

Skilled Nursing Facility Cost Report**MAYFLOWER PLACE NSG & REHAB CT**

Filing Year: 2022

Date: 01/11/2024

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SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	MAYFLOWER PLACE NSG & REHAB CTR
1.2	MassHealth Provider ID	110100974A
1.3	Federal Employer Tax ID	454950681
1.4	VPN	0950379
1.5	Is the above information correct?	Yes
1.6	Facility Number	01029
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	579 Buck Island Road
1.11	City	West Yarmouth
1.12	Zip	02673
1.13	Telephone	+1 (203) 557-4777
1.14	Is this a hospital-based nursing facility?	No
1.15	Does the provider have pediatric beds?	No
1.16	Does the provider have an executed special contract with MassHealth (e.g. ventilator unit, acquired brain injury, etc.)?	No
1.17	Legal Status	Partnership/Limited Liability Partnership (LLP)
1.18	List the name of the management company as reported on the management company cost report.	Maplewood Senior Living, LLC
1.19	List the name of the entity that holds the nursing facility license.	Mayflower Place Nursing & Rehab Center
1.20	List realty company names as reported on each realty company cost report.	West Yarmouth Property I, LLC
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

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Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Matthew S. Bovolack
2.2	Nursing Facility or Firm Name	Marcum LLP
2.3	Title	Principal
2.4	Street Address	555 Long Wharf Drive
2.5	City	New Haven
2.6	State	CT
2.7	Zip Code	06511
2.8	Phone Number	+1 (203) 781-9680
2.9	Email Address	Matthew.Bovolack@marcumllp.com

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

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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	2,833,813	0	2,833,813
1.2	Commercial Managed Care	7,558	0	7,558
1.3	Commercial Non-Managed Care	0	0	0
1.4	Medicare Fee-For-Service	4,243,745	108,093	4,351,838
1.5	Medicare Managed Care (Part C)	85,054	0	85,054
1.6	MassHealth Fee-for-Service	1,427,474	0	1,427,474
1.7	MassHealth Managed Care	0	0	0
1.8	Senior Care Options	0	0	0
1.9	OneCare	0	0	0
1.10	PACE	0	0	0
1.11	Medicaid Out-of-State	0	0	0
1.12	Medicaid Patient Paid Amount	355,844	0	355,844
1.13	DTA & EAEDC	0	0	0
1.14	Veteran's Affairs & Other Public	231,875	0	231,875
1.15	Other Payer Revenue	0	0	0
100	Total Nursing Facility Revenue	9,185,363	108,093	9,293,456

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

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Other Nursing Facility Revenue		
Table 3		1
Line #	Description	Revenue
3.1	Total Other Business Revenue	0
3.2	Endowment and Other Non-Recoverable Revenue	1,687,112
3.3	Laundry Revenue	0
3.4	Vending Machine Revenue	0
3.5	Recovery of Bad Debts	0
3.6	Prior Year Retroactive Revenue	0
3.7	Interest Income	136,543
3.8	Nurses' Aide Training Revenue	0
3.9	Administrative and General Recoverable Revenue	6,803
3.10	Nursing Recoverable Revenue	0
3.11	Variable Recoverable Revenue	2,900
3.12	Fixed Cost Recoverable Revenue	0
300	Total Other Nursing Facility Revenue	1,833,358

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)	HHS PRF	300,375
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)	2021 Cost Report Settlement Refund	7,415
4.3	Other Endowment and Non-Recoverable Revenue: (Enter Description)	MatrixCare Audit Adjustments	13,437
4.4	Other Endowment and Non-Recoverable Revenue: (Enter Description)	JV Expense	1,365,885
4.5	Other Endowment and Non-Recoverable Revenue		
400	Total Endowment and Non-Recoverable Revenue		1,687,112

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	11,126,814

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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	116,636		116,636
1.2	Director of Nurses: Employee Benefits	10,383	543	9,840
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	11,872		11,872
1.4	Director of Nurses Purchased Service: Per Diem	0		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	138,891		138,348
1.7	Registered Nurses: Salaries	558,355		558,355
1.8	Registered Nurses: Employee Benefits	49,705	2,601	47,104
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	56,832		56,832
1.10	Registered Nurses Purchased Service: Per Diem	0		0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	371,904	0	371,904
1.200	Subtotal: Registered Nurses Expenses	1,036,796		1,034,195
1.12	Licensed Practical Nurses: Salaries	746,740		746,740
1.13	Licensed Practical Nurses: Employee Benefits	66,476	3,479	62,997
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	76,007		76,007
1.15	Licensed Practical Nurses Purchased Service: Per Diem	0		0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	327,897	0	327,897
1.300	Subtotal: Licensed Practical Nurses Expenses	1,217,120		1,213,641
1.17	Certified Nurse Aides: Salaries	1,621,797		1,621,797
1.18	Certified Nurse Aides: Employee Benefits	144,375	7,555	136,820
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	165,073		165,073
1.20	Certified Nurse Aides Purchased Service: Per Diem	0		0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	152,906	0	152,906
1.400	Subtotal: Certified Nurse Aides Expenses	2,084,151		2,076,596

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1.22	Nurse's Aide Training Administration	0	0	0
1.23	Nursing Education and Training	1,200		1,200
1.24	This line description is intentionally left blank			0
1.25	This line description is intentionally left blank			0
1.500	Subtotal: Other Nursing Expenses	1,200		1,200
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	4,478,158		4,463,980

Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		0	0
1.27	Nurses' Aide Training Recoverable Income		0	0
1.700	Subtotal: Nursing & Director of Nursing Recoverable Income	0		0
100	Total: Net Nursing Expenses Including Recoverable Income	4,478,158		4,463,980

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	177,078		177,078
2.2	Administration: Employee Benefits	15,764	825	14,939
2.3	Administration: Payroll Taxes incl Workers Comp.	18,024		18,024
2.4	Administration: Purchased Service	0		0
2.5	Officers: Total Compensation	0	0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	210,866		210,041
2.7	Clerical Staff: Salaries	187,857	91,810	96,047
2.8	Clerical Staff: Employee Benefits	16,723	8,203	8,520
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	19,121	9,366	9,755
2.10	Clerical Staff: Purchased Service	64,256	0	64,256
2.200	Subtotal: Clerical Staff Expenses	287,957		178,578
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	141,652		141,652
2.12	Office Supplies	22,816		22,816
2.13	Telecommunications (e.g. Internet, Phone)	36,790		36,790

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)	0		0
2.15	Travel: Conventions & Meetings	0		0
2.16	Advertising: Help Wanted	23,907		23,907
2.17	Licenses and Dues: Patient Care Related Portion	18,876	72	18,804
2.18	Continuing Professional Education / Training and Development	940		940
2.19	Accounting Services (Not related to appeals)	24,811		24,811
2.20	Insurance: Malpractice & General Liability	115,661		115,661
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion	0		0
2.22	Other A & G Expenses	20,097	17,477	2,620
2.23	Non-Allowable A & G Expenses	1,155,698	1,155,698	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		59,314	59,314
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		336,575	336,575
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		27,508	27,508
2.27	This line description is intentionally left blank			0
2.28	This line description is intentionally left blank			0
2.300	Subtotal: Other Administrative and General Expenses	1,561,248		811,398
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	2,060,071		1,200,017
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		6,803	6,803
2.500	Subtotal: Administrative & General Recoverable Income	0		6,803
200	Total: Net Administrative & General Expenses After Recoverable Income	2,060,071		1,193,214

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<i>Detail of Other A&G Expenses</i>		
Table 2A	1	2
Line #	Description	Amount
2A.1	Resident Svcs	86
2A.2	Currents Travel	109
2A.3	Uniforms	2,528
2A.4	Functions Food Services	2,830
2A.5	COVID-19 Expenses	(4,152)
2A.6	Travel	11,760
2A.7	Meals & Entertainment	2,887
2A.8	Transportation	16
2A.9	Bank/Finance Fees	4,033
2A.10		
2A.100	Subtotal: Other A&G Expenses	20,097

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Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	17,748
2B.2	Licenses and Dues: Not Related to Resident Care	0
2B.3	Accounting: Appeal Service	0
2B.4	Legal: Appeal Service and DALA Filing Fees	0
2B.5	Legal: Resident Care	0
2B.6	Legal: Other	7,422
2B.7	Key Person Insurance	0
2B.8	Management Company Fees	472,468
2B.9	Management Consultants	0
2B.10	Interest on Working Capital	470,876
2B.11	Fines, Late Fees, Penalties, including Interest	0
2B.12	State and Federal Income Taxes	0
2B.13	Pre-Opening Expenses	0
2B.14	Bad Debt Expense	(130,257)
2B.15	User Fee Assessment	317,441
2B.16	Other Non-Allowable A&G Expenses	0
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	1,155,698

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	221,128		221,128
3.2	Staff Dev. Coord.: Employee Benefits	19,685	1,030	18,655
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	22,508		22,508
3.4	Staff Dev. Coord.: Purchased Service	0		0
3.100	Subtotal: Staff Development Coordinator Expenses	263,321		262,291
3.5	Plant Operation: Salaries	50,544		50,544
3.6	Plant Operation: Employee Benefits	4,499	235	4,264
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	5,145		5,145

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3.8	Plant Operation: Purchased Service	110,186		110,186
3.9	Plant Operation: Supplies and Expenses	20,086		20,086
3.10	Plant Operation: Utilities	130,030		130,030
3.11	Plant Operation: Repairs	20,508		20,508
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	340,998		340,763
3.13	Dietician: Salaries	88,152		88,152
3.14	Dietician: Employee Benefits	7,847	411	7,436
3.15	Dietician: Payroll Taxes incl Workers Comp.	8,973		8,973
3.16	Dietician: Purchased Service	450		450
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	105,422		105,011
3.18	Dietary: Salaries	347,558		347,558
3.19	Dietary: Employee Benefits	30,940	1,619	29,321
3.20	Dietary: Payroll Taxes incl Workers Comp.	35,376		35,376
3.21	Dietary: Food	175,225		175,225
3.22	Dietary: Purchased Service	4,818		4,818
3.23	Dietary: Supplies and Expenses	45,901	4,837	41,064
3.400	Subtotal: Dietary Expenses	639,818		633,362
3.24	Housekeeping/Laundry: Salaries	0		0
3.25	Housekeeping/Laundry: Employee Benefits	0		0
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	0		0
3.27	Housekeeping/Laundry: Purchased Service	364,352		364,352
3.28	Housekeeping/Laundry: Supplies and Expenses	16,566		16,566
3.29	Housekeeping/Laundry: Linen and Bedding	0		0
3.30	Housekeeping/Laundry: Special Cleaning	0		0
3.500	Subtotal: Housekeeping/Laundry Expenses	380,918		380,918
3.31	Quality Assurance (QA) Professional: Salaries	0		0
3.32	QA Professional: Employee Benefits	0		0
3.33	QA Professional: Payroll Taxes incl Workers Comp.	0		0
3.34	QA Professional: Purchased Service	0		0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
3.600	Subtotal: QA Professional Expenses	0		0
3.36	Unit Clerk & Medical Records: Salaries	123,118		123,118

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3.37	Unit Clerk & Medical Records: Employee Benefits	10,960	574	10,386
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	12,532		12,532
3.39	Unit Clerk & Medical Records: Purchased Service	0		0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	146,610		146,036
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	177,163		177,163
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	15,771	825	14,946
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	18,033		18,033
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	0		0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	210,967		210,142
3.44	Behavioral Health Specialist: Salaries	0		0
3.45	Behavioral Health Specialist: Employee Benefits	0		0
3.46	Behavioral Health Specialist: Payroll Taxes incl Workers Comp.	0		0
3.47	Behavioral Health Specialist: Purchased Service	0		0
3.900	Subtotal: Behavioral Health Specialist Expenses	0		0
3.48	Social Service Worker: Salaries	125,836		125,836
3.49	Social Service Worker: Employee Benefits	11,202	586	10,616
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	12,808		12,808
3.51	Social Service Worker: Purchased Service	0		0
3.1000	Subtotal: Social Service Worker Expenses	149,846		149,260
3.52	Interpreters: Salaries	0		0
3.53	Interpreters: Employee Benefits	0		0
3.54	Interpreters: Payroll Taxes incl Workers Comp.	0		0
3.55	Interpreters: Purchased Service	0		0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries	0		0
3.57	Indirect Restorative Therapy: Employee Benefits	0		0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.	0		0
3.59	Indirect Restorative Therapy: Consultants	255,836		255,836
3.60	Direct Restorative Therapy: Salaries	0	0	0

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3.61	Direct Restorative Therapy: Benefits	0	0	0
3.62	Direct Restorative Therapy: Consultants	234,735	234,735	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	490,571		255,836
3.64	Recreational Therapy/Activities: Salaries	101,507		101,507
3.65	Recreational Therapy/Activities: Employee Benefits	9,036	473	8,563
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	10,332		10,332
3.67	Recreational Therapy/Activities: Purchased Service	222		222
3.68	Recreational Therapy/Activities: Supplies and Expenses	6,040	1,677	4,363
3.69	Recreational Therapy/Activities: Transportation	61	61	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	127,198		124,987
3.70	Resident Care Assistant: Salaries	0		0
3.71	Resident Care Assistant: Employee Benefits	0		0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.	0		0
3.73	Resident Care Assistant: Purchased Service	0		0
3.1400	Subtotal: Resident Care Assistant Expenses	0		0
3.74	Security: Salaries	0		0
3.75	Security: Employee Benefits	0		0
3.76	Security: Payroll Taxes including Workers Comp.	0		0
3.77	Security: Purchased Service	0		0
3.1500	Subtotal: Security Expenses	0		0
3.78	Travel: Motor Vehicle Expense	0		0
3.79	Variable Other Required Education	0		0
3.80	Variable Job Related Education	839		839
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion	0		0
3.82	Physician Services: Medical Director	20,500		20,500
3.83	Physician Services: Advisory Physician	0		0
3.84	Physician Services: Utilization Review Committee	0		0
3.85	Physician Services: Employee Physicals	0		0
3.86	Physician Services: Other	459	459	0
3.87	Legend Drugs	385,697	385,697	0
3.88	Personal Protective Equipment	0		0

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3.89	House Supplies Not Resold	160,767		160,767
3.90	House Supplies Resold to Private Residents	0	0	0
3.91	House Supplies Resold to Public Residents	0	0	0
3.92	Pharmacy Consultant	8,400		8,400
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	576,662		190,506
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	3,432,331		2,799,112
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		2,900	2,900
3.1800	Subtotal: Variable Recoverable Income	0		2,900
300	Total: Net Variable Expenses Including Recoverable Income	3,432,331		2,796,212

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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	39,104	(388,415)	427,519
4.2	Long-Term Interest Expense SNF-CR	0		0
4.3	Long-Term Interest Expense REA-CR			0
4.4	MA Corp. Excise Tax - Non-Income Portion SNF-CR	0		0
4.5	MA Corp. Excise Tax - Non-Income Portion REA-CR			0
4.6	Building Insurance Expense SNF-CR	41,304		41,304
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	51,470		51,470
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR	659		659
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	14,096		14,096
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	1,724,951	1,724,951	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	1,871,584		535,048
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	1,871,584		535,048

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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	11,842,144		8,998,157
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	11,842,144		8,988,454

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	0
2.2	3025.6	Child Day Care Revenue	0
2.3	3025.4	Assisted Living Revenue	0
2.4	3025.5	Outpatient Services Revenue	0
2.5	3025.7	Other Special Program Revenue	0
2.6	3026.1	Hospital Revenue – Other Business	0
2.7	3026.3	Residential Care Revenue	0
2.8	3026.2	Other	0
200	3026.0	TOTAL OTHER BUSINESS REVENUE	0

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

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

Financial Statement of Operations

Table 1		
Table 1A		1
For Profit		
Line #	Description	Reported
1A.1	Net Patient Service Revenue	9,293,456
1A.2	Other Revenue	1,696,815
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	10,990,271
1A.4	Salaries and Wages	4,643,469
1A.5	Employee Benefits	413,366
1A.6	Supplies and Other (including Payroll Taxes)	6,876,462
1A.7	Interest Expense	
1A.8	Provision for Bad Debt	(130,257)
1A.9	Depreciation and Amortization Expenses	39,104
1A.200	Total Operating Expenses	11,842,144
1A.300	Income(Loss) from Operations	(851,873)
	Non-Operating Income and Expenses	
1A.10	Interest Income	136,543
1A.11	Investment Income	0
1A.12	Realized Gain(Loss) from Investments	0
1A.13	Realized Gain(Loss) from Sale or Disposal of Equipment	0
1A.14	Other Non-Operating Income(Expense)	0
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	(715,330)
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)	(715,330)

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<i>Detail of Extraordinary Items</i>		
Table 1C	1	2
Line #	Description	Amount
1C.1		
1C.2		
1C.3		
1C.4		
1C.5		
1C.6		
1C.7		
1C.8		
1C.9		
1C.10		
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.2		
1D.3		
1D.4		
1D.5		
1D.6		
1D.7		
1D.8		
1D.9		
1D.10		
1D.100	Subtotal: Cumulative Changes in Accounting Principles	0

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Cost Reported Statement of Operations		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	11,126,814
2.2	Total Nursing Expenses (Schedule 3)	4,478,158
2.3	Total Administrative and General Expenses (Schedule 3)	2,060,071
2.4	Total Variable Expenses (Schedule 3)	3,432,331
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	1,871,584
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	11,842,144
200	Cost Reported Net Income(Loss)	(715,330)

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)		(715,330)
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)		(715,330)

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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	85,223
1.2	Short-Term Investments	0
1.3	Current Portion Assets Whose Use is Limited	0
1.4	Other Cash and Equivalents	0
1.5	Payer Accounts Receivable	806,967
1.6	Less Reserve for Bad Debt	0
1.100	Subtotal: Net Patient Accounts Receivable	806,967
1.7	Receivable from Officers/Owners/Employees	0
1.8	Receivable from Affiliates/Related Parties	2,184,389
1.9	Interest Receivable	0
1.10	Supply Inventory	0
1.11	Other Receivables	0
1.12	Prepaid Interest	0
1.13	Prepaid Insurance	38,577
1.14	Prepaid Taxes	0
1.15	Other Prepaid Expenses	21,884
1.16	Capitalized Pre-Opening Costs	0
1.17	Other Current Assets	0
100	Total Current Assets	3,137,040

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Detail of Other Current Assets		
Table 1A	1	2
Line #	Description	Account Balance
1A.1		
1A.2		
1A.3		
1A.4		
1A.5		
1A.6		
1A.7		
1A.8		
1A.9		
1A.10		
1A.100	Subtotal: Other Current Assets	0
Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	0
2.2	Buildings	0
2.3	Improvements	129,203
2.4	Equipment	85,416
2.5	Software/Limited Life Assets	3,543
2.6	Motor Vehicles	0
200	Total Non-Current Fixed Assets	218,162

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Other Non-Current Assets		
Table 3		1
Line #	Description	Account Balance
3.1	Long-Term Investments	0
3.2	Non-Current Assets Whose Use is Limited	0
3.3	Other Deferred Charges and Non-Current Assets	11,957,527
3.4	Construction in Progress	0
3.5	Mortgage Acquisition Costs	0
3.6	Accumulated Amortization of Mortgage Acquisition Costs	0
3.100	Net Mortgage Acquisition Costs	0
300	Total Non-Current Assets	11,957,527

Detail of Other Deferred Charges and Non-Current Assets

Table 3A	1	2
Line #	Description	Account Balance
3A.1	Tax Escrow	842
3A.2	Security Deposits - Omega Leases	185,757
3A.3	ROU Asset	11,726,095
3A.4	Omega Construction cost reimbursement	44,833
3A.5		
3A.6		
3A.7		
3A.8		
3A.9		
3A.10		
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	11,957,527

Total Assets

Table 4		1
Line #	Description	Account Balance
400	Total Assets	15,312,729

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Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	(26,062)
5.2	Accrued Expenses	430,765
5.3	Due to Insurance Payers	0
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	2,211,513
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	0
5.7	Accrued Salaries and Payroll Liabilities	33,878
5.8	State and Federal Taxes Payable	0
5.9	Accrued Interest Payable	0
5.10	Other Current Liabilities	13,283,062
500	Total Current Liabilities	15,933,156

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Patient Fund Liability	12,970
5A.2	Short Term Operating Lease Liability	568,076
5A.3	Deferred Financing Costs - Omega Facility	(2,446)
5A.4	Long Term Operating Lease Liability	12,704,462
5A.5		
5A.6		
5A.7		
5A.8		
5A.9		
5A.10		
5A.100	Subtotal: Other Current Liabilities	13,283,062

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Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	0
6.2	Due to Related Parties, Subsidiaries, and Affiliates	2,050,162
6.3	Other Long-Term Debt	7,510,179
600	Total Non-Current Liabilities	9,560,341

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	25,493,497

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

Table 8		
Table 8B		1
Proprietorship, Partnership, or Limited Liability Company (LLC)		
Line #	Description	Amount
8B.1	Owner's Equity Balance: Prior Year	(9,507,592)
8B.2	Prior Period Adjustment(s)	42,154
8B.3	Capital Contributions During the Year	0
8B.4	SNF-CR Net Income/(Loss)	(715,330)
8B.5	Proprietor/Partner Drawings	
8B.100	Owner's Equity Balance: Current Year	(10,180,768)

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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	Prior Period Adjustments	42,154
8D.2		
8D.3		
8D.4		
8D.5		
8D.6		
8D.7		
8D.8		
8D.9		
8D.10		
8D.100	Subtotal: Prior Period Adjustments	42,154
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)	15,312,729

SCHEDULE 7 : DETAIL OF FIXED ASSETS AND DEPRECIATION

Financial Statement Fixed Assets									
Table 1		1	2	3	4	5	6	7	8
Line #	Description	Fixed Asset Cost Beginning Balance	Current Year Additions	Current Year Deletions	Fixed Asset Cost Ending Balance	Accumulated Depreciation Beginning Balance	Current Year Depreciation	Accumulated Depreciation Ending Balance	Financial Statement Net Book Value
1.1	Land	0			0				0
1.2	Building	0			0	0	0	0	0
1.3	Improvements	157,577	34,577		192,154	(46,048)	(16,903)	(62,951)	129,203
1.4	Equipment	116,541	45,832		162,373	(55,611)	(21,346)	(76,957)	85,416
1.5	Software/Limited Life Assets	4,398			4,398	0	(855)	(855)	3,543
1.6	Motor Vehicles	0			0	0	0	0	0
100	Total	278,516	80,409	0	358,925	(101,659)	(39,104)	(140,763)	218,162

Claimed Fixed Assets

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

Table 2		1	2	3	4	5	6	7	8	9	10
Line #	Description	Allowable Cost Basis Beginning Balance	Claimed Additions From Renovations (DON)	Claimed Other Additions	Claimed Deletions From Renovations (DON)	Claimed Other Deletions	Allowable Cost Basis Ending Balance	Depreciation %	Financial Statement Depreciation Expense	Non-Allowable Expenses and Add-backs	Claimed Net Depreciation Expense
2.1	Land SNF-CR						0				
2.2	Land REA-CR	1,598,303					1,598,303				
2.3	Building SNF-CR						0		0		0
2.4	Building REA-CR	5,452,742		929,747			6,382,489	2.50%		159,562	159,562
2.5	Improvements SNF-CR	157,577		34,577			192,154	5.00%	16,903		16,903
2.6	Improvements REA-CR	29,044					29,044	5.00%		1,452	1,452
2.7	Equipment SNF-CR	116,541		45,832			162,373	10.00%	21,346		21,346

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2.8	Equipment REA-CR	1,876,071		397,941			2,274,012	10.00%		227,401	227,401
2.9	Software/Limited Life Assets SNF-CR	4,398					4,398	33.33%	855		855
2.10	Software/Limited Life Assets REA-CR						0	33.33%			0
200	Total Claimed Fixed Assets	9,234,676	0	1,408,097	0	0	10,642,773		39,104	388,415	427,519

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1980
3.2	What was the date of the most recent assessed property value of this facility?	01/31/2023
3.3	What was the value from the most recent municipal property assessment for this facility?	9,600,000
3.4	Was there a change of ownership of this facility during the reporting period?	No
3.5	Was there a change of ownership of company that owns the real assets of the facility (realty company) during the reporting period?	No
3.6	What is the number of nursing facility resident rooms?	38
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	32,884
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	10,085
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	0
3.10	What is the total acreage of the facility site?	39.5
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	Yes

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

SCHEDULE 8 : STATEMENT OF CASH FLOWS

Beginning Cash and Cash Equivalents Balance

Table 1		1
Line #	Description	Reported
1.1	Cash and Cash Equivalents (Beginning of Year)	58,538

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(715,330)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	
2.3	Increases (Decreases) to Cash Provided by Operating Activities	822,424
200	Net Cash from Operating Activities	107,094

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(80,409)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(80,409)

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	0
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	0

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	26,685
500	Cash and Cash Equivalents (End of Year)	85,223

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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	09/19/2020	72			72	72
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.	72				
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	5,380	71		6,191	799	7,209
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)	139					105
2.10	Nursing Leave of Absence (Unpaid)	1					
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	5,520	71	0	6,191	799	7,314

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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
					951			20,601
								0
								0
								0
								0
								0
								0
								0
								244
								1
								0
								0
0	0	0	0	0	951	0	0	20,846

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Patient Statistics - Summary			
Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	314
3.2	0140.1	Number of MassHealth Admissions During Year	0
3.3	0150.0	Number of Discharges During Year	318
3.4	0190.0	Average Length of Stay	66
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	3
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	241

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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	537,870	11,779.0	690,924	16,095.0	1,236,897	45,300.0
1.2	Total Overtime Wages	20,485	367.0	55,816	1,052.0	384,900	12,373.0
1.3	Total Shift Differential	34,606		60,475		241,731	
1.4	Total Other Differentials	23,505		26,845		31,432	
100	Total	616,466	12,146.0	834,060	17,147.0	1,894,960	57,673.0

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	1.50	6.00	1.50	2.75	6.00
2.2	Licensed Practical Nurses	1.50	6.00	1.50	2.75	6.00
2.3	Certified Nurse Aides	0.50	0.50	1.50	1.75	1.75

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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	2.5	5,106.0
3.2	Plant Operations	2	1.1	2,266.0
3.3	Dietary Staff	39	8.5	17,740.0
3.4	Dietician	1	0.9	1,791.0
3.5	Housekeeping/Laundry Staff		0.0	
3.6	Unit Clerk & Medical Records Staff	2	2.4	4,965.0
3.7	Quality Assurance		0.0	
3.8	MMQ Nurses and MDS Coordinator	3	2.2	4,514.0
3.9	Social Services Staff	3	1.5	3,096.0
3.10	Interpreters		0.0	
3.11	Restorative Therapy - Direct Staff		0.0	
3.12	Restorative Therapy - Indirect Staff		0.0	
3.13	Recreational Staff	4	2.1	4,398.0
3.14	Administration and Officers	1	1.9	4,031.0
3.15	Security Staff		0.0	
3.16	Clerical Staff	11	3.1	6,538.0
3.17	Director of Nurses	1	1.0	2,144.0
3.18	Registered Nurses	23	5.8	12,146.0
3.19	Licensed Practical Nurses	20	8.2	17,147.0
3.20	Certified Nurse Aides	38	27.7	57,673.0
3.21	Resident Care Assistants		0.0	
3.22	Behavioral Health Specialist Staff		0.0	
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	151	68.9	143,555.0

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Detail of Purchased Nursing Services										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges
Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies			#Error						
Registered Temporary Nursing Service Agencies										
4.2	Intelycare, Inc.	TM7F	4,994.0	371,904	4,771.3	310,631	3,483.4	129,500		
4.3					196.2	17,266	477.9	23,406		
4.4										
4.200	Subtotal: Registered Temporary Nursing Service Agencies		4,994.0	371,904	4,967.5	327,897	3,961.3	152,906	0.0	0
400	Total Temporary Nursing Service Agency Expenses		4,994.0	371,904	4,967.5	327,897	3,961.3	152,906	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	Logan	Richard G.	CNA Chatham	Nursing	191,970	0		191,970		
5.2	Parkinson Ph.D	Susan C.	Executive Director	Administrative & General	176,082	0		176,082		
5.3	Payne-Brisette	Brandon	Director of Nursing	Nursing	158,469	0		158,469		
5.4	Rivera	Ralitsa G.	RN Brewster	Nursing	183,310	0		183,310		
5.5	Scott Anderson	Mervena	CNA Chatham	Nursing	206,960	0		206,960		

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Earnings and Compensation Disclosures									
Table 6	NOTE: This schedule is used to report the name(s) of the Owner, Partner, or Officer and disclose all salary and benefits, drawings and dividends, and other compensation as well as the accounts that were charged.								
Table 6B	1	2	3	4	5	6	7	8	9
Line #	Last Name	First Name	Title	Primary Expense Category	Total Hours	Salary & Benefits	Draw / Dividends	Other Compensation	TOTAL
Partnership, Limited Liability Company (LLC)									
6B.1									0
6B.2									0
6B.3									0
6B.4									0
6B.5									0
6B.6									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 Mortgage Acquired	Due Date	Number of Months Amortized	Monthly Payments	Original Loan Amount	Mortgage Acquisition Costs	Amortization of Mortgage Acquisition Costs
1.1										
100	TOTALS								0	0

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11	12	13	14	15	16	17	18	19	20
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

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Working Capital Debt									
Table 2	1	2	3	4	5	6	7	8	9
Line / Column #	Lender Name	Related Party	Beginning Balance: Jan 1	Amount	Start Date	Principal Payment	Ending Balance: Dec 31	Interest Rate %	Interest Expense
2.1	Various Entities	Yes	6,232,239			4,182,077	2,050,162	0.053%	
2.2	Omega	No	5,129,149	2,532,736			7,661,885	0.070%	443,433
200	Total Working Capital Interest						9,712,047		443,433

SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

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

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

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

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

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
08/08/2023 12:06PM	(1) Footnotes and Explanations	Footnotes and Explanations.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
08/08/2023 12:06PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
08/08/2023 12:06PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
08/08/2023 12:06PM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore

SCHEDULE 13 : SUBMISSION AND ATTESTATION

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

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

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

1.1	Preparer Name	Matthew S. Bovolack
1.2	Nursing Facility or Firm Name	Marcum LLP
1.3	Title	Principal
1.4	Street Address	555 Long Wharf Drive
1.5	City	New Haven
1.6	State	CT
1.7	Zip Code	06511
1.8	Phone Number	+1 (203) 781-9680
1.9	Email Address	Matthew.Bovolack@marcumllp.com
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	10/03/2023

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	10/17/2023
2.3	Last Name	Wilk
2.4	First Name	Stefanie
2.5	Middle Name	G.
2.6	Title	
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