

Skilled Nursing Facility Cost Report**REGALCARE AT HARWICH LLC**

Filing Year: 2023

Date: 12/19/2024

Time: 2:19 PM

SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	REGALCARE AT HARWICH LLC
1.2	MassHealth Provider ID	110171628A
1.3	Federal Employer Tax ID	
1.4	VPN	0950865
1.5	Is the above information correct?	Yes
1.6	Facility Number	01035
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	111 Headwaters Drive
1.11	City	Harwich
1.12	Zip	02645
1.13	Telephone	+1 (503) 430-6222
1.14	Is this a hospital-based nursing facility?	Yes
1.15	Does the provider have pediatric beds?	No
1.16	Does the provider have an executed special contract with MassHealth (e.g. ventilator unit, acquired brain injury, etc.)?	No
1.17	Legal Status	Partnership/Limited Liability Partnership (LLP)
1.18	List the name of the management company as reported on the management company cost report.	RegalCare Management Group
1.19	List the name of the entity that holds the nursing facility license.	Regalcare at Harwich LLC
1.20	List realty company names as reported on each realty company cost report.	111 Headwaters Realty LLC
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

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Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Matthew S. Bovolack
2.2	Nursing Facility or Firm Name	Marcum LLP
2.3	Title	Principal
2.4	Street Address	555 Long Wharf Drive
2.5	City	New Haven
2.6	State	Connecticut
2.7	Zip Code	06511
2.8	Phone Number	+1 (203) 781-9680
2.9	Email Address	Matthew.Bovolack@marcumllp.com

Preparer Information		
Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.		
Table 3		1
Line #	Description	
3.1	<input type="checkbox"/> I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer Name	Matthew S. Bovolack
3.3	Nursing Facility or Firm Name	Marcum LLP
3.4	Title	Prinicpal
3.5	Street Address	555 Long Wharf Drive
3.6	City	New Haven
3.7	State	Connecticut
3.8	Zip Code	06511
3.9	Phone Number	+1 (203) 781-9680
3.10	Email Address	Matthew S. Bovolack
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	1,996,458	2,398	1,998,856
1.2	Commercial Managed Care	448,717	45,713	494,430
1.3	Commercial Non-Managed Care	0	0	0
1.4	Medicare Fee-For-Service	4,357,244	148,233	4,505,477
1.5	Medicare Managed Care (Part C)	0	0	0
1.6	MassHealth Fee-for-Service	4,847,811	0	4,847,811
1.7	MassHealth Managed Care	235,432	0	235,432
1.8	Senior Care Options	0	0	0
1.9	OneCare	0	0	0
1.10	PACE	0	0	0
1.11	Medicaid Out-of-State	0	0	0
1.12	Medicaid Patient Paid Amount	1,312,384	0	1,312,384
1.13	DTA & EAEDC	0	0	0
1.14	Veteran's Affairs & Other Public	0	0	0
1.15	Other Payer Revenue		0	0
100	Total Nursing Facility Revenue	13,198,046	196,344	13,394,390

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	47,952
3.3	Laundry Revenue	0
3.4	Vending Machine Revenue	0
3.5	Recovery of Bad Debts	0
3.6	Prior Year Retroactive Revenue	0
3.7	Interest Income	240
3.8	Nurses' Aide Training Revenue	0
3.9	Administrative and General Recoverable Revenue	0
3.10	Nursing Recoverable Revenue	0
3.11	Variable Recoverable Revenue	335
3.12	Fixed Cost Recoverable Revenue	0
300	Total Other Nursing Facility Revenue	48,527

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)	COVID19 Funds	47,952
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		47,952

Total Revenue

Table 5		1
Line #	Description	Total
500	Total Revenue	13,442,917

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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	141,651		141,651
1.2	Director of Nurses: Employee Benefits	7,416	260	7,156
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	13,534		13,534
1.4	Director of Nurses Purchased Service: Per Diem	0		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	162,601		162,341
1.7	Registered Nurses: Salaries	994,215		994,215
1.8	Registered Nurses: Employee Benefits	52,050	1,824	50,226
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	94,992		94,992
1.10	Registered Nurses Purchased Service: Per Diem	0		0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	336,317	0	336,317
1.200	Subtotal: Registered Nurses Expenses	1,477,574		1,475,750
1.12	Licensed Practical Nurses: Salaries	1,381,739		1,381,739
1.13	Licensed Practical Nurses: Employee Benefits	72,338	2,535	69,803
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	132,018		132,018
1.15	Licensed Practical Nurses Purchased Service: Per Diem	0		0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	105,145	0	105,145
1.300	Subtotal: Licensed Practical Nurses Expenses	1,691,240		1,688,705
1.17	Certified Nurse Aides: Salaries	2,262,701		2,262,701
1.18	Certified Nurse Aides: Employee Benefits	118,459	4,149	114,310
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	216,189		216,189
1.20	Certified Nurse Aides Purchased Service: Per Diem	0		0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	175,035	0	175,035
1.400	Subtotal: Certified Nurse Aides Expenses	2,772,384		2,768,235

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1.22	Nurse's Aide Training Administration	0	0	0
1.23	Nursing Education and Training	780		780
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	780		780
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	6,104,579		6,095,811

Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		0	0
1.27	Nurses' Aide Training Recoverable Income		0	0
1.700	Subtotal: Nursing & Director of Nursing Recoverable Income	0		0
100	Total: Net Nursing Expenses Including Recoverable Income	6,104,579		6,095,811

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	148,035		148,035
2.2	Administration: Employee Benefits	7,750	272	7,478
2.3	Administration: Payroll Taxes incl Workers Comp.	14,144		14,144
2.4	Administration: Purchased Service	20,805		20,805
2.5	Officers: Total Compensation	0	0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	190,734		190,462
2.7	Clerical Staff: Salaries	242,081		242,081
2.8	Clerical Staff: Employee Benefits	12,674	444	12,230
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	23,130		23,130
2.10	Clerical Staff: Purchased Service	0		0
2.200	Subtotal: Clerical Staff Expenses	277,885		277,441
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	308,761		308,761
2.12	Office Supplies	31,112		31,112
2.13	Telecommunications (e.g. Internet, Phone)	20,321		20,321

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)	0		0
2.15	Travel: Conventions & Meetings	22,130		22,130
2.16	Advertising: Help Wanted	3,925		3,925
2.17	Licenses and Dues: Patient Care Related Portion	11,201	3,493	7,708
2.18	Continuing Professional Education / Training and Development	456		456
2.19	Accounting Services (Not related to appeals)	32,600		32,600
2.20	Insurance: Malpractice & General Liability	94,664		94,664
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion	0		0
2.22	Other A & G Expenses	34,061	6,422	27,639
2.23	Non-Allowable A & G Expenses	1,666,578	1,666,578	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		4,400	4,400
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		457,945	457,945
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	2,225,809		1,011,661
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	2,694,428		1,479,564
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		0	0
2.500	Subtotal: Administrative & General Recoverable Income	0		0
200	Total: Net Administrative & General Expenses After Recoverable Income	2,694,428		1,479,564

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Detail of Other A&G Expenses		
Table 2A	1	2
Line #	Description	Amount
2A.1	Admin Expense>Surety Bond	458
2A.2	Admin Expense>Insurance - Auto	1,121
2A.3	Admin Expense>Cable TV	18,676
2A.4	Admin Expense>Bank Charges	12,132
2A.5	Admin Expense>Corporate Tax	1,674
2A.6		
2A.7		
2A.8		
2A.9		
2A.10		
2A.100	Subtotal: Other A&G Expenses	34,061

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Detail of Non-Allowable A & G Expenses

Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	22,427
2B.2	Licenses and Dues: Not Related to Resident Care	3,933
2B.3	Accounting: Appeal Service	0
2B.4	Legal: Appeal Service and DALA Filing Fees	0
2B.5	Legal: Resident Care	0
2B.6	Legal: Other	44,570
2B.7	Key Person Insurance	0
2B.8	Management Company Fees	574,789
2B.9	Management Consultants	0
2B.10	Interest on Working Capital	0
2B.11	Fines, Late Fees, Penalties, including Interest	17,564
2B.12	State and Federal Income Taxes	0
2B.13	Pre-Opening Expenses	0
2B.14	Bad Debt Expense	188,429
2B.15	User Fee Assessment	809,866
2B.16	Other Non-Allowable A&G Expenses	5,000
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	1,666,578

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	1,440		1,440
3.2	Staff Dev. Coord.: Employee Benefits	75	3	72
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	138		138
3.4	Staff Dev. Coord.: Purchased Service	0		0
3.100	Subtotal: Staff Development Coordinator Expenses	1,653		1,650
3.5	Plant Operation: Salaries	130,008		130,008
3.6	Plant Operation: Employee Benefits	6,806	283	6,523
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	12,422		12,422

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3.8	Plant Operation: Purchased Service	118,681		118,681
3.9	Plant Operation: Supplies and Expenses	98,964		98,964
3.10	Plant Operation: Utilities	244,516		244,516
3.11	Plant Operation: Repairs	46,411		46,411
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	657,808		657,525
3.13	Dietician: Salaries	65,935		65,935
3.14	Dietician: Employee Benefits	3,452	121	3,331
3.15	Dietician: Payroll Taxes incl Workers Comp.	6,300		6,300
3.16	Dietician: Purchased Service	0		0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	75,687		75,566
3.18	Dietary: Salaries	530,256		530,256
3.19	Dietary: Employee Benefits	27,760	973	26,787
3.20	Dietary: Payroll Taxes incl Workers Comp.	50,663		50,663
3.21	Dietary: Food	320,118		320,118
3.22	Dietary: Purchased Service	896		896
3.23	Dietary: Supplies and Expenses	54,626		54,626
3.400	Subtotal: Dietary Expenses	984,319		983,346
3.24	Housekeeping/Laundry: Salaries	380,436		380,436
3.25	Housekeeping/Laundry: Employee Benefits	19,917	698	19,219
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	36,349		36,349
3.27	Housekeeping/Laundry: Purchased Service	0		0
3.28	Housekeeping/Laundry: Supplies and Expenses	34,468		34,468
3.29	Housekeeping/Laundry: Linen and Bedding	0		0
3.30	Housekeeping/Laundry: Special Cleaning	0		0
3.500	Subtotal: Housekeeping/Laundry Expenses	471,170		470,472
3.31	Quality Assurance (QA) Professional: Salaries	0		0
3.32	QA Professional: Employee Benefits	0		0
3.33	QA Professional: Payroll Taxes incl Workers Comp.	0		0
3.34	QA Professional: Purchased Service	0		0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
3.600	Subtotal: QA Professional Expenses	0		0
3.36	Unit Clerk & Medical Records: Salaries	126,415		126,415

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3.37	Unit Clerk & Medical Records: Employee Benefits	6,618	232	6,386
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	12,078		12,078
3.39	Unit Clerk & Medical Records: Purchased Service	0		0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	145,111		144,879
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	100,381		100,381
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	5,255	184	5,071
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	9,591		9,591
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	0		0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	115,227		115,043
3.44	Behavioral Health Specialist: Salaries	0		0
3.45	Behavioral Health Specialist: Employee Benefits	0		0
3.46	Behavioral Health Specialist: Payroll Taxes incl Workers Comp.	0		0
3.47	Behavioral Health Specialist: Purchased Service	0		0
3.900	Subtotal: Behavioral Health Specialist Expenses	0		0
3.48	Social Service Worker: Salaries	36,333		36,333
3.49	Social Service Worker: Employee Benefits	1,902	67	1,835
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	3,471		3,471
3.51	Social Service Worker: Purchased Service	48,525		48,525
3.1000	Subtotal: Social Service Worker Expenses	90,231		90,164
3.52	Interpreters: Salaries	0		0
3.53	Interpreters: Employee Benefits	0		0
3.54	Interpreters: Payroll Taxes incl Workers Comp.	0		0
3.55	Interpreters: Purchased Service	0		0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries	0		0
3.57	Indirect Restorative Therapy: Employee Benefits	0		0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.	0		0
3.59	Indirect Restorative Therapy: Consultants	0		0
3.60	Direct Restorative Therapy: Salaries	0	0	0

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3.61	Direct Restorative Therapy: Benefits	0	0	0
3.62	Direct Restorative Therapy: Consultants	595,714	595,714	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	595,714		0
3.64	Recreational Therapy/Activities: Salaries	156,162		156,162
3.65	Recreational Therapy/Activities: Employee Benefits	8,175	286	7,889
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	14,920		14,920
3.67	Recreational Therapy/Activities: Purchased Service	3,025		3,025
3.68	Recreational Therapy/Activities: Supplies and Expenses	4,498		4,498
3.69	Recreational Therapy/Activities: Transportation	0	0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	186,780		186,494
3.70	Resident Care Assistant: Salaries	0		0
3.71	Resident Care Assistant: Employee Benefits	0		0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.	0		0
3.73	Resident Care Assistant: Purchased Service	0		0
3.1400	Subtotal: Resident Care Assistant Expenses	0		0
3.74	Security: Salaries	0		0
3.75	Security: Employee Benefits	0		0
3.76	Security: Payroll Taxes including Workers Comp.	0		0
3.77	Security: Purchased Service	0		0
3.1500	Subtotal: Security Expenses	0		0
3.78	Travel: Motor Vehicle Expense	0		0
3.79	Variable Other Required Education	0		0
3.80	Variable Job Related Education	0		0
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion	0		0
3.82	Physician Services: Medical Director	42,000		42,000
3.83	Physician Services: Advisory Physician	0		0
3.84	Physician Services: Utilization Review Committee	0		0
3.85	Physician Services: Employee Physicals	0		0
3.86	Physician Services: Other	4,893	4,893	0
3.87	Legend Drugs	368,749	368,749	0
3.88	Personal Protective Equipment	0		0

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3.89	House Supplies Not Resold	149,043		149,043
3.90	House Supplies Resold to Private Residents	0	0	0
3.91	House Supplies Resold to Public Residents	0	0	0
3.92	Pharmacy Consultant	0		0
3.93	This line description is intentionally left blank			0
3.94	This line description is intentionally left blank			0
3.95	This line description is intentionally left blank			0
3.1600	Subtotal: Other Variable Expenses	564,685		191,043
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	3,888,385		2,916,182
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		335	335
3.1800	Subtotal: Variable Recoverable Income	0		335
300	Total: Net Variable Expenses Including Recoverable Income	3,888,385		2,915,847

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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	115,097	(246,532)	361,629
4.2	Long-Term Interest Expense SNF-CR	0		0
4.3	Long-Term Interest Expense REA-CR		1,072,459	1,072,459
4.4	MA Corp. Excise Tax - Non-Income Portion SNF-CR	0		0
4.5	MA Corp. Excise Tax - Non-Income Portion REA-CR			0
4.6	Building Insurance Expense SNF-CR	51,206		51,206
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	90,485		90,485
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR	802		802
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	5,430		5,430
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	983,000	983,000	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	1,246,020		1,582,011
Less: Capital & Fixed Cost Expense Recoverable Income				
4.17	Fixed Cost Recoverable Income SNF-CR		0	0
4.18	Fixed Cost Recoverable Income REA-CR		0	0
4.200	Subtotal: Capital & Fixed Cost Recoverable Income	0		0
400	Total: Net Capital & Fixed Cost Expenses Including Recoverable Income	1,246,020		1,582,011

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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	13,933,412		12,073,568
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	13,933,412		12,073,233

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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:	N/A

Other Business Revenue

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

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

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SCHEDULE 5 : STATEMENT OF OPERATIONS AND RECONCILIATION OF FINANCIAL TO COST REPORTED NET INCOME**Financial Statement of Operations**

Table 1		
Table 1A		1
For Profit		
Line #	Description	Reported
1A.1	Net Patient Service Revenue	13,394,390
1A.2	Other Revenue	48,527
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	13,442,917
1A.4	Salaries and Wages	6,697,788
1A.5	Employee Benefits	349,914
1A.6	Supplies and Other (including Payroll Taxes)	6,582,184
1A.7	Interest Expense	
1A.8	Provision for Bad Debt	188,429
1A.9	Depreciation and Amortization Expenses	115,097
1A.200	Total Operating Expenses	13,933,412
1A.300	Income(Loss) from Operations	(490,495)
	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	(490,495)
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)	(490,495)

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Detail of Extraordinary Items

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

Detail of Changes in Accounting Principles

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

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Cost Reported Statement of Operations		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	13,442,917
2.2	Total Nursing Expenses (Schedule 3)	6,104,579
2.3	Total Administrative and General Expenses (Schedule 3)	2,694,428
2.4	Total Variable Expenses (Schedule 3)	3,888,385
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	1,246,020
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	13,933,412
200	Cost Reported Net Income(Loss)	(490,495)

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)		(490,495)
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)		(490,495)

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	22,871
1.2	Short-Term Investments	0
1.3	Current Portion Assets Whose Use is Limited	0
1.4	Other Cash and Equivalents	0
1.5	Payer Accounts Receivable	3,149,862
1.6	Less Reserve for Bad Debt	(37,134)
1.100	Subtotal: Net Patient Accounts Receivable	3,112,728
1.7	Receivable from Officers/Owners/Employees	345,406
1.8	Receivable from Affiliates/Related Parties	3,141,623
1.9	Interest Receivable	0
1.10	Supply Inventory	0
1.11	Other Receivables	0
1.12	Prepaid Interest	0
1.13	Prepaid Insurance	42,686
1.14	Prepaid Taxes	0
1.15	Other Prepaid Expenses	9,703
1.16	Capitalized Pre-Opening Costs	0
1.17	Other Current Assets	0
100	Total Current Assets	6,675,017

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Detail of Other Current Assets

Table 1A	1	2
Line #	Description	Account Balance
1A.1		
1A.2		
1A.3		
1A.4		
1A.5		
1A.6		
1A.7		
1A.8		
1A.9		
1A.10		
1A.100	Subtotal: Other Current Assets	0

Non-Current Fixed Assets

Table 2		1
Line #	Description	Account Balance
2.1	Land	0
2.2	Buildings	
2.3	Improvements	1,444,434
2.4	Equipment	57,341
2.5	Software/Limited Life Assets	4,097
2.6	Motor Vehicles	0
200	Total Non-Current Fixed Assets	1,505,872

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Other Non-Current Assets		
Table 3		1
Line #	Description	Account Balance
3.1	Long-Term Investments	0
3.2	Non-Current Assets Whose Use is Limited	0
3.3	Other Deferred Charges and Non-Current Assets	8,245,235
3.4	Construction in Progress	6,626
3.5	Mortgage Acquisition Costs	0
3.6	Accumulated Amortization of Mortgage Acquisition Costs	0
3.100	Net Mortgage Acquisition Costs	0
300	Total Non-Current Assets	8,251,861

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	Fixed Assets>Startup Costs	119,471
3A.2	Accum Depn>Startup Costs	(117,555)
3A.3	Other Assets>Escrow>Tax	59,654
3A.4	Other Assets>Escrow>Insurance	132,790
3A.5	Other Assets>Escrow>Repairs	33,330
3A.6	Other Assets>Escrow>Replacement Reserve	63,149
3A.7	Fixed Assets>Capital Lease-Building	7,954,396
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	8,245,235

Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	16,432,750

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Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	1,474,316
5.2	Accrued Expenses	0
5.3	Due to Insurance Payers	0
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	4,544,701
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	0
5.7	Accrued Salaries and Payroll Liabilities	286,709
5.8	State and Federal Taxes Payable	0
5.9	Accrued Interest Payable	0
5.10	Other Current Liabilities	356,904
500	Total Current Liabilities	6,662,630

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Current Payables>Misc. PR Deduction>401k	(2,083)
5A.2	Current Payables>Resident Funds	36,665
5A.3	Current Payables>PLS Claim	(2,105)
5A.4	Current Payable>Disability & Insurance	691
5A.5	Accrued Expenses	232,015
5A.6	Accrued Expenses>Ancillary	28,986
5A.7	Accrued Expenses>Year End Adjustments	190
5A.8	Accrued Expenses>Health Insurance	44,184
5A.9	Accrued Expenses>Health Insurance>2023	12,184
5A.10	Deferred Revenue>Medicaid>COVID19	71,214
5A.11	Deferred Revenue>Medicare>COVID19	28,895
5A.12	Deferred Revenue>Miscellaneous	(93,932)
5A.100	Subtotal: Other Current Liabilities	356,904

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Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	0
6.2	Due to Related Parties, Subsidiaries, and Affiliates	0
6.3	Other Long-Term Debt	11,031,929
600	Total Non-Current Liabilities	11,031,929

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	17,694,559

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	2,168,807
8B.2	Prior Period Adjustment(s)	(2,990,121)
8B.3	Capital Contributions During the Year	50,000
8B.4	SNF-CR Net Income/(Loss)	(490,495)
8B.5	Proprietor/Partner Drawings	0
8B.100	Owner's Equity Balance: Current Year	(1,261,809)

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

Table 8D	1	2
Line #	Description	Amount
8D.1	Prior Period Adjustment	(2,990,121)
8D.2		
8D.3		
8D.4		
8D.5		
8D.6		
8D.7		
8D.8		
8D.9		
8D.10		
8D.100	Subtotal: Prior Period Adjustments	(2,990,121)

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)	16,432,750

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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 on Beginning Balance	Current Year Depreciation	Accumulated Depreciation on Ending Balance	Financial Statement Net Book Value
1.1	Land	0	0	0	0				0
1.2	Building	0	0		0	0	0	0	0
1.3	Improvements	1,528,615	67,301	0	1,595,916	(47,502)	(103,980)	(151,482)	1,444,434
1.4	Equipment	43,874	29,832	0	73,706	(6,477)	(9,888)	(16,365)	57,341
1.5	Software/Limited Life Assets	6,146	0	0	6,146	(820)	(1,229)	(2,049)	4,097
1.6	Motor Vehicles	0	0	0	0	0	0	0	0
100	Total	1,578,635	97,133	0	1,675,768	(54,799)	(115,097)	(169,896)	1,505,872

Claimed Fixed Assets

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

Table 2		1	2	3	4	5	6	7	8	9	10
Line #	Description	Allowable Cost Basis Beginning Balance	Claimed Additions From Renovations (DON)	Claimed Other Additions	Claimed Deletions From Renovations (DON)	Claimed Other Deletions	Allowable Cost Basis Ending Balance	Depreciation %	Financial Statement Depreciation Expense	Non-Allowable Expenses and Add-backs	Claimed Net Depreciation Expense
2.1	Land SNF-CR	0					0				
2.2	Land REA-CR	930,000					930,000				
2.3	Building SNF-CR	0					0		0	0	0
2.4	Building REA-CR	3,468,788					3,468,788			86,720	86,720
2.5	Improvements SNF-CR	1,528,615		67,301			1,595,916	5.00%	103,980	0	103,980
2.6	Improvements REA-CR	406,196					406,196	5.00%		20,310	20,310
2.7	Equipment SNF-CR	43,874		29,832			73,706	10.00%	9,888	0	9,888

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2.8	Equipment REA-CR	1,395,016				1,395,016	10.00%		139,502	139,502
2.9	Software/Limited Life Assets SNF-CR	6,146				6,146	33.33%	1,229	0	1,229
2.10	Software/Limited Life Assets REA-CR	0				0	33.33%		0	0
200	Total Claimed Fixed Assets	7,778,635	0	97,133	0	0 7,875,768		115,097	246,532	361,629

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1989
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2023
3.3	What was the value from the most recent municipal property assessment for this facility?	14,844,200
3.4	Was there a change of ownership of this facility during the reporting period?	No
3.5	Was there a change of ownership of company that owns the real assets of the facility (realty company) during the reporting period?	No
3.6	What is the number of nursing facility resident rooms?	135
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	62,549
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	28,980
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?	3.9
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	Yes

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

SCHEDULE 8 : STATEMENT OF CASH FLOWS

Beginning Cash and Cash Equivalents Balance

Table 1		1
Line #	Description	Reported
1.1	Cash and Cash Equivalents (Beginning of Year)	118,401

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(490,495)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	
2.3	Increases (Decreases) to Cash Provided by Operating Activities	297,832
200	Net Cash from Operating Activities	(192,663)

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	97,133
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	97,133

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	
400	Net Cash from Financing Activities	0

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(95,530)
500	Cash and Cash Equivalents (End of Year)	22,871

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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	04/09/2023	135			135	135
1.2					0	
1.3					0	
1.4					0	
1.5					0	
1.6	List the number of certified Medicare beds at the close of this reporting period.	135				
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	5,143		927	6,070		24,667
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)	34			67		493
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	5,177	0	927	6,137	0	25,160

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
							1,202	38,009
								0
								0
								0
								0
								0
								0
								0
							67	661
								0
								0
								0
0	0	0	0	0	0	0	1,269	38,670

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Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	378
3.2	0140.1	Number of MassHealth Admissions During Year	29
3.3	0150.0	Number of Discharges During Year	384
3.4	0190.0	Average Length of Stay	101
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	182
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	4

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

Table 1		1	2	3	4	5	6
Line #	Description	RN Wages	RN Hours	LPN Wages	LPN Hours	CNA Wages	CNA Hours
1.1	Total Base Wages	994,215	18,145.0	1,381,739	27,120.0	2,262,701	73,991.0
1.2	Total Overtime Wages	78,018	1,224.0	44,740	714.0	68,714	1,982.0
1.3	Total Shift Differential						
1.4	Total Other Differentials						
100	Total	1,072,233	19,369.0	1,426,479	27,834.0	2,331,415	75,973.0

Detail of Nursing Services Shift Differentials

Table 2		1	2	3	4	5
Line #	Description	Median Hourly Shift Differential: Weekday Evening	Median Hourly Shift Differential: Weekday Night	Median Hourly Shift Differential: Weekend Day	Median Hourly Shift Differential: Weekend Evening	Median Hourly Shift Differential: Weekend Night
2.1	Registered Nurses	2.00	5.00	1.50	3.50	5.00
2.2	Licensed Practical Nurses	2.00	5.00	1.50	3.50	5.00
2.3	Certified Nurse Aides	1.50	5.00	1.50	3.00	5.00

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Detail of Staff and Hours by Position				
Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development	1	0.0	16.0
3.2	Plant Operations	1	1.1	2,341.0
3.3	Dietary Staff	10	10.0	20,726.0
3.4	Dietician	1	1.5	3,118.0
3.5	Housekeeping/Laundry Staff	11	11.0	22,840.0
3.6	Unit Clerk & Medical Records Staff	1	1.1	2,215.0
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	2	2.3	4,702.0
3.9	Social Services Staff	1	0.4	908.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	4	3.9	8,077.0
3.14	Administration and Officers	1	1.0	2,086.0
3.15	Security Staff			
3.16	Clerical Staff	5	5.2	10,817.0
3.17	Director of Nurses	1	1.0	2,104.0
3.18	Registered Nurses	9	9.3	19,369.0
3.19	Licensed Practical Nurses	13	13.4	27,834.0
3.20	Certified Nurse Aides	37	36.5	75,973.0
3.21	Resident Care Assistants			
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	98	97.7	203,126.0

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Detail of Purchased Nursing Services										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges
Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies			#Error						
Registered Temporary Nursing Service Agencies										
4.2	CONNECTRN INC	TGKV	3,554.3	287,167	1,530.3	96,451	3,603.0	133,276		
4.3	Other		602.9	49,150	155.7	8,694	1,186.3	41,759		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		4,157.2	336,317	1,686.0	105,145	4,789.3	175,035	0.0	0
400	Total Temporary Nursing Service Agency Expenses		4,157.2	336,317	1,686.0	105,145	4,789.3	175,035	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	Abdulrahman	Juma	LPN	Nursing	251,354			251,354		
5.2	Pierre	Achille	RN	Nursing	235,134			235,134		
5.3	Kupiec	Faith	LPN	Nursing	233,171			233,171		
5.4	Sokoll	Sherika	RN	Nursing	175,012			175,012		
5.5	Fields	Terry	LPN Unit Mgr	Nursing	173,610			173,610		

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									0
6B.2									0
6B.3									0
6B.4									0
6B.5									0
6B.6									0
									0

SCHEDULE 11 : NOTES PAYABLE AND WORKING CAPITAL DEBT

Mortgages and Notes Supporting Fixed Assets

Table 1	1	2	3	4	5	6	7	8	9	10
Line / Column #	Type of Notes Payable	Lender Name	Related Party	Date Mortgage Acquired	Due Date	Number of Months Amortized	Monthly Payments	Original Loan Amount	Mortgage Acquisition Costs	Amortization of Mortgage Acquisition Costs
1.1										
1.2										
1.3										
1.4										
1.5										
100	TOTALS								0	0

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

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		
2.2							0		
2.3							0		
2.4							0		
2.5							0		
200	Total Working Capital Interest						0		0

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SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

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

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

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

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

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
04/30/2024 10:30AM	(1) Footnotes and Explanations	Footnotes and Explanations.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
04/30/2024 10:30AM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
04/30/2024 10:31AM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
04/30/2024 10:31AM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore

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SCHEDULE 13 : SUBMISSION AND ATTESTATION

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

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

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

1.1	Preparer Name	Matthew S. Bavalack
1.2	Nursing Facility or Firm Name	Marcum LLP
1.3	Title	Prinicpal
1.4	Street Address	555 Long Wharf Drive
1.5	City	New Haven
1.6	State	Connecticut
1.7	Zip Code	06511
1.8	Phone Number	+1 (203) 781-9680
1.9	Email Address	Matthew S. Bavalack
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:	10/25/2024

Please note this button does not submit the Cost Report for CHIA review, and is solely for your internal review purposes.

If the report needs to be unlocked by the Preparer, uncheck the attestation box on Line 1.11 and click the Save and Validate button.

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Section B - Certification by Owner, Partner, or Officer

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

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

This certification is signed under pains and penalties of perjury.

2.1	[x] By checking this box, I hereby certify that under pains and penalties of perjury, that the above statements entitled A) Accuracy of Reported Costs and B) Use of Public Funds are correct and true, to the best of my knowledge and belief. This report is subject to audit and verification by the Center for Health Information and Analysis.	
2.2	Date of Authorization	05/01/2024
2.3	Last Name	Mirlis
2.4	First Name	Eli
2.5	Middle Name	
2.6	Title	Owner
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