

Skilled Nursing Facility Cost Report**WINDSOR NSG & RET. HOME**

Filing Year: 2023

Date: 12/19/2024

Time: 11:49 AM

SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	WINDSOR NSG & RET. HOME
1.2	MassHealth Provider ID	110026304E
1.3	Federal Employer Tax ID	042979430
1.4	VPN	0919985
1.5	Is the above information correct?	Yes
1.6	Facility Number	00925
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	265 North Main Street
1.11	City	South Yarmouth
1.12	Zip	02664
1.13	Telephone	+1 (413) 664-4041
1.14	Is this a hospital-based nursing facility?	No
1.15	Does the provider have pediatric beds?	No
1.16	Does the provider have an executed special contract with MassHealth (e.g. ventilator unit, acquired brain injury, etc.)?	No
1.17	Legal Status	MA Corp (Chapter 156B with 501c(3) exemption)
1.18	List the name of the management company as reported on the management company cost report.	Integrity Healthcare Management Services, Inc
1.19	List the name of the entity that holds the nursing facility license.	Fairview Extended Care Services, Inc
1.20	List realty company names as reported on each realty company cost report.	
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

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

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

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

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

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SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	890,345	9,484	899,829
1.2	Commercial Managed Care	183,143	22,195	205,338
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	2,784,146	629,828	3,413,974
1.5	Medicare Managed Care (Part C)	237,930		237,930
1.6	MassHealth Fee-for-Service	5,547,814	1	5,547,815
1.7	MassHealth Managed Care	172,141	1	172,142
1.8	Senior Care Options	185,124	9,959	195,083
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount	953,816		953,816
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	10,954,459	671,468	11,625,927

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	42,288
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	(42,661)
3.7	Interest Income	8
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	22,269
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	21,904

Detail of Endowment and Non-Recoverable Revenue

Table 4		1	2
Line #	Description	Type	Revenue
4.1	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Covid Revenue	42,288
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		42,288

Total Revenue

Table 5		1
Line #	Description	Total
500	Total Revenue	11,647,831

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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	101,464		101,464
1.2	Director of Nurses: Employee Benefits	11,075		11,075
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	1,358		1,358
1.4	Director of Nurses Purchased Service: Per Diem			0
1.5	Director of Nurses Purchased Service: Temporary Agency Staff	0	0	0
1.6	Director of Nurses Add-back (MGT-CR Sch 6)			0
1.100	Subtotal: Director of Nurses Expenses	113,897		113,897
1.7	Registered Nurses: Salaries	244,195		244,195
1.8	Registered Nurses: Employee Benefits	26,656		26,656
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	3,268		3,268
1.10	Registered Nurses Purchased Service: Per Diem	174,213		174,213
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	654,822	248,985	405,837
1.200	Subtotal: Registered Nurses Expenses	1,103,154		854,169
1.12	Licensed Practical Nurses: Salaries	629,561		629,561
1.13	Licensed Practical Nurses: Employee Benefits	68,722		68,722
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	8,427		8,427
1.15	Licensed Practical Nurses Purchased Service: Per Diem	116,709		116,709
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	496,795	119,041	377,754
1.300	Subtotal: Licensed Practical Nurses Expenses	1,320,214		1,201,173
1.17	Certified Nurse Aides: Salaries	1,061,013		1,061,013
1.18	Certified Nurse Aides: Employee Benefits	115,820		115,820
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	14,200		14,200
1.20	Certified Nurse Aides Purchased Service: Per Diem	477,802		477,802
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	916,605	640,953	275,652
1.400	Subtotal: Certified Nurse Aides Expenses	2,585,440		1,944,487

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1.22	Nurse's Aide Training Administration		0	0
1.23	Nursing Education and Training			0
1.24	This line description is intentionally left blank			0
1.25	This line description is intentionally left blank			0
1.500	Subtotal: Other Nursing Expenses	0		0
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	5,122,705		4,113,726

Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		0	
1.27	Nurses' Aide Training Recoverable Income		0	
1.700	Subtotal: Nursing & Director of Nursing Recoverable Income	0		0
100	Total: Net Nursing Expenses Including Recoverable Income	5,122,705		4,113,726

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	149,485		149,485
2.2	Administration: Employee Benefits	10,306		10,306
2.3	Administration: Payroll Taxes incl Workers Comp.	2,001		2,001
2.4	Administration: Purchased Service			0
2.5	Officers: Total Compensation		0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	161,792		161,792
2.7	Clerical Staff: Salaries	304,290		304,290
2.8	Clerical Staff: Employee Benefits	33,216		33,216
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	4,073		4,073
2.10	Clerical Staff: Purchased Service			0
2.200	Subtotal: Clerical Staff Expenses	341,579		341,579
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services			0
2.12	Office Supplies	28,264		28,264
2.13	Telecommunications (e.g. Internet, Phone)	40,417		40,417

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings			0
2.16	Advertising: Help Wanted	21,137		21,137
2.17	Licenses and Dues: Patient Care Related Portion	17,572		17,572
2.18	Continuing Professional Education / Training and Development	6,572		6,572
2.19	Accounting Services (Not related to appeals)			0
2.20	Insurance: Malpractice & General Liability	61,796		61,796
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	(151,774)		(151,774)
2.23	Non-Allowable A & G Expenses	1,585,667	1,585,667	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)		646,785	646,785
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		18,369	18,369
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	1,609,651		689,138
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	2,113,022		1,192,509
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		22,269	22,269
2.500	Subtotal: Administrative & General Recoverable Income	0		22,269
200	Total: Net Administrative & General Expenses After Recoverable Income	2,113,022		1,170,240

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Detail of Other A&G Expenses		
Table 2A	1	2
Line #	Description	Amount
2A.1	Prior Year Expense Adjustment	7,431
2A.2	Accrued Expenses	(159,205)
2A.100	Subtotal: Other A&G Expenses	(151,774)

Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	30,618
2B.2	Licenses and Dues: Not Related to Resident Care	
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	
2B.5	Legal: Resident Care	
2B.6	Legal: Other	11,186
2B.7	Key Person Insurance	
2B.8	Management Company Fees	562,415
2B.9	Management Consultants	68,567
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	23,237
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	142,004
2B.15	User Fee Assessment	747,640
2B.16	Other Non-Allowable A&G Expenses	
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
2B.100	Total Non-Allowable A&G Expenses	1,585,667

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

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3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.			0
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	0		0
3.5	Plant Operation: Salaries	163,906		163,906
3.6	Plant Operation: Employee Benefits	17,891		17,891
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	2,194		2,194
3.8	Plant Operation: Purchased Service	96,179		96,179
3.9	Plant Operation: Supplies and Expenses	32,106		32,106
3.10	Plant Operation: Utilities	215,311		215,311
3.11	Plant Operation: Repairs	31,030		31,030
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	558,617		558,617
3.13	Dietician: Salaries			0
3.14	Dietician: Employee Benefits			0
3.15	Dietician: Payroll Taxes incl Workers Comp.			0
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	0		0
3.18	Dietary: Salaries	527,595		527,595
3.19	Dietary: Employee Benefits	57,592		57,592
3.20	Dietary: Payroll Taxes incl Workers Comp.	7,061		7,061
3.21	Dietary: Food	354,920		354,920
3.22	Dietary: Purchased Service	80,647		80,647
3.23	Dietary: Supplies and Expenses	32,894		32,894
3.400	Subtotal: Dietary Expenses	1,060,709		1,060,709
3.24	Housekeeping/Laundry: Salaries	393,777		393,777
3.25	Housekeeping/Laundry: Employee Benefits	42,983		42,983
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	5,270		5,270
3.27	Housekeeping/Laundry: Purchased Service	90,956		90,956
3.28	Housekeeping/Laundry: Supplies and Expenses	38,050		38,050
3.29	Housekeeping/Laundry: Linen and Bedding	5,753		5,753
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	576,789		576,789

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3.31	Quality Assurance (QA) Professional: Salaries			0
3.32	QA Professional: Employee Benefits			0
3.33	QA Professional: Payroll Taxes incl Workers Comp.			0
3.34	QA Professional: Purchased Service			0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
3.600	Subtotal: QA Professional Expenses	0		0
3.36	Unit Clerk & Medical Records: Salaries			0
3.37	Unit Clerk & Medical Records: Employee Benefits			0
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.			0
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	0		0
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries			0
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits			0
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.			0
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	0		0
3.44	Behavioral Health Specialist: Salaries			0
3.45	Behavioral Health Specialist: Employee Benefits			0
3.46	Behavioral Health Specialist: Payroll Taxes incl Workers Comp.			0
3.47	Behavioral Health Specialist: Purchased Service			0
3.900	Subtotal: Behavioral Health Specialist Expenses	0		0
3.48	Social Service Worker: Salaries	173,722		173,722
3.49	Social Service Worker: Employee Benefits	18,963		18,963
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	2,326		2,326
3.51	Social Service Worker: Purchased Service	214,174		214,174
3.1000	Subtotal: Social Service Worker Expenses	409,185		409,185
3.52	Interpreters: Salaries			0
3.53	Interpreters: Employee Benefits			0
3.54	Interpreters: Payroll Taxes incl Workers Comp.			0
3.55	Interpreters: Purchased Service			0

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3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries			0
3.57	Indirect Restorative Therapy: Employee Benefits			0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.			0
3.59	Indirect Restorative Therapy: Consultants	6,908		6,908
3.60	Direct Restorative Therapy: Salaries		0	0
3.61	Direct Restorative Therapy: Benefits		0	0
3.62	Direct Restorative Therapy: Consultants	863,692	863,692	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	870,600		6,908
3.64	Recreational Therapy/Activities: Salaries	156,873		156,873
3.65	Recreational Therapy/Activities: Employee Benefits	17,124		17,124
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	2,100		2,100
3.67	Recreational Therapy/Activities: Purchased Service	7,250		7,250
3.68	Recreational Therapy/Activities: Supplies and Expenses	3,034		3,034
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	186,381		186,381
3.70	Resident Care Assistant: Salaries			0
3.71	Resident Care Assistant: Employee Benefits			0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.			0
3.73	Resident Care Assistant: Purchased Service			0
3.1400	Subtotal: Resident Care Assistant Expenses	0		0
3.74	Security: Salaries			0
3.75	Security: Employee Benefits			0
3.76	Security: Payroll Taxes including Workers Comp.			0
3.77	Security: Purchased Service			0
3.1500	Subtotal: Security Expenses	0		0
3.78	Travel: Motor Vehicle Expense	30,209		30,209
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education			0
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	42,000		42,000

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3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals	6,012		6,012
3.86	Physician Services: Other			0
3.87	Legend Drugs	187,045	187,045	0
3.88	Personal Protective Equipment			0
3.89	House Supplies Not Resold	705,259		705,259
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents	105,408	105,408	0
3.92	Pharmacy Consultant	13,998		13,998
3.93	This line description is intentionally left blank			0
3.94	This line description is intentionally left blank			0
3.95	This line description is intentionally left blank			0
3.1600	Subtotal: Other Variable Expenses	1,089,931		797,478
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	4,752,212		3,596,067
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		0	0
3.1800	Subtotal: Variable Recoverable Income	0		0
300	Total: Net Variable Expenses Including Recoverable Income	4,752,212		3,596,067

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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	190,849	(103,783)	294,632
4.2	Long-Term Interest Expense SNF-CR	120,501		120,501
4.3	Long-Term Interest Expense REA-CR			0
4.4	MA Corp. Excise Tax - Non-Income Portion SNF-CR			0
4.5	MA Corp. Excise Tax - Non-Income Portion REA-CR			0
4.6	Building Insurance Expense SNF-CR	19,195		19,195
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR			0
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR			0
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	64,070	64,070	0
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR		0	0
4.15	This line description is intentionally left blank			0
4.16	This line description is intentionally left blank			0
4.100	Subtotal: Total Capital & Fixed Cost Expenses Before Recoverable Income	394,615		434,328
Less: Capital & Fixed Cost Expense Recoverable Income				
4.17	Fixed Cost Recoverable Income SNF-CR		0	0
4.18	Fixed Cost Recoverable Income REA-CR			0
4.200	Subtotal: Capital & Fixed Cost Recoverable Income	0		0
400	Total: Net Capital & Fixed Cost Expenses Including Recoverable Income	394,615		434,328

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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	12,382,554		9,336,630
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	12,382,554		9,314,361

SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES

Other Business Activities		
Table 1		1
Line / Column #	Other Business Activity	Select Yes/No from Dropdown Menu
1.1	Adult Day Health	No
1.2	Child Day Care	No
1.3	Assisted Living	No
1.4	Outpatient Services	No
1.5	Chapter 766 Education Program	No
1.6	Ventilator Program	No
1.7	Acquired Brain Injury Unit	No
1.8	MS/ALS Program	No
1.9	Other Special Program	No
1.10	Hospital – Other Business	No
1.11	Residential Care	No
1.12	Does the nursing facility have other business activities not listed above?	No
1.13	Describe the other business activities:	

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

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

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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 1B		
Not-For-Profit		
Line #	Description	Reported
1B.1	Net Patient Service Revenue	11,625,554
1B.2	Other Revenue	22,269
1B.3	Net Assets Released from Restriction	
1B.100	Total Operating Revenue	11,647,823
1B.4	Salaries and Wages	4,518,792
1B.5	Employee Benefits	223,886
1B.6	Supplies and Other (including Payroll Taxes)	7,186,522
1B.7	Interest Expense	120,501
1B.8	Provision for Bad Debt	142,004
1B.9	Depreciation and Amortization Expenses	190,849
1B.200	Total Operating Expenses	12,382,554
1B.300	Income(Loss) from Operations	(734,731)
	Non-Operating Income and Expenses	
1B.10	Interest Income	8
1B.11	Investment Income	
1B.12	Realized Gain(Loss) from Investments	
1B.13	Realized Gain(Loss) from Sale or Disposal of Equipment	
1B.14	Other Non-Operating Income(Expense)	
	Other Changes in Net Assets Without Donor Restrictions	
1B.15	Contributions, Gifts, and Other	
1B.16	Extraordinary Items	0
1B.17	Cumulative Effect of Changes in Accounting Principles	0
1B.18	Change in Beneficial Interest in Net Assets Without Donor Restrictions	
1B.19	Unrealized Gain(Loss) on Investments from Net Assets Without Donor Restrictions	
1B.20	Other Changes in Net Assets Without Donor Restrictions	
1B.400	Financial Statement Excess (Deficiency) of Revenues over Expenses	(734,723)

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<i>Detail of Extraordinary Items</i>		
Table 1C	1	2
Line #	Description	Amount
1C.1		
1C.100	Subtotal: Cumulative Extraordinary Items	0

<i>Detail of Changes in Accounting Principles</i>		
Table 1D	1	2
Line #	Description	Amount
1D.1		
1D.100	Subtotal: Cumulative Changes in Accounting Principles	0

<i>Cost Reported Statement of Operations</i>		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	11,647,831
2.2	Total Nursing Expenses (Schedule 3)	5,122,705
2.3	Total Administrative and General Expenses (Schedule 3)	2,113,022
2.4	Total Variable Expenses (Schedule 3)	4,752,212
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	394,615
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	12,382,554
200	Cost Reported Net Income(Loss)	(734,723)

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)		(734,723)
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)		(734,723)

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

Current Assets		
Table 1		1
Line #	Description	Account Balance
1.1	Cash and Cash Equivalents	182,370
1.2	Short-Term Investments	
1.3	Current Portion Assets Whose Use is Limited	
1.4	Other Cash and Equivalents	
1.5	Payer Accounts Receivable	2,993,615
1.6	Less Reserve for Bad Debt	(43,733)
1.100	Subtotal: Net Patient Accounts Receivable	2,949,882
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	
1.9	Interest Receivable	
1.10	Supply Inventory	48,740
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	7,355
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	301,905
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
100	Total Current Assets	3,490,252

Detail of Other Current Assets		
Table 1A	1	2
Line #	Description	Account Balance
1A.1		
1A.100	Subtotal: Other Current Assets	0

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Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	547,000
2.2	Buildings	
2.3	Improvements	348,458
2.4	Equipment	425,731
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	1,321,189

Other Non-Current Assets		
Table 3		1
Line #	Description	Account Balance
3.1	Long-Term Investments	
3.2	Non-Current Assets Whose Use is Limited	
3.3	Other Deferred Charges and Non-Current Assets	0
3.4	Construction in Progress	38,898
3.5	Mortgage Acquisition Costs	
3.6	Accumulated Amortization of Mortgage Acquisition Costs	
3.100	Net Mortgage Acquisition Costs	0
300	Total Non-Current Assets	38,898

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1		
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	0

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Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	4,850,339

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	1,040,253
5.2	Accrued Expenses	379,438
5.3	Due to Insurance Payers	471
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	14,393,348
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	178,997
5.7	Accrued Salaries and Payroll Liabilities	273,872
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	10,173
5.10	Other Current Liabilities	14,192
500	Total Current Liabilities	16,290,744

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Management Fee	5,274
5A.2	Capital Lease Obligation	8,333
5A.3	Union Dues	585
5A.100	Subtotal: Other Current Liabilities	14,192

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Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	
6.2	Due to Related Parties, Subsidiaries, and Affiliates	
6.3	Other Long-Term Debt	3,885,254
600	Total Non-Current Liabilities	3,885,254

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	20,175,998

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	(14,590,936)		(14,590,936)
8A.2	Prior Period Adjustment(s)	0		0
8A.3	SNF-CR Excess (Deficiency) of Revenues Over Expenses	(734,723)		(734,723)
8A.4	Gain/(Loss) Realized on Investments			0
8A.5	Contributions, Gifts and Other			0
8A.6	Change in Unrealized Gains/(Losses) on Investments			0
8A.7	Net Assets Released from Donor Restriction			0
8A.8	Net Assets - Other			0
8A.100	Net Assets Balance: Current Year	(15,325,659)	0	(15,325,659)

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

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

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

Table 9		1
Line #	Description	Account Balance
900	Total Liabilities and Owner's Equity (or Net Assets for Not-For-Profit)	4,850,339

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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	547,000			547,000				547,000
1.2	Building	4,955,000			4,955,000	(4,955,000)		(4,955,000)	0
1.3	Improvements	2,815,403	113,223		2,928,626	(2,515,614)	(64,554)	(2,580,168)	348,458
1.4	Equipment	3,164,331	67,854		3,232,185	(2,680,159)	(126,295)	(2,806,454)	425,731
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles				0			0	0
100	Total	11,481,734	181,077	0	11,662,811	(10,150,773)	(190,849)	(10,341,622)	1,321,189

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	134,150					134,150				
2.2	Land REA-CR						0				
2.3	Building SNF-CR	1,762,036					1,762,036	2.50%	0	44,051	44,051
2.4	Building REA-CR						0	2.50%			0
2.5	Improvements SNF-CR	2,276,183		113,223		(7,523)	2,381,883	5.00%	64,554	54,540	119,094
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	1,278,243		67,854		(31,226)	1,314,871	10.00%	126,295	5,192	131,487

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2.8	Equipment REA- CR						0	10.00%			0
2.9	Software/Limited Life Assets SNF- CR						0	33.33%	0		0
2.10	Software/Limited Life Assets REA- CR						0	33.33%			0
200	Total Claimed Fixed Assets	5,450,612	0	181,077	0	(38,749)	5,592,940		190,849	103,783	294,632

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1975
3.2	What was the date of the most recent assessed property value of this facility?	01/31/2021
3.3	What was the value from the most recent municipal property assessment for this facility?	6,122,200
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?	50
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	45,706
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	32,676
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?	5.3
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	No

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

SCHEDULE 8 : STATEMENT OF CASH FLOWS

Beginning Cash and Cash Equivalents Balance

Table 1		1
Line #	Description	Reported
1.1	Cash and Cash Equivalents (Beginning of Year)	233,337

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(734,723)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	194,830
2.3	Increases (Decreases) to Cash Provided by Operating Activities	855,174
200	Net Cash from Operating Activities	315,281

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(183,155)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(183,155)

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	(183,093)
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	(183,093)

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(50,967)
500	Cash and Cash Equivalents (End of Year)	182,370

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	06/22/2020	120			120	120
1.2	06/22/2022	120			120	120
1.3					0	
1.4					0	
1.5					0	
1.6	List the number of certified Medicare beds at the close of this reporting period.	120				
1.7	Is above listed bed licensure information correct?	Yes				

Patient Statistics - Days

Table 2		1	2	3	4	5	6
Line #	Description	Private Pay	Commercial Managed Care	Commercial Non-Managed Care	Medicare Fee-For-Service	Medicare Managed Care (Part C)	MassHealth Fee-for-Service
2.1	Nursing	2,053	466		4,259	578	24,953
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)	25					251
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	2,078	466	0	4,259	578	25,204

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7	8	9	10	11	12	13	14	15
MassHealth Managed Care	Senior Care Options	OneCare	PACE	Out-of-State Medicaid	Veteran's Affairs & Other Public	DTA & EAEDC	Other	Total
764	761							33,834
								0
								0
								0
								0
								0
								0
								0
46								322
								0
								0
								0
810	761	0	0	0	0	0	0	34,156

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Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	180
3.2	0140.1	Number of MassHealth Admissions During Year	97
3.3	0150.0	Number of Discharges During Year	182
3.4	0190.0	Average Length of Stay	188
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	163
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	91

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	52,407	1,315.3	303,322	8,366.5	337,382	15,970.8
1.2	Total Overtime Wages	6,888	1,627.9	26,665	8,478.0	341,209	8,939.0
1.3	Total Shift Differential	17		90		23,273	
1.4	Total Other Differentials						
100	Total	59,312	2,943.2	330,077	16,844.5	701,864	24,909.8

<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	2.00	2.50	4.50	4.50
2.2	Licensed Practical Nurses	2.00	2.00	2.50	4.50	4.50
2.3	Certified Nurse Aides	1.00	1.00	1.50	2.50	2.50

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Detail of Staff and Hours by Position				
Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development	1		
3.2	Plant Operations	5	3.1	6,351.8
3.3	Dietary Staff	20	11.9	24,821.8
3.4	Dietician	1		
3.5	Housekeeping/Laundry Staff	6	2.7	5,679.8
3.6	Unit Clerk & Medical Records Staff	13	6.3	13,139.8
3.7	Quality Assurance	1	0.1	128.0
3.8	MMQ Nurses and MDS Coordinator	3		
3.9	Social Services Staff	5	2.1	4,441.4
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	9	3.4	7,115.3
3.14	Administration and Officers	2	1.1	2,231.0
3.15	Security Staff			
3.16	Clerical Staff	10	4.8	9,995.7
3.17	Director of Nurses	2	0.6	1,176.0
3.18	Registered Nurses	7	2.8	2,943.2
3.19	Licensed Practical Nurses	12	6.9	16,844.5
3.20	Certified Nurse Aides	20	21.0	24,909.8
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	117	66.8	119,778.1

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Detail of Purchased Nursing Services										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges
Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies		8,575.9	248,985	4,100.2	119,041	22,076.6	640,953		
Registered Temporary Nursing Service Agencies										
4.2	All American Healthcare Services, Inc.	TOIY	272.0	7,896	105.4	3,059	272.7	7,918		
4.3	Allegiance Nursing LLC	TOJ9	344.4	10,000			43.4	1,261		
4.4	Intelycare, Inc.	TM7F	13,321.2	386,756	7,198.1	208,982	5,429.7	157,640		
4.5	Paramount Healthcare Services	TNVC	40.8	1,185	36.7	1,065	44.8	1,301		
4.6	Excellence Nurse Staffing LLC.				4,496.5	130,547	3,114.6	90,427		
4.7	Mas Medical Staffing, Corp	TJ4S			17.4	506				
4.8	Maxim Healthcare Services - TNS Plymouth	T20Z			1,138.1	33,042				
4.9	WW Staffing LLC	TR7R			19.1	553	399.5	11,598		
4.10	Norton and Associates Inc	TOWP					189.7	5,507		
4.11										
4.200	Subtotal: Registered Temporary Nursing Service Agencies		13,978.4	405,837	13,011.3	377,754	9,494.4	275,652	0.0	0
400	Total Temporary Nursing Service Agency Expenses		22,554.3	654,822	17,111.5	496,795	31,571.0	916,605	0.0	0

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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	Stephens Laboard	Andrea	Aide	Nursing	115,859			115,859
5.2	Guerrini	Carli	LPN	Nursing	114,431			114,431
5.3	Simoes	Edilene	Housekeeping Manager	Plant & Operations	117,382			117,382
5.4	Meritus	Jean	LPN	Nursing	143,232			143,232
5.5	Brewer	Scott	Administrator	Administrative & General	166,144			166,144

Earnings and Compensation Disclosures

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

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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 Mortgag e Acquired	Due Date	Number of Months Amortize d	Monthly Payment s	Original Loan Amount	Mortgag e Acquisiti on Costs	Amortiza tion of Mortgag e Acquisiti on Costs
1.1	1st Mortgage	TD Bank	No	11/30/2016	12/31/2041	300	12	5,227,830	42,663	3,981
100	TOTALS								42,663	3,981

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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
4,102,933		178,997			3,923,936	2.740%	116,520		120,501
					3,923,936		116,520	0	120,501

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

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SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

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

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

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
05/03/2024 2:29PM	(1) Footnotes and Explanations	2023 Board of Trustees List.pdf	application/pdf	Ryan Aldam
05/03/2024 2:29PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
05/03/2024 2:29PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
05/03/2024 2:29PM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
05/03/2024 2:30PM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Ryan Aldam

SCHEDULE 13 : SUBMISSION AND ATTESTATION

Electronic signatures are required to submit this Cost Report. There are two sections that require signature: (A) Certification by Preparer (Other than Owner, Partner, or Officer) and (B) Certifications by Owner, Partner, or Officer.		
Section A - Certification by Preparer (Other than Owner, Partner, or Officer)		
Note: The information in the table below is sourced from Schedule 1, Table 3 of this report.		
1.1	Preparer Name	Ryan Aldam
1.2	Nursing Facility or Firm Name	Integrity Healthcare Management Services, Inc
1.3	Title	Financial Analyst
1.4	Street Address	75 North Street
1.5	City	Pittsfield
1.6	State	MA
1.7	Zip Code	01201
1.8	Phone Number	+1 (413) 447-2574
1.9	Email Address	IntegrityReimb@integrity1.org
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	10/29/2024

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

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Section B - Certification by Owner, Partner, or Officer

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

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

This certification is signed under pains and penalties of perjury.

2.1	[x] By checking this box, I hereby certify that under pains and penalties of perjury, that the above statements entitled A) Accuracy of Reported Costs and B) Use of Public Funds are correct and true, to the best of my knowledge and belief. This report is subject to audit and verification by the Center for Health Information and Analysis.	
2.2	Date of Authorization	05/03/2024
2.3	Last Name	Jones
2.4	First Name	William
2.5	Middle Name	C.
2.6	Title	President and Treasurer
2.7	Is this information correct?	Yes

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

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

a) User Name

b) User E-Mail Address

c) Organization Name

d) Applicable Filing Year

e) Reason for request