

Skilled Nursing Facility Cost Report
MARY'S MEADOW AT PROVIDENCE PLACE
Filing Year: 2023

Date: 12/19/2024
Time: 1:05 PM

SCHEDULE 1 : GENERAL INFORMATION

Facility Information		
Table 1		1
Line #	Description	
1.1	Facility Name	MARY'S MEADOW AT PROVIDENCE PLACE
1.2	MassHealth Provider ID	110085055A
1.3	Federal Employer Tax ID	262043754
1.4	VPN	0950046
1.5	Is the above information correct?	Yes
1.6	Facility Number	01140
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	12 Gamelin Street
1.11	City	Holyoke
1.12	Zip	01040
1.13	Telephone	+1 (413) 420-2542
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.	Trinity Health Senior Communities
1.19	List the name of the entity that holds the nursing facility license.	Sisters of Providence Ministry Corporation
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	Pamela Latovick
2.2	Nursing Facility or Firm Name	Trinity Health Senior Communities
2.3	Title	VP Reimbursement
2.4	Street Address	20555 Victor Parkway
2.5	City	Livonia
2.6	State	MI
2.7	Zip Code	48152
2.8	Phone Number	+1 (734) 343-6628
2.9	Email Address	latovicp@trinity-health.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	Haley O. Gregory
3.3	Nursing Facility or Firm Name	MARY'S MEADOW AT PROVIDENCE PLACE
3.4	Title	Reimbursement Analyst
3.5	Street Address	12 GAMELIN STREET
3.6	City	Holyoke
3.7	State	MA
3.8	Zip Code	01040
3.9	Phone Number	+1 (734) 343-6611
3.10	Email Address	haley.oliver@trinity-health.org
3.11	Type of Accounting Service Performed	Audit

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

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SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	1,772,370	83	1,772,453
1.2	Commercial Managed Care			0
1.3	Commercial Non-Managed Care	93,514	7,210	100,724
1.4	Medicare Fee-For-Service	2,665,647	59,288	2,724,935
1.5	Medicare Managed Care (Part C)	862,616	2,372	864,988
1.6	MassHealth Fee-for-Service	945,584		945,584
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			0
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	6,339,731	68,953	6,408,684

Detail of Ancillary Revenue			
Table 2		1	2
Line #	Description	Type	Ancillary Revenue
2.1	Revenue from Prescription Drugs		
2.2	Revenue from Direct Therapy Services		
2.3	Other Ancillary Revenue: (Enter Description)		
2.4	Other Ancillary Revenue: (Enter Description)		
2.5	Other Ancillary Revenue		
200	Total Ancillary Revenue		

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Other Nursing Facility Revenue		
Table 3		1
Line #	Description	Revenue
3.1	Total Other Business Revenue	0
3.2	Endowment and Other Non-Recoverable Revenue	828,813
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	
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	19,339
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	
3.12	Fixed Cost Recoverable Revenue	58
300	Total Other Nursing Facility Revenue	848,210

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)	Unrestricted Contributions	510,670
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Federal Awards Contribution (NF Surveillance and COVID Funds)	309,103
4.3	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Barber & Beauty Revenue	8,827
4.4	Other Endowment and Non-Recoverable Revenue: (Enter Description)	CR Underpayment and Patient Refunds	213
4.5	Other Endowment and Non-Recoverable Revenue		
400	Total Endowment and Non-Recoverable Revenue		828,813

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Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	7,256,894

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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	115,854		115,854
1.2	Director of Nurses: Employee Benefits	10,452		10,452
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	8,658		8,658
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	134,964		134,964
1.7	Registered Nurses: Salaries	763,105		763,105
1.8	Registered Nurses: Employee Benefits	68,845		68,845
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	57,025		57,025
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	53,354	0	53,354
1.200	Subtotal: Registered Nurses Expenses	942,329		942,329
1.12	Licensed Practical Nurses: Salaries	475,072		475,072
1.13	Licensed Practical Nurses: Employee Benefits	42,859		42,859
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	35,501		35,501
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	66,904	0	66,904
1.300	Subtotal: Licensed Practical Nurses Expenses	620,336		620,336
1.17	Certified Nurse Aides: Salaries	1,490,121		1,490,121
1.18	Certified Nurse Aides: Employee Benefits	134,434		134,434
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	111,353		111,353
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	119,194	32,753	86,441
1.400	Subtotal: Certified Nurse Aides Expenses	1,855,102		1,822,349

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1.22	Nurse's Aide Training Administration	850	850	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	850		0
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	3,553,581		3,519,978

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	3,553,581		3,519,978

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	155,404		155,404
2.2	Administration: Employee Benefits	14,020		14,020
2.3	Administration: Payroll Taxes incl Workers Comp.	11,613		11,613
2.4	Administration: Purchased Service			0
2.5	Officers: Total Compensation		0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)		279,312	279,312
2.100	Subtotal: Administration & Officers Expenses	181,037		460,349
2.7	Clerical Staff: Salaries	175,011		175,011
2.8	Clerical Staff: Employee Benefits	15,789		15,789
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	13,078		13,078
2.10	Clerical Staff: Purchased Service	50,329		50,329
2.200	Subtotal: Clerical Staff Expenses	254,207		254,207
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services			0
2.12	Office Supplies	12,123		12,123
2.13	Telecommunications (e.g. Internet, Phone)	9,119		9,119

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	2,617		2,617
2.16	Advertising: Help Wanted	20,273		20,273
2.17	Licenses and Dues: Patient Care Related Portion	6,473		6,473
2.18	Continuing Professional Education / Training and Development	8,232		8,232
2.19	Accounting Services (Not related to appeals)	7,000		7,000
2.20	Insurance: Malpractice & General Liability	53,941		53,941
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	17,997		17,997
2.23	Non-Allowable A & G Expenses	548,343	548,343	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)		281,612	281,612
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		1,735	1,735
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	686,118		421,122
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	1,121,362		1,135,678
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		19,339	19,339
2.500	Subtotal: Administrative & General Recoverable Income	0		19,339
200	Total: Net Administrative & General Expenses After Recoverable Income	1,121,362		1,116,339

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Detail of Other A&G Expenses		
Table 2A	1	2
Line #	Description	Amount
2A.1	Software Maintenance & Data Services	15,831
2A.2	Bank Fees	1,114
2A.3	Miscellaneous Expense	1,052
2A.100	Subtotal: Other A&G Expenses	17,997

Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	4,660
2B.2	Licenses and Dues: Not Related to Resident Care	
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	
2B.5	Legal: Resident Care	
2B.6	Legal: Other	
2B.7	Key Person Insurance	
2B.8	Management Company Fees	341,280
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	19,021
2B.15	User Fee Assessment	182,597
2B.16	Other Non-Allowable A&G Expenses	785
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	548,343

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

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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			0
3.6	Plant Operation: Employee Benefits			0
3.7	Plant Operation: Payroll Taxes incl Workers Comp.			0
3.8	Plant Operation: Purchased Service	88,844		88,844
3.9	Plant Operation: Supplies and Expenses	38,575		38,575
3.10	Plant Operation: Utilities	92,784		92,784
3.11	Plant Operation: Repairs	60,021		60,021
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	280,224		280,224
3.13	Dietician: Salaries			0
3.14	Dietician: Employee Benefits			0
3.15	Dietician: Payroll Taxes incl Workers Comp.			0
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	0		0
3.18	Dietary: Salaries	44,772		44,772
3.19	Dietary: Employee Benefits	4,039		4,039
3.20	Dietary: Payroll Taxes incl Workers Comp.	3,346		3,346
3.21	Dietary: Food	142,111		142,111
3.22	Dietary: Purchased Service	32,512		32,512
3.23	Dietary: Supplies and Expenses	3,690		3,690
3.400	Subtotal: Dietary Expenses	230,470		230,470
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			0
3.28	Housekeeping/Laundry: Supplies and Expenses	24,103		24,103
3.29	Housekeeping/Laundry: Linen and Bedding	80,158		80,158
3.30	Housekeeping/Laundry: Special Cleaning			0

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3.500	Subtotal: Housekeeping/Laundry Expenses	104,261		104,261
3.31	Quality Assurance (QA) Professional: Salaries			0
3.32	QA Professional: Employee Benefits			0
3.33	QA Professional: Payroll Taxes incl Workers Comp.			0
3.34	QA Professional: Purchased Service			0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)		4,124	4,124
3.600	Subtotal: QA Professional Expenses	0		4,124
3.36	Unit Clerk & Medical Records: Salaries			0
3.37	Unit Clerk & Medical Records: Employee Benefits			0
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.			0
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	0		0
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	75,446		75,446
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	6,806		6,806
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	5,638		5,638
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	540		540
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	88,430		88,430
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	82,292		82,292
3.49	Social Service Worker: Employee Benefits	7,424		7,424
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	6,150		6,150
3.51	Social Service Worker: Purchased Service	5,103		5,103
3.1000	Subtotal: Social Service Worker Expenses	100,969		100,969
3.52	Interpreters: Salaries			0
3.53	Interpreters: Employee Benefits			0
3.54	Interpreters: Payroll Taxes incl Workers Comp.			0

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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	532,359	532,359	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	532,359		0
3.64	Recreational Therapy/Activities: Salaries	61,817		61,817
3.65	Recreational Therapy/Activities: Employee Benefits	5,577		5,577
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	4,619		4,619
3.67	Recreational Therapy/Activities: Purchased Service	10,400		10,400
3.68	Recreational Therapy/Activities: Supplies and Expenses	3,224		3,224
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	85,637		85,637
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	3,075		3,075
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education			0
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0

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3.82	Physician Services: Medical Director	12,000		12,000
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	21,863		21,863
3.87	Legend Drugs	178,758	178,758	0
3.88	Personal Protective Equipment			0
3.89	House Supplies Not Resold	98,125		98,125
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents	126,803	126,803	0
3.92	Pharmacy Consultant	19,248		19,248
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	459,872		154,311
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	1,882,222		1,048,426
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	1,882,222		1,048,426

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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	393,635	0	393,635
4.2	Long-Term Interest Expense SNF-CR	253,694	253,694	0
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			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	7,020		7,020
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	654,349		400,655
Less: Capital & Fixed Cost Expense Recoverable Income				
4.17	Fixed Cost Recoverable Income SNF-CR		58	58
4.18	Fixed Cost Recoverable Income REA-CR			0
4.200	Subtotal: Capital & Fixed Cost Recoverable Income	0		58
400	Total: Net Capital & Fixed Cost Expenses Including Recoverable Income	654,349		400,597

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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	7,211,514		6,104,737
<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	7,211,514		6,085,340

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SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES

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

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

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

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

Financial Statement of Operations

Table 1		
Table 1B		
Not-For-Profit		
Line #	Description	Reported
1B.1	Net Patient Service Revenue	6,408,684
1B.2	Other Revenue	848,210
1B.3	Net Assets Released from Restriction	
1B.100	Total Operating Revenue	7,256,894
1B.4	Salaries and Wages	3,438,895
1B.5	Employee Benefits	310,246
1B.6	Supplies and Other (including Payroll Taxes)	2,796,023
1B.7	Interest Expense	253,694
1B.8	Provision for Bad Debt	19,021
1B.9	Depreciation and Amortization Expenses	393,635
1B.200	Total Operating Expenses	7,211,514
1B.300	Income(Loss) from Operations	45,380
	Non-Operating Income and Expenses	
1B.10	Interest Income	
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	45,380

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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)	7,256,894
2.2	Total Nursing Expenses (Schedule 3)	3,553,581
2.3	Total Administrative and General Expenses (Schedule 3)	1,121,362
2.4	Total Variable Expenses (Schedule 3)	1,882,222
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	654,349
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	7,211,514
200	Cost Reported Net Income(Loss)	45,380

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)		45,380
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)		45,380

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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	331,682
1.2	Short-Term Investments	
1.3	Current Portion Assets Whose Use is Limited	
1.4	Other Cash and Equivalents	1,614
1.5	Payer Accounts Receivable	588,097
1.6	Less Reserve for Bad Debt	(24,619)
1.100	Subtotal: Net Patient Accounts Receivable	563,478
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	
1.9	Interest Receivable	
1.10	Supply Inventory	
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	29,376
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	16,500
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
100	Total Current Assets	942,650

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

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Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	
2.2	Buildings	4,021,422
2.3	Improvements	1,222,041
2.4	Equipment	125,518
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	5,953
200	Total Non-Current Fixed Assets	5,374,934

Other Non-Current Assets		
Table 3		1
Line #	Description	Account Balance
3.1	Long-Term Investments	
3.2	Non-Current Assets Whose Use is Limited	
3.3	Other Deferred Charges and Non-Current Assets	0
3.4	Construction in Progress	
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	0

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

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Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	6,317,584

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	539,775
5.2	Accrued Expenses	
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	1,614
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	255,397
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	
5.7	Accrued Salaries and Payroll Liabilities	190,729
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	65,360
500	Total Current Liabilities	1,052,875

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Current Deferred Revenue	65,360
5A.100	Subtotal: Other Current Liabilities	65,360

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Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	
6.2	Due to Related Parties, Subsidiaries, and Affiliates	
6.3	Other Long-Term Debt	12,085,839
600	Total Non-Current Liabilities	12,085,839

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	13,138,714

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	(6,866,510)		(6,866,510)
8A.2	Prior Period Adjustment(s)	0		0
8A.3	SNF-CR Excess (Deficiency) of Revenues Over Expenses	45,380		45,380
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	(6,821,130)	0	(6,821,130)

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)	6,317,584

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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				0				0
1.2	Building	9,695,100	9,197		9,704,297	(5,372,390)	(310,485)	(5,682,875)	4,021,422
1.3	Improvements	1,387,422			1,387,422	(108,679)	(56,702)	(165,381)	1,222,041
1.4	Equipment	1,312,852	16,716		1,329,568	(1,177,602)	(26,448)	(1,204,050)	125,518
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles	47,625			47,625	(41,672)		(41,672)	5,953
100	Total	12,442,999	25,913	0	12,468,912	(6,700,343)	(393,635)	(7,093,978)	5,374,934

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						0				
2.2	Land REA-CR						0				
2.3	Building SNF-CR	9,695,100		9,197			9,704,297		310,485		310,485
2.4	Building REA-CR						0				0
2.5	Improvements SNF-CR	1,387,422					1,387,422	5.00%	56,702		56,702
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	1,312,852		16,716			1,329,568	10.00%	26,448		26,448

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2.8	Equipment REA-CR					0	10.00%			0
2.9	Software/Limited Life Assets SNF-CR					0	33.33%	0		0
2.10	Software/Limited Life Assets REA-CR					0	33.33%			0
200	Total Claimed Fixed Assets	12,395,374	0	25,913	0	0	12,421,287	393,635	0	393,635

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	2009
3.2	What was the date of the most recent assessed property value of this facility?	08/25/2009
3.3	What was the value from the most recent municipal property assessment for this facility?	11,900,000
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?	40
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	30,000
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	29,050
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?	14.3
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	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					

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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)	45,238

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	45,380
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	393,635
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(207,885)
200	Net Cash from Operating Activities	231,130

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	56,927
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	56,927

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	288,057
500	Cash and Cash Equivalents (End of Year)	333,295

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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	10/01/2021	40			40	40
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.	40				
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	3,544		235	4,654	1,612	3,476
2.2	Residential Care						
2.3	Pediatrics						
2.4	Ventilator Unit						
2.5	Head Trauma/ABI						
2.6	Amyotrophic Lateral Sclerosis (ALS)						
2.7	Multiple Sclerosis (MS)						
2.8	Other Medicaid Special Contract						
2.9	Nursing Leave of Absence (Paid)						
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	3,544	0	235	4,654	1,612	3,476

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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
							227	13,748
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
0	0	0	0	0	0	0	227	13,748

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Patient Statistics - Summary			
Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	301
3.2	0140.1	Number of MassHealth Admissions During Year	1
3.3	0150.0	Number of Discharges During Year	326
3.4	0190.0	Average Length of Stay	42
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	298
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	25

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SCHEDULE 10 : DETAIL OF FACILITY COMPENSATION AND PURCHASED NURSING SERVICES

<i>Detail of Staff Nursing Services Wages and Hours</i>							
Table 1		1	2	3	4	5	6
Line #	Description	RN Wages	RN Hours	LPN Wages	LPN Hours	CNA Wages	CNA Hours
1.1	Total Base Wages	742,812	17,485.7	455,776	12,377.3	1,319,054	59,431.8
1.2	Total Overtime Wages	881	15.3	3,866	73.8	122,581	3,575.5
1.3	Total Shift Differential	17,784		14,670		49,486	
1.4	Total Other Differentials	1,629		760			
100	Total	763,106	17,501.0	475,072	12,451.1	1,491,121	63,007.3

<i>Detail of Nursing Services Shift Differentials</i>						
Table 2		1	2	3	4	5
Line #	Description	Median Hourly Shift Differential: Weekday Evening	Median Hourly Shift Differential: Weekday Night	Median Hourly Shift Differential: Weekend Day	Median Hourly Shift Differential: Weekend Evening	Median Hourly Shift Differential: Weekend Night
2.1	Registered Nurses	1.50	1.50	1.50	1.50	1.50
2.2	Licensed Practical Nurses	1.50	1.50	1.50	1.50	1.50
2.3	Certified Nurse Aides	1.00	1.25	1.00	1.00	1.00

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<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			
3.2	Plant Operations			
3.3	Dietary Staff	1	0.8	1,722.8
3.4	Dietician			
3.5	Housekeeping/Laundry Staff			
3.6	Unit Clerk & Medical Records Staff			
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	2	0.9	1,974.8
3.9	Social Services Staff	2	1.2	2,502.2
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	4	1.2	2,542.8
3.14	Administration and Officers	2	1.0	2,128.0
3.15	Security Staff			
3.16	Clerical Staff	5	2.6	5,484.4
3.17	Director of Nurses	1	1.0	2,085.5
3.18	Registered Nurses	21	8.4	17,501.0
3.19	Licensed Practical Nurses	19	6.0	12,451.1
3.20	Certified Nurse Aides	92	30.3	63,007.3
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	149	53.4	111,399.9

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<i>Detail of Purchased Nursing Services</i>										
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						982.1	32,753		
Registered Temporary Nursing Service Agencies										
4.2	All American Healthcare Services, Inc.	TOIY					7.5	242		
4.3	Core Medical Group	T011	303.2	23,315	1,095.5	58,867				
4.4	Favorite Healthcare Staffing, Inc.	TOTB					175.5	6,380		
4.5	Staffing Experts, LLC (1)	TAMP	313.5	24,149	108.3	6,938	938.3	35,215		
4.6	Tender Care Helping Hands, LLC	TXRP	20.5	1,599			234.8	8,355		
4.7	WORLDWIDE TRAVEL STAFFING, LIMITED	TGT9	50.8	4,291	16.8	1,099	1,125.0	36,249		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		688.0	53,354	1,220.6	66,904	2,481.1	86,441	0.0	0
400	Total Temporary Nursing Service Agency Expenses		688.0	53,354	1,220.6	66,904	3,463.2	119,194	0.0	0

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Five Highest Paid Salaries (including salaries, payroll taxes, workers' compensation, all fringe benefits, and draws)								
	NOTE: List the names and compensation of the <u>five</u> persons who have the highest compensation paid by this facility.							
Table 5	1	2	3	4	5	6	7	8
Line #	Last Name	First Name	Title	Primary Expense Category	Salary & Benefits	Dividends/ Draws	Other	TOTAL
5.1	Arguin	Patrick	Guide	Administrative & General	152,803			152,803
5.2	Dahrogue	Lisa	Quality of Care Coordinator	Nursing	137,946			137,946
5.3	Guenette	Mary	Elder Assistant	Nursing	113,431			113,431
5.4	Pelletier	Peter	RN	Nursing	96,428			96,428
5.5	Beaudreau	Catherine	Scheduler	Administrative & General	94,210			94,210

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	1st Mortgage	Sisters of Providence, Inc	Yes	10/01/2009	10/01/2049	480		11,900,106		
100	TOTALS								0	0

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11	12	13	14	15	16	17	18	19	20
Beginnin g Loan Balance: Jan 1	Beginnin g Balance - New Loans	Principal Payment s	Pay Off Amount	Pay Off Date	Ending Loan Balance: Dec 31	Interest Rate %	Interest Expense	Period Expense s	Total Amortiza tion, Interest and Period Expense s
10,149,892		249,098			9,900,794		253,694		253,694
					9,900,794		253,694	0	253,694

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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	Sisters of Providence Health System, Inc	Yes	56,074			4,054	52,020		
200	Total Working Capital Interest						52,020		0

SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

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

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

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

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
03/27/2024 3:48PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Haley Gregory
03/27/2024 3:48PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Haley Gregory
03/27/2024 3:49PM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Haley Gregory
03/27/2024 3:53PM	(5) Financial Statements	Financial Statements.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Haley Gregory
03/28/2024 11:15AM	(1) Footnotes and Explanations	MM Caidd Key.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Haley Gregory

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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	Haley O. Gregory
1.2	Nursing Facility or Firm Name	MARY'S MEADOW AT PROVIDENCE PLACE
1.3	Title	Reimbursement Analyst
1.4	Street Address	12 GAMELIN STREET
1.5	City	Holyoke
1.6	State	MA
1.7	Zip Code	01040
1.8	Phone Number	+1 (734) 343-6611
1.9	Email Address	haley.oliver@trinity-health.org
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	10/24/2024

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

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Section B - Certification by Owner, Partner, or Officer

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

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

This certification is signed under pains and penalties of perjury.

2.1	[x] By checking this box, I hereby certify that under pains and penalties of perjury, that the above statements entitled A) Accuracy of Reported Costs and B) Use of Public Funds are correct and true, to the best of my knowledge and belief. This report is subject to audit and verification by the Center for Health Information and Analysis.	
2.2	Date of Authorization	04/01/2024
2.3	Last Name	Accomando
2.4	First Name	Thomas
2.5	Middle Name	M.
2.6	Title	Administrator
2.7	Is this information correct?	Yes

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

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

a) User Name

b) User E-Mail Address

c) Organization Name

d) Applicable Filing Year

e) Reason for request