

Skilled Nursing Facility Cost Report**MARIAN MANOR OF TAUNTON**

Filing Year: 2023

Date: 12/19/2024

Time: 11:30 AM

SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	MARIAN MANOR OF TAUNTON
1.2	MassHealth Provider ID	110026009A
1.3	Federal Employer Tax ID	042277710
1.4	VPN	0912654
1.5	Is the above information correct?	Yes
1.6	Facility Number	00987
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	33 Summer Street
1.11	City	Taunton
1.12	Zip	02780
1.13	Telephone	+1 (508) 679-8154
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.	Office of the Diocesan Health Facilities
1.19	List the name of the entity that holds the nursing facility license.	Marian Manor, 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

Skilled Nursing Facility Cost Report
MARIAN MANOR OF TAUNTON
Filing Year: 2023

Date: 12/19/2024
Time: 11:30 AM

Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Mrs. Laura Mitchell
2.2	Nursing Facility or Firm Name	Office of Diocesan Health Facilities
2.3	Title	Chief Financial Officer
2.4	Street Address	368 N. Main Street
2.5	City	Fall River
2.6	State	MA
2.7	Zip Code	02720
2.8	Phone Number	+1 (508) 679-8154
2.9	Email Address	lauram@dhfo.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	☐ 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	Maria C. Bunker, CPA
3.3	Nursing Facility or Firm Name	Livingston & Haynes, P.C.
3.4	Title	Partner
3.5	Street Address	40 Grove Street, Suite 380
3.6	City	Wellesley
3.7	State	MA
3.8	Zip Code	02482
3.9	Phone Number	+1 (781) 237-3339
3.10	Email Address	mbunker@lh-cpa.com
3.11	Type of Accounting Service Performed	Compilation

Skilled Nursing Facility Cost Report
MARIAN MANOR OF TAUNTON
Filing Year: 2023

Date: 12/19/2024
Time: 11:30 AM

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						

Skilled Nursing Facility Cost Report**MARIAN MANOR OF TAUNTON**

Filing Year: 2023

Date: 12/19/2024

Time: 11:30 AM

SCHEDULE 2 : REVENUE**Nursing Facility Revenue**

Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	1,547,634	18,980	1,566,614
1.2	Commercial Managed Care	6,180	622	6,802
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	839,882	480,565	1,320,447
1.5	Medicare Managed Care (Part C)			0
1.6	MassHealth Fee-for-Service	2,903,964		2,903,964
1.7	MassHealth Managed Care			0
1.8	Senior Care Options	832,816	31,172	863,988
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount	977,959		977,959
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue	372,792		372,792
100	Total Nursing Facility Revenue	7,481,227	531,339	8,012,566

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		

Skilled Nursing Facility Cost Report**MARIAN MANOR OF TAUNTON**

Filing Year: 2023

Date: 12/19/2024

Time: 11:30 AM

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	78,375
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	(58,070)
3.7	Interest Income	358
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	6,767
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	68,361
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	95,791

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 Testing Income	34,656
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Other Miscellaneous Income	43,719
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		78,375

Total Revenue

Table 5		1
Line #	Description	Total
500	Total Revenue	8,108,357

Skilled Nursing Facility Cost Report
MARIAN MANOR OF TAUNTON
Filing Year: 2023

Date: 12/19/2024
Time: 11:30 AM

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	91,254		91,254
1.2	Director of Nurses: Employee Benefits	11,269		11,269
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	8,182		8,182
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	110,705		110,705
1.7	Registered Nurses: Salaries	553,566		553,566
1.8	Registered Nurses: Employee Benefits	68,367		68,367
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	49,628		49,628
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	305,133	0	305,133
1.200	Subtotal: Registered Nurses Expenses	976,694		976,694
1.12	Licensed Practical Nurses: Salaries	492,491		492,491
1.13	Licensed Practical Nurses: Employee Benefits	60,823		60,823
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	44,152		44,152
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	376,830	0	376,830
1.300	Subtotal: Licensed Practical Nurses Expenses	974,296		974,296
1.17	Certified Nurse Aides: Salaries	1,065,118		1,065,118
1.18	Certified Nurse Aides: Employee Benefits	131,543		131,543
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	95,489		95,489
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	476,539	0	476,539
1.400	Subtotal: Certified Nurse Aides Expenses	1,768,689		1,768,689

Skilled Nursing Facility Cost Report

MARIAN MANOR OF TAUNTON

Filing Year: 2023

Date: 12/19/2024

Time: 11:30 AM

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	3,830,384		3,830,384

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	3,830,384		3,830,384

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	137,912		137,912
2.2	Administration: Employee Benefits	17,032		17,032
2.3	Administration: Payroll Taxes incl Workers Comp.	12,363		12,363
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	167,307		167,307
2.7	Clerical Staff: Salaries	203,150		203,150
2.8	Clerical Staff: Employee Benefits	21,284		21,284
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	15,452		15,452
2.10	Clerical Staff: Purchased Service	8,999		8,999
2.200	Subtotal: Clerical Staff Expenses	248,885		248,885
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	7,907		7,907
2.12	Office Supplies	68,174		68,174
2.13	Telecommunications (e.g. Internet, Phone)	13,275		13,275

Skilled Nursing Facility Cost Report

MARIAN MANOR OF TAUNTON

Filing Year: 2023

Date: 12/19/2024

Time: 11:30 AM

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	8,131		8,131
2.17	Licenses and Dues: Patient Care Related Portion	41,833		41,833
2.18	Continuing Professional Education / Training and Development	1,300		1,300
2.19	Accounting Services (Not related to appeals)	58,000		58,000
2.20	Insurance: Malpractice & General Liability	59,071		59,071
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion	8,129		8,129
2.22	Other A & G Expenses	7,560		7,560
2.23	Non-Allowable A & G Expenses	842,598	842,598	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)		210,381	210,381
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		2,735	2,735
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	1,115,978		486,496
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	1,532,170		902,688
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		6,767	6,767
2.500	Subtotal: Administrative & General Recoverable Income	0		6,767
200	Total: Net Administrative & General Expenses After Recoverable Income	1,532,170		895,921

Skilled Nursing Facility Cost Report**MARIAN MANOR OF TAUNTON**

Filing Year: 2023

Date: 12/19/2024

Time: 11:30 AM

Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	Golf Tournament Expenses	5,321
2A.2	Award Banquet Expenses	965
2A.3	Bazaar Expenses	70
2A.4	Other Miscellaneous Expenses	1,204
2A.100	Subtotal: Other A&G Expenses	7,560

Detail of Non-Allowable A & G Expenses

Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	3,461
2B.2	Licenses and Dues: Not Related to Resident Care	48
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	220
2B.5	Legal: Resident Care	
2B.6	Legal: Other	689
2B.7	Key Person Insurance	
2B.8	Management Company Fees	225,400
2B.9	Management Consultants	
2B.10	Interest on Working Capital	
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	10,074
2B.15	User Fee Assessment	602,706
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	842,598

Variable Expenses

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

Skilled Nursing Facility Cost Report

MARIAN MANOR OF TAUNTON

Filing Year: 2023

Date: 12/19/2024

Time: 11:30 AM

3.1	Staff Development Coordinator: Salaries	48,061		48,061
3.2	Staff Dev. Coord.: Employee Benefits	5,936		5,936
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	4,309		4,309
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	58,306		58,306
3.5	Plant Operation: Salaries	115,946		115,946
3.6	Plant Operation: Employee Benefits	14,320		14,320
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	10,395		10,395
3.8	Plant Operation: Purchased Service	179,070		179,070
3.9	Plant Operation: Supplies and Expenses	39,826		39,826
3.10	Plant Operation: Utilities	259,830		259,830
3.11	Plant Operation: Repairs			0
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	619,387		619,387
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	20,358		20,358
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	20,358		20,358
3.18	Dietary: Salaries	413,332		413,332
3.19	Dietary: Employee Benefits	51,047		51,047
3.20	Dietary: Payroll Taxes incl Workers Comp.	37,055		37,055
3.21	Dietary: Food	220,817		220,817
3.22	Dietary: Purchased Service	792		792
3.23	Dietary: Supplies and Expenses	22,680		22,680
3.400	Subtotal: Dietary Expenses	745,723		745,723
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	372,238		372,238
3.28	Housekeeping/Laundry: Supplies and Expenses	27,936		27,936
3.29	Housekeeping/Laundry: Linen and Bedding	4,054		4,054

Skilled Nursing Facility Cost Report

MARIAN MANOR OF TAUNTON

Filing Year: 2023

Date: 12/19/2024

Time: 11:30 AM

3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	404,228		404,228
3.31	Quality Assurance (QA) Professional: Salaries	89,986		89,986
3.32	QA Professional: Employee Benefits	11,113		11,113
3.33	QA Professional: Payroll Taxes incl Workers Comp.	8,068		8,068
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	109,167		109,167
3.36	Unit Clerk & Medical Records: Salaries	113,338		113,338
3.37	Unit Clerk & Medical Records: Employee Benefits	13,998		13,998
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	10,161		10,161
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	137,497		137,497
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	49,776		49,776
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	6,148		6,148
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	4,462		4,462
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	53,536		53,536
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	113,922		113,922
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	68,929		68,929
3.49	Social Service Worker: Employee Benefits	8,513		8,513
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	6,179		6,179
3.51	Social Service Worker: Purchased Service			0
3.1000	Subtotal: Social Service Worker Expenses	83,621		83,621
3.52	Interpreters: Salaries			0
3.53	Interpreters: Employee Benefits			0

Skilled Nursing Facility Cost Report

MARIAN MANOR OF TAUNTON

Filing Year: 2023

Date: 12/19/2024

Time: 11:30 AM

3.54	Interpreters: Payroll Taxes incl Workers Comp.			0
3.55	Interpreters: Purchased Service			0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries			0
3.57	Indirect Restorative Therapy: Employee Benefits			0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.			0
3.59	Indirect Restorative Therapy: Consultants			0
3.60	Direct Restorative Therapy: Salaries		0	0
3.61	Direct Restorative Therapy: Benefits		0	0
3.62	Direct Restorative Therapy: Consultants	576,440	576,440	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	576,440		0
3.64	Recreational Therapy/Activities: Salaries	221,645		221,645
3.65	Recreational Therapy/Activities: Employee Benefits	27,373		27,373
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	19,870		19,870
3.67	Recreational Therapy/Activities: Purchased Service	69,975		69,975
3.68	Recreational Therapy/Activities: Supplies and Expenses	3,125		3,125
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	341,988		341,988
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	8,058		8,058
3.79	Variable Other Required Education	4,617		4,617
3.80	Variable Job Related Education			0

Skilled Nursing Facility Cost Report

MARIAN MANOR OF TAUNTON

Filing Year: 2023

Date: 12/19/2024

Time: 11:30 AM

3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	20,400		20,400
3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals	100		100
3.86	Physician Services: Other			0
3.87	Legend Drugs	39,727	39,727	0
3.88	Personal Protective Equipment			0
3.89	House Supplies Not Resold	176,143		176,143
3.90	House Supplies Resold to Private Residents	16,026	16,026	0
3.91	House Supplies Resold to Public Residents		0	0
3.92	Pharmacy Consultant	6,546		6,546
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	271,617		215,864
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	3,482,254		2,850,061
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		68,361	68,361
3.1800	Subtotal: Variable Recoverable Income	0		68,361
300	Total: Net Variable Expenses Including Recoverable Income	3,482,254		2,781,700

Skilled Nursing Facility Cost Report
MARIAN MANOR OF TAUNTON
Filing Year: 2023

Date: 12/19/2024
Time: 11:30 AM

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	140,909	0	140,909
4.2	Long-Term Interest Expense SNF-CR	12,812		12,812
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	21,848		21,848
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			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	175,569		175,569
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	175,569		175,569

Skilled Nursing Facility Cost Report**MARIAN MANOR OF TAUNTON**

Filing Year: 2023

Date: 12/19/2024

Time: 11:30 AM

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	9,020,377		7,758,702
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	9,020,377		7,683,574

Skilled Nursing Facility Cost Report**MARIAN MANOR OF TAUNTON**

Filing Year: 2023

Date: 12/19/2024

Time: 11:30 AM

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

Skilled Nursing Facility Cost Report**MARIAN MANOR OF TAUNTON**

Filing Year: 2023

Date: 12/19/2024

Time: 11:30 AM

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	

Skilled Nursing Facility Cost Report**MARIAN MANOR OF TAUNTON**

Filing Year: 2023

Date: 12/19/2024

Time: 11:30 AM

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	8,012,566
1B.2	Other Revenue	95,433
1B.3	Net Assets Released from Restriction	
1B.100	Total Operating Revenue	8,107,999
1B.4	Salaries and Wages	3,633,703
1B.5	Employee Benefits	509,561
1B.6	Supplies and Other (including Payroll Taxes)	4,713,318
1B.7	Interest Expense	12,812
1B.8	Provision for Bad Debt	10,074
1B.9	Depreciation and Amortization Expenses	140,909
1B.200	Total Operating Expenses	9,020,377
1B.300	Income(Loss) from Operations	(912,378)
	Non-Operating Income and Expenses	
1B.10	Interest Income	358
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	(912,020)

Skilled Nursing Facility Cost Report
MARIAN MANOR OF TAUNTON
Filing Year: 2023

Date: 12/19/2024
Time: 11:30 AM

<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)	8,108,357
2.2	Total Nursing Expenses (Schedule 3)	3,830,384
2.3	Total Administrative and General Expenses (Schedule 3)	1,532,170
2.4	Total Variable Expenses (Schedule 3)	3,482,254
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	175,569
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	9,020,377
200	Cost Reported Net Income(Loss)	(912,020)

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)		(912,020)
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)		(912,020)

Skilled Nursing Facility Cost Report
MARIAN MANOR OF TAUNTON
Filing Year: 2023

Date: 12/19/2024
Time: 11:30 AM

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	15,914
1.2	Short-Term Investments	
1.3	Current Portion Assets Whose Use is Limited	
1.4	Other Cash and Equivalents	839
1.5	Payer Accounts Receivable	896,969
1.6	Less Reserve for Bad Debt	(20,000)
1.100	Subtotal: Net Patient Accounts Receivable	876,969
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	
1.9	Interest Receivable	
1.10	Supply Inventory	22,474
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	28,279
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	13,857
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
100	Total Current Assets	958,332

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

Skilled Nursing Facility Cost Report
MARIAN MANOR OF TAUNTON
Filing Year: 2023

Date: 12/19/2024
Time: 11:30 AM

Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	37,751
2.2	Buildings	
2.3	Improvements	610,399
2.4	Equipment	206,369
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	854,519

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	21,319
3.4	Construction in Progress	6,227
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	27,546

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	Restricted Cash	21,319
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	21,319

Skilled Nursing Facility Cost Report
MARIAN MANOR OF TAUNTON
Filing Year: 2023

Date: 12/19/2024
Time: 11:30 AM

Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	1,840,397

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	784,151
5.2	Accrued Expenses	299,145
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	23,729
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	
5.7	Accrued Salaries and Payroll Liabilities	311,549
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	2,392,881
500	Total Current Liabilities	3,811,455

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Due To Affiliates	2,371,562
5A.2	Resident Fund	21,319
5A.100	Subtotal: Other Current Liabilities	2,392,881

Skilled Nursing Facility Cost Report
MARIAN MANOR OF TAUNTON
Filing Year: 2023

Date: 12/19/2024
Time: 11:30 AM

Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	
6.2	Due to Related Parties, Subsidiaries, and Affiliates	484,889
6.3	Other Long-Term Debt	
600	Total Non-Current Liabilities	484,889

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	4,296,344

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	(3,430,927)		(3,430,927)
8A.2	Prior Period Adjustment(s)	0		0
8A.3	SNF-CR Excess (Deficiency) of Revenues Over Expenses	(912,020)		(912,020)
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	1,887,000		1,887,000
8A.100	Net Assets Balance: Current Year	(2,455,947)	0	(2,455,947)

Skilled Nursing Facility Cost Report**MARIAN MANOR OF TAUNTON**

Filing Year: 2023

Date: 12/19/2024

Time: 11:30 AM

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)	1,840,397

Skilled Nursing Facility Cost Report

MARIAN MANOR OF TAUNTON

Filing Year: 2023

Date: 12/19/2024

Time: 11:30 AM

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	37,751			37,751				37,751
1.2	Building	1,147,427			1,147,427	(1,147,427)		(1,147,427)	0
1.3	Improvements	2,249,074	26,087	(12,805)	2,262,356	(1,567,895)	(84,062)	(1,651,957)	610,399
1.4	Equipment	1,219,762	93,456	(23,167)	1,290,051	(1,026,835)	(56,847)	(1,083,682)	206,369
1.5	Software/Limited Life Assets	1,450			1,450	(1,450)		(1,450)	0
1.6	Motor Vehicles	52,000			52,000	(52,000)		(52,000)	0
100	Total	4,707,464	119,543	(35,972)	4,791,035	(3,795,607)	(140,909)	(3,936,516)	854,519

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	37,751					37,751				
2.2	Land REA-CR						0				
2.3	Building SNF-CR						0		0		0
2.4	Building REA-CR						0				0
2.5	Improvements SNF-CR	1,656,678		26,087		(1,525)	1,681,240	5.00%	84,062		84,062
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	512,061		93,456		(37,045)	568,472	10.00%	56,847		56,847

Skilled Nursing Facility Cost Report

MARIAN MANOR OF TAUNTON

Filing Year: 2023

Date: 12/19/2024

Time: 11:30 AM

2.8	Equipment REA-CR					0	10.00%			0
2.9	Software/Limited Life Assets SNF-CR	1,450			(1,450)	0	33.33%	0		0
2.10	Software/Limited Life Assets REA-CR					0	33.33%			0
200	Total Claimed Fixed Assets	2,207,940	0	119,543	0	(40,020)	2,287,463	140,909	0	140,909

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1962
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2020
3.3	What was the value from the most recent municipal property assessment for this facility?	2,464,500
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?	74
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	26,785
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	16,130
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?	0.9
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	Yes

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

SCHEDULE 8 : STATEMENT OF CASH FLOWS

Beginning Cash and Cash Equivalents Balance

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

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(912,020)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	150,983
2.3	Increases (Decreases) to Cash Provided by Operating Activities	82,237
200	Net Cash from Operating Activities	(678,800)

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(115,327)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(115,327)

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	(15,413)
4.3	Cash Flows from Other Financing Activities	826,293
400	Net Cash from Financing Activities	810,880

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	16,753
500	Cash and Cash Equivalents (End of Year)	16,753

Skilled Nursing Facility Cost Report
MARIAN MANOR OF TAUNTON
Filing Year: 2023

Date: 12/19/2024
Time: 11:30 AM

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	11/20/2020	110			110	116
1.2	11/20/2022	110	0		110	116
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.	110				
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	3,822		3	1,478		15,508
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)	31					136
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	3,853	0	3	1,478	0	15,644

Skilled Nursing Facility Cost Report
MARIAN MANOR OF TAUNTON
Filing Year: 2023

Date: 12/19/2024
Time: 11:30 AM

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
	2,789						1,375	24,975
								0
								0
								0
								0
								0
								0
								0
	21							188
								0
								0
								0
0	2,810	0	0	0	0	0	1,375	25,163

Skilled Nursing Facility Cost Report**MARIAN MANOR OF TAUNTON**

Filing Year: 2023

Date: 12/19/2024

Time: 11:30 AM

Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	45
3.2	0140.1	Number of MassHealth Admissions During Year	13
3.3	0150.0	Number of Discharges During Year	43
3.4	0190.0	Average Length of Stay	237
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	27
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	79

Skilled Nursing Facility Cost Report**MARIAN MANOR OF TAUNTON**

Filing Year: 2023

Date: 12/19/2024

Time: 11:30 AM

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	460,445	12,350.8	349,010	11,243.9	854,769	44,484.4
1.2	Total Overtime Wages	83,091	1,479.5	132,981	2,800.0	171,237	5,440.4
1.3	Total Shift Differential	6,868		6,352		24,573	
1.4	Total Other Differentials	3,163		4,148		14,539	
100	Total	553,567	13,830.3	492,491	14,043.9	1,065,118	49,924.8

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	1.00	1.50	1.50	2.50	3.00
2.2	Licensed Practical Nurses	1.00	1.50	1.50	2.50	3.00
2.3	Certified Nurse Aides	1.00	1.50	1.50	2.50	3.00

Skilled Nursing Facility Cost Report
MARIAN MANOR OF TAUNTON
Filing Year: 2023

Date: 12/19/2024
Time: 11:30 AM

<i>Detail of Staff and Hours by Position</i>				
Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development	1	0.6	1,291.6
3.2	Plant Operations	3	2.3	4,821.3
3.3	Dietary Staff	12	9.9	20,648.7
3.4	Dietician			
3.5	Housekeeping/Laundry Staff			
3.6	Unit Clerk & Medical Records Staff	3	2.9	6,137.2
3.7	Quality Assurance	1	1.1	2,218.0
3.8	MMQ Nurses and MDS Coordinator	2	0.6	1,299.9
3.9	Social Services Staff	1	1.0	2,080.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	6	4.7	9,796.7
3.14	Administration and Officers	1	1.0	2,080.0
3.15	Security Staff			
3.16	Clerical Staff	5	3.5	7,166.0
3.17	Director of Nurses	1	1.0	2,080.0
3.18	Registered Nurses	9	6.7	13,830.3
3.19	Licensed Practical Nurses	8	6.8	14,043.9
3.20	Certified Nurse Aides	34	24.0	49,924.8
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	87	66.1	137,418.4

Skilled Nursing Facility Cost Report

MARIAN MANOR OF TAUNTON

Filing Year: 2023

Date: 12/19/2024

Time: 11:30 AM

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	CONNECTRN INC	TGKV	619.2	46,463	2,395.3	159,736	5,522.5	204,342		
4.3	Intelycare, Inc.	TM7F	3,449.5	258,670	3,059.6	203,374	7,568.5	267,199		
4.4	Norton and Associates, Inc. - New Bedford	T4BO			115.8	8,626	142.0	4,998		
4.5	Preferred Health Care Services	TT5P			74.8	5,094				
4.200	Subtotal: Registered Temporary Nursing Service Agencies		4,068.7	305,133	5,645.5	376,830	13,233.0	476,539	0.0	0
400	Total Temporary Nursing Service Agency Expenses		4,068.7	305,133	5,645.5	376,830	13,233.0	476,539	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	Melchert	Jo-Ann	Administrator	Administrative & General	178,775		245	179,020
5.2	Landers	Debra	Nursing Supervisor	Nursing	101,123		176	101,299
5.3	Andrews	Eleanor	Director of Nursing	Nursing	113,230		169	113,399
5.4	Gregg	Jeanette	RN Charge	Nursing	91,827		145	91,972
5.5	Madeira	Felicia	Nursing Supervisor	Nursing	92,303		145	92,448

Skilled Nursing Facility Cost Report
MARIAN MANOR OF TAUNTON
 Filing Year: 2023

Date: 12/19/2024
 Time: 11:30 AM

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

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	Other	Diocese of Fall River	Yes	07/01/2020	06/01/2044	300	2,619	583,711		
100	TOTALS								0	0

Skilled Nursing Facility Cost Report**MARIAN MANOR OF TAUNTON**

Filing Year: 2023

Date: 12/19/2024

Time: 11:30 AM

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
524,031		15,413			508,618		12,812		12,812
					508,618		12,812	0	12,812

Skilled Nursing Facility Cost Report
MARIAN MANOR OF TAUNTON
 Filing Year: 2023

Date: 12/19/2024
 Time: 11:30 AM

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

Skilled Nursing Facility Cost Report

MARIAN MANOR OF TAUNTON

Filing Year: 2023

Date: 12/19/2024

Time: 11:30 AM

SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

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

Skilled Nursing Facility Cost Report

MARIAN MANOR OF TAUNTON

Filing Year: 2023

Date: 12/19/2024

Time: 11:30 AM

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:

A) Financial Statements: Audited, reviewed, or compiled financial statements prepared by a Certified Public Accountant (CPA).

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
04/29/2024 3:41PM	(1) Footnotes and Explanations	Footnote.docx	application/vnd.openxmlformats-officedocument.wordprocessingml.document	Maria Spinale
04/29/2024 3:46PM	(2) Ownership and Facility Information	Ownership and Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Maria Spinale
04/29/2024 3:47PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Maria Spinale
04/29/2024 3:48PM	(4) Related Party Transactions	related party transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Maria Spinale
04/30/2024 12:58PM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Maria Spinale

Skilled Nursing Facility Cost Report**MARIAN MANOR OF TAUNTON**

Filing Year: 2023

Date: 12/19/2024

Time: 11:30 AM

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	Maria C. Bunker, CPA
1.2	Nursing Facility or Firm Name	Livingston & Haynes, P.C.
1.3	Title	Partner
1.4	Street Address	40 Grove Street, Suite 380
1.5	City	Wellesley
1.6	State	MA
1.7	Zip Code	02482
1.8	Phone Number	+1 (781) 237-3339
1.9	Email Address	mbunker@lh-cpa.com
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	04/30/2024

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

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

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Skilled Nursing Facility Cost Report

MARIAN MANOR OF TAUNTON

Filing Year: 2023

Date: 12/19/2024

Time: 11:30 AM

Section B - Certification by Owner, Partner, or Officer

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

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

This certification is signed under pains and penalties of perjury.

2.1	[x] By checking this box, I hereby certify that under pains and penalties of perjury, that the above statements entitled A) Accuracy of Reported Costs and B) Use of Public Funds are correct and true, to the best of my knowledge and belief. This report is subject to audit and verification by the Center for Health Information and Analysis.	
2.2	Date of Authorization	04/30/2024
2.3	Last Name	Mitchell
2.4	First Name	Laura
2.5	Middle Name	M.
2.6	Title	Director of Finance
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