

Skilled Nursing Facility Cost Report

RegalCare at Taunton

Filing Year: 2023

Date: 12/19/2024

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SCHEDULE 1 : GENERAL INFORMATION

Facility Information

Table 1		1
Line #	Description	
1.1	Facility Name	RegalCare at Taunton
1.2	MassHealth Provider ID	110190663A
1.3	Federal Employer Tax ID	
1.4	VPN	0950976
1.5	Is the above information correct?	Yes
1.6	Facility Number	00994
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	68 Dean Street
1.11	City	Taunton
1.12	Zip	02780
1.13	Telephone	+1 (508) 824-1467
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	Partnership/Limited Liability Partnership (LLP)
1.18	List the name of the management company as reported on the management company cost report.	RegalCare Management Group
1.19	List the name of the entity that holds the nursing facility license.	RegalCare at Taunton LLC
1.20	List realty company names as reported on each realty company cost report.	68 Dean Realty LLC
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	Matthew S. Bovolack
2.2	Nursing Facility or Firm Name	Marcum LLP
2.3	Title	Principal
2.4	Street Address	555 Long Wharf Drive
2.5	City	New Haven
2.6	State	CT
2.7	Zip Code	06511
2.8	Phone Number	+1 (203) 781-9680
2.9	Email Address	Matthew.Bovolack@marcumllp.com

Preparer Information		
Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.		
Table 3		1
Line #	Description	
3.1	☐ I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer Name	Matthew S. Bovolack
3.3	Nursing Facility or Firm Name	Marcum LLP
3.4	Title	Principal
3.5	Street Address	555 Long Wharf Drive
3.6	City	New Haven
3.7	State	CT
3.8	Zip Code	06511
3.9	Phone Number	+1 (203) 781-9680
3.10	Email Address	Matthew.Bovolack@marcumllp.com
3.11	Type of Accounting Service Performed	Other (Explain in Footnotes)

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

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SCHEDULE 2 : REVENUE**Nursing Facility Revenue**

Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	946,152	979	947,131
1.2	Commercial Managed Care	343,269	23,753	367,022
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	3,148,843	181,809	3,330,652
1.5	Medicare Managed Care (Part C)			0
1.6	MassHealth Fee-for-Service	3,801,414	5,501	3,806,915
1.7	MassHealth Managed Care	505,237		505,237
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	828,006		828,006
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	9,572,921	212,042	9,784,963

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	80,076
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	67
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	29
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	80,172

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)	Other Rev>Medicaid>COVID1 9	80,076
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.3	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.4	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.5	Other Endowment and Non-Recoverable Revenue		
400	Total Endowment and Non-Recoverable Revenue		80,076

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<i>Total Revenue</i>		
Table 5		1
Line #	Description	Total
500	Total Revenue	9,865,135

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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	204,394		204,394
1.2	Director of Nurses: Employee Benefits	5,460	226	5,234
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	22,508		22,508
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	232,362		232,136
1.7	Registered Nurses: Salaries	583,981		583,981
1.8	Registered Nurses: Employee Benefits	15,601	645	14,956
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	64,307		64,307
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	104,769	0	104,769
1.200	Subtotal: Registered Nurses Expenses	768,658		768,013
1.12	Licensed Practical Nurses: Salaries	669,505		669,505
1.13	Licensed Practical Nurses: Employee Benefits	17,886	739	17,147
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	73,725		73,725
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	196,279	0	196,279
1.300	Subtotal: Licensed Practical Nurses Expenses	957,395		956,656
1.17	Certified Nurse Aides: Salaries	1,626,926		1,626,926
1.18	Certified Nurse Aides: Employee Benefits	43,463	1,798	41,665
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	179,164		179,164
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	43,790	0	43,790
1.400	Subtotal: Certified Nurse Aides Expenses	1,893,343		1,891,545

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1.22	Nurse's Aide Training Administration		0	0
1.23	Nursing Education and Training	1,564		1,564
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	1,564		1,564
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	3,853,322		3,849,914

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	3,853,322		3,849,914

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	168,735		168,735
2.2	Administration: Employee Benefits	4,508	186	4,322
2.3	Administration: Payroll Taxes incl Workers Comp.	18,580		18,580
2.4	Administration: Purchased Service	54,890		54,890
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	246,713		246,527
2.7	Clerical Staff: Salaries	129,964		129,964
2.8	Clerical Staff: Employee Benefits	3,472	143	3,329
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	14,310		14,310
2.10	Clerical Staff: Purchased Service			0
2.200	Subtotal: Clerical Staff Expenses	147,746		147,603
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	313,712		313,712
2.12	Office Supplies	36,008		36,008
2.13	Telecommunications (e.g. Internet, Phone)	9,217		9,217

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	16,647		16,647
2.16	Advertising: Help Wanted	5,697		5,697
2.17	Licenses and Dues: Patient Care Related Portion	6,727	1,480	5,247
2.18	Continuing Professional Education / Training and Development	320		320
2.19	Accounting Services (Not related to appeals)	17,500		17,500
2.20	Insurance: Malpractice & General Liability	54,178		54,178
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	76,378	25,604	50,774
2.23	Non-Allowable A & G Expenses	1,403,001	1,403,001	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		4,311	4,311
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		301,905	301,905
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)			0
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	1,939,385		815,516
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	2,333,844		1,209,646
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		29	29
2.500	Subtotal: Administrative & General Recoverable Income	0		29
200	Total: Net Administrative & General Expenses After Recoverable Income	2,333,844		1,209,617

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Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	Insurance Finance Charges	2,588
2A.2	Insurance - EPLI	15,529
2A.3	Surety Bond	1,210
2A.4	Cable TV	9,012
2A.5	Bank Fees	48,896
2A.6	Startup Costs	(857)
2A.100	Subtotal: Other A&G Expenses	76,378

Detail of Non-Allowable A & G Expenses

Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	13,385
2B.2	Licenses and Dues: Not Related to Resident Care	6,422
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	
2B.5	Legal: Resident Care	
2B.6	Legal: Other	10,452
2B.7	Key Person Insurance	
2B.8	Management Company Fees	495,374
2B.9	Management Consultants	
2B.10	Interest on Working Capital	77,751
2B.11	Fines, Late Fees, Penalties, including Interest	5,302
2B.12	State and Federal Income Taxes	464
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	99,075
2B.15	User Fee Assessment	528,327
2B.16	Other Non-Allowable A&G Expenses	166,449
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
2B.100	Total Non-Allowable A&G Expenses	1,403,001

Variable Expenses

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Table 3		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
3.1	Staff Development Coordinator: Salaries	100,379		100,379
3.2	Staff Dev. Coord.: Employee Benefits	2,682	111	2,571
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	11,053		11,053
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	114,114		114,003
3.5	Plant Operation: Salaries	166,010		166,010
3.6	Plant Operation: Employee Benefits	4,435	183	4,252
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	18,280		18,280
3.8	Plant Operation: Purchased Service	55,646		55,646
3.9	Plant Operation: Supplies and Expenses	38,174		38,174
3.10	Plant Operation: Utilities	230,859		230,859
3.11	Plant Operation: Repairs	26,343		26,343
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	539,747		539,564
3.13	Dietician: Salaries	105,253		105,253
3.14	Dietician: Employee Benefits	2,812	116	2,696
3.15	Dietician: Payroll Taxes incl Workers Comp.	11,589		11,589
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	119,654		119,538
3.18	Dietary: Salaries	414,720		414,720
3.19	Dietary: Employee Benefits	11,079	458	10,621
3.20	Dietary: Payroll Taxes incl Workers Comp.	45,667		45,667
3.21	Dietary: Food	221,460		221,460
3.22	Dietary: Purchased Service	488		488
3.23	Dietary: Supplies and Expenses	34,316		34,316
3.400	Subtotal: Dietary Expenses	727,730		727,272
3.24	Housekeeping/Laundry: Salaries	290,224		290,224
3.25	Housekeeping/Laundry: Employee Benefits	7,753	320	7,433
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	31,958		31,958

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3.27	Housekeeping/Laundry: Purchased Service	117,189		117,189
3.28	Housekeeping/Laundry: Supplies and Expenses	31,578		31,578
3.29	Housekeeping/Laundry: Linen and Bedding			0
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	478,702		478,382
3.31	Quality Assurance (QA) Professional: Salaries			0
3.32	QA Professional: Employee Benefits			0
3.33	QA Professional: Payroll Taxes incl Workers Comp.			0
3.34	QA Professional: Purchased Service			0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
3.600	Subtotal: QA Professional Expenses	0		0
3.36	Unit Clerk & Medical Records: Salaries	237,550		237,550
3.37	Unit Clerk & Medical Records: Employee Benefits	6,346	262	6,084
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	26,158		26,158
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	270,054		269,792
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	99,966		99,966
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	2,671	110	2,561
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	11,007		11,007
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	113,644		113,534
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	47,505		47,505
3.49	Social Service Worker: Employee Benefits	1,269	52	1,217
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	5,230		5,230
3.51	Social Service Worker: Purchased Service	43,885		43,885

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3.1000	Subtotal: Social Service Worker Expenses	97,889		97,837
3.52	Interpreters: Salaries			0
3.53	Interpreters: Employee Benefits			0
3.54	Interpreters: Payroll Taxes incl Workers Comp.			0
3.55	Interpreters: Purchased Service			0
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	674,402	674,402	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	674,402		0
3.64	Recreational Therapy/Activities: Salaries	113,113		113,113
3.65	Recreational Therapy/Activities: Employee Benefits	3,022	125	2,897
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	12,455		12,455
3.67	Recreational Therapy/Activities: Purchased Service	2,085		2,085
3.68	Recreational Therapy/Activities: Supplies and Expenses	1,671		1,671
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	132,346		132,221
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

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3.78	Travel: Motor Vehicle Expense			0
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education	1,049		1,049
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	35,500		35,500
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			0
3.87	Legend Drugs	286,537	286,537	0
3.88	Personal Protective Equipment			0
3.89	House Supplies Not Resold	109,700		109,700
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents		0	0
3.92	Pharmacy Consultant	10,217		10,217
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	443,003		156,466
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	3,711,285		2,748,609
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	3,711,285		2,748,609

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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	7,007	(68,297)	75,304
4.2	Long-Term Interest Expense SNF-CR			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	37,687		37,687
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	123,017		123,017
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR	10,288		10,288
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	8,280		8,280
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	388,800	388,800	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	575,079		254,576
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	575,079		254,576

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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	10,473,530		8,062,745
<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	10,473,530		8,062,716

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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:	N/A

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 1A		1
For Profit		
Line #	Description	Reported
1A.1	Net Patient Service Revenue	9,784,963
1A.2	Other Revenue	80,105
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	9,865,068
1A.4	Salaries and Wages	4,958,225
1A.5	Employee Benefits	132,459
1A.6	Supplies and Other (including Payroll Taxes)	5,276,764
1A.7	Interest Expense	
1A.8	Provision for Bad Debt	99,075
1A.9	Depreciation and Amortization Expenses	7,007
1A.200	Total Operating Expenses	10,473,530
1A.300	Income(Loss) from Operations	(608,462)
	Non-Operating Income and Expenses	
1A.10	Interest Income	67
1A.11	Investment Income	
1A.12	Realized Gain(Loss) from Investments	
1A.13	Realized Gain(Loss) from Sale or Disposal of Equipment	
1A.14	Other Non-Operating Income(Expense)	
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	(608,395)
1A.15	Provision for Income Tax	
1A.16	Extraordinary Items	0
1A.17	Cumulative Change in Accounting Principles	0
1A.500	Financial Statement Net Income(Loss)	(608,395)

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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)	9,865,135
2.2	Total Nursing Expenses (Schedule 3)	3,853,322
2.3	Total Administrative and General Expenses (Schedule 3)	2,333,844
2.4	Total Variable Expenses (Schedule 3)	3,711,285
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	575,079
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	10,473,530
200	Cost Reported Net Income(Loss)	(608,395)

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)		(608,395)
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)		(608,395)

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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	(75,646)
1.2	Short-Term Investments	
1.3	Current Portion Assets Whose Use is Limited	
1.4	Other Cash and Equivalents	
1.5	Payer Accounts Receivable	1,438,909
1.6	Less Reserve for Bad Debt	(126,453)
1.100	Subtotal: Net Patient Accounts Receivable	1,312,456
1.7	Receivable from Officers/Owners/Employees	10,115
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	157,041
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	13,467
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
100	Total Current Assets	1,417,433

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	
2.3	Improvements	35,861
2.4	Equipment	40,647
2.5	Software/Limited Life Assets	4,204
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	80,712

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	28,450
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	28,450

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	Deferred Financing Costs	24,840
3A.2	Accumulated Amortization>Deferred Financing Costs	(11,040)
3A.3	Fixed Assets>Startup Costs	112,293
3A.4	Accum Depn>Startup Costs	(97,643)
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	28,450

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Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	1,526,595

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	933,709
5.2	Accrued Expenses	98,787
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	
5.7	Accrued Salaries and Payroll Liabilities	327,014
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	293,350
500	Total Current Liabilities	1,652,860

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Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Other Current Payables>Misc. PR Deduction	26,856
5A.2	Other Current Payables>Misc. PR Deduction>401k	90
5A.3	Other Current Payables>Garnishments W/H	950
5A.4	Other Current Payables>Fica Payable	(7,262)
5A.5	Other Current Payables>SUI Payable	(983)
5A.6	Other Current Payables>Resident Funds	14,794
5A.7	Accrued Expenses	157,681
5A.8	Accrued Expenses>Year End Adjustments	12,098
5A.9	Accrued Expenses>Workers Comp	65,074
5A.10	Accrued Expenses>Health Insurance	24,052
5A.100	Subtotal: Other Current Liabilities	293,350

Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	
6.2	Due to Related Parties, Subsidiaries, and Affiliates	1,106,243
6.3	Other Long-Term Debt	
600	Total Non-Current Liabilities	1,106,243

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	2,759,103

Reconciliation of Owner's Equity or Net Assets for Not-for-Profits		
Table 8		

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Table 8B		1
Proprietorship, Partnership, or Limited Liability Company (LLC)		
Line #	Description	Amount
8B.1	Owner's Equity Balance: Prior Year	(630,484)
8B.2	Prior Period Adjustment(s)	6,371
8B.3	Capital Contributions During the Year	
8B.4	SNF-CR Net Income/(Loss)	(608,395)
8B.5	Proprietor/Partner Drawings	
8B.100	Owner's Equity Balance: Current Year	(1,232,508)

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	Prior Period Adjustment	6,371
8D.100	Subtotal: Prior Period Adjustments	6,371

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

Table 9		1
Line #	Description	Account Balance
900	Total Liabilities and Owner's Equity (or Net Assets for Not-For-Profit)	1,526,595

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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				0			0	0
1.3	Improvements	12,258	25,749		38,007	(89)	(2,057)	(2,146)	35,861
1.4	Equipment	9,861	35,919		45,780	(328)	(4,805)	(5,133)	40,647
1.5	Software/Limited Life Assets	67,859	4,349	(67,859)	4,349		(145)	(145)	4,204
1.6	Motor Vehicles				0			0	0
100	Total	89,978	66,017	(67,859)	88,136	(417)	(7,007)	(7,424)	80,712

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	482,098					482,098				
2.3	Building SNF-CR						0		0		0
2.4	Building REA-CR	2,731,891					2,731,891			68,297	68,297
2.5	Improvements SNF-CR	12,258		25,749			38,007	5.00%	2,057		2,057
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	9,861		35,919			45,780	10.00%	4,805		4,805

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2.8	Equipment REA- CR						0	10.00%			0
2.9	Software/Limited Life Assets SNF- CR	67,859		48,783		(112,293)	4,349	33.33%	145		145
2.10	Software/Limited Life Assets REA- CR						0	33.33%			0
200	Total Claimed Fixed Assets	3,303,967	0	110,451	0	(112,293)	3,302,125		7,007	68,297	75,304

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1900
3.2	What was the date of the most recent assessed property value of this facility?	07/01/2023
3.3	What was the value from the most recent municipal property assessment for this facility?	4,374,600
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?	48
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	25,678
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	21,421
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?	8.1
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?	Yes

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

SCHEDULE 8 : STATEMENT OF CASH FLOWS

Beginning Cash and Cash Equivalents Balance

Table 1		1
Line #	Description	Reported
1.1	Cash and Cash Equivalents (Beginning of Year)	86,620

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(608,395)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	
2.3	Increases (Decreases) to Cash Provided by Operating Activities	380,112
200	Net Cash from Operating Activities	(228,283)

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	66,017
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	66,017

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	(162,266)
500	Cash and Cash Equivalents (End of Year)	(75,646)

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SCHEDULE 9 : LICENSURE & PATIENT STATISTICS**Bed Licensure**

Table 1	1	2	3	4	5	6
Line #	DPH Licensure Issue Date	Skilled Nursing (Level I,II, & III)	Residential Care (Level IV)	Pediatric	Total Licensed Beds	Constructed Capacity
1.1	09/01/2022	89			89	100
1.2	09/01/2021	100	0		100	100
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.	89				
1.7	Is above listed bed licensure information correct?	Yes				

Patient Statistics - Days

Table 2		1	2	3	4	5	6
Line #	Description	Private Pay	Commercial Managed Care	Commercial Non-Managed Care	Medicare Fee-For-Service	Medicare Managed Care (Part C)	MassHealth Fee-for-Service
2.1	Nursing	2,222	817		5,101		15,230
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)	13					368
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	2,235	817	0	5,101	0	15,598

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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
2,903								26,273
								0
								0
								0
								0
								0
								0
								0
								0
								381
								0
								0
								0
2,903	0	0	0	0	0	0	0	26,654

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Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	266
3.2	0140.1	Number of MassHealth Admissions During Year	23
3.3	0150.0	Number of Discharges During Year	275
3.4	0190.0	Average Length of Stay	97
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	98
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	5

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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	583,981	12,759.0	669,505	15,884.0	1,626,926	59,007.0
1.2	Total Overtime Wages	26,027	372.0	39,820	733.0	210,800	6,135.0
1.3	Total Shift Differential	34,920		52,836		219,827	
1.4	Total Other Differentials						
100	Total	644,928	13,131.0	762,161	16,617.0	2,057,553	65,142.0

Detail of Nursing Services Shift Differentials

Table 2		1	2	3	4	5
Line #	Description	Median Hourly Shift Differential: Weekday Evening	Median Hourly Shift Differential: Weekday Night	Median Hourly Shift Differential: Weekend Day	Median Hourly Shift Differential: Weekend Evening	Median Hourly Shift Differential: Weekend Night
2.1	Registered Nurses	4.00	4.00	5.00	7.00	7.00
2.2	Licensed Practical Nurses	4.00	4.00	5.00	7.00	7.00
2.3	Certified Nurse Aides	4.00	4.00	5.00	7.00	7.00

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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	1	0.9	1,868.0
3.2	Plant Operations	2	2.0	4,239.0
3.3	Dietary Staff	9	8.9	18,521.0
3.4	Dietician	2	1.9	3,957.0
3.5	Housekeeping/Laundry Staff	8	7.6	15,918.0
3.6	Unit Clerk & Medical Records Staff	4	2.7	5,694.0
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	1	1.4	2,810.0
3.9	Social Services Staff	1	0.6	1,153.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	2	2.4	5,165.0
3.14	Administration and Officers	2	1.9	3,864.0
3.15	Security Staff			
3.16	Clerical Staff	2	2.4	5,028.0
3.17	Director of Nurses	2	1.7	3,539.0
3.18	Registered Nurses	6	6.1	13,131.0
3.19	Licensed Practical Nurses	8	7.6	16,617.0
3.20	Certified Nurse Aides	28	28.3	65,142.0
3.21	Resident Care Assistants			
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	78	76.4	166,646.0

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Detail of Purchased Nursing Services										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges
Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies									
Registered Temporary Nursing Service Agencies										
4.2	CONNECTRN INC	TGKV	460.5	34,107	511.0	32,867				
4.3	Mas Medical Staffing, Corp	TJ4S			23.0	1,514				
4.4	Other		1,018.6	70,662	2,746.0	161,898	1,323.0	43,790		
4.5										
4.200	Subtotal: Registered Temporary Nursing Service Agencies		1,479.1	104,769	3,280.0	196,279	1,323.0	43,790	0.0	0
400	Total Temporary Nursing Service Agency Expenses		1,479.1	104,769	3,280.0	196,279	1,323.0	43,790	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	Chaves	Jose	Maintenance Director	Administrative & General	130,240			130,240		
5.2	Kane	Doreen	DON	Nursing	128,296			128,296		
5.3	Appiah	Winifred	RN	Nursing	127,921			127,921		
5.4	Akin	Bethany	DON	Nursing	118,512			118,512		
5.5	Medeiros	Taylor	RN In-service Coordinator	Other	116,207			116,207		

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 6B	1	2	3	4	5	6	7	8	9
Line #	Last Name	First Name	Title	Primary Expense Category	Total Hours	Salary & Benefits	Draw / Dividends	Other Compensation	TOTAL
Partnership, Limited Liability Company (LLC)									
6B.1									0
6B.2									0
6B.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										
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
					0				0
					0		0	0	0

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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							0		
200	Total Working Capital Interest						0		0

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SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

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

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

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

C) Financial Statements Unavailable: The facility was not required to obtain audited, reviewed, or compiled financial statements for purposes other than 957 CMR 7.00.

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
04/23/2024 12:53PM	(1) Footnotes and Explanations	Footnotes and Explanations.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
04/23/2024 12:53PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
04/23/2024 12:53PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
04/23/2024 12:54PM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore

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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	Matthew S. Bovolack
1.2	Nursing Facility or Firm Name	Marcum LLP
1.3	Title	Principal
1.4	Street Address	555 Long Wharf Drive
1.5	City	New Haven
1.6	State	CT
1.7	Zip Code	06511
1.8	Phone Number	+1 (203) 781-9680
1.9	Email Address	Matthew.Bovolack@marcumllp.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:	10/25/2024

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

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

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Section B - Certification by Owner, Partner, or Officer

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

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

This certification is signed under pains and penalties of perjury.

2.1	[x] By checking this box, I hereby certify that under pains and penalties of perjury, that the above statements entitled A) Accuracy of Reported Costs and B) Use of Public Funds are correct and true, to the best of my knowledge and belief. This report is subject to audit and verification by the Center for Health Information and Analysis.	
2.2	Date of Authorization	05/01/2024
2.3	Last Name	Mirlis
2.4	First Name	Eli
2.5	Middle Name	
2.6	Title	Owner
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