

Skilled Nursing Facility Cost Report**Park Avenue SNF Operations, LLC**

Filing Year: 2023

Date: 12/19/2024

Time: 2:41 PM

SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	Park Avenue SNF Operations, LLC
1.2	MassHealth Provider ID	110176792A
1.3	Federal Employer Tax ID	862133461
1.4	VPN	0950901
1.5	Is the above information correct?	Yes
1.6	Facility Number	00795
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	146 Park Avenue
1.11	City	Arlington
1.12	Zip	02476
1.13	Telephone	+1 (781) 648-9530
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	Limited Liability Corporation (LLC)
1.18	List the name of the management company as reported on the management company cost report.	N/A
1.19	List the name of the entity that holds the nursing facility license.	Park Avenue SNF Operations, LLC
1.20	List realty company names as reported on each realty company cost report.	146 Park Ave Real Estate, LLC/Park Ave SNF Operations, 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	Nicole Liebb
2.2	Nursing Facility or Firm Name	Park Avenue SNF Operations, LLC
2.3	Title	Executive Assistant
2.4	Street Address	701 Cross Street, St 132
2.5	City	Lakewood
2.6	State	NJ
2.7	Zip Code	08701
2.8	Phone Number	+1 (732) 522-4338
2.9	Email Address	nicoleliebb@outlook.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	Chelsea Murray
3.3	Nursing Facility or Firm Name	Bonadio & Co., LLP
3.4	Title	Executive Vice President
3.5	Street Address	171 Sully's Trail
3.6	City	Pittsford
3.7	State	NY
3.8	Zip Code	14534
3.9	Phone Number	+1 (585) 249-2791
3.10	Email Address	cmurray@bonadio.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	1,045,169	4,353	1,049,522
1.2	Commercial Managed Care	84,510	9,916	94,426
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	2,350,412	193,050	2,543,462
1.5	Medicare Managed Care (Part C)	732,517	31,557	764,074
1.6	MassHealth Fee-for-Service	5,059,285	42,044	5,101,329
1.7	MassHealth Managed Care	301,713	273	301,986
1.8	Senior Care Options			0
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount			0
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue	230,075		230,075
100	Total Nursing Facility Revenue	9,803,681	281,193	10,084,874

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	41,904
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	
3.7	Interest Income	2,837
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	111
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	44,852

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-19 Receipts	41,904
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		41,904

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	10,129,726

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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	138,044		138,044
1.2	Director of Nurses: Employee Benefits	2,961		2,961
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	13,524		13,524
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	154,529		154,529
1.7	Registered Nurses: Salaries	1,340,398		1,340,398
1.8	Registered Nurses: Employee Benefits	28,749		28,749
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	131,320		131,320
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	61,436	2,371	59,065
1.200	Subtotal: Registered Nurses Expenses	1,561,903		1,559,532
1.12	Licensed Practical Nurses: Salaries	557,164		557,164
1.13	Licensed Practical Nurses: Employee Benefits	11,950		11,950
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	54,586		54,586
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	93,221	0	93,221
1.300	Subtotal: Licensed Practical Nurses Expenses	716,921		716,921
1.17	Certified Nurse Aides: Salaries	1,658,828		1,658,828
1.18	Certified Nurse Aides: Employee Benefits	35,579		35,579
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	162,517		162,517
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	2,757	0	2,757
1.400	Subtotal: Certified Nurse Aides Expenses	1,859,681		1,859,681

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1.22	Nurse's Aide Training Administration		0	0
1.23	Nursing Education and Training	4,168		4,168
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	4,168		4,168
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	4,297,202		4,294,831

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	4,297,202		4,294,831

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	422,713		422,713
2.2	Administration: Employee Benefits	8,458		8,458
2.3	Administration: Payroll Taxes incl Workers Comp.	38,636		38,636
2.4	Administration: Purchased Service	24,919		24,919
2.5	Officers: Total Compensation	238,034	238,034	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	732,760		494,726
2.7	Clerical Staff: Salaries	301,456		301,456
2.8	Clerical Staff: Employee Benefits	6,466		6,466
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	29,534		29,534
2.10	Clerical Staff: Purchased Service	83,687		83,687
2.200	Subtotal: Clerical Staff Expenses	421,143		421,143
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	34,897		34,897
2.12	Office Supplies	26,657		26,657
2.13	Telecommunications (e.g. Internet, Phone)	27,632		27,632

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	25,744		25,744
2.16	Advertising: Help Wanted	8,852		8,852
2.17	Licenses and Dues: Patient Care Related Portion			0
2.18	Continuing Professional Education / Training and Development			0
2.19	Accounting Services (Not related to appeals)	273,171		273,171
2.20	Insurance: Malpractice & General Liability	103,002		103,002
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	0		0
2.23	Non-Allowable A & G Expenses	1,091,088	1,091,088	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		49,792	49,792
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)			0
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)			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	1,591,043		549,747
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	2,744,946		1,465,616
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		0	0
2.500	Subtotal: Administrative & General Recoverable Income	0		
200	Total: Net Administrative & General Expenses After Recoverable Income	2,744,946		1,465,616

Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1		
2A.100	Subtotal: Other A&G Expenses	0

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Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	12,241
2B.2	Licenses and Dues: Not Related to Resident Care	14,601
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	
2B.5	Legal: Resident Care	
2B.6	Legal: Other	94,667
2B.7	Key Person Insurance	
2B.8	Management Company Fees	
2B.9	Management Consultants	
2B.10	Interest on Working Capital	116,790
2B.11	Fines, Late Fees, Penalties, including Interest	94,364
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	131,869
2B.15	User Fee Assessment	624,756
2B.16	Other Non-Allowable A&G Expenses	1,800
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	1,091,088

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	108,841		108,841
3.2	Staff Dev. Coord.: Employee Benefits	2,334		2,334
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	10,663		10,663
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	121,838		121,838
3.5	Plant Operation: Salaries	79,655		79,655
3.6	Plant Operation: Employee Benefits	1,708		1,708
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	7,804		7,804

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3.8	Plant Operation: Purchased Service	61,591		61,591
3.9	Plant Operation: Supplies and Expenses	19,900		19,900
3.10	Plant Operation: Utilities	281,578		281,578
3.11	Plant Operation: Repairs	25,105		25,105
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	477,341		477,341
3.13	Dietician: Salaries	48,682		48,682
3.14	Dietician: Employee Benefits	1,044		1,044
3.15	Dietician: Payroll Taxes incl Workers Comp.	4,769		4,769
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	54,495		54,495
3.18	Dietary: Salaries	213,890		213,890
3.19	Dietary: Employee Benefits	4,588		4,588
3.20	Dietary: Payroll Taxes incl Workers Comp.	20,955		20,955
3.21	Dietary: Food	146,707		146,707
3.22	Dietary: Purchased Service	337,092		337,092
3.23	Dietary: Supplies and Expenses	16,760		16,760
3.400	Subtotal: Dietary Expenses	739,992		739,992
3.24	Housekeeping/Laundry: Salaries			0
3.25	Housekeeping/Laundry: Employee Benefits			0
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.			0
3.27	Housekeeping/Laundry: Purchased Service	299,911		299,911
3.28	Housekeeping/Laundry: Supplies and Expenses	4,241		4,241
3.29	Housekeeping/Laundry: Linen and Bedding			0
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	304,152		304,152
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	17,155		17,155

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3.37	Unit Clerk & Medical Records: Employee Benefits	368		368
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	1,681		1,681
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	19,204		19,204
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	126,501		126,501
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	2,713		2,713
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	12,393		12,393
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	141,607		141,607
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	99,025		99,025
3.49	Social Service Worker: Employee Benefits	2,124		2,124
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	9,702		9,702
3.51	Social Service Worker: Purchased Service			0
3.1000	Subtotal: Social Service Worker Expenses	110,851		110,851
3.52	Interpreters: Salaries			0
3.53	Interpreters: Employee Benefits			0
3.54	Interpreters: Payroll Taxes incl Workers Comp.			0
3.55	Interpreters: Purchased Service			0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries			0
3.57	Indirect Restorative Therapy: Employee Benefits			0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.			0
3.59	Indirect Restorative Therapy: Consultants			0
3.60	Direct Restorative Therapy: Salaries	3,840	3,840	0

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3.61	Direct Restorative Therapy: Benefits	458	458	0
3.62	Direct Restorative Therapy: Consultants	506,040	506,040	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	510,338		0
3.64	Recreational Therapy/Activities: Salaries	125,910		125,910
3.65	Recreational Therapy/Activities: Employee Benefits	2,701		2,701
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	12,336		12,336
3.67	Recreational Therapy/Activities: Purchased Service	3,730		3,730
3.68	Recreational Therapy/Activities: Supplies and Expenses	7,965		7,965
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	152,642		152,642
3.70	Resident Care Assistant: Salaries			0
3.71	Resident Care Assistant: Employee Benefits			0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.			0
3.73	Resident Care Assistant: Purchased Service	25,304		25,304
3.1400	Subtotal: Resident Care Assistant Expenses	25,304		25,304
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	39,252		39,252
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education			0
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	36,000		36,000
3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals			0
3.86	Physician Services: Other			0
3.87	Legend Drugs	178,821	178,821	0
3.88	Personal Protective Equipment	68,322		68,322

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3.89	House Supplies Not Resold	34,355		34,355
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents		0	0
3.92	Pharmacy Consultant	653		653
3.93	This line description is intentionally left blank			0
3.94	This line description is intentionally left blank			0
3.95	This line description is intentionally left blank			0
3.1600	Subtotal: Other Variable Expenses	357,403		178,582
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	3,015,167		2,326,008
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		111	111
3.1800	Subtotal: Variable Recoverable Income	0		111
300	Total: Net Variable Expenses Including Recoverable Income	3,015,167		2,325,897

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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	13,008	(480,669)	493,677
4.2	Long-Term Interest Expense SNF-CR			0
4.3	Long-Term Interest Expense REA-CR		277,740	277,740
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	17,962		17,962
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	25,436		25,436
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	157,983		157,983
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	636,000	636,000	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	850,389		972,798
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	850,389		972,798

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Total Combined Expenses Before Recoverable Income				
Table 5		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
500	Total Combined Expenses Before Recoverable Income	10,907,704		9,059,253
Total Combined Expenses Net of Recoverable Income				
Table 6		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
600	Total Combined Expenses Net of Recoverable Income	10,907,704		9,059,142

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 1A		1
For Profit		
Line #	Description	Reported
1A.1	Net Patient Service Revenue	10,084,874
1A.2	Other Revenue	44,852
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	10,129,726
1A.4	Salaries and Wages	5,451,718
1A.5	Employee Benefits	189,835
1A.6	Supplies and Other (including Payroll Taxes)	5,017,492
1A.7	Interest Expense	116,790
1A.8	Provision for Bad Debt	131,869
1A.9	Depreciation and Amortization Expenses	
1A.200	Total Operating Expenses	10,907,704
1A.300	Income(Loss) from Operations	(777,978)
	Non-Operating Income and Expenses	
1A.10	Interest Income	
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	(777,978)
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)	(777,978)

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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)	10,129,726
2.2	Total Nursing Expenses (Schedule 3)	4,297,202
2.3	Total Administrative and General Expenses (Schedule 3)	2,744,946
2.4	Total Variable Expenses (Schedule 3)	3,015,167
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	850,389
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	10,907,704
200	Cost Reported Net Income(Loss)	(777,978)

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)		(777,978)
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)		(777,978)

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	48,077
1.2	Short-Term Investments	
1.3	Current Portion Assets Whose Use is Limited	
1.4	Other Cash and Equivalents	
1.5	Payer Accounts Receivable	2,861,257
1.6	Less Reserve for Bad Debt	(77,219)
1.100	Subtotal: Net Patient Accounts Receivable	2,784,038
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	
1.9	Interest Receivable	
1.10	Supply Inventory	
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	118,604
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	85,925
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
100	Total Current Assets	3,036,644

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	
2.2	Buildings	
2.3	Improvements	55,222
2.4	Equipment	61,295
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	116,517

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	78,443
3.3	Other Deferred Charges and Non-Current Assets	193,818
3.4	Construction in Progress	
3.5	Mortgage Acquisition Costs	
3.6	Accumulated Amortization of Mortgage Acquisition Costs	
3.100	Net Mortgage Acquisition Costs	0
300	Total Non-Current Assets	272,261

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	Startup Costs	193,818
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	193,818

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Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	3,425,422

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	1,312,327
5.2	Accrued Expenses	399,245
5.3	Due to Insurance Payers	5,032
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	
5.7	Accrued Salaries and Payroll Liabilities	207,943
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	1,537,553
500	Total Current Liabilities	3,462,100

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Misc PR Deduction	(3,034)
5A.2	Resident Refunds	(920)
5A.3	Note Payable	511,447
5A.4	Due to Affiliates	966,723
5A.5	Fica Payable	63,337
5A.100	Subtotal: Other Current Liabilities	1,537,553

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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	
600	Total Non-Current Liabilities	0

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	3,462,100

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	203,175
8B.2	Prior Period Adjustment(s)	0
8B.3	Capital Contributions During the Year	538,125
8B.4	SNF-CR Net Income/(Loss)	(777,978)
8B.5	Proprietor/Partner Drawings	
8B.100	Owner's Equity Balance: Current Year	(36,678)

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

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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)	3,425,422

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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
1.2	Building				0			0	0
1.3	Improvements	21,698	36,676		58,374		(3,152)	(3,152)	55,222
1.4	Equipment	58,011	13,140		71,151		(9,856)	(9,856)	61,295
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles				0			0	0
100	Total	79,709	49,816	0	129,525	0	(13,008)	(13,008)	116,517

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				
2.2	Land REA-CR	1,056,701					1,056,701				
2.3	Building SNF-CR						0		0		0
2.4	Building REA-CR	3,936,551					3,936,551			98,414	98,414
2.5	Improvements SNF-CR	21,698		36,676			58,374	5.00%	3,152		3,152
2.6	Improvements REA-CR	210,211					210,211	5.00%		14,014	14,014
2.7	Equipment SNF-CR	58,011		13,140			71,151	10.00%	9,856		9,856

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2.8	Equipment REA-CR	1,841,206					1,841,206	10.00%		368,241	368,241
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	7,124,378	0	49,816	0	0	7,174,194		13,008	480,669	493,677

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1971
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2013
3.3	What was the value from the most recent municipal property assessment for this facility?	7,817,000
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?	47
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	28,800
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	21,000
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	1
3.10	What is the total acreage of the facility site?	0.7
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	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)	(139,034)

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(777,978)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	13,008
2.3	Increases (Decreases) to Cash Provided by Operating Activities	1,301,721
200	Net Cash from Operating Activities	536,751

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(49,816)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(49,816)

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	(299,824)
400	Net Cash from Financing Activities	(299,824)

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	187,111
500	Cash and Cash Equivalents (End of Year)	48,077

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	09/01/2023	89			89	89
1.2	09/01/2021	89			89	89
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.	89				
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	2,248	213		3,658	1,411	19,943
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)						
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	2,248	213	0	3,658	1,411	19,943

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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
1,309							783	29,565
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
1,309	0	0	0	0	0	0	783	29,565

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<i>Patient Statistics - Summary</i>			
Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	281
3.2	0140.1	Number of MassHealth Admissions During Year	40
3.3	0150.0	Number of Discharges During Year	292
3.4	0190.0	Average Length of Stay	123
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	162
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	84

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	1,009,381	17,976.2	417,275	8,094.1	1,478,532	54,734.5
1.2	Total Overtime Wages	331,017	4,249.6	139,889	2,051.4	180,296	5,429.9
1.3	Total Shift Differential						
1.4	Total Other Differentials						
100	Total	1,340,398	22,225.8	557,164	10,145.5	1,658,828	60,164.4

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	2.00	2.50	2.50	2.50	2.50
2.2	Licensed Practical Nurses	2.00	2.50	2.50	2.50	2.50
2.3	Certified Nurse Aides	1.50	2.50	2.00	2.00	2.00

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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	2	1.9	3,873.5
3.2	Plant Operations	2	1.0	1,989.0
3.3	Dietary Staff	13	5.1	10,560.5
3.4	Dietician	3	0.5	1,038.1
3.5	Housekeeping/Laundry Staff			
3.6	Unit Clerk & Medical Records Staff	2	0.4	793.6
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	4	1.3	2,664.3
3.9	Social Services Staff	2	1.0	2,094.8
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	6	2.7	5,583.8
3.14	Administration and Officers	15	3.8	7,908.0
3.15	Security Staff			
3.16	Clerical Staff	10	4.3	8,856.2
3.17	Director of Nurses	5	1.0	2,061.0
3.18	Registered Nurses	18	10.7	22,225.8
3.19	Licensed Practical Nurses	10	4.9	10,145.5
3.20	Certified Nurse Aides	43	28.9	60,164.4
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	135	67.5	139,958.5

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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		34.3	2,371						
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Registered Temporary Nursing Service Agencies

4.2	Care Gigs LLC	T2S4	440.0	33,843	1,156.9	85,845				
4.3	Elite Care Agency Inc	T032	227.8	19,447	30.4	2,223				
4.4	Intelycare, Inc.	TM7F	70.3	5,775	74.3	5,153	67.1	2,757		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		738.1	59,065	1,261.6	93,221	67.1	2,757	0.0	0
400	Total Temporary Nursing Service Agency Expenses		772.4	61,436	1,261.6	93,221	67.1	2,757	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	George	Beena	RN	Nursing	306,118			306,118		
5.2	Manamel	Mini	RN	Nursing	230,065			230,065		
5.3	Verner	Marie	LPN	Nursing	229,862			229,862		
5.4	Wriston	Anthony	Administrator	Administrative & General	169,576			169,576		
5.5	Jacques	Minouche	RN	Nursing	167,763			167,763		

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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	Brown	Avrohom	Owner	Administrative & General	1,760	86,676			86,676
6B.2	Chapler	Yaakov	Owner	Administrative & General	2,080	128,044			128,044
6B.3									0
									214,720

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										
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

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Working Capital Debt

Table 2	1	2	3	4	5	6	7	8	9
Line / Column #	Lender Name	Related Party	Beginnin g Balance: Jan 1	Amount	Start Date	Principal Payment	Ending Balance: Dec 31	Interest Rate %	Interest Expense
2.1	eCapital	No	811,271	9,293,601	09/02/2021	9,593,425	511,447	10.250%	116,790
200	Total Working Capital Interest						511,447		116,790

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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):

Skilled Nursing Facility Cost Report

Park Avenue SNF Operations, LLC

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

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

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

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
04/26/2024 10:10AM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Chelsea Murray
04/26/2024 10:10AM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Chelsea Murray
04/26/2024 10:11AM	(5) Financial Statements	Financial Statements.xls	application/vnd.ms-excel	Chelsea Murray
10/30/2024 10:17AM	(1) Footnotes and Explanations	Footnotes and Explanations.pdf	application/pdf	Chelsea Murray
10/30/2024 10:17AM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Chelsea Murray

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	Chelsea Murray
1.2	Nursing Facility or Firm Name	Bonadio & Co., LLP
1.3	Title	Executive Vice President
1.4	Street Address	171 Sully's Trail
1.5	City	Pittsford
1.6	State	NY
1.7	Zip Code	14534
1.8	Phone Number	+1 (585) 249-2791
1.9	Email Address	cmurray@bonadio.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:	10/30/2024

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

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Skilled Nursing Facility Cost Report

Park Avenue SNF Operations, LLC

Filing Year: 2023

Date: 12/19/2024

Time: 2:41 PM

Section B - Certification by Owner, Partner, or Officer

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

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

This certification is signed under pains and penalties of perjury.

2.1	[x] By checking this box, I hereby certify that under pains and penalties of perjury, that the above statements entitled A) Accuracy of Reported Costs and B) Use of Public Funds are correct and true, to the best of my knowledge and belief. This report is subject to audit and verification by the Center for Health Information and Analysis.	
2.2	Date of Authorization	04/28/2024
2.3	Last Name	Steinberg
2.4	First Name	Moshe
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