

Skilled Nursing Facility Cost Report
SOUTH COVE MANOR NURSING & REH
Filing Year: 2023

Date: 12/19/2024
Time: 1:22 PM

SCHEDULE 1 : GENERAL INFORMATION

Facility Information		
Table 1		1
Line #	Description	
1.1	Facility Name	SOUTH COVE MANOR NURSING & REHAB CTR
1.2	MassHealth Provider ID	110099755A
1.3	Federal Employer Tax ID	800687948
1.4	VPN	0950301
1.5	Is the above information correct?	Yes
1.6	Facility Number	00992
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	288 Washington Street
1.11	City	Quincy
1.12	Zip	02169
1.13	Telephone	+1 (617) 423-0590
1.14	Is this a hospital-based nursing facility?	No
1.15	Does the provider have pediatric beds?	No
1.16	Does the provider have an executed special contract with MassHealth (e.g. ventilator unit, acquired brain injury, etc.)?	No
1.17	Legal Status	MA Corp (Chapter 156B with 501c(3) exemption)
1.18	List the name of the management company as reported on the management company cost report.	None
1.19	List the name of the entity that holds the nursing facility license.	SOUTH COVE MANOR NURSING & REHAB CTR
1.20	List realty company names as reported on each realty company cost report.	
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

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Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Matthew S. Bovolack
2.2	Nursing Facility or Firm Name	Marcum LLP
2.3	Title	Principal
2.4	Street Address	555 Long Wharf Drive
2.5	City	New Haven
2.6	State	CT
2.7	Zip Code	06511
2.8	Phone Number	+1 (203) 781-9680
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	Principal
3.5	Street Address	555 Long Wharf Drive
3.6	City	New Haven
3.7	State	CT
3.8	Zip Code	06511
3.9	Phone Number	+1 (203) 781-9680
3.10	Email Address	Matthew.Bovolack@marcumllp.com
3.11	Type of Accounting Service Performed	Other (Explain in Footnotes)

Owner Business Information						
Please use this table to provide information on any other Massachusetts public payer programs that the direct and indirect owners of this facility operate.						
Table 4	1	2	3	4	5	6
Line #	Service Type	Company Name	MassHealth Provider ID	Direct Owner/Partner Names	Indirect Owner/Partner Names	Parent Organization Names
4.1						
4.2						
4.3						
4.4						
4.5						
4.6						
4.7						
4.8						

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SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	2,406,149	1,007	2,407,156
1.2	Commercial Managed Care	0	0	0
1.3	Commercial Non-Managed Care	0	0	0
1.4	Medicare Fee-For-Service	933,449	46,936	980,385
1.5	Medicare Managed Care (Part C)	316,200	0	316,200
1.6	MassHealth Fee-for-Service	1,445,360	0	1,445,360
1.7	MassHealth Managed Care	0	0	0
1.8	Senior Care Options	12,635,749	179,431	12,815,180
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	193,697	0	193,697
1.13	DTA & EAEDC	0	0	0
1.14	Veteran's Affairs & Other Public	0	0	0
1.15	Other Payer Revenue	0	0	0
100	Total Nursing Facility Revenue	17,930,604	227,374	18,157,978

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	100,507
3.3	Laundry Revenue	0
3.4	Vending Machine Revenue	0
3.5	Recovery of Bad Debts	0
3.6	Prior Year Retroactive Revenue	(14,099)
3.7	Interest Income	9,150
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	37,787
3.12	Fixed Cost Recoverable Revenue	0
300	Total Other Nursing Facility Revenue	133,345

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)	SIGNIFICANT - OTH REV	49,185
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)	EQUITY TRANSFER FNDTN & QP	51,322
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		100,507

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	18,291,323

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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	170,260		170,260
1.2	Director of Nurses: Employee Benefits	17,563	147	17,416
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	14,604		14,604
1.4	Director of Nurses Purchased Service: Per Diem	0		0
1.5	Director of Nurses Purchased Service: Temporary Agency Staff	0		0
1.6	Director of Nurses Add-back (MGT-CR Sch 6)			0
1.100	Subtotal: Director of Nurses Expenses	202,427		202,280
1.7	Registered Nurses: Salaries	939,454		939,454
1.8	Registered Nurses: Employee Benefits	96,908	811	96,097
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	80,581		80,581
1.10	Registered Nurses Purchased Service: Per Diem	0		0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	366,425	#Error	366,425
1.200	Subtotal: Registered Nurses Expenses	1,483,368		1,482,557
1.12	Licensed Practical Nurses: Salaries	1,612,263		1,612,263
1.13	Licensed Practical Nurses: Employee Benefits	166,311	1,392	164,919
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	138,291		138,291
1.15	Licensed Practical Nurses Purchased Service: Per Diem	0		0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	73,804		73,804
1.300	Subtotal: Licensed Practical Nurses Expenses	1,990,669		1,989,277
1.17	Certified Nurse Aides: Salaries	3,127,942		3,127,942
1.18	Certified Nurse Aides: Employee Benefits	322,655	2,702	319,953
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	268,297		268,297
1.20	Certified Nurse Aides Purchased Service: Per Diem	0		0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	28,743		28,743
1.400	Subtotal: Certified Nurse Aides Expenses	3,747,637		3,744,935

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1.22	Nurse's Aide Training Administration	0	0	0
1.23	Nursing Education and Training	9,485		9,485
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	9,485		9,485
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	7,433,586		7,428,534

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	7,433,586		7,428,534

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	191,963		191,963
2.2	Administration: Employee Benefits	19,802	166	19,636
2.3	Administration: Payroll Taxes incl Workers Comp.	16,466		16,466
2.4	Administration: Purchased Service	0		0
2.5	Officers: Total Compensation	0	0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	228,231		228,065
2.7	Clerical Staff: Salaries	937,477		937,477
2.8	Clerical Staff: Employee Benefits	96,704	809	95,895
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	80,411		80,411
2.10	Clerical Staff: Purchased Service	0		0
2.200	Subtotal: Clerical Staff Expenses	1,114,592		1,113,783
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	35,519		35,519
2.12	Office Supplies	190,071	256	189,815
2.13	Telecommunications (e.g. Internet, Phone)	45,707		45,707

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)	0		0
2.15	Travel: Conventions & Meetings	0		0
2.16	Advertising: Help Wanted	7,450		7,450
2.17	Licenses and Dues: Patient Care Related Portion	23,184	3,499	19,685
2.18	Continuing Professional Education / Training and Development	20,407	18,350	2,057
2.19	Accounting Services (Not related to appeals)	58,906		58,906
2.20	Insurance: Malpractice & General Liability	116,340		116,340
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion	0		0
2.22	Other A & G Expenses	21,123	21,123	0
2.23	Non-Allowable A & G Expenses	560,837	560,837	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)			0
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)			0
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	1,079,544		475,479
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	2,422,367		1,817,327
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	2,422,367		1,817,327

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Detail of Other A&G Expenses		
Table 2A	1	2
Line #	Description	Amount
2A.1	ALL YEARS OF SERVICE AWARDS	12,845
2A.2	G&A STAFF MEETING & EXP	8,278
2A.3		
2A.4		
2A.5		
2A.6		
2A.7		
2A.8		
2A.9		
2A.10		
2A.100	Subtotal: Other A&G Expenses	21,123

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Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	67,578
2B.2	Licenses and Dues: Not Related to Resident Care	0
2B.3	Accounting: Appeal Service	0
2B.4	Legal: Appeal Service and DALA Filing Fees	0
2B.5	Legal: Resident Care	0
2B.6	Legal: Other	16,061
2B.7	Key Person Insurance	27,409
2B.8	Management Company Fees	0
2B.9	Management Consultants	0
2B.10	Interest on Working Capital	0
2B.11	Fines, Late Fees, Penalties, including Interest	2,320
2B.12	State and Federal Income Taxes	0
2B.13	Pre-Opening Expenses	0
2B.14	Bad Debt Expense	94,839
2B.15	User Fee Assessment	346,930
2B.16	Other Non-Allowable A&G Expenses	5,700
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	560,837

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	166,812		166,812
3.2	Staff Dev. Coord.: Employee Benefits	17,207	144	17,063
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	14,308		14,308
3.4	Staff Dev. Coord.: Purchased Service	0		0
3.100	Subtotal: Staff Development Coordinator Expenses	198,327		198,183
3.5	Plant Operation: Salaries	161,813		161,813
3.6	Plant Operation: Employee Benefits	16,692	140	16,552
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	13,879		13,879

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3.8	Plant Operation: Purchased Service	190,783		190,783
3.9	Plant Operation: Supplies and Expenses	32,260		32,260
3.10	Plant Operation: Utilities	333,367		333,367
3.11	Plant Operation: Repairs	0		0
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	748,794		748,654
3.13	Dietician: Salaries	82,538		82,538
3.14	Dietician: Employee Benefits	8,514	71	8,443
3.15	Dietician: Payroll Taxes incl Workers Comp.	7,080		7,080
3.16	Dietician: Purchased Service	776		776
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	98,908		98,837
3.18	Dietary: Salaries	641,730		641,730
3.19	Dietary: Employee Benefits	66,197	554	65,643
3.20	Dietary: Payroll Taxes incl Workers Comp.	55,044		55,044
3.21	Dietary: Food	452,839		452,839
3.22	Dietary: Purchased Service	19,305		19,305
3.23	Dietary: Supplies and Expenses	54,061		54,061
3.400	Subtotal: Dietary Expenses	1,289,176		1,288,622
3.24	Housekeeping/Laundry: Salaries	664,173		664,173
3.25	Housekeeping/Laundry: Employee Benefits	68,512	573	67,939
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	56,969		56,969
3.27	Housekeeping/Laundry: Purchased Service	11,392		11,392
3.28	Housekeeping/Laundry: Supplies and Expenses	129,308		129,308
3.29	Housekeeping/Laundry: Linen and Bedding	6,007		6,007
3.30	Housekeeping/Laundry: Special Cleaning	0		0
3.500	Subtotal: Housekeeping/Laundry Expenses	936,361		935,788
3.31	Quality Assurance (QA) Professional: Salaries	111,375		111,375
3.32	QA Professional: Employee Benefits	11,489	96	11,393
3.33	QA Professional: Payroll Taxes incl Workers Comp.	9,553		9,553
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	132,417		132,321
3.36	Unit Clerk & Medical Records: Salaries	147,527		147,527

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3.37	Unit Clerk & Medical Records: Employee Benefits	15,218	127	15,091
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	12,654		12,654
3.39	Unit Clerk & Medical Records: Purchased Service	0		0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	175,399		175,272
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	255,328		255,328
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	26,338	220	26,118
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	21,901		21,901
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	0		0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	303,567		303,347
3.44	Behavioral Health Specialist: Salaries	0		0
3.45	Behavioral Health Specialist: Employee Benefits	0	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	178,429		178,429
3.49	Social Service Worker: Employee Benefits	18,406	154	18,252
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	15,305		15,305
3.51	Social Service Worker: Purchased Service	16,320		16,320
3.1000	Subtotal: Social Service Worker Expenses	228,460		228,306
3.52	Interpreters: Salaries	0		0
3.53	Interpreters: Employee Benefits	0	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	0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.	0		0
3.59	Indirect Restorative Therapy: Consultants	82,926		82,926
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	331,695	331,695	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	414,621		82,926
3.64	Recreational Therapy/Activities: Salaries	426,389		426,389
3.65	Recreational Therapy/Activities: Employee Benefits	43,984	368	43,616
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	36,573		36,573
3.67	Recreational Therapy/Activities: Purchased Service	11,340		11,340
3.68	Recreational Therapy/Activities: Supplies and Expenses	18,768		18,768
3.69	Recreational Therapy/Activities: Transportation	0	0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	537,054		536,686
3.70	Resident Care Assistant: Salaries	0		0
3.71	Resident Care Assistant: Employee Benefits	0	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	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	469		469
3.79	Variable Other Required Education	0		0
3.80	Variable Job Related Education	4,287		4,287
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	0	0	0
3.87	Legend Drugs	210,607	210,607	0
3.88	Personal Protective Equipment	0		0

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3.89	House Supplies Not Resold	274,484		274,484
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	14,690		14,690
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	546,537		335,930
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	5,609,621		5,064,872
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		37,787	37,787
3.1800	Subtotal: Variable Recoverable Income	0		37,787
300	Total: Net Variable Expenses Including Recoverable Income	5,609,621		5,027,085

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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	909,969	0	909,969
4.2	Long-Term Interest Expense SNF-CR	520,347		520,347
4.3	Long-Term Interest Expense REA-CR			0
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	55,357		55,357
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	0		0
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR	0		0
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	0		0
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	0	0	0
4.15	This line description is intentionally left blank			0
4.16	This line description is intentionally left blank			0
4.100	Subtotal: Total Capital & Fixed Cost Expenses Before Recoverable Income	1,485,673		1,485,673
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	1,485,673		1,485,673

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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	16,951,247		15,796,406
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	16,951,247		15,758,619

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	

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

Financial Statement of Operations

Table 1		
Table 1B		
Not-For-Profit		
Line #	Description	Reported
1B.1	Net Patient Service Revenue	18,157,978
1B.2	Other Revenue	72,873
1B.3	Net Assets Released from Restriction	
1B.100	Total Operating Revenue	18,230,851
1B.4	Salaries and Wages	9,815,473
1B.5	Employee Benefits	1,012,500
1B.6	Supplies and Other (including Payroll Taxes)	4,598,119
1B.7	Interest Expense	520,347
1B.8	Provision for Bad Debt	94,839
1B.9	Depreciation and Amortization Expenses	909,969
1B.200	Total Operating Expenses	16,951,247
1B.300	Income(Loss) from Operations	1,279,604
	Non-Operating Income and Expenses	
1B.10	Interest Income	9,150
1B.11	Investment Income	
1B.12	Realized Gain(Loss) from Investments	
1B.13	Realized Gain(Loss) from Sale or Disposal of Equipment	
1B.14	Other Non-Operating Income(Expense)	51,322
	Other Changes in Net Assets Without Donor Restrictions	
1B.15	Contributions, Gifts, and Other	
1B.16	Extraordinary Items	0
1B.17	Cumulative Effect of Changes in Accounting Principles	0
1B.18	Change in Beneficial Interest in Net Assets Without Donor Restrictions	0
1B.19	Unrealized Gain(Loss) on Investments from Net Assets Without Donor Restrictions	0
1B.20	Other Changes in Net Assets Without Donor Restrictions	0
1B.400	Financial Statement Excess (Deficiency) of Revenues over Expenses	1,340,076

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<i>Detail of Extraordinary Items</i>		
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

<i>Detail of Changes in Accounting Principles</i>		
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)	18,291,323
2.2	Total Nursing Expenses (Schedule 3)	7,433,586
2.3	Total Administrative and General Expenses (Schedule 3)	2,422,367
2.4	Total Variable Expenses (Schedule 3)	5,609,621
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	1,485,673
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	16,951,247
200	Cost Reported Net Income(Loss)	1,340,076

Reconciliation Between Financial Statement and Cost Report Net Income

Table 3		1	2
Line #	Description	Describe Reconciling Item	Amount
3.1	Net Income(Loss) on Financial Statement of Operations (Table 1)		1,340,076
3.2	Reconciling Item		
3.3	Reconciling Item		
3.4	Reconciling Item		
3.5	Reconciling Item		
3.6	Net Income(Loss) on Cost Report Statement of Operations (Table 2)		1,340,076

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

Current Assets		
Table 1		1
Line #	Description	Account Balance
1.1	Cash and Cash Equivalents	1,310,704
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	2,759,243
1.6	Less Reserve for Bad Debt	(281,953)
1.100	Subtotal: Net Patient Accounts Receivable	2,477,290
1.7	Receivable from Officers/Owners/Employees	0
1.8	Receivable from Affiliates/Related Parties	1,455,813
1.9	Interest Receivable	0
1.10	Supply Inventory	0
1.11	Other Receivables	0
1.12	Prepaid Interest	0
1.13	Prepaid Insurance	161,353
1.14	Prepaid Taxes	0
1.15	Other Prepaid Expenses	35,156
1.16	Capitalized Pre-Opening Costs	0
1.17	Other Current Assets	266,604
100	Total Current Assets	5,706,920

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Detail of Other Current Assets		
Table 1A	1	2
Line #	Description	Account Balance
1A.1	ACCTS RECVBLE EXCHANGE	(30,829)
1A.2	ACCTS RECV	48,389
1A.3	DEPOSITS	285,147
1A.4	EXCHANGE	(36,103)
1A.5		
1A.6		
1A.7		
1A.8		
1A.9		
1A.10		
1A.100	Subtotal: Other Current Assets	266,604
Non-Current Fixed Assets		
Table 2	1	
Line #	Description	Account Balance
2.1	Land	2,437,032
2.2	Buildings	21,733,934
2.3	Improvements	549,083
2.4	Equipment	239,456
2.5	Software/Limited Life Assets	2,895
2.6	Motor Vehicles	0
200	Total Non-Current Fixed Assets	24,962,400

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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	147,985
3.4	Construction in Progress	63,798
3.5	Mortgage Acquisition Costs	147,240
3.6	Accumulated Amortization of Mortgage Acquisition Costs	(81,381)
3.100	Net Mortgage Acquisition Costs	65,859
300	Total Non-Current Assets	277,642

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	TMP-RS DEF COMP 457B BASIS	84,550
3A.2	TMP-RS DEF COMP 457B VALU ALLW	8,760
3A.3	SNF LICENCE	54,675
3A.4		
3A.5		
3A.6		
3A.7		
3A.8		
3A.9		
3A.10		
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	147,985

Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	30,946,962

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Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	214,842
5.2	Accrued Expenses	128,715
5.3	Due to Insurance Payers	0
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	0
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	575,053
5.7	Accrued Salaries and Payroll Liabilities	709,979
5.8	State and Federal Taxes Payable	0
5.9	Accrued Interest Payable	22,119
5.10	Other Current Liabilities	130,223
500	Total Current Liabilities	1,780,931

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	DEFERRED COMP WITHHELD	540
5A.2	DEFERRED GRANTS	36,373
5A.3	DEFERRED COMP 457(B) LIABILITY	93,310
5A.4		
5A.5		
5A.6		
5A.7		
5A.8		
5A.9		
5A.10		
5A.100	Subtotal: Other Current Liabilities	130,223

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Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	14,415,234
6.2	Due to Related Parties, Subsidiaries, and Affiliates	0
6.3	Other Long-Term Debt	0
600	Total Non-Current Liabilities	14,415,234

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	16,196,165

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

Table 8				
Table 8A		1	2	3
Not-for-Profits				
Line #	Description	Net Assets Without Donor Restrictions	Net Assets With Donor Restrictions	Total Net Assets
8A.1	Net Assets Balance: Prior Year	13,410,721	0	13,410,721
8A.2	Prior Period Adjustment(s)		0	
8A.3	SNF-CR Excess (Deficiency) of Revenues Over Expenses	1,340,076		1,340,076
8A.4	Gain/(Loss) Realized on Investments		0	
8A.5	Contributions, Gifts and Other		0	
8A.6	Change in Unrealized Gains/(Losses) on Investments		0	
8A.7	Net Assets Released from Donor Restriction	0	0	
8A.8	Net Assets - Other	0	0	
8A.100	Net Assets Balance: Current Year	14,750,797	0	14,750,797

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Prior Period Adjustments		
NOTE: Disclose all facts relative to adjustments and explain any impact on reimbursable costs as reported in prior year(s) cost report identifying the specific cost centers affected.		
Table 8D	1	2
Line #	Description	Amount
8D.1		
8D.2		
8D.3		
8D.4		
8D.5		
8D.6		
8D.7		
8D.8		
8D.9		
8D.10		
8D.100	Subtotal: Prior Period Adjustments	0
Total Liabilities and Owner's Equity (or Net Assets for Not-for-Profits)		
Table 9		1
Line #	Description	Account Balance
900	Total Liabilities and Owner's Equity (or Net Assets for Not-For-Profit)	30,946,962

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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	2,437,032	0	0	2,437,032				2,437,032
1.2	Building	28,649,146		0	28,649,146	(6,196,590)	(718,622)	(6,915,212)	21,733,934
1.3	Improvements	675,974		0	675,974	(106,022)	(20,869)	(126,891)	549,083
1.4	Equipment	1,943,749	38,967	0	1,982,716	(1,573,361)	(169,899)	(1,743,260)	239,456
1.5	Software/Limited Life Assets	139,939	3,475	0	143,414	(139,940)	(579)	(140,519)	2,895
1.6	Motor Vehicles	0	0	0	0	0	0	0	0
100	Total	33,845,840	42,442	0	33,888,282	(8,015,913)	(909,969)	(8,925,882)	24,962,400

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 Expense and Add-backs	Claimed Net Depreciation Expense
2.1	Land SNF-CR	2,437,032	0	0	0	0	2,437,032				
2.2	Land REA-CR	0	0	0	0	0	0				
2.3	Building SNF-CR	28,988,416	0	0	0	0	28,988,416		718,622	0	718,622
2.4	Building REA-CR	0	0	0	0	0	0			0	0
2.5	Improvements SNF-CR	527,572	0	0	0	0	527,572	5.00%	20,869	0	20,869
2.6	Improvements REA-CR	0	0	0	0	0	0	5.00%		0	0
2.7	Equipment SNF-CR	1,892,646	0	38,967	0	0	1,931,613	10.00%	169,899	0	169,899

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2.8	Equipment REA-CR	0	0	0	0	0	0	10.00%		0	0
2.9	Software/Limited Life Assets SNF-CR	139,939	0	3,475	0	0	143,414	33.33%	579	0	579
2.10	Software/Limited Life Assets REA-CR	0	0	0	0	0	0	33.33%		0	0
200	Total Claimed Fixed Assets	33,985,605	0	42,442	0	0	34,028,047		909,969	0	909,969

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	2014
3.2	What was the date of the most recent assessed property value of this facility?	12/31/2023
3.3	What was the value from the most recent municipal property assessment for this facility?	1
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?	89
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	63,768
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	31,914
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	0
3.10	What is the total acreage of the facility site?	1.1
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	Yes

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

SCHEDULE 8 : STATEMENT OF CASH FLOWS

Beginning Cash and Cash Equivalents Balance

Table 1		1
Line #	Description	Reported
1.1	Cash and Cash Equivalents (Beginning of Year)	2,294,898

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	1,340,076
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	0
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(1,724,446)
200	Net Cash from Operating Activities	(384,370)

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(42,442)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(42,442)

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	(557,382)
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	(557,382)

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(984,194)
500	Cash and Cash Equivalents (End of Year)	1,310,704

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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	05/18/2020	141			141	141
1.2	05/18/2022	141	0		141	141
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.	141				
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	5,155			1,312	688	4,947
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	5,155	0	0	1,312	688	4,947

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
	35,942							48,044
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
0	35,942	0	0	0	0	0	0	48,044

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Patient Statistics - Summary			
Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	161
3.2	0140.1	Number of MassHealth Admissions During Year	18
3.3	0150.0	Number of Discharges During Year	85
3.4	0190.0	Average Length of Stay	565
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	20
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	108

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SCHEDULE 10 : DETAIL OF FACILITY COMPENSATION AND PURCHASED NURSING SERVICES

<i>Detail of Staff Nursing Services Wages and Hours</i>							
Table 1		1	2	3	4	5	6
Line #	Description	RN Wages	RN Hours	LPN Wages	LPN Hours	CNA Wages	CNA Hours
1.1	Total Base Wages	888,899	25,478.0	1,400,133	23,129.0	2,709,487	115,924.0
1.2	Total Overtime Wages	28,899	419.0	183,093	2,882.0	339,376	14,163.0
1.3	Total Shift Differential	21,656		29,037		79,079	
1.4	Total Other Differentials						
100	Total	939,454	25,897.0	1,612,263	26,011.0	3,127,942	130,087.0

<i>Detail of Nursing Services Shift Differentials</i>						
Table 2		1	2	3	4	5
Line #	Description	Median Hourly Shift Differential: Weekday Evening	Median Hourly Shift Differential: Weekday Night	Median Hourly Shift Differential: Weekend Day	Median Hourly Shift Differential: Weekend Evening	Median Hourly Shift Differential: Weekend Night
2.1	Registered Nurses	2.00	3.00	2.00	3.00	5.00
2.2	Licensed Practical Nurses	2.00	3.00	2.00	3.00	5.00
2.3	Certified Nurse Aides	2.00	3.00	1.00	2.00	3.00

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Detail of Staff and Hours by Position

Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development	3	1.4	2,930.0
3.2	Plant Operations	2	2.0	4,223.0
3.3	Dietary Staff	22	14.4	29,839.0
3.4	Dietician	1	0.8	1,664.0
3.5	Housekeeping/Laundry Staff	30	16.6	34,422.0
3.6	Unit Clerk & Medical Records Staff	5	2.6	5,456.0
3.7	Quality Assurance	2	0.9	1,779.0
3.8	MMQ Nurses and MDS Coordinator	5	2.3	4,866.0
3.9	Social Services Staff	3	2.0	4,063.0
3.10	Interpreters	0	0.0	0.0
3.11	Restorative Therapy - Direct Staff	0	0.0	0.0
3.12	Restorative Therapy - Indirect Staff	0	0.0	0.0
3.13	Recreational Staff	19	9.8	20,286.0
3.14	Administration and Officers	1	1.0	2,079.0
3.15	Security Staff	0	0.0	0.0
3.16	Clerical Staff	14	9.8	20,423.0
3.17	Director of Nurses	1	1.0	2,079.0
3.18	Registered Nurses	59	12.5	25,897.0
3.19	Licensed Practical Nurses	38	12.5	26,011.0
3.20	Certified Nurse Aides	106	62.5	130,087.0
3.21	Resident Care Assistants	0	0.0	0.0
3.22	Behavioral Health Specialist Staff	0	0.0	0.0
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	311	152.0	316,104.0

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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	Intelycare, Inc.	TM7F	3,935.6	325,214	795.6	54,669	741.9	28,743		
4.3	JFS Secured Staffing Inc	TCPD	535.9	41,211	18.8	1,234				
4.4	All American Healthcare Services, Inc.	TOIY			198.4	13,489				
4.5	Virtuous Nurses Agency	T0HH			62.8	4,412				
4.200	Subtotal: Registered Temporary Nursing Service Agencies		4,471.5	366,425	1,075.6	73,804	741.9	28,743	0.0	0
400	Total Temporary Nursing Service Agency Expenses		4,471.5	366,425	1,075.6	73,804	741.9	28,743	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	Graves	William	CEO	Administrative & General	267,735		56,000	323,735		
5.2	Chen	Li	Administrator	Administrative & General	224,807		26,750	251,557		
5.3	O'Brien	Michael	DON	Nursing	167,592	0	27,000	194,592		
5.4	Hanson	Scott	Finance Director	Administrative & General	160,031	0	23,000	183,031		
5.5	Falletti	Mary Lou	LPN	Nursing	172,723	0	6,000	178,723		

Earnings and Compensation Disclosures									
Table 6	NOTE: This schedule is used to report the name(s) of the Owner, Partner, or Officer and disclose all salary and benefits, drawings and dividends, and other compensation as well as the accounts that were charged.								
Table 6C	1	2	3	4	5	6	7	8	9
Line #	Last Name	First Name	Title	Primary Expense Category	Total Hours	Salary & Benefits	Dividends	Other Compensation	TOTAL
Corporation									
6C.1									0
6C.2									0
6C.3									0
6C.4									0
6C.5									0
6C.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	1st Mortgage	MDFA	No	10/30/2012	10/30/2042	360	89,349	19,000,000	147,240	6,360
1.2										
1.3										
1.4										
1.5										
100	TOTALS								147,240	6,360

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11	12	13	14	15	16	17	18	19	20
Beginning Loan Balance: Jan 1	Beginning Balance - New Loans	Principal Payments	Pay Off Amount	Pay Off Date	Ending Loan Balance: Dec 31	Interest Rate %	Interest Expense	Period Expenses	Total Amortization, Interest and Period Expenses
15,547,669	0	557,382	0		14,990,287	3.320%	513,987	0	520,347
					0				0
					0				0
					0				0
					0				0
					14,990,287		513,987	0	520,347

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

SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

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

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

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

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
04/19/2024 12:08PM	(1) Footnotes and Explanations	Footnotes and Explanations.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	James DErrico
04/19/2024 12:08PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	James DErrico
04/19/2024 12:08PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	James DErrico
04/19/2024 12:08PM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	James DErrico

SCHEDULE 13 : SUBMISSION AND ATTESTATION

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

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

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

1.1	Preparer Name	Matthew S. Bovolack
1.2	Nursing Facility or Firm Name	Marcum LLP
1.3	Title	Principal
1.4	Street Address	555 Long Wharf Drive
1.5	City	New Haven
1.6	State	CT
1.7	Zip Code	06511
1.8	Phone Number	+1 (203) 781-9680
1.9	Email Address	Matthew.Bovolack@marcumllp.com
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	04/19/2024

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

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Section B - Certification by Owner, Partner, or Officer

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

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

This certification is signed under pains and penalties of perjury.

2.1	[x] By checking this box, I hereby certify that under pains and penalties of perjury, that the above statements entitled A) Accuracy of Reported Costs and B) Use of Public Funds are correct and true, to the best of my knowledge and belief. This report is subject to audit and verification by the Center for Health Information and Analysis.	
2.2	Date of Authorization	04/22/2024
2.3	Last Name	Chen
2.4	First Name	Li
2.5	Middle Name	
2.6	Title	Administrator
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