

Skilled Nursing Facility Cost Report**Alliance Health of Wrentham, Inc. d/b/a Alliance Health at Maples**

Filing Year: 2023

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SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	Alliance Health of Wrentham, Inc. d/b/a Alliance Health at Maples
1.2	MassHealth Provider ID	110190086A
1.3	Federal Employer Tax ID	651310230
1.4	VPN	0950952
1.5	Is the above information correct?	Yes
1.6	Facility Number	00541
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	90 Taunton Street1
1.11	City	Wrentham
1.12	Zip	02093
1.13	Telephone	+1 (508) 384-7944
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 Non-Profit Corp (Chapter 180)
1.18	List the name of the management company as reported on the management company cost report.	Alliance Health Inc., / Alliance Health Management
1.19	List the name of the entity that holds the nursing facility license.	Alliance Health at Wrentham
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	Jonathan Langfield
2.2	Nursing Facility or Firm Name	CliftonLarsonAllen LLP
2.3	Title	CPA
2.4	Street Address	4 Batterymarch Park, Suite 100
2.5	City	Quincy
2.6	State	MA
2.7	Zip Code	02169
2.8	Phone Number	+1 (781) 982-1001
2.9	Email Address	jonathan.langfield@claconnect.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	☐ 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	Jonathan Langfield
3.3	Nursing Facility or Firm Name	CliftonLarsonAllen LLP
3.4	Title	CPA
3.5	Street Address	4 Batterymarch Park, Suite 100
3.6	City	Quincy
3.7	State	MA
3.8	Zip Code	02169
3.9	Phone Number	+1 (781) 982-1001
3.10	Email Address	jonathan.langfield@claconnect.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	3,208,030	4,040	3,212,070
1.2	Commercial Managed Care			0
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	3,146,360	2,558,929	5,705,289
1.5	Medicare Managed Care (Part C)	39,905	13,458	53,363
1.6	MassHealth Fee-for-Service	5,326,002	60,708	5,386,710
1.7	MassHealth Managed Care			0
1.8	Senior Care Options			0
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount	1,998,512		1,998,512
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue	1,335,806		1,335,806
100	Total Nursing Facility Revenue	15,054,615	2,637,135	17,691,750

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	431,884
3.2	Endowment and Other Non-Recoverable Revenue	452,440
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	
3.7	Interest Income	42,856
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	2,381
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	929,561

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)	Stimulus Incme	375,400
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Covid Testing	77,040
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		452,440

Total Revenue

Table 5		1
Line #	Description	Total
500	Total Revenue	18,621,311

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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	119,418		119,418
1.2	Director of Nurses: Employee Benefits	7,017		7,017
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	11,318		11,318
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	137,753		137,753
1.7	Registered Nurses: Salaries	1,030,252		1,030,252
1.8	Registered Nurses: Employee Benefits	60,539		60,539
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	97,642		97,642
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	224,525	0	224,525
1.200	Subtotal: Registered Nurses Expenses	1,412,958		1,412,958
1.12	Licensed Practical Nurses: Salaries	2,153,695		2,153,695
1.13	Licensed Practical Nurses: Employee Benefits	126,553		126,553
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	204,117		204,117
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	407,981	0	407,981
1.300	Subtotal: Licensed Practical Nurses Expenses	2,892,346		2,892,346
1.17	Certified Nurse Aides: Salaries	3,080,126		3,080,126
1.18	Certified Nurse Aides: Employee Benefits	180,994		180,994
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	291,917		291,917
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	296,235	0	296,235
1.400	Subtotal: Certified Nurse Aides Expenses	3,849,272		3,849,272

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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	8,292,329		8,292,329

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	8,292,329		8,292,329

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	144,527		144,527
2.2	Administration: Employee Benefits	8,493		8,493
2.3	Administration: Payroll Taxes incl Workers Comp.	13,697		13,697
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	166,717		166,717
2.7	Clerical Staff: Salaries	494,944		494,944
2.8	Clerical Staff: Employee Benefits	29,084		29,084
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	46,909		46,909
2.10	Clerical Staff: Purchased Service	6,249		6,249
2.200	Subtotal: Clerical Staff Expenses	577,186		577,186
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	122,732		122,732
2.12	Office Supplies	61,805		61,805
2.13	Telecommunications (e.g. Internet, Phone)	17,825		17,825

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	875	875	0
2.16	Advertising: Help Wanted	29,748	29,748	0
2.17	Licenses and Dues: Patient Care Related Portion			0
2.18	Continuing Professional Education / Training and Development			0
2.19	Accounting Services (Not related to appeals)	42,000		42,000
2.20	Insurance: Malpractice & General Liability	139,020		139,020
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	36,152	16,564	19,588
2.23	Non-Allowable A & G Expenses	2,037,074	2,037,074	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)		742,220	742,220
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		31,851	31,851
2.27	This line description is intentionally left blank			0
2.28	This line description is intentionally left blank			0
2.300	Subtotal: Other Administrative and General Expenses	2,487,231		1,177,041
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	3,231,134		1,920,944
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		2,381	2,381
2.500	Subtotal: Administrative & General Recoverable Income	0		2,381
200	Total: Net Administrative & General Expenses After Recoverable Income	3,231,134		1,918,563

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Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	Professional Fees	19,588
2A.2	Donatons	5,153
2A.3	Employee Relations	1,411
2A.4	Amort-Intangible Assets	10,000
2A.100	Subtotal: Other A&G Expenses	36,152

Detail of Non-Allowable A & G Expenses

Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	7,207
2B.2	Licenses and Dues: Not Related to Resident Care	27,351
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	
2B.5	Legal: Resident Care	
2B.6	Legal: Other	15,827
2B.7	Key Person Insurance	
2B.8	Management Company Fees	908,724
2B.9	Management Consultants	
2B.10	Interest on Working Capital	5,931
2B.11	Fines, Late Fees, Penalties, including Interest	
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	66,321
2B.15	User Fee Assessment	1,005,713
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	2,037,074

Variable Expenses

Table 3		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add-backs	Total Allowable Expenses

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3.1	Staff Development Coordinator: Salaries			0
3.2	Staff Dev. Coord.: Employee Benefits			0
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	223,687		223,687
3.6	Plant Operation: Employee Benefits	13,144		13,144
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	21,201		21,201
3.8	Plant Operation: Purchased Service	133,529		133,529
3.9	Plant Operation: Supplies and Expenses	31,599		31,599
3.10	Plant Operation: Utilities	267,085		267,085
3.11	Plant Operation: Repairs	23,859		23,859
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	714,104		714,104
3.13	Dietician: Salaries	87,072		87,072
3.14	Dietician: Employee Benefits	5,116		5,116
3.15	Dietician: Payroll Taxes incl Workers Comp.	8,253		8,253
3.16	Dietician: Purchased Service	107		107
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	100,548		100,548
3.18	Dietary: Salaries	552,041		552,041
3.19	Dietary: Employee Benefits	32,438		32,438
3.20	Dietary: Payroll Taxes incl Workers Comp.	52,320		52,320
3.21	Dietary: Food	411,916		411,916
3.22	Dietary: Purchased Service			0
3.23	Dietary: Supplies and Expenses	64,640		64,640
3.400	Subtotal: Dietary Expenses	1,113,355		1,113,355
3.24	Housekeeping/Laundry: Salaries			0
3.25	Housekeeping/Laundry: Employee Benefits			0
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.			0
3.27	Housekeeping/Laundry: Purchased Service	493,115		493,115
3.28	Housekeeping/Laundry: Supplies and Expenses	9,338		9,338
3.29	Housekeeping/Laundry: Linen and Bedding	140		140

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3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	502,593		502,593
3.31	Quality Assurance (QA) Professional: Salaries	178,312		178,312
3.32	QA Professional: Employee Benefits	10,477		10,477
3.33	QA Professional: Payroll Taxes incl Workers Comp.	16,900		16,900
3.34	QA Professional: Purchased Service			0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)		239,019	239,019
3.600	Subtotal: QA Professional Expenses	205,689		444,708
3.36	Unit Clerk & Medical Records: Salaries	192,953		192,953
3.37	Unit Clerk & Medical Records: Employee Benefits	11,338		11,338
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	18,288		18,288
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	222,579		222,579
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	225,912		225,912
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	10,375		10,375
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	16,734		16,734
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	253,021		253,021
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	207,927		207,927
3.49	Social Service Worker: Employee Benefits	12,218		12,218
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	19,707		19,707
3.51	Social Service Worker: Purchased Service	16,521		16,521
3.1000	Subtotal: Social Service Worker Expenses	256,373		256,373
3.52	Interpreters: Salaries			0
3.53	Interpreters: Employee Benefits			0

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3.54	Interpreters: Payroll Taxes incl Workers Comp.			0
3.55	Interpreters: Purchased Service			0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries			0
3.57	Indirect Restorative Therapy: Employee Benefits			0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.			0
3.59	Indirect Restorative Therapy: Consultants	68,374		68,374
3.60	Direct Restorative Therapy: Salaries		0	0
3.61	Direct Restorative Therapy: Benefits		0	0
3.62	Direct Restorative Therapy: Consultants	669,111	669,111	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)		16,096	16,096
3.1200	Subtotal: Restorative Therapy Expenses	737,485		84,470
3.64	Recreational Therapy/Activities: Salaries	159,151		159,151
3.65	Recreational Therapy/Activities: Employee Benefits	9,352		9,352
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	15,084		15,084
3.67	Recreational Therapy/Activities: Purchased Service	13,433		13,433
3.68	Recreational Therapy/Activities: Supplies and Expenses	9,335		9,335
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	206,355		206,355
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	1,205		1,205
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education	4,602		4,602

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3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	18,000		18,000
3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals			0
3.86	Physician Services: Other	52		52
3.87	Legend Drugs	410,126	410,126	0
3.88	Personal Protective Equipment			0
3.89	House Supplies Not Resold	201,808		201,808
3.90	House Supplies Resold to Private Residents	873	873	0
3.91	House Supplies Resold to Public Residents	25,267	25,267	0
3.92	Pharmacy Consultant	14,394		14,394
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	676,327		240,061
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	4,988,429		4,138,167
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	4,988,429		4,138,167

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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	303,920	28,154	275,766
4.2	Long-Term Interest Expense SNF-CR	934,237		934,237
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			0
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	76,954		76,954
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	1,364		1,364
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	1,316,475		1,288,321
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	1,316,475		1,288,321

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<i>Total Combined Expenses Before Recoverable Income</i>				
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	17,828,367		15,639,761
<i>Total Combined Expenses Net of Recoverable Income</i>				
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	17,828,367		15,637,380

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SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES**Other Business Activities**

Table 1		1
Line / Column #	Other Business Activity	Select Yes/No from Dropdown Menu
1.1	Adult Day Health	No
1.2	Child Day Care	Yes
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	431,884
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	431,884

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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	302,599	302,599	
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	302,599	302,599	

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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	17,691,750
1B.2	Other Revenue	2,381
1B.3	Net Assets Released from Restriction	
1B.100	Total Operating Revenue	17,694,131
1B.4	Salaries and Wages	8,850,017
1B.5	Employee Benefits	1,351,225
1B.6	Supplies and Other (including Payroll Taxes)	6,316,716
1B.7	Interest Expense	940,168
1B.8	Provision for Bad Debt	66,321
1B.9	Depreciation and Amortization Expenses	303,920
1B.200	Total Operating Expenses	17,828,367
1B.300	Income(Loss) from Operations	(134,236)
	Non-Operating Income and Expenses	
1B.10	Interest Income	42,856
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)	581,725
	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	490,345

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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)	18,621,311
2.2	Total Nursing Expenses (Schedule 3)	8,292,329
2.3	Total Administrative and General Expenses (Schedule 3)	3,231,134
2.4	Total Variable Expenses (Schedule 3)	4,988,429
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	1,316,475
2.6	Total Other Business Expenses (Schedule 4)	302,599
2.100	Subtotal: Total Facility Expenses	18,130,966
200	Cost Reported Net Income(Loss)	490,345

Reconciliation Between Financial Statement and Cost Report Net Income			
Table 3		1	2
Line #	Description	Describe Reconciling Item	Amount
3.1	Net Income(Loss) on Financial Statement of Operations (Table 1)		490,345
3.2	Reconciling Item	1	
3.3	Reconciling Item	1	
3.4	Reconciling Item	1	
3.5	Reconciling Item	1	
3.6	Net Income(Loss) on Cost Report Statement of Operations (Table 2)		490,345

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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	1,505,868
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	2,038,067
1.6	Less Reserve for Bad Debt	(89,554)
1.100	Subtotal: Net Patient Accounts Receivable	1,948,513
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	
1.9	Interest Receivable	
1.10	Supply Inventory	17,000
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	81,332
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	9,356
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	143,790
100	Total Current Assets	3,705,859

Detail of Other Current Assets

Table 1A	1	2
Line #	Description	Account Balance
1A.1	Other Current Assets	143,790
1A.100	Subtotal: Other Current Assets	143,790

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Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	4,000,000
2.2	Buildings	9,521,667
2.3	Improvements	47,059
2.4	Equipment	171,774
2.5	Software/Limited Life Assets	7,047
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	13,747,547

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	84,290
3.4	Construction in Progress	57,763
3.5	Mortgage Acquisition Costs	202,604
3.6	Accumulated Amortization of Mortgage Acquisition Costs	(54,028)
3.100	Net Mortgage Acquisition Costs	148,576
300	Total Non-Current Assets	290,629

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	Purchased Goodwill	84,290
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	84,290

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Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	17,744,035

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	706,739
5.2	Accrued Expenses	377,663
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	4,000,000
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	
5.7	Accrued Salaries and Payroll Liabilities	387,782
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	10,976
500	Total Current Liabilities	5,483,160

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Other Current Liabilities	10,976
5A.100	Subtotal: Other Current Liabilities	10,976

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Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	11,500,000
6.2	Due to Related Parties, Subsidiaries, and Affiliates	343
6.3	Other Long-Term Debt	
600	Total Non-Current Liabilities	11,500,343

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	16,983,503

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	270,185		270,185
8A.2	Prior Period Adjustment(s)	2		2
8A.3	SNF-CR Excess (Deficiency) of Revenues Over Expenses	490,345		490,345
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	760,532	0	760,532

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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	Rounding	2
8D.100	Subtotal: Prior Period Adjustments	2

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)	17,744,035

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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	4,000,000			4,000,000				4,000,000
1.2	Building	9,850,000			9,850,000	(82,083)	(246,250)	(328,333)	9,521,667
1.3	Improvements		49,895		49,895		(2,836)	(2,836)	47,059
1.4	Equipment	159,513	74,341		233,854	(10,798)	(51,282)	(62,080)	171,774
1.5	Software/Limited Life Assets	5,037	5,869		10,906	(307)	(3,552)	(3,859)	7,047
1.6	Motor Vehicles				0			0	0
100	Total	14,014,550	130,105	0	14,144,655	(93,188)	(303,920)	(397,108)	13,747,547

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	4,000,000					4,000,000				
2.2	Land REA-CR						0				
2.3	Building SNF-CR	9,850,000					9,850,000	2.50%	246,250		246,250
2.4	Building REA-CR						0				0
2.5	Improvements SNF-CR			49,895			49,895	5.00%	2,836	(340)	2,496
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	159,513		74,341			233,854	10.00%	51,282	(27,897)	23,385

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2.8	Equipment REA-CR					0	10.00%			0
2.9	Software/Limited Life Assets SNF-CR	5,037		5,869		10,906	33.33%	3,552	83	3,635
2.10	Software/Limited Life Assets REA-CR					0	33.33%			0
200	Total Claimed Fixed Assets	14,014,550	0	130,105	0	0	14,144,655	303,920	(28,154)	275,766

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1983
3.2	What was the date of the most recent assessed property value of this facility?	07/18/1983
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?	144
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	49,574
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	27,855
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	325
3.10	What is the total acreage of the facility site?	6.8
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)	2,408,964

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	490,345
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	303,920
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(1,567,256)
200	Net Cash from Operating Activities	(772,991)

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(130,105)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(130,105)

Cash Flows from Financing Activities

Table 4		1
Line #	Description	Reported
4.1	Proceeds from Issuance of Long-Term Debt	
4.2	Payments on Long-Term Debt and Capital Lease Expenditures	
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	0

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(903,096)
500	Cash and Cash Equivalents (End of Year)	1,505,868

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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	09/01/2022	144			144	144
1.2					0	
1.3					0	
1.4					0	
1.5					0	
1.6	List the number of certified Medicare beds at the close of this reporting period.	144				
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	5,618			7,836	62	28,290
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)	78					294
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	5,696	0	0	7,836	62	28,584

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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
							5,213	47,019
								0
								0
								0
								0
								0
								0
								0
								372
								0
								0
								0
0	0	0	0	0	0	0	5,213	47,391

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Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	381
3.2	0140.1	Number of MassHealth Admissions During Year	15
3.3	0150.0	Number of Discharges During Year	375
3.4	0190.0	Average Length of Stay	126
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	

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

Table 1		1	2	3	4	5	6
Line #	Description	RN Wages	RN Hours	LPN Wages	LPN Hours	CNA Wages	CNA Hours
1.1	Total Base Wages	967,744	21,278.0	1,829,705	44,552.0	2,364,231	95,544.0
1.2	Total Overtime Wages	62,508	844.0	323,990	5,169.0	715,895	18,964.0
1.3	Total Shift Differential						
1.4	Total Other Differentials						
100	Total	1,030,252	22,122.0	2,153,695	49,721.0	3,080,126	114,508.0

Detail of Nursing Services Shift Differentials

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

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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			
3.2	Plant Operations	5	2.7	5,562.0
3.3	Dietary Staff	31	12.8	26,678.0
3.4	Dietician	1	0.7	1,432.0
3.5	Housekeeping/Laundry Staff			
3.6	Unit Clerk & Medical Records Staff	15	4.7	9,828.0
3.7	Quality Assurance	2	1.2	2,557.0
3.8	MMQ Nurses and MDS Coordinator	3	2.5	5,210.0
3.9	Social Services Staff	6	1.9	3,977.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	9	4.1	8,516.0
3.14	Administration and Officers	1	1.0	2,080.0
3.15	Security Staff			
3.16	Clerical Staff	18	8.5	17,594.0
3.17	Director of Nurses	1	0.9	1,842.0
3.18	Registered Nurses	19	10.6	22,122.0
3.19	Licensed Practical Nurses	42	23.9	49,721.0
3.20	Certified Nurse Aides	95	55.1	114,508.0
3.21	Resident Care Assistants			
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	248	130.6	271,627.0

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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									
Registered Temporary Nursing Service Agencies										
4.2	Intelycare, Inc.	TM7F	2,984.1	222,643	5,954.1	391,452	8,093.5	281,474		
4.3	Kavida Healthcare, Inc	TVTE	23.9	1,882	202.4	13,387	46.4	1,812		
4.4	Mas Medical Staffing, Corp	TJ4S			46.6	3,142	77.9	2,849		
4.5	Norton and Associates Inc	TOWP					307.3	10,100		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		3,008.0	224,525	6,203.1	407,981	8,525.1	296,235	0.0	0
400	Total Temporary Nursing Service Agency Expenses		3,008.0	224,525	6,203.1	407,981	8,525.1	296,235	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	Nasso	Kebba	Staff Ed	Other	161,509			161,509		
5.2	Okere	Nkemakolam	LPN	Nursing	144,669			144,669		
5.3	Sengendo	Ntege Julius	Adm	Administrative & General	148,296			148,296		
5.4	Karanu	Francis	LPN	Nursing	138,662			138,662		
5.5	Walters	Amanda	RN	Nursing	185,036			185,036		

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 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	Webster 5	No	09/01/2022	09/01/2052	360		11,500,000	202,604	40,521
1.2		Alliance Health, Inc.	Yes	09/01/2022	09/01/2027	60		4,000,000		
100	TOTALS								202,604	40,521

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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
11,500,000					11,500,000	4.510%	525,853		566,374
4,000,000					4,000,000	9.190%	367,863		367,863
					15,500,000		893,716	0	934,237

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Working Capital Debt

Table 2	1	2	3	4	5	6	7	8	9
Line / Column #	Lender Name	Related Party	Beginnin g Balance: Jan 1	Amount	Start Date	Principal Payment	Ending Balance: Dec 31	Interest Rate %	Interest Expense
2.1	Citizens Bank Line of Credit			1,540,000	09/01/2022	1,540,000	0		5,931
200	Total Working Capital Interest						0		5,931

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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
05/10/2024 12:50PM	(1) Footnotes and Explanations	SNF-CR Footnotes.pdf	application/pdf	Jonathan Langfield
05/10/2024 12:51PM	(2) Ownership and Facility Information	Ownership and Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Jonathan Langfield
05/10/2024 12:51PM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Jonathan Langfield
05/10/2024 12:53PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Jonathan Langfield

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SCHEDULE 13 : SUBMISSION AND ATTESTATION

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

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

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

1.1	Preparer Name	Jonathan Langfield
1.2	Nursing Facility or Firm Name	CliftonLarsonAllen LLP
1.3	Title	CPA
1.4	Street Address	4 Batterymarch Park, Suite 100
1.5	City	Quincy
1.6	State	MA
1.7	Zip Code	02169
1.8	Phone Number	+1 (781) 982-1001
1.9	Email Address	jonathan.langfield@claconnect.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:	05/10/2024

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	05/13/2024
2.3	Last Name	Grady
2.4	First Name	Francis
2.5	Middle Name	J.
2.6	Title	Senior Vice President and Chief Financial Officer
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