,039
2.17	Licenses and Dues: Patient Care Related Portion	22,055		22,055
2.18	Continuing Professional Education / Training and Development	8,315		8,315
2.19	Accounting Services (Not related to appeals)			0
2.20	Insurance: Malpractice & General Liability	68,371		68,371
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	101,384	101,384	0
2.23	Non-Allowable A & G Expenses	1,567,360	1,567,360	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)		801,297	801,297
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		22,757	22,757
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	1,873,477		1,028,787
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	2,475,938		1,631,248
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		31,152	31,152
2.500	Subtotal: Administrative & General Recoverable Income	0		31,152
200	Total: Net Administrative & General Expenses After Recoverable Income	2,475,938		1,600,096

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Detail of Other A&G Expenses		
Table 2A	1	2
Line #	Description	Amount
2A.1	Prior Year Expense Adjustment	42,306
2A.2	Accrued Expenses	59,078
2A.100	Subtotal: Other A&G Expenses	101,384

Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	39,336
2B.2	Licenses and Dues: Not Related to Resident Care	
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	
2B.5	Legal: Resident Care	
2B.6	Legal: Other	17,378
2B.7	Key Person Insurance	
2B.8	Management Company Fees	759,839
2B.9	Management Consultants	16,636
2B.10	Interest on Working Capital	9,907
2B.11	Fines, Late Fees, Penalties, including Interest	
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	55,476
2B.15	User Fee Assessment	668,788
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	1,567,360

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

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3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.			0
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	0		0
3.5	Plant Operation: Salaries	134,833		134,833
3.6	Plant Operation: Employee Benefits	14,764		14,764
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	13,402		13,402
3.8	Plant Operation: Purchased Service	96,846		96,846
3.9	Plant Operation: Supplies and Expenses	38,729		38,729
3.10	Plant Operation: Utilities	235,422		235,422
3.11	Plant Operation: Repairs	36,704		36,704
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	570,700		570,700
3.13	Dietician: Salaries			0
3.14	Dietician: Employee Benefits			0
3.15	Dietician: Payroll Taxes incl Workers Comp.			0
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	0		0
3.18	Dietary: Salaries	673,326		673,326
3.19	Dietary: Employee Benefits	73,724		73,724
3.20	Dietary: Payroll Taxes incl Workers Comp.	66,931		66,931
3.21	Dietary: Food	282,684		282,684
3.22	Dietary: Purchased Service	2,959		2,959
3.23	Dietary: Supplies and Expenses	32,453		32,453
3.400	Subtotal: Dietary Expenses	1,132,077		1,132,077
3.24	Housekeeping/Laundry: Salaries	273,206		273,206
3.25	Housekeeping/Laundry: Employee Benefits	29,914		29,914
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	27,158		27,158
3.27	Housekeeping/Laundry: Purchased Service	31,171		31,171
3.28	Housekeeping/Laundry: Supplies and Expenses	42,833		42,833
3.29	Housekeeping/Laundry: Linen and Bedding	14,468		14,468
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	418,750		418,750

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3.31	Quality Assurance (QA) Professional: Salaries			0
3.32	QA Professional: Employee Benefits			0
3.33	QA Professional: Payroll Taxes incl Workers Comp.			0
3.34	QA Professional: Purchased Service			0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
3.600	Subtotal: QA Professional Expenses	0		0
3.36	Unit Clerk & Medical Records: Salaries			0
3.37	Unit Clerk & Medical Records: Employee Benefits			0
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.			0
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	0		0
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries			0
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits			0
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.			0
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	0		0
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	216,543		216,543
3.49	Social Service Worker: Employee Benefits	23,710		23,710
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	21,525		21,525
3.51	Social Service Worker: Purchased Service	7,650		7,650
3.1000	Subtotal: Social Service Worker Expenses	269,428		269,428
3.52	Interpreters: Salaries			0
3.53	Interpreters: Employee Benefits			0
3.54	Interpreters: Payroll Taxes incl Workers Comp.			0
3.55	Interpreters: Purchased Service			0

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3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries			0
3.57	Indirect Restorative Therapy: Employee Benefits			0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.			0
3.59	Indirect Restorative Therapy: Consultants	5,368		5,368
3.60	Direct Restorative Therapy: Salaries		0	0
3.61	Direct Restorative Therapy: Benefits		0	0
3.62	Direct Restorative Therapy: Consultants	947,932	947,932	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	953,300		5,368
3.64	Recreational Therapy/Activities: Salaries	154,474		154,474
3.65	Recreational Therapy/Activities: Employee Benefits	16,914		16,914
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	15,356		15,356
3.67	Recreational Therapy/Activities: Purchased Service	11,140		11,140
3.68	Recreational Therapy/Activities: Supplies and Expenses	4,337		4,337
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	202,221		202,221
3.70	Resident Care Assistant: Salaries	80,646		80,646
3.71	Resident Care Assistant: Employee Benefits	8,829		8,829
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.	8,016		8,016
3.73	Resident Care Assistant: Purchased Service			0
3.1400	Subtotal: Resident Care Assistant Expenses	97,491		97,491
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	14,689		14,689
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education	610		610
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	32,628		32,628

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3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals	10,453		10,453
3.86	Physician Services: Other	3,041		3,041
3.87	Legend Drugs	335,522	335,522	0
3.88	Personal Protective Equipment			0
3.89	House Supplies Not Resold	532,313		532,313
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents	76,045	76,045	0
3.92	Pharmacy Consultant	12,762		12,762
3.93	This line description is intentionally left blank			0
3.94	This line description is intentionally left blank			0
3.95	This line description is intentionally left blank			0
3.1600	Subtotal: Other Variable Expenses	1,018,063		606,496
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	4,662,030		3,302,531
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		0	0
3.1800	Subtotal: Variable Recoverable Income	0		0
300	Total: Net Variable Expenses Including Recoverable Income	4,662,030		3,302,531

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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	505,970	139,644	366,326
4.2	Long-Term Interest Expense SNF-CR	228,570		228,570
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	14,422		14,422
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	62,349	62,349	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	811,311		609,318
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	811,311		609,318

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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	14,020,263		11,613,345
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	14,020,263		11,582,193

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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	

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	14,048,547
1B.2	Other Revenue	31,152
1B.3	Net Assets Released from Restriction	
1B.100	Total Operating Revenue	14,079,699
1B.4	Salaries and Wages	6,357,268
1B.5	Employee Benefits	808,212
1B.6	Supplies and Other (including Payroll Taxes)	6,064,768
1B.7	Interest Expense	228,570
1B.8	Provision for Bad Debt	55,476
1B.9	Depreciation and Amortization Expenses	505,969
1B.200	Total Operating Expenses	14,020,263
1B.300	Income(Loss) from Operations	59,436
	Non-Operating Income and Expenses	
1B.10	Interest Income	93,244
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	152,680

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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)	14,172,943
2.2	Total Nursing Expenses (Schedule 3)	6,070,984
2.3	Total Administrative and General Expenses (Schedule 3)	2,475,938
2.4	Total Variable Expenses (Schedule 3)	4,662,030
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	811,311
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	14,020,263
200	Cost Reported Net Income(Loss)	152,680

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)		152,680
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)		152,680

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

Current Assets		
Table 1		1
Line #	Description	Account Balance
1.1	Cash and Cash Equivalents	3,808,797
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	3,027,373
1.6	Less Reserve for Bad Debt	(335,066)
1.100	Subtotal: Net Patient Accounts Receivable	2,692,307
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	7,548,254
1.9	Interest Receivable	
1.10	Supply Inventory	25,542
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	13,097
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	285,780
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
100	Total Current Assets	14,373,777

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	800,000
2.2	Buildings	7,020,000
2.3	Improvements	772,432
2.4	Equipment	717,187
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	9,309,619

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	32,864
3.4	Construction in Progress	83,390
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	116,254

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	AR Prior Own	32,864
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	32,864

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Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	23,799,650

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	906,559
5.2	Accrued Expenses	296,634
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	227,892
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	339,547
5.7	Accrued Salaries and Payroll Liabilities	576,317
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	18,956
5.10	Other Current Liabilities	14,757
500	Total Current Liabilities	2,380,662

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Management Fee	9,091
5A.2	Capital Lease Obligation	5,666
5A.100	Subtotal: Other Current Liabilities	14,757

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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	7,373,115
600	Total Non-Current Liabilities	7,373,115

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	9,753,777

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	13,893,193		13,893,193
8A.2	Prior Period Adjustment(s)	0		0
8A.3	SNF-CR Excess (Deficiency) of Revenues Over Expenses	152,680		152,680
8A.4	Gain/(Loss) Realized on Investments			0
8A.5	Contributions, Gifts and Other			0
8A.6	Change in Unrealized Gains/(Losses) on Investments			0
8A.7	Net Assets Released from Donor Restriction			0
8A.8	Net Assets - Other			0
8A.100	Net Assets Balance: Current Year	14,045,873	0	14,045,873

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

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

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

Table 9		1
Line #	Description	Account Balance
900	Total Liabilities and Owner's Equity (or Net Assets for Not-For-Profit)	23,799,650

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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	800,000			800,000				800,000
1.2	Building	10,800,000			10,800,000	(3,510,000)	(270,000)	(3,780,000)	7,020,000
1.3	Improvements	2,820,330	130,362		2,950,692	(2,079,157)	(99,103)	(2,178,260)	772,432
1.4	Equipment	2,764,187	124,390		2,888,577	(2,034,523)	(136,867)	(2,171,390)	717,187
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles				0			0	0
100	Total	17,184,517	254,752	0	17,439,269	(7,623,680)	(505,970)	(8,129,650)	9,309,619

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	224,659					224,659				
2.2	Land REA-CR						0				
2.3	Building SNF-CR	5,046,881					5,046,881	2.50%	270,000	(143,828)	126,172
2.4	Building REA-CR						0				0
2.5	Improvements SNF-CR	1,452,039		130,362		(149,644)	1,432,757	5.00%	99,103	(27,465)	71,638
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	1,578,138		124,390		(17,376)	1,685,152	10.00%	136,867	31,649	168,516

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2.8	Equipment REA- CR						0	10.00%			0
2.9	Software/Limited Life Assets SNF- CR						0	33.33%	0		0
2.10	Software/Limited Life Assets REA- CR						0	33.33%			0
200	Total Claimed Fixed Assets	8,301,717	0	254,752	0	(167,020)	8,389,449		505,970	(139,644)	366,326

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1986
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2022
3.3	What was the value from the most recent municipal property assessment for this facility?	7,856,300
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?	53
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	30,751
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	17,023
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?	6.5
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	No

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

SCHEDULE 8 : STATEMENT OF CASH FLOWS

Beginning Cash and Cash Equivalents Balance

Table 1		1
Line #	Description	Reported
1.1	Cash and Cash Equivalents (Beginning of Year)	4,448,209

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	152,680
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	513,507
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(530,659)
200	Net Cash from Operating Activities	135,528

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(212,658)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(212,658)

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	(562,282)
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	(562,282)

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(639,412)
500	Cash and Cash Equivalents (End of Year)	3,808,797

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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	12/31/2021	100			100	100
1.2	12/31/2019	100			100	100
1.3	12/31/2023	100	0		100	100
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	7,134	276		7,968	510	17,006
2.2	Residential Care						
2.3	Pediatrics						
2.4	Ventilator Unit						
2.5	Head Trauma/ABI						
2.6	Amyotrophic Lateral Sclerosis (ALS)						
2.7	Multiple Sclerosis (MS)						
2.8	Other Medicaid Special Contract						
2.9	Nursing Leave of Absence (Paid)	60					188
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	7,194	276	0	7,968	510	17,194

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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
812	768							34,474
								0
								0
								0
								0
								0
								0
								0
35								283
								0
								0
								0
847	768	0	0	0	0	0	0	34,757

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Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	326
3.2	0140.1	Number of MassHealth Admissions During Year	63
3.3	0150.0	Number of Discharges During Year	330
3.4	0190.0	Average Length of Stay	105
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	292
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	90

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	197,618	4,242.8	937,794	26,290.5	1,165,109	54,069.3
1.2	Total Overtime Wages	7,514	103.0	127,981	2,198.0	293,075	8,396.4
1.3	Total Shift Differential	5,412		24,392		43,440	
1.4	Total Other Differentials						
100	Total	210,544	4,345.8	1,090,167	28,488.5	1,501,624	62,465.7

<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	0.75	1.75	1.00	1.75	2.25
2.2	Licensed Practical Nurses	0.75	1.75	1.00	1.75	2.25
2.3	Certified Nurse Aides	0.75	0.75	1.00	1.75	1.75

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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		
3.2	Plant Operations	4	2.3	4,876.1
3.3	Dietary Staff	30	13.5	28,071.5
3.4	Dietician	1		
3.5	Housekeeping/Laundry Staff	4	3.1	6,429.5
3.6	Unit Clerk & Medical Records Staff	11	5.0	10,379.5
3.7	Quality Assurance	1	0.1	107.0
3.8	MMQ Nurses and MDS Coordinator	3		
3.9	Social Services Staff	3	3.0	6,176.7
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	6	3.1	6,481.5
3.14	Administration and Officers	2	0.7	1,431.2
3.15	Security Staff			
3.16	Clerical Staff	10	15.3	31,818.5
3.17	Director of Nurses	2	0.5	976.0
3.18	Registered Nurses	9	2.1	4,345.8
3.19	Licensed Practical Nurses	36	16.0	28,488.5
3.20	Certified Nurse Aides	71	33.6	62,465.7
3.21	Resident Care Assistants	1	0.9	1,938.5
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	195	99.2	193,986.0

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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		8.2	286	12.8	450				
Registered Temporary Nursing Service Agencies										
4.2	Allegiance Nursing, LLC	TOX6	832.0	29,121	144.8	5,069	70.2	2,457		
4.3	General Healthcare Resources, LLC	TQFN	2,105.4	73,689	702.8	24,599				
4.4	Intelycare, Inc.	TM7F	1,459.7	51,091	8,743.5	306,023	4,245.2	148,583		
4.5	Paramount Healthcare Services	TNVC	130.8	4,576	1,398.2	48,936	77.5	2,711		
4.6	Excel Nursing Services, Inc.	TG6V			481.4	16,851	317.2	11,101		
4.7	Favorite Healthcare Staffing, Inc.	TOTB					1,495.2	52,333		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		4,527.9	158,477	11,470.7	401,478	6,205.3	217,185	0.0	0
400	Total Temporary Nursing Service Agency Expenses		4,536.1	158,763	11,483.5	401,928	6,205.3	217,185	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	Dinicola	Amber	RN	Nursing	215,407			215,407		
5.2	Vincent	Carole	LPN	Nursing	118,020			118,020		
5.3	Blanchard	David	Dietician	Plant & Operations	120,634			120,634		
5.4	Craft	Maria	Administrator	Administrative & General	193,821			193,821		
5.5	Leung	Winnie	LPN	Nursing	115,242			115,242		

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	1st Mortgage	TD Bank	No	11/30/2016	11/30/2041	300	12	9,916,858	77,928	7,538
100	TOTALS								77,928	7,538

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11	12	13	14	15	16	17	18	19	20
Beginning Loan Balance: Jan 1	Beginning Balance - New Loans	Principal Payments	Pay Off Amount	Pay Off Date	Ending Loan Balance: Dec 31	Interest Rate %	Interest Expense	Period Expenses	Total Amortization, Interest and Period Expenses
8,114,290		331,238			7,783,052	2.740%	221,032		228,570
					7,783,052		221,032	0	228,570

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

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SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

UPLOADS REQUIRED
(1) Footnotes and Explanations
<i>Upload Type: Excel, Word, or PDF</i>
This section is used to provide detail to any of the information included in this report.
(2) Ownership and Facility Information
<i>Upload Type: Excel Template</i>
List the names of all direct and indirect nursing facility owners and the name(s) of any Massachusetts and non-Massachusetts nursing or residential care facilities that are owned, directly or indirectly by the facility owners that have an interest of 5% or more. Note: This information must be submitted in the format of the template provided. In order for the file to be accepted, you <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:

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

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
05/07/2024 1:58PM	(1) Footnotes and Explanations	2023 Board of Trustees List.pdf	application/pdf	Ryan Aldam
05/07/2024 1:59PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
05/07/2024 1:59PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
05/07/2024 1:59PM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
05/07/2024 1:59PM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Ryan Aldam

SCHEDULE 13 : SUBMISSION AND ATTESTATION

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

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

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

1.1	Preparer Name	Ryan Aldam
1.2	Nursing Facility or Firm Name	Integrity Healthcare Management Services, Inc.
1.3	Title	Financial Analyst
1.4	Street Address	75 North Street
1.5	City	Pittsfield
1.6	State	MA
1.7	Zip Code	01201
1.8	Phone Number	+1 (413) 447-2574
1.9	Email Address	integrityreimb@integrity1.org
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	10/29/2024

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

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Section B - Certification by Owner, Partner, or Officer

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

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

This certification is signed under pains and penalties of perjury.

2.1	[x] By checking this box, I hereby certify that under pains and penalties of perjury, that the above statements entitled A) Accuracy of Reported Costs and B) Use of Public Funds are correct and true, to the best of my knowledge and belief. This report is subject to audit and verification by the Center for Health Information and Analysis.	
2.2	Date of Authorization	05/07/2024
2.3	Last Name	Jones
2.4	First Name	William
2.5	Middle Name	C.
2.6	Title	President and Treasurer
2.7	Is this information correct?	Yes

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

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

a) User Name

b) User E-Mail Address

c) Organization Name

d) Applicable Filing Year

e) Reason for request