

Skilled Nursing Facility Cost Report**ALLIANCE HEALTH AT MAPLES**

Filing Year: 2022

Date: 11/28/2023

Time: 10:48 AM

SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	Alliance Health of Wrentham, Inc. d/b/a Alliance Health at Maples
1.2	MassHealth Provider ID	110190086A
1.3	Federal Employer Tax ID	651310230
1.4	VPN	0950952
1.5	Is the above information correct?	Yes
1.6	Facility Number	00541
1.7	This line is intentionally left blank	
1.8	Reporting Period From	09/01/2022
1.9	Reporting Period To	12/31/2022
1.10	Street Address	90 Taunton Street
1.11	City	Wrentham
1.12	Zip	02093
1.13	Telephone	+1 (508) 384-7944
1.14	Is this a hospital-based nursing facility?	No
1.15	Does the provider have pediatric beds?	No
1.16	Does the provider have an executed special contract with MassHealth (e.g. ventilator unit, acquired brain injury, etc.)?	No
1.17	Legal Status	MA Non-Profit Corp (Chapter 180)
1.18	List the name of the management company as reported on the management company cost report.	Alliance Health / Alliance Health Management
1.19	List the name of the entity that holds the nursing facility license.	Alliance Health at Wrentham
1.20	List realty company names as reported on each realty company cost report.	
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

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Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Jonathan Langfield
2.2	Nursing Facility or Firm Name	CliftonLarsonAllen LLP`
2.3	Title	CPA
2.4	Street Address	4 Batterymarch Park, Suite 100
2.5	City	Quincy
2.6	State	MA
2.7	Zip Code	02169
2.8	Phone Number	+1 (781) 982-1001
2.9	Email Address	jonathan.langfield@claconnect.com

Preparer Information		
Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.		
Table 3		1
Line #	Description	
3.1	<input type="checkbox"/> I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer Name	Jonathan Langfield
3.3	Nursing Facility or Firm Name	CliftonLarsonAllen LLP
3.4	Title	CPA
3.5	Street Address	4 Batterymarch Park, Suite 100
3.6	City	Quincy
3.7	State	MA
3.8	Zip Code	02169
3.9	Phone Number	+1 (781) 982-1001
3.10	Email Address	jonathan.langfield@claconnect.com
3.11	Type of Accounting Service Performed	Other (Explain in Footnotes)

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Owner Business Information

Please use this table to provide information on any other Massachusetts public payer programs that the direct and indirect owners of this facility operate.

Table 4	1	2	3	4	5	6
Line #	Service Type	Company Name	MassHealth Provider ID	Direct Owner/Partner Names	Indirect Owner/Partner Names	Parent Organization Names
4.1						
4.2						
4.3						
4.4						
4.5						
4.6						
4.7						
4.8						

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SCHEDULE 2 : REVENUE**Nursing Facility Revenue**

Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	1,195,500	1,523	1,197,023
1.2	Commercial Managed Care			0
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	1,344,380	952,488	2,296,868
1.5	Medicare Managed Care (Part C)	20,335	78	20,413
1.6	MassHealth Fee-for-Service	1,931,399		1,931,399
1.7	MassHealth Managed Care			0
1.8	Senior Care Options			0
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount	598,478		598,478
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue	215,450		215,450
100	Total Nursing Facility Revenue	5,305,542	954,089	6,259,631

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	118,460
3.2	Endowment and Other Non-Recoverable Revenue	132,138
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	511
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	890
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	251,999

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 Relief	132,138
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		132,138

Total Revenue

Table 5		1
Line #	Description	Total
500	Total Revenue	6,511,630

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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	50,115		50,115
1.2	Director of Nurses: Employee Benefits	3,115		3,115
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	5,256		5,256
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	58,486		58,486
1.7	Registered Nurses: Salaries	405,676		405,676
1.8	Registered Nurses: Employee Benefits	25,212		25,212
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	42,545		42,545
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	87,483	0	87,483
1.200	Subtotal: Registered Nurses Expenses	560,916		560,916
1.12	Licensed Practical Nurses: Salaries	622,570		622,570
1.13	Licensed Practical Nurses: Employee Benefits	38,691		38,691
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	65,290		65,290
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	185,218	0	185,218
1.300	Subtotal: Licensed Practical Nurses Expenses	911,769		911,769
1.17	Certified Nurse Aides: Salaries	1,008,922		1,008,922
1.18	Certified Nurse Aides: Employee Benefits	62,706		62,706
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	105,808		105,808
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	228,700	0	228,700
1.400	Subtotal: Certified Nurse Aides Expenses	1,406,136		1,406,136

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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	2,937,307		2,937,307

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	2,937,307		2,937,307

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	45,682		45,682
2.2	Administration: Employee Benefits	2,838		2,838
2.3	Administration: Payroll Taxes incl Workers Comp.	4,791		4,791
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	53,311		53,311
2.7	Clerical Staff: Salaries	183,533		183,533
2.8	Clerical Staff: Employee Benefits	11,405		11,405
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	19,248		19,248
2.10	Clerical Staff: Purchased Service			0
2.200	Subtotal: Clerical Staff Expenses	214,186		214,186
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	37,760		37,760
2.12	Office Supplies	19,178		19,178
2.13	Telecommunications (e.g. Internet, Phone)	5,932		5,932

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	175		175
2.16	Advertising: Help Wanted	1,033		1,033
2.17	Licenses and Dues: Patient Care Related Portion			0
2.18	Continuing Professional Education / Training and Development			0
2.19	Accounting Services (Not related to appeals)	14,000		14,000
2.20	Insurance: Malpractice & General Liability	47,568		47,568
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	19,065	16,331	2,734
2.23	Non-Allowable A & G Expenses	657,922	657,922	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)		222,864	222,864
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		10,579	10,579
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	802,633		361,823
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	1,070,130		629,320
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		890	890
2.500	Subtotal: Administrative & General Recoverable Income	0		890
200	Total: Net Administrative & General Expenses After Recoverable Income	1,070,130		628,430

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Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	Other Professional Fees	2,734
2A.2	Amort--Intangibles Assets	10,000
2A.3	Employees Relations	6,331
2A.100	Subtotal: Other A&G Expenses	19,065

Detail of Non-Allowable A & G Expenses

Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	534
2B.2	Licenses and Dues: Not Related to Resident Care	13,862
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	
2B.5	Legal: Resident Care	
2B.6	Legal: Other	
2B.7	Key Person Insurance	
2B.8	Management Company Fees	296,000
2B.9	Management Consultants	
2B.10	Interest on Working Capital	19,349
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	31,309
2B.15	User Fee Assessment	296,868
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	657,922

Variable Expenses

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

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3.2	Staff Dev. Coord.: Employee Benefits			0
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.			0
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	0		0
3.5	Plant Operation: Salaries	74,785		74,785
3.6	Plant Operation: Employee Benefits	4,648		4,648
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	7,843		7,843
3.8	Plant Operation: Purchased Service	44,453		44,453
3.9	Plant Operation: Supplies and Expenses	4,491		4,491
3.10	Plant Operation: Utilities	103,474		103,474
3.11	Plant Operation: Repairs	6,499		6,499
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	246,193		246,193
3.13	Dietician: Salaries	22,804		22,804
3.14	Dietician: Employee Benefits	1,416		1,416
3.15	Dietician: Payroll Taxes incl Workers Comp.	2,392		2,392
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	26,612		26,612
3.18	Dietary: Salaries	190,181		190,181
3.19	Dietary: Employee Benefits	11,819		11,819
3.20	Dietary: Payroll Taxes incl Workers Comp.	19,944		19,944
3.21	Dietary: Food	159,054		159,054
3.22	Dietary: Purchased Service			0
3.23	Dietary: Supplies and Expenses	32,408		32,408
3.400	Subtotal: Dietary Expenses	413,406		413,406
3.24	Housekeeping/Laundry: Salaries			0
3.25	Housekeeping/Laundry: Employee Benefits			0
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.			0
3.27	Housekeeping/Laundry: Purchased Service	160,600		160,600
3.28	Housekeeping/Laundry: Supplies and Expenses	4,210		4,210
3.29	Housekeeping/Laundry: Linen and Bedding			0
3.30	Housekeeping/Laundry: Special Cleaning			0

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3.500	Subtotal: Housekeeping/Laundry Expenses	164,810		164,810
3.31	Quality Assurance (QA) Professional: Salaries	16,992		16,992
3.32	QA Professional: Employee Benefits	1,055		1,055
3.33	QA Professional: Payroll Taxes incl Workers Comp.	1,782		1,782
3.34	QA Professional: Purchased Service			0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)		55,809	55,809
3.600	Subtotal: QA Professional Expenses	19,829		75,638
3.36	Unit Clerk & Medical Records: Salaries	73,671		73,671
3.37	Unit Clerk & Medical Records: Employee Benefits	4,578		4,578
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	7,726		7,726
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	85,975		85,975
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	74,138		74,138
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	4,295		4,295
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	7,247		7,247
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	85,680		85,680
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	85,066		85,066
3.49	Social Service Worker: Employee Benefits	5,287		5,287
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	8,921		8,921
3.51	Social Service Worker: Purchased Service			0
3.1000	Subtotal: Social Service Worker Expenses	99,274		99,274
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	255,903	255,903	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)		14,840	14,840
3.1200	Subtotal: Restorative Therapy Expenses	255,903		14,840
3.64	Recreational Therapy/Activities: Salaries	49,828		49,828
3.65	Recreational Therapy/Activities: Employee Benefits	3,096		3,096
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	5,226		5,226
3.67	Recreational Therapy/Activities: Purchased Service	4,294		4,294
3.68	Recreational Therapy/Activities: Supplies and Expenses	1,758		1,758
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	64,202		64,202
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	120		120
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education	5,219		5,219
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0

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3.82	Physician Services: Medical Director	6,000		6,000
3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals			0
3.86	Physician Services: Other			0
3.87	Legend Drugs	140,239	140,239	0
3.88	Personal Protective Equipment			0
3.89	House Supplies Not Resold	71,748		71,748
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents	2,603	2,603	0
3.92	Pharmacy Consultant	5,160		5,160
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	231,089		88,247
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	1,692,973		1,364,877
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		0	0
3.1800	Subtotal: Variable Recoverable Income	0		0
300	Total: Net Variable Expenses Including Recoverable Income	1,692,973		1,364,877

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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	93,190	0	93,190
4.2	Long-Term Interest Expense SNF-CR	299,839		299,839
4.3	Long-Term Interest Expense REA-CR			0
4.4	MA Corp. Excise Tax - Non-Income Portion SNF-CR			0
4.5	MA Corp. Excise Tax - Non-Income Portion REA-CR			0
4.6	Building Insurance Expense SNF-CR			0
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	45,074		45,074
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	438,103		438,103
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	438,103		438,103

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Total Combined Expenses Before Recoverable Income				
Table 5		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
500	Total Combined Expenses Before Recoverable Income	6,138,513		5,369,607
Total Combined Expenses Net of Recoverable Income				
Table 6		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
600	Total Combined Expenses Net of Recoverable Income	6,138,513		5,368,717

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

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

Other Business Revenue

Table 2			1
Line / Column #	Account	Description	Reported
2.1	3025.3	Adult Day Health Revenue	
2.2	3025.6	Child Day Care Revenue	118,460
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	118,460

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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	102,933	102,933	
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	102,933	102,933	

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

Financial Statement of Operations

Table 1		
Table 1B		
Not-For-Profit		
Line #	Description	Reported
1B.1	Net Patient Service Revenue	6,259,631
1B.2	Other Revenue	890
1B.3	Net Assets Released from Restriction	
1B.100	Total Operating Revenue	6,260,521
1B.4	Salaries and Wages	2,903,963
1B.5	Employee Benefits	484,180
1B.6	Supplies and Other (including Payroll Taxes)	2,306,683
1B.7	Interest Expense	319,188
1B.8	Provision for Bad Debt	31,309
1B.9	Depreciation and Amortization Expenses	93,190
1B.200	Total Operating Expenses	6,138,513
1B.300	Income(Loss) from Operations	122,008
	Non-Operating Income and Expenses	
1B.10	Interest Income	511
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)	147,665
	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	270,184

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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)	6,511,630
2.2	Total Nursing Expenses (Schedule 3)	2,937,307
2.3	Total Administrative and General Expenses (Schedule 3)	1,070,130
2.4	Total Variable Expenses (Schedule 3)	1,692,973
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	438,103
2.6	Total Other Business Expenses (Schedule 4)	102,933
2.100	Subtotal: Total Facility Expenses	6,241,446
200	Cost Reported Net Income(Loss)	270,184

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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)		270,184
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)		270,184

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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	2,408,964
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	1,946,789
1.6	Less Reserve for Bad Debt	(31,309)
1.100	Subtotal: Net Patient Accounts Receivable	1,915,480
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	867
1.9	Interest Receivable	
1.10	Supply Inventory	17,000
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	20,860
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	17,610
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	102,827
100	Total Current Assets	4,483,608

Detail of Other Current Assets

Table 1A	1	2
Line #	Description	Account Balance
1A.1	Exchange	1,565
1A.2	A/R Other	101,262
1A.100	Subtotal: Other Current Assets	102,827

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Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	4,000,000
2.2	Buildings	9,767,917
2.3	Improvements	
2.4	Equipment	148,714
2.5	Software/Limited Life Assets	4,729
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	13,921,360

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	94,290
3.4	Construction in Progress	
3.5	Mortgage Acquisition Costs	202,604
3.6	Accumulated Amortization of Mortgage Acquisition Costs	(13,507)
3.100	Net Mortgage Acquisition Costs	189,097
300	Total Non-Current Assets	283,387

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	Purchased Goodwill	90,000
3A.2	Utility Deposits	4,290
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	94,290

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Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	18,688,355

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	696,494
5.2	Accrued Expenses	290,964
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	4,000,000
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	1,540,000
5.7	Accrued Salaries and Payroll Liabilities	249,430
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	40,296
500	Total Current Liabilities	6,817,184

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Unearned Income	40,296
5A.100	Subtotal: Other Current Liabilities	40,296

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Non-Current Liabilities

Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	11,500,000
6.2	Due to Related Parties, Subsidiaries, and Affiliates	100,986
6.3	Other Long-Term Debt	
600	Total Non-Current Liabilities	11,600,986

Total Liabilities

Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	18,418,170

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			0
8A.2	Prior Period Adjustment(s)	1		1
8A.3	SNF-CR Excess (Deficiency) of Revenues Over Expenses	270,184		270,184
8A.4	Gain/(Loss) Realized on Investments			0
8A.5	Contributions, Gifts and Other			0
8A.6	Change in Unrealized Gains/(Losses) on Investments			0
8A.7	Net Assets Released from Donor Restriction			0
8A.8	Net Assets - Other			0
8A.100	Net Assets Balance: Current Year	270,185	0	270,185

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Prior Period Adjustments

NOTE: Disclose all facts relative to adjustments and explain any impact on reimbursable costs as reported in prior year(s) cost report identifying the specific cost centers affected.

Table 8D	1	2
Line #	Description	Amount
8D.1	Rounding	1
8D.100	Subtotal: Prior Period Adjustments	1

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)	18,688,355

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SCHEDULE 7 : DETAIL OF FIXED ASSETS AND DEPRECIATION

Financial Statement Fixed Assets									
Table 1		1	2	3	4	5	6	7	8
Line #	Description	Fixed Asset Cost Beginning Balance	Current Year Additions	Current Year Deletions	Fixed Asset Cost Ending Balance	Accumulated Depreciation Beginning Balance	Current Year Depreciation	Accumulated Depreciation Ending Balance	Financial Statement Net Book Value
1.1	Land		4,000,000		4,000,000				4,000,000
1.2	Building		9,850,000		9,850,000		(82,083)	(82,083)	9,767,917
1.3	Improvements				0			0	0
1.4	Equipment		159,513		159,513		(10,799)	(10,799)	148,714
1.5	Software/Limited Life Assets		5,037		5,037		(308)	(308)	4,729
1.6	Motor Vehicles				0			0	0
100	Total	0	14,014,550	0	14,014,550	0	(93,190)	(93,190)	13,921,360

Claimed Fixed Assets

Note: This table does not include all fixed assets for the facility; only those that can be claimed as nursing facility fixed assets.

Table 2		1	2	3	4	5	6	7	8	9	10
Line #	Description	Allowable Cost Basis Beginning Balance	Claimed Additions From Renovations (DON)	Claimed Other Additions	Claimed Deletions From Renovations (DON)	Claimed Other Deletions	Allowable Cost Basis Ending Balance	Depreciation %	Financial Statement Depreciation Expense	Non-Allowable Expense and Add-backs	Claimed Net Depreciation Expense
2.1	Land SNF-CR			4,000,000			4,000,000				
2.2	Land REA-CR						0				
2.3	Building SNF-CR			9,850,000			9,850,000		82,083		82,083
2.4	Building REA-CR						0				0
2.5	Improvements SNF-CR						0	5.00%	0		0
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR			159,513			159,513	10.00%	10,799		10,799

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2.8	Equipment REA-CR					0	10.00%			0
2.9	Software/Limited Life Assets SNF-CR			5,037		5,037	33.33%	308		308
2.10	Software/Limited Life Assets REA-CR					0	33.33%			0
200	Total Claimed Fixed Assets	0	0	14,014,550	0	0	14,014,550	93,190	0	93,190

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1983
3.2	What was the date of the most recent assessed property value of this facility?	07/18/1983
3.3	What was the value from the most recent municipal property assessment for this facility?	1
3.4	Was there a change of ownership of this facility during the reporting period?	No
3.5	Was there a change of ownership of company that owns the real assets of the facility (realty company) during the reporting period?	No
3.6	What is the number of nursing facility resident rooms?	144
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	49,574
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	27,855
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	325
3.10	What is the total acreage of the facility site?	6.8
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	No

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Changes in Facility or Realty Company Ownership

Table 4	1	2	3	4	5
Line #	Type of Ownership Change	Transaction Date	Purchased From	Purchased By	Sale Price
4.1					
4.2					
4.3					

SCHEDULE 8 : STATEMENT OF CASH FLOWS

Beginning Cash and Cash Equivalents Balance

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

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	270,185
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	93,190
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(793,457)
200	Net Cash from Operating Activities	(430,082)

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(10,014,550)
3.2	Cash Flows from Other Investing Activities	9,900,000
300	Net Cash from Investing Activities	(114,550)

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	2,953,596
400	Net Cash from Financing Activities	2,953,596

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	2,408,964
500	Cash and Cash Equivalents (End of Year)	2,408,964

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

Table 1	1	2	3	4	5	6
Line #	DPH Licensure Issue Date	Skilled Nursing (Level I,II, & III)	Residential Care (Level IV)	Pediatric	Total Licensed Beds	Constructed Capacity
1.1	09/01/2022	144			144	144
1.2					0	
1.3					0	
1.4					0	
1.5					0	
1.6	List the number of certified Medicare beds at the close of this reporting period.	144				
1.7	Is above listed bed licensure information correct?	Yes				

Patient Statistics - Days

Table 2		1	2	3	4	5	6
Line #	Description	Private Pay	Commercial Managed Care	Commercial Non-Managed Care	Medicare Fee-For-Service	Medicare Managed Care (Part C)	MassHealth Fee-for-Service
2.1	Nursing	2,222			3,302	38	9,783
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)	12					104
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	2,234	0	0	3,302	38	9,887

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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
							841	16,186
								0
								0
								0
								0
								0
								0
								0
							1	117
								0
								0
								0
0	0	0	0	0	0	0	842	16,303

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Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	176
3.2	0140.1	Number of MassHealth Admissions During Year	4
3.3	0150.0	Number of Discharges During Year	176
3.4	0190.0	Average Length of Stay	93
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	

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

Table 1		1	2	3	4	5	6
Line #	Description	RN Wages	RN Hours	LPN Wages	LPN Hours	CNA Wages	CNA Hours
1.1	Total Base Wages	390,066	6,382.8	543,611	12,787.9	760,225	24,778.5
1.2	Total Overtime Wages	15,610	189.9	78,959	1,158.0	248,697	5,553.4
1.3	Total Shift Differential						
1.4	Total Other Differentials						
100	Total	405,676	6,572.7	622,570	13,945.9	1,008,922	30,331.9

Detail of Nursing Services Shift Differentials

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

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Detail of Staff and Hours by Position

Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development			
3.2	Plant Operations	2	2.9	1,757.7
3.3	Dietary Staff	19	14.0	8,384.9
3.4	Dietician	1	0.6	375.3
3.5	Housekeeping/Laundry Staff			
3.6	Unit Clerk & Medical Records Staff	11	11.8	7,069.4
3.7	Quality Assurance	1	1.0	612.5
3.8	MMQ Nurses and MDS Coordinator	2	2.5	1,470.6
3.9	Social Services Staff	2	2.9	1,762.9
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	7	4.1	2,461.7
3.14	Administration and Officers	1	1.1	632.0
3.15	Security Staff	1	0.6	383.3
3.16	Clerical Staff	5	7.8	4,652.3
3.17	Director of Nurses	1	1.0	608.0
3.18	Registered Nurses	10	11.0	6,572.7
3.19	Licensed Practical Nurses	34	23.2	13,945.9
3.20	Certified Nurse Aides	69	50.6	30,331.9
3.21	Resident Care Assistants	7	5.2	3,133.7
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	173	140.3	84,154.8

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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	Complete Staffing Solutions Inc	TNOD			45.2	2,846				
4.3	Intelycare, Inc.	TM7F	1,103.6	84,792	2,439.0	165,968	5,980.1	217,692		
4.4	Kavida Healthcare, Inc	TVTE	34.5	2,691	156.3	10,571	38.0	1,323		
4.5	MAS Medical Staffing Corporation (Londonderry, NH)	TEJU			37.8	2,837	68.4	2,505		
4.6	Norton and Associates Inc	TOWP					216.8	6,083		
4.7	Wonderstar Healthcare Staffing Agency	T73M			54.7	2,996	32.3	1,097		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		1,138.1	87,483	2,733.0	185,218	6,335.6	228,700	0.0	0
400	Total Temporary Nursing Service Agency Expenses		1,138.1	87,483	2,733.0	185,218	6,335.6	228,700	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	Richardson	Kristina	RN		44,237			44,237		
5.2	Karanu	Francis	LPN		43,787			43,787		
5.3	Namutebi	Rachel	LPN		43,237			43,237		
5.4	Lovejoy	Denise	MDS		41,613			41,613		
5.5	Okere	Nkemakolam	LPN		39,142			39,142		

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<i>Earnings and Compensation Disclosures</i>									
Table 6	NOTE: This schedule is used to report the name(s) of the Owner, Partner, or Officer and disclose all salary and benefits, drawings and dividends, and other compensation as well as the accounts that were charged.								
Table 6C	1	2	3	4	5	6	7	8	9
Line #	Last Name	First Name	Title	Primary Expense Category	Total Hours	Salary & Benefits	Dividends	Other Compensation	TOTAL
Corporation									
6C.1									0
6C.2									0
6C.3									0
									0

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SCHEDULE 11 : NOTES PAYABLE AND WORKING CAPITAL DEBT**Mortgages and Notes Supporting Fixed Assets**

Table 1	1	2	3	4	5	6	7	8	9	10
Line / Column #	Type of Notes Payable	Lender Name	Related Party	Date Mortgag e Acquired	Due Date	Number of Months Amortize d	Monthly Payment s	Original Loan Amount	Mortgag e Acquisiti on Costs	Amortiza tion of Mortgag e Acquisiti on Costs
1.1	1st Mortgage	Loan	No					11,500,000	202,604	13,507
100	TOTALS								202,604	13,507

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11	12	13	14	15	16	17	18	19	20
Beginning Loan Balance: Jan 1	Beginning Balance - New Loans	Principal Payments	Pay Off Amount	Pay Off Date	Ending Loan Balance: Dec 31	Interest Rate %	Interest Expense	Period Expenses	Total Amortization, Interest and Period Expenses
	11,500,000				11,500,000	4.510%	286,332		299,839
					11,500,000		286,332	0	299,839

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Working Capital Debt

Table 2	1	2	3	4	5	6	7	8	9
Line / Column #	Lender Name	Related Party	Beginnin g Balance: Jan 1	Amount	Start Date	Principal Payment	Ending Balance: Dec 31	Interest Rate %	Interest Expense
2.1	Line of Credit	No		1,540,000	09/01/2022		1,540,000		19,349
2.2	Alliance Health Inc.	Yes		4,000,000			4,000,000		
200	Total Working Capital Interest						5,540,000		19,349

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SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

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

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

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

B) Unaudited Financial Statements: Unaudited financial statements for the reporting year.

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
09/25/2023 9:32AM	(1) Footnotes and Explanations	SNF-CR Footnotes.pdf	application/pdf	Jonathan Langfield
09/25/2023 9:32AM	(2) Ownership and Facility Information	Ownership and Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Jonathan Langfield
09/25/2023 9:34AM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Jonathan Langfield
09/26/2023 9:37AM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Jonathan Langfield

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SCHEDULE 13 : SUBMISSION AND ATTESTATION

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

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

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

1.1	Preparer Name	Jonathan Langfield
1.2	Nursing Facility or Firm Name	CliftonLarsonAllen LLP
1.3	Title	CPA
1.4	Street Address	4 Batterymarch Park, Suite 100
1.5	City	Quincy
1.6	State	MA
1.7	Zip Code	02169
1.8	Phone Number	+1 (781) 982-1001
1.9	Email Address	jonathan.langfield@claconnect.com
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	09/26/2023

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	10/11/2023
2.3	Last Name	Dodos
2.4	First Name	Michael
2.5	Middle Name	
2.6	Title	Controller
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