

Skilled Nursing Facility Cost Report**OUR LADY'S HAVEN**

Filing Year: 2023

Date: 12/19/2024

Time: 11:13 AM

SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	OUR LADY'S HAVEN
1.2	MassHealth Provider ID	110025786A
1.3	Federal Employer Tax ID	042106632
1.4	VPN	0904929
1.5	Is the above information correct?	Yes
1.6	Facility Number	00934
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	71 Center Street
1.11	City	Fairhaven
1.12	Zip	02719
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 Diocesan Health Facilities
1.19	List the name of the entity that holds the nursing facility license.	Our Lady's Haven of Fairhaven, Inc.
1.20	List realty company names as reported on each realty company cost report.	
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

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Contact Information

Table 2		1
Line #	Description	
2.1	Contact Person Name	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 North 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

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	858,090	18,330	876,420
1.2	Commercial Managed Care	18,327	10,353	28,680
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	1,014,535	306,582	1,321,117
1.5	Medicare Managed Care (Part C)			0
1.6	MassHealth Fee-for-Service	3,127,822		3,127,822
1.7	MassHealth Managed Care			0
1.8	Senior Care Options	1,511,744	30,668	1,542,412
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount	1,086,888		1,086,888
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public	495,729	80,463	576,192
1.15	Other Payer Revenue	542,871		542,871
100	Total Nursing Facility Revenue	8,656,006	446,396	9,102,402

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	218,626
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	1,679
3.6	Prior Year Retroactive Revenue	(3,339)
3.7	Interest Income	5,922
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	8,470
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	70,480
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	301,838

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	45,504
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Other Miscellaneous Income	173,122
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		218,626

Total Revenue

Table 5		1
Line #	Description	Total
500	Total Revenue	9,404,240

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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	131,581		131,581
1.2	Director of Nurses: Employee Benefits	14,487		14,487
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	11,922		11,922
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	157,990		157,990
1.7	Registered Nurses: Salaries	655,709		655,709
1.8	Registered Nurses: Employee Benefits	72,192		72,192
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	59,411		59,411
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	163,183	0	163,183
1.200	Subtotal: Registered Nurses Expenses	950,495		950,495
1.12	Licensed Practical Nurses: Salaries	439,193		439,193
1.13	Licensed Practical Nurses: Employee Benefits	48,354		48,354
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	39,793		39,793
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	484,751	0	484,751
1.300	Subtotal: Licensed Practical Nurses Expenses	1,012,091		1,012,091
1.17	Certified Nurse Aides: Salaries	1,673,822		1,673,822
1.18	Certified Nurse Aides: Employee Benefits	184,285		184,285
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	151,657		151,657
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	343,402	0	343,402
1.400	Subtotal: Certified Nurse Aides Expenses	2,353,166		2,353,166

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1.22	Nurse's Aide Training Administration		0	0
1.23	Nursing Education and Training			0
1.24	This line description is intentionally left blank			0
1.25	This line description is intentionally left blank			0
1.500	Subtotal: Other Nursing Expenses	0		0
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	4,473,742		4,473,742

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	4,473,742		4,473,742

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	117,533		117,533
2.2	Administration: Employee Benefits	12,940		12,940
2.3	Administration: Payroll Taxes incl Workers Comp.	1,907		1,907
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	132,380		132,380
2.7	Clerical Staff: Salaries	233,224		233,224
2.8	Clerical Staff: Employee Benefits	15,003		15,003
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	18,475		18,475
2.10	Clerical Staff: Purchased Service	22,029		22,029
2.200	Subtotal: Clerical Staff Expenses	288,731		288,731
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	10,463		10,463
2.12	Office Supplies	62,148		62,148
2.13	Telecommunications (e.g. Internet, Phone)	50,961		50,961

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings			0
2.16	Advertising: Help Wanted	5,569		5,569
2.17	Licenses and Dues: Patient Care Related Portion	44,740		44,740
2.18	Continuing Professional Education / Training and Development	1,100		1,100
2.19	Accounting Services (Not related to appeals)	69,075		69,075
2.20	Insurance: Malpractice & General Liability	63,906		63,906
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion	2,320		2,320
2.22	Other A & G Expenses	6,813		6,813
2.23	Non-Allowable A & G Expenses	936,814	936,814	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)		221,857	221,857
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		2,884	2,884
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	1,253,909		541,836
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	1,675,020		962,947
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		8,470	8,470
2.500	Subtotal: Administrative & General Recoverable Income	0		8,470
200	Total: Net Administrative & General Expenses After Recoverable Income	1,675,020		954,477

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Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	Award Banquet Expenses	200
2A.2	Golf Tournament Expenses	5,321
2A.3	Other Expenses - Misc.	1,292
2A.100	Subtotal: Other A&G Expenses	6,813

Detail of Non-Allowable A & G Expenses

Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	3,128
2B.2	Licenses and Dues: Not Related to Resident Care	51
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	232
2B.5	Legal: Resident Care	
2B.6	Legal: Other	8,749
2B.7	Key Person Insurance	
2B.8	Management Company Fees	250,000
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	25,251
2B.15	User Fee Assessment	649,403
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	936,814

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	48,294		48,294

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3.2	Staff Dev. Coord.: Employee Benefits	13,118		13,118
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	12,764		12,764
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	74,176		74,176
3.5	Plant Operation: Salaries	172,329		172,329
3.6	Plant Operation: Employee Benefits	18,973		18,973
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	15,614		15,614
3.8	Plant Operation: Purchased Service	154,448		154,448
3.9	Plant Operation: Supplies and Expenses	50,209		50,209
3.10	Plant Operation: Utilities	241,560		241,560
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	653,133		653,133
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	25,180		25,180
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	25,180		25,180
3.18	Dietary: Salaries	413,591		413,591
3.19	Dietary: Employee Benefits	45,536		45,536
3.20	Dietary: Payroll Taxes incl Workers Comp.	37,473		37,473
3.21	Dietary: Food	256,571		256,571
3.22	Dietary: Purchased Service	1,177		1,177
3.23	Dietary: Supplies and Expenses	39,787		39,787
3.400	Subtotal: Dietary Expenses	794,135		794,135
3.24	Housekeeping/Laundry: Salaries	269,007		269,007
3.25	Housekeeping/Laundry: Employee Benefits	29,616		29,616
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	24,374		24,374
3.27	Housekeeping/Laundry: Purchased Service			0
3.28	Housekeeping/Laundry: Supplies and Expenses	42,668		42,668
3.29	Housekeeping/Laundry: Linen and Bedding	6,343		6,343
3.30	Housekeeping/Laundry: Special Cleaning			0

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3.500	Subtotal: Housekeeping/Laundry Expenses	372,008		372,008
3.31	Quality Assurance (QA) Professional: Salaries	48,294		48,294
3.32	QA Professional: Employee Benefits	5,317		5,317
3.33	QA Professional: Payroll Taxes incl Workers Comp.	4,376		4,376
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	57,987		57,987
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	113,976		113,976
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	12,547		12,547
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	10,326		10,326
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	29,061		29,061
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	165,910		165,910
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	62,978		62,978
3.49	Social Service Worker: Employee Benefits	6,934		6,934
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	5,706		5,706
3.51	Social Service Worker: Purchased Service	200		200
3.1000	Subtotal: Social Service Worker Expenses	75,818		75,818
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	507,399	507,399	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	507,399		0
3.64	Recreational Therapy/Activities: Salaries	116,580		116,580
3.65	Recreational Therapy/Activities: Employee Benefits	12,835		12,835
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	10,563		10,563
3.67	Recreational Therapy/Activities: Purchased Service	216,546		216,546
3.68	Recreational Therapy/Activities: Supplies and Expenses	3,673		3,673
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	360,197		360,197
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	5,296		5,296
3.79	Variable Other Required Education	6,717		6,717
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	23,440		23,440
3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals	238		238
3.86	Physician Services: Other	2,240		2,240
3.87	Legend Drugs	87,251	87,251	0
3.88	Personal Protective Equipment			0
3.89	House Supplies Not Resold	187,460		187,460
3.90	House Supplies Resold to Private Residents	15,913	15,913	0
3.91	House Supplies Resold to Public Residents		0	0
3.92	Pharmacy Consultant	6,641		6,641
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	335,196		232,032
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	3,421,139		2,810,576
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		70,480	70,480
3.1800	Subtotal: Variable Recoverable Income	0		70,480
300	Total: Net Variable Expenses Including Recoverable Income	3,421,139		2,740,096

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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	78,429	0	78,429
4.2	Long-Term Interest Expense SNF-CR	14,564		14,564
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	23,636		23,636
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	116,629		116,629
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	116,629		116,629

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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	9,686,530		8,363,894
<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	9,686,530		8,284,944

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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	9,102,402
1B.2	Other Revenue	295,916
1B.3	Net Assets Released from Restriction	
1B.100	Total Operating Revenue	9,398,318
1B.4	Salaries and Wages	4,624,433
1B.5	Employee Benefits	592,645
1B.6	Supplies and Other (including Payroll Taxes)	4,351,208
1B.7	Interest Expense	14,564
1B.8	Provision for Bad Debt	25,251
1B.9	Depreciation and Amortization Expenses	78,429
1B.200	Total Operating Expenses	9,686,530
1B.300	Income(Loss) from Operations	(288,212)
	Non-Operating Income and Expenses	
1B.10	Interest Income	5,922
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	(282,290)

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Detail of Extraordinary Items

Table 1C	1	2
Line #	Description	Amount
1C.1		
1C.100	Subtotal: Cumulative Extraordinary Items	0

Detail of Changes in Accounting Principles

Table 1D	1	2
Line #	Description	Amount
1D.1		
1D.100	Subtotal: Cumulative Changes in Accounting Principles	0

Cost Reported Statement of Operations

Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	9,404,240
2.2	Total Nursing Expenses (Schedule 3)	4,473,742
2.3	Total Administrative and General Expenses (Schedule 3)	1,675,020
2.4	Total Variable Expenses (Schedule 3)	3,421,139
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	116,629
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	9,686,530
200	Cost Reported Net Income(Loss)	(282,290)

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)		(282,290)
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)		(282,290)

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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	99,223
1.2	Short-Term Investments	
1.3	Current Portion Assets Whose Use is Limited	
1.4	Other Cash and Equivalents	500
1.5	Payer Accounts Receivable	1,154,440
1.6	Less Reserve for Bad Debt	(50,000)
1.100	Subtotal: Net Patient Accounts Receivable	1,104,440
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	385,273
1.9	Interest Receivable	
1.10	Supply Inventory	35,799
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	31,303
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	13,855
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	23,036
100	Total Current Assets	1,693,429

Detail of Other Current Assets

Table 1A	1	2
Line #	Description	Account Balance
1A.1	Elders First	23,036
1A.100	Subtotal: Other Current Assets	23,036

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Non-Current Fixed Assets

Table 2		1
Line #	Description	Account Balance
2.1	Land	
2.2	Buildings	
2.3	Improvements	353,540
2.4	Equipment	82,214
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	435,754

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	24,754
3.4	Construction in Progress	4,372
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	29,126

Detail of Other Deferred Charges and Non-Current Assets

Table 3A	1	2
Line #	Description	Account Balance
3A.1	Restricted Cash	24,754
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	24,754

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Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	2,158,309

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	423,061
5.2	Accrued Expenses	389,846
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	21,211
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	
5.7	Accrued Salaries and Payroll Liabilities	397,373
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	1,038,270
500	Total Current Liabilities	2,269,761

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Due to Affiliates	1,013,516
5A.2	Resident Fund	24,754
5A.100	Subtotal: Other Current Liabilities	1,038,270

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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	551,798
6.3	Other Long-Term Debt	
600	Total Non-Current Liabilities	551,798

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	2,821,559

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	(2,180,960)		(2,180,960)
8A.2	Prior Period Adjustment(s)	0		0
8A.3	SNF-CR Excess (Deficiency) of Revenues Over Expenses	(282,290)		(282,290)
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	1,800,000		1,800,000
8A.100	Net Assets Balance: Current Year	(663,250)	0	(663,250)

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)	2,158,309

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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	872,820			872,820	(872,820)		(872,820)	0
1.3	Improvements	1,782,535	11,054		1,793,589	(1,391,998)	(48,051)	(1,440,049)	353,540
1.4	Equipment	805,418	9,900	(5,396)	809,922	(697,330)	(30,378)	(727,708)	82,214
1.5	Software/Limited Life Assets	1,450			1,450	(1,450)		(1,450)	0
1.6	Motor Vehicles	60,008			60,008	(60,008)		(60,008)	0
100	Total	3,522,231	20,954	(5,396)	3,537,789	(3,023,606)	(78,429)	(3,102,035)	435,754

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						0				
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	963,001		11,054		(1,757)	972,298	5.00%	48,051		48,051
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	333,940		9,900		(40,053)	303,787	10.00%	30,378		30,378

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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	1,298,391	0	20,954	0	(43,260)	1,276,085	78,429	0	78,429

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1951
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2021
3.3	What was the value from the most recent municipal property assessment for this facility?	5,160,800
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?	98
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	22,525
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	13,660
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?	1.1
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	No

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

SCHEDULE 8 : STATEMENT OF CASH FLOWS

Beginning Cash and Cash Equivalents Balance

Table 1		1
Line #	Description	Reported
1.1	Cash and Cash Equivalents (Beginning of Year)	528,674

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(282,290)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	103,680
2.3	Increases (Decreases) to Cash Provided by Operating Activities	105,673
200	Net Cash from Operating Activities	(72,937)

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(25,326)
3.2	Cash Flows from Other Investing Activities	(310,000)
300	Net Cash from Investing Activities	(335,326)

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	(20,688)
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	(20,688)

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(428,951)
500	Cash and Cash Equivalents (End of Year)	99,723

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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	01/31/2021	116			116	117
1.2	07/31/2021	116	0		116	117
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.	116				
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	1,720			1,711		14,849
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)	63					220
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	1,783	0	0	1,711	0	15,069

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7	8	9	10	11	12	13	14	15
MassHealth Managed Care	Senior Care Options	OneCare	PACE	Out-of- State Medicaid	Veteran's Affairs & Other Public	DTA & EAEDC	Other	Total
	5,131				1,881		1,783	27,075
								0
								0
								0
								0
								0
								0
								0
	126				19		1	429
								0
								0
								0
0	5,257	0	0	0	1,900	0	1,784	27,504

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Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	60
3.2	0140.1	Number of MassHealth Admissions During Year	5
3.3	0150.0	Number of Discharges During Year	68
3.4	0190.0	Average Length of Stay	213
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	43
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	86

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

Table 1		1	2	3	4	5	6
Line #	Description	RN Wages	RN Hours	LPN Wages	LPN Hours	CNA Wages	CNA Hours
1.1	Total Base Wages	593,764	14,213.8	349,509	10,882.2	1,271,022	59,263.6
1.2	Total Overtime Wages	54,473	990.5	81,120	1,672.6	348,720	10,779.9
1.3	Total Shift Differential	7,544		4,846		33,747	
1.4	Total Other Differentials	4,239		3,719		20,334	
100	Total	660,020	15,204.3	439,194	12,554.8	1,673,823	70,043.5

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

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Detail of Staff and Hours by Position

Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development	1	0.6	1,305.3
3.2	Plant Operations	4	3.7	7,676.7
3.3	Dietary Staff	17	10.1	21,079.3
3.4	Dietician			
3.5	Housekeeping/Laundry Staff	10	7.9	16,500.5
3.6	Unit Clerk & Medical Records Staff			
3.7	Quality Assurance	1	0.6	1,305.2
3.8	MMQ Nurses and MDS Coordinator	2	1.5	3,077.2
3.9	Social Services Staff	1	1.0	2,088.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	4	2.9	6,108.4
3.14	Administration and Officers	1	1.1	2,186.8
3.15	Security Staff			
3.16	Clerical Staff	5	4.8	9,928.6
3.17	Director of Nurses	1	1.4	2,838.7
3.18	Registered Nurses	14	7.3	15,204.3
3.19	Licensed Practical Nurses	6	6.0	12,554.8
3.20	Certified Nurse Aides	39	33.7	70,043.5
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	106	82.6	171,897.3

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Detail of Purchased Nursing Services										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges
Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies									
Registered Temporary Nursing Service Agencies										
4.2	Bentob Healthcare Soutions LLC	T9JE	1,002.7	80,234	2,216.3	149,892	1,751.9	59,633		
4.3	CONNECTRN INC	TGKV	316.5	24,843	3,576.8	239,693	4,188.5	149,581		
4.4	Intelycare, Inc.	TM7F	16.4	1,429	1,185.2	77,036	3,016.0	111,688		
4.5	Norton and Associates, Inc. - New Bedford	T4BO	748.0	56,677	271.5	18,130	606.0	22,500		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		2,083.6	163,183	7,249.8	484,751	9,562.4	343,402	0.0	0
400	Total Temporary Nursing Service Agency Expenses		2,083.6	163,183	7,249.8	484,751	9,562.4	343,402	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	Vertentes	Doreen	Nurse Supervisor	Nursing	207,277		357	207,634		
5.2	Silva	Piper	Staff Develop/IC	Nursing	119,819		213	120,032		
5.3	Pina	Stacy	C.N.A.	Nursing	110,314		196	110,510		
5.4	Santos	Marilou	C.N.A.	Nursing	107,904		181	108,085		
5.5	Orne	Kelly	LPN Charge	Nursing	113,895		156	114,051		

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	11/01/2044	300	2,941	655,615		
100	TOTALS								0	0

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11	12	13	14	15	16	17	18	19	20
Beginning Loan Balance: Jan 1	Beginning Balance - New Loans	Principal Payments	Pay Off Amount	Pay Off Date	Ending Loan Balance: Dec 31	Interest Rate %	Interest Expense	Period Expenses	Total Amortization, Interest and Period Expenses
593,697		20,688			573,009		14,564		14,564
					573,009		14,564	0	14,564

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

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SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

UPLOADS REQUIRED
(1) Footnotes and Explanations
<i>Upload Type: Excel, Word, or PDF</i>
This section is used to provide detail to any of the information included in this report.
(2) Ownership and Facility Information
<i>Upload Type: Excel Template</i>
List the names of all direct and indirect nursing facility owners and the name(s) of any Massachusetts and non-Massachusetts nursing or residential care facilities that are owned, directly or indirectly by the facility owners that have an interest of 5% or more. Note: This information must be submitted in the format of the template provided. In order for the file to be accepted, you <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
04/29/2024 12:01PM	(2) Ownership and Facility Information	Ownership and Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Maria Spinale
04/29/2024 12:05PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Maria Spinale
04/29/2024 12:06PM	(4) Related Party Transactions	related party transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Maria Spinale
04/29/2024 1:37PM	(1) Footnotes and Explanations	Footnote.docx	application/vnd.openxmlformats-officedocument.wordprocessingml.document	Maria Spinale
04/30/2024 1:17PM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Maria Spinale

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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	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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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