

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

SCHEDULE 1 : GENERAL INFORMATION

Facility Information		
Table 1		1
Line #	Description	
1.1	Facility Name	Bourne Manor Extended Care Facility
1.2	MassHealth Provider ID	110195385A
1.3	Federal Employer Tax ID	
1.4	VPN	0950985
1.5	Is the above information correct?	Yes
1.6	Facility Number	01020
1.7	This line is intentionally left blank	
1.8	Reporting Period From	01/01/2022
1.9	Reporting Period To	12/31/2022
1.10	Street Address	146 MacArthur Blvd.
1.11	City	Bourne
1.12	Zip	02532
1.13	Telephone	+1 (508) 759-8880
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	Other For-Profit
1.18	List the name of the management company as reported on the management company cost report.	BHS Management Services, Integritus Healthcare Management Services Inc.
1.19	List the name of the entity that holds the nursing facility license.	Bourne Manor Nursing, LLC
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?	Yes

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Denise Granger
2.2	Nursing Facility or Firm Name	Integrity Healthcare Management Services, Inc.
2.3	Title	Director of Payment Systems and Contracting
2.4	Street Address	75 North Street
2.5	City	Pittsfield
2.6	State	MA
2.7	Zip Code	01201
2.8	Phone Number	+1 (413) 553-9012
2.9	Email Address	integrityreimb@integrity1.org

Preparer Information		
Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.		
Table 3		1
Line #	Description	
3.1	<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	William C. Jones
3.3	Nursing Facility or Firm Name	Integrity Healthcare Management Services, Inc.
3.4	Title	President
3.5	Street Address	75 North Street
3.6	City	Pittsfield
3.7	State	MA
3.8	Zip Code	01201
3.9	Phone Number	+1 (413) 447-2996
3.10	Email Address	bjones@integrity1.org
3.11	Type of Accounting Service Performed	Compilation

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023

Time: 10:01 AM

Owner Business Information						
Please use this table to provide information on any other Massachusetts public payer programs that the direct and indirect owners of this facility operate.						
Table 4	1	2	3	4	5	6
Line #	Service Type	Company Name	MassHealth Provider ID	Direct Owner/Partner Names	Indirect Owner/Partner Names	Parent Organization Names
4.1	Other	Charlene Manor Ext. Care Fac.	110026667A	N/A	Chakalos Family Dynasty f/b/o Charlene Gallagher ; Chakalos Family Dynasty f/b/o Elaine Chakalos ; Chakalos Family Dynasty f/b/o Linda Carmen ; Chakalos Family Dynasty f/b/o Valerie Santilli	Integrity Healthcare Management Services, Inc.
4.2	Other	Hathaway Manor Extended Care	110026670A	N/A	Chakalos Family Dynasty f/b/o Charlene Gallagher ; Chakalos Family Dynasty f/b/o Elaine Chakalos ; Chakalos Family Dynasty f/b/o Linda Carmen ; Chakalos Family Dynasty f/b/o Valerie Santilli	Integrity Healthcare Management Services, Inc.
4.3	Other	Linda Manor Extended Care Fac	110026666A	N/A	Chakalos Family Dynasty f/b/o Charlene Gallagher ; Chakalos Family Dynasty f/b/o Elaine Chakalos ; Chakalos Family Dynasty f/b/o Linda Carmen ; Chakalos Family Dynasty f/b/o Valerie Santilli	Integrity Healthcare Management Services, Inc
4.4						
4.5						
4.6						
4.7						
4.8						

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023

Time: 10:01 AM

SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	1,445,949	3,102	1,449,051
1.2	Commercial Managed Care	168,467	14,941	183,408
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	5,315,560	173,731	5,489,291
1.5	Medicare Managed Care (Part C)	340,492		340,492
1.6	MassHealth Fee-for-Service	4,221,047		4,221,047
1.7	MassHealth Managed Care	88,475		88,475
1.8	Senior Care Options	112,547	2,151	114,698
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount	733,314		733,314
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public	313,726	2,248	315,974
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	12,739,577	196,173	12,935,750

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

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

Other Nursing Facility Revenue		
Table 3		1
Line #	Description	Revenue
3.1	Total Other Business Revenue	0
3.2	Endowment and Other Non-Recoverable Revenue	985,246
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	36,364
3.7	Interest Income	254
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	22,759
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	1,044,623

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)	Total Covid 19 Payments	985,246
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		985,246

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	13,980,373

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023

Time: 10:01 AM

SCHEDULE 3 : EXPENSES

Nursing Expenses

Table 1		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
1.1	Director of Nurses: Salaries	119,195		119,195
1.2	Director of Nurses: Employee Benefits	16,621		16,621
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	12,804		12,804
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	148,620		148,620
1.7	Registered Nurses: Salaries	419,665		419,665
1.8	Registered Nurses: Employee Benefits	57,838		57,838
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	44,555		44,555
1.10	Registered Nurses Purchased Service: Per Diem	263,420		263,420
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	81,423	0	81,423
1.200	Subtotal: Registered Nurses Expenses	866,901		866,901
1.12	Licensed Practical Nurses: Salaries	1,163,523		1,163,523
1.13	Licensed Practical Nurses: Employee Benefits	161,797		161,797
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	124,639		124,639
1.15	Licensed Practical Nurses Purchased Service: Per Diem	201,491		201,491
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	280,708	0	280,708
1.300	Subtotal: Licensed Practical Nurses Expenses	1,932,158		1,932,158
1.17	Certified Nurse Aides: Salaries	949,829		949,829
1.18	Certified Nurse Aides: Employee Benefits	126,285		126,285
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	97,281		97,281
1.20	Certified Nurse Aides Purchased Service: Per Diem	1,408,545		1,408,545
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	455,778	0	455,778
1.400	Subtotal: Certified Nurse Aides Expenses	3,037,718		3,037,718

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023

Time: 10:01 AM

1.22	Nurse's Aide Training Administration		0	0
1.23	Nursing Education and Training			0
1.24	This line description is intentionally left blank			0
1.25	This line description is intentionally left blank			0
1.500	Subtotal: Other Nursing Expenses	0		0
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	5,985,397		5,985,397

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	5,985,397		5,985,397

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	131,800		131,800
2.2	Administration: Employee Benefits	17,828		17,828
2.3	Administration: Payroll Taxes incl Workers Comp.	14,158		14,158
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	163,786		163,786
2.7	Clerical Staff: Salaries	262,907		262,907
2.8	Clerical Staff: Employee Benefits	36,662		36,662
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	28,242		28,242
2.10	Clerical Staff: Purchased Service			0
2.200	Subtotal: Clerical Staff Expenses	327,811		327,811
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services			0
2.12	Office Supplies	38,777		38,777
2.13	Telecommunications (e.g. Internet, Phone)	33,903		33,903

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings			0
2.16	Advertising: Help Wanted	50,392		50,392
2.17	Licenses and Dues: Patient Care Related Portion	19,192		19,192
2.18	Continuing Professional Education / Training and Development	8,834		8,834
2.19	Accounting Services (Not related to appeals)			0
2.20	Insurance: Malpractice & General Liability	57,163		57,163
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	28,132	28,132	0
2.23	Non-Allowable A & G Expenses	1,940,096	1,940,096	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)		771,729	771,729
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		16,577	16,577
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	2,176,489		996,567
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	2,668,086		1,488,164
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		22,759	22,759
2.500	Subtotal: Administrative & General Recoverable Income	0		22,759
200	Total: Net Administrative & General Expenses After Recoverable Income	2,668,086		1,465,405

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

Detail of Other A&G Expenses		
Table 2A	1	2
Line #	Description	Amount
2A.1	Prior Year Expense Adjustment and Accrued	28,132
2A.2		
2A.100	Subtotal: Other A&G Expenses	28,132

Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	29,463
2B.2	Licenses and Dues: Not Related to Resident Care	
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	
2B.5	Legal: Resident Care	
2B.6	Legal: Other	43,465
2B.7	Key Person Insurance	
2B.8	Management Company Fees	936,871
2B.9	Management Consultants	51,190
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	73,637
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	163,119
2B.15	User Fee Assessment	642,351
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	1,940,096

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	79,748		79,748
3.2	Staff Dev. Coord.: Employee Benefits	11,121		11,121

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023

Time: 10:01 AM

3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	8,567		8,567
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	99,436		99,436
3.5	Plant Operation: Salaries	94,971		94,971
3.6	Plant Operation: Employee Benefits	13,242		13,242
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	10,202		10,202
3.8	Plant Operation: Purchased Service	248,628		248,628
3.9	Plant Operation: Supplies and Expenses	32,387		32,387
3.10	Plant Operation: Utilities	213,769		213,769
3.11	Plant Operation: Repairs	51,287		51,287
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	664,486		664,486
3.13	Dietician: Salaries			0
3.14	Dietician: Employee Benefits			0
3.15	Dietician: Payroll Taxes incl Workers Comp.			0
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	0		0
3.18	Dietary: Salaries	580,977		580,977
3.19	Dietary: Employee Benefits	81,015		81,015
3.20	Dietary: Payroll Taxes incl Workers Comp.	62,410		62,410
3.21	Dietary: Food	329,252		329,252
3.22	Dietary: Purchased Service	39,224		39,224
3.23	Dietary: Supplies and Expenses	42,541		42,541
3.400	Subtotal: Dietary Expenses	1,135,419		1,135,419
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	441,408		441,408
3.28	Housekeeping/Laundry: Supplies and Expenses	30,336		30,336
3.29	Housekeeping/Laundry: Linen and Bedding			0
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	471,744		471,744

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023

Time: 10:01 AM

3.31	Quality Assurance (QA) Professional: Salaries	63,438		63,438
3.32	QA Professional: Employee Benefits	6,244		6,244
3.33	QA Professional: Payroll Taxes incl Workers Comp.	12,488		12,488
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	82,170		82,170
3.36	Unit Clerk & Medical Records: Salaries			0
3.37	Unit Clerk & Medical Records: Employee Benefits			0
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.			0
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	0		0
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	239,921		239,921
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	33,456		33,456
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	25,773		25,773
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	240		240
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	299,390		299,390
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	110,031		110,031
3.49	Social Service Worker: Employee Benefits	15,344		15,344
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	11,820		11,820
3.51	Social Service Worker: Purchased Service	155,098		155,098
3.1000	Subtotal: Social Service Worker Expenses	292,293		292,293
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

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023

Time: 10:01 AM

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	4,043		4,043
3.60	Direct Restorative Therapy: Salaries		0	0
3.61	Direct Restorative Therapy: Benefits		0	0
3.62	Direct Restorative Therapy: Consultants	757,047	757,047	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	761,090		4,043
3.64	Recreational Therapy/Activities: Salaries	129,539		129,539
3.65	Recreational Therapy/Activities: Employee Benefits	18,064		18,064
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	13,915		13,915
3.67	Recreational Therapy/Activities: Purchased Service	4,136		4,136
3.68	Recreational Therapy/Activities: Supplies and Expenses	627		627
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	166,281		166,281
3.70	Resident Care Assistant: Salaries	4,031		4,031
3.71	Resident Care Assistant: Employee Benefits	562		562
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.	433		433
3.73	Resident Care Assistant: Purchased Service			0
3.1400	Subtotal: Resident Care Assistant Expenses	5,026		5,026
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	4,642		4,642
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education	79		79
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	41,935		41,935

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals	550		550
3.86	Physician Services: Other	5,153		5,153
3.87	Legend Drugs	409,458	409,458	0
3.88	Personal Protective Equipment			0
3.89	House Supplies Not Resold	387,929		387,929
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents	71,488	71,488	0
3.92	Pharmacy Consultant	10,712		10,712
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	931,946		451,000
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	4,909,281		3,671,288
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	4,909,281		3,671,288

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023

Time: 10:01 AM

Capital & Fixed Cost Expenses				
Table 4		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
4.1	Depreciation Expense	534,704	18,965	515,739
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	21,351		21,351
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	84,230		84,230
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	50,058	50,058	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	690,343		621,320
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	690,343		621,320

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023

Time: 10:01 AM

Total Combined Expenses Before Recoverable Income				
Table 5		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
500	Total Combined Expenses Before Recoverable Income	14,253,107		11,766,169
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	14,253,107		11,743,410

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES

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

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

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

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

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	13,957,360
1A.2	Other Revenue	22,759
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	13,980,119
1A.4	Salaries and Wages	4,297,206
1A.5	Employee Benefits	685,206
1A.6	Supplies and Other (including Payroll Taxes)	8,572,872
1A.7	Interest Expense	
1A.8	Provision for Bad Debt	163,119
1A.9	Depreciation and Amortization Expenses	534,704
1A.200	Total Operating Expenses	14,253,107
1A.300	Income(Loss) from Operations	(272,988)
	Non-Operating Income and Expenses	
1A.10	Interest Income	254
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	(272,734)
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)	(272,734)

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

<i>Detail of Extraordinary Items</i>		
Table 1C	1	2
Line #	Description	Amount
1C.1		
1C.100	Subtotal: Cumulative Extraordinary Items	0

<i>Detail of Changes in Accounting Principles</i>		
Table 1D	1	2
Line #	Description	Amount
1D.1		
1D.100	Subtotal: Cumulative Changes in Accounting Principles	0

<i>Cost Reported Statement of Operations</i>		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	13,980,373
2.2	Total Nursing Expenses (Schedule 3)	5,985,397
2.3	Total Administrative and General Expenses (Schedule 3)	2,668,086
2.4	Total Variable Expenses (Schedule 3)	4,909,281
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	690,343
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	14,253,107
200	Cost Reported Net Income(Loss)	(272,734)

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

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)		(272,734)
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)		(272,734)

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

SCHEDULE 6 : BALANCE SHEET AND RECONCILIATION OF OWNER'S EQUITY

Current Assets		
Table 1		1
Line #	Description	Account Balance
1.1	Cash and Cash Equivalents	133,115
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	2,714,119
1.6	Less Reserve for Bad Debt	(237,580)
1.100	Subtotal: Net Patient Accounts Receivable	2,476,539
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	
1.9	Interest Receivable	
1.10	Supply Inventory	51,604
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	8,048
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	11,254
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
100	Total Current Assets	2,680,560

Detail of Other Current Assets

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

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	441,262
2.2	Buildings	1,004,599
2.3	Improvements	435,522
2.4	Equipment	690,130
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	2,571,513

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	125,000
3.3	Other Deferred Charges and Non-Current Assets	89,536
3.4	Construction in Progress	
3.5	Mortgage Acquisition Costs	266,075
3.6	Accumulated Amortization of Mortgage Acquisition Costs	(266,075)
3.100	Net Mortgage Acquisition Costs	0
300	Total Non-Current Assets	214,536

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	AR Prior Own	28,515
3A.2	Deposit Lease	100,000
3A.3	Deferred Chargers	(38,979)
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	89,536

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	5,466,609

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	909,660
5.2	Accrued Expenses	365,275
5.3	Due to Insurance Payers	94,331
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	7,829,263
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	
5.7	Accrued Salaries and Payroll Liabilities	335,045
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	16,520
500	Total Current Liabilities	9,550,094

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Management Fee	8,271
5A.2	Capital Lease Obligation	8,249
5A.100	Subtotal: Other Current Liabilities	16,520

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023

Time: 10:01 AM

Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	
6.2	Due to Related Parties, Subsidiaries, and Affiliates	
6.3	Other Long-Term Debt	(435)
600	Total Non-Current Liabilities	(435)

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	9,549,659

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

Table 8						
Table 8C		1	2	3	4	5
Corporation						
Line #	Description	Capital Stock	Treasury Stock	Additional Paid-in	Retained Earnings	Total
8C.1	Owner's Equity Balance: Prior Year	2,558,164			(4,820,545)	(2,262,381)
8C.2	Prior Period Adjustment(s)				0	0
8C.3	Sale of Capital Stock					0
8C.4	Purchase or Sale Treasury Stock					0
8C.5	Additional Paid-in Capital					0
8C.6	SNF-CR Net Income/(Loss)				(272,734)	(272,734)
8C.7	Dividends Paid				(1,547,935)	(1,547,935)
8C.100	Owner's Equity Balance: Current Year	2,558,164	0	0	(6,641,214)	(4,083,050)

Prior Period Adjustments

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

Table 8D	1	2
Line #	Description	Amount
8D.1		
8D.100	Subtotal: Prior Period Adjustments	0

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

<i>Total Liabilities and Owner's Equity (or Net Assets for Not-for-Profits)</i>		
Table 9		1
Line #	Description	Account Balance
900	Total Liabilities and Owner's Equity (or Net Assets for Not-For-Profit)	5,466,609

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023

Time: 10:01 AM

SCHEDULE 7 : DETAIL OF FIXED ASSETS AND DEPRECIATION

Financial Statement Fixed Assets									
Table 1		1	2	3	4	5	6	7	8
Line #	Description	Fixed Asset Cost Beginning Balance	Current Year Additions	Current Year Deletions	Fixed Asset Cost Ending Balance	Accumulated Depreciation Beginning Balance	Current Year Depreciation	Accumulated Depreciation Ending Balance	Financial Statement Net Book Value
1.1	Land	441,262			441,262				441,262
1.2	Building	6,154,951			6,154,951	(4,996,478)	(153,874)	(5,150,352)	1,004,599
1.3	Improvements	4,472,632	55,418		4,528,050	(3,862,840)	(229,688)	(4,092,528)	435,522
1.4	Equipment	3,754,145	115,827		3,869,972	(3,028,700)	(151,142)	(3,179,842)	690,130
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles				0			0	0
100	Total	14,822,990	171,245	0	14,994,235	(11,888,018)	(534,704)	(12,422,722)	2,571,513

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	441,262					441,262				
2.2	Land REA-CR						0				
2.3	Building SNF-CR	6,154,951					6,154,951	2.50%	153,874		153,874
2.4	Building REA-CR						0	2.50%			0
2.5	Improvements SNF-CR	4,141,026		55,418		(94,113)	4,102,331	5.00%	229,688	(24,572)	205,116
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	1,665,715		115,827		(214,055)	1,567,487	10.00%	151,142	5,607	156,749

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

2.8	Equipment REA- CR					0	10.00%			0	
2.9	Software/Limited Life Assets SNF- CR					0	33.33%	0		0	
2.10	Software/Limited Life Assets REA- CR					0	33.33%			0	
200	Total Claimed Fixed Assets	12,402,954	0	171,245	0	(308,168)	12,266,031		534,704	(18,965)	515,739

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1988
3.2	What was the date of the most recent assessed property value of this facility?	07/06/2021
3.3	What was the value from the most recent municipal property assessment for this facility?	8,236,600
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?	74
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	56,400
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	26,333
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?	7.2
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

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

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					

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

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)	93,279

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(272,734)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	(1,013,230)
2.3	Increases (Decreases) to Cash Provided by Operating Activities	1,512,793
200	Net Cash from Operating Activities	226,829

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(171,244)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(171,244)

Cash Flows from Financing Activities

Table 4		1
Line #	Description	Reported
4.1	Proceeds from Issuance of Long-Term Debt	
4.2	Payments on Long-Term Debt and Capital Lease Expenditures	(15,749)
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	(15,749)

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	39,836
500	Cash and Cash Equivalents (End of Year)	133,115

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

SCHEDULE 9 : LICENSURE & PATIENT STATISTICS

Bed Licensure

Table 1	1	2	3	4	5	6
Line #	DPH Licensure Issue Date	Skilled Nursing (Level I,II, & III)	Residential Care (Level IV)	Pediatric	Total Licensed Beds	Constructed Capacity
1.1	03/01/2021	142			142	142
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.	142				
1.7	Is above listed bed licensure information correct?	Yes				

Patient Statistics - Days

Table 2		1	2	3	4	5	6
Line #	Description	Private Pay	Commercial Managed Care	Commercial Non-Managed Care	Medicare Fee-For-Service	Medicare Managed Care (Part C)	MassHealth Fee-for-Service
2.1	Nursing	3,322	372		7,750	764	22,031
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)	106					233
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	3,428	372	0	7,750	764	22,264

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

7	8	9	10	11	12	13	14	15
MassHealth Managed Care	Senior Care Options	OneCare	PACE	Out-of- State Medicaid	Veteran's Affairs & Other Public	DTA & EAEDC	Other	Total
212	463				1,136			36,050
								0
								0
								0
								0
								0
								0
								0
139	20				3			501
								0
								0
								0
351	483	0	0	0	1,139	0	0	36,551

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

Patient Statistics - Summary			
Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	294
3.2	0140.1	Number of MassHealth Admissions During Year	140
3.3	0150.0	Number of Discharges During Year	271
3.4	0190.0	Average Length of Stay	135
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	124
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	53

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

SCHEDULE 10 : DETAIL OF FACILITY COMPENSATION AND PURCHASED NURSING SERVICES

Detail of Staff Nursing Services Wages and Hours

Table 1		1	2	3	4	5	6
Line #	Description	RN Wages	RN Hours	LPN Wages	LPN Hours	CNA Wages	CNA Hours
1.1	Total Base Wages	191,933	4,737.0	632,832	18,398.0	607,311	27,592.0
1.2	Total Overtime Wages	21,530	331.0	104,289	1,885.0	175,382	4,882.0
1.3	Total Shift Differential	3,861		14,282		18,915	
1.4	Total Other Differentials						
100	Total	217,324	5,068.0	751,403	20,283.0	801,608	32,474.0

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	0.50	0.75	1.00	1.50	1.75
2.2	Licensed Practical Nurses	0.50	0.75	1.00	1.50	1.75
2.3	Certified Nurse Aides	0.50	0.75	1.00	1.50	1.75

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

Detail of Staff and Hours by Position

Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development	1	1.0	1,772.0
3.2	Plant Operations	5	1.0	3,000.0
3.3	Dietary Staff	28	11.0	22,688.0
3.4	Dietician	1	1.0	1,477.0
3.5	Housekeeping/Laundry Staff		0.0	0.0
3.6	Unit Clerk & Medical Records Staff		0.0	0.0
3.7	Quality Assurance	1	0.0	32.0
3.8	MMQ Nurses and MDS Coordinator	3	3.0	6,320.0
3.9	Social Services Staff	5	1.0	2,905.0
3.10	Interpreters		0.0	0.0
3.11	Restorative Therapy - Direct Staff		0.0	0.0
3.12	Restorative Therapy - Indirect Staff		0.0	0.0
3.13	Recreational Staff	13	3.0	5,923.0
3.14	Administration and Officers	2	1.0	1,806.0
3.15	Security Staff			
3.16	Clerical Staff	9	5.0	9,416.0
3.17	Director of Nurses	2	1.0	1,902.0
3.18	Registered Nurses	7	6.0	5,068.0
3.19	Licensed Practical Nurses	23	13.0	20,283.0
3.20	Certified Nurse Aides	36	16.0	32,474.0
3.21	Resident Care Assistants	3		226.0
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	139	63.0	115,292.0

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023

Time: 10:01 AM

Detail of Purchased Nursing Services										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges

Unregistered Temporary Nursing Service Agencies

4.1	Total Unregistered Temporary Nursing Service Agencies									
-----	--	--	--	--	--	--	--	--	--	--

Registered Temporary Nursing Service Agencies

4.2		TOIY	19.5	630	0.0		134.0	4,340	0.0	
4.3	Allegiance Nursing LLC	TOJ9	36.8	1,189	1,899.0	61,383	85.0	2,736		
4.4	Intelycare, Inc.	TM7F	2,462.5	79,604	5,760.0	186,195	5,192.0	167,854	0.0	
4.5	Aura Staffing	TKZV	0.0		84.0	2,730	27.0	888		
4.6			0.0		940.0	30,400	8,660.0	279,960		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		2,518.8	81,423	8,683.0	280,708	14,098.0	455,778	0.0	0
400	Total Temporary Nursing Service Agency Expenses		2,518.8	81,423	8,683.0	280,708	14,098.0	455,778	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	Coull-McKay	Cara	Director of Nursing	Nursing	119,595			119,595		
5.2	Logan	Gregory	Administrator	Nursing	171,456			171,456		
5.3	Ligawiec	Emily	Registered Nurse	Nursing	125,909			125,909		
5.4	Walters	Jennifer	Licensed Practical Nurse	Nursing	122,018			122,018		
5.5	Wooding	Laura	Licensed Practical Nurse	Nursing	133,994			133,994		

Skilled Nursing Facility Cost Report**Bourne Manor Extended Care Facility**

Filing Year: 2022

Date: 11/28/2023

Time: 10:01 AM

Earnings and Compensation Disclosures

Table 6		NOTE: This schedule is used to report the name(s) of the Owner, Partner, or Officer and disclose all salary and benefits, drawings and dividends, and other compensation as well as the accounts that were charged.							
Table 6C	1	2	3	4	5	6	7	8	9
Line #	Last Name	First Name	Title	Primary Expense Category	Total Hours	Salary & Benefits	Dividends	Other Compensation	TOTAL
Corporation									
6C.1	Chakalos	John	Owner	Other			1,547,935		1,547,935
6C.2									0
6C.3									0
									1,547,935

Skilled Nursing Facility Cost Report**Bourne Manor Extended Care Facility**

Filing Year: 2022

Date: 11/28/2023

Time: 10:01 AM

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										
100	TOTALS								0	0

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

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

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

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							0		
200	Total Working Capital Interest						0		0

SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

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

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023

Time: 10:01 AM

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

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

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

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
09/21/2023 9:41AM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
09/21/2023 9:42AM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
09/21/2023 9:46AM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
09/21/2023 9:47AM	(1) Footnotes and Explanations	Board of Trustees Contact and Term Data 2022.pdf	application/pdf	Ryan Aldam
09/21/2023 9:51AM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Ryan Aldam

Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
Filing Year: 2022

Date: 11/28/2023
Time: 10:01 AM

SCHEDULE 13 : SUBMISSION AND ATTESTATION

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

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

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

1.1	Preparer Name	William C. Jones
1.2	Nursing Facility or Firm Name	Integrity Healthcare Management Services, Inc.
1.3	Title	President
1.4	Street Address	75 North Street
1.5	City	Pittsfield
1.6	State	MA
1.7	Zip Code	01201
1.8	Phone Number	+1 (413) 447-2996
1.9	Email Address	bjones@integrity1.org
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	09/22/2023

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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Skilled Nursing Facility Cost Report
Bourne Manor Extended Care Facility
 Filing Year: 2022

Date: 11/28/2023
 Time: 10:01 AM

Section B - Certification by Owner, Partner, or Officer

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

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

This certification is signed under pains and penalties of perjury.

2.1	[x] By checking this box, I hereby certify that under pains and penalties of perjury, that the above statements entitled A) Accuracy of Reported Costs and B) Use of Public Funds are correct and true, to the best of my knowledge and belief. This report is subject to audit and verification by the Center for Health Information and Analysis.	
2.2	Date of Authorization	09/27/2023
2.3	Last Name	Jones
2.4	First Name	William
2.5	Middle Name	C.
2.6	Title	President and Treasurer
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