

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

SCHEDULE 1 : GENERAL INFORMATION

Facility Information		
Table 1		1
Line #	Description	
1.1	Facility Name	MEDWAY COUNTRY MANOR SK NURG &REH
1.2	MassHealth Provider ID	110025919A
1.3	Federal Employer Tax ID	042643331
1.4	VPN	0910481
1.5	Is the above information correct?	Yes
1.6	Facility Number	00520
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	115 Holliston Street
1.11	City	Medway
1.12	Zip	00520
1.13	Telephone	+1 (508) 533-6634
1.14	Is this a hospital-based nursing facility?	No
1.15	Does the provider have pediatric beds?	No
1.16	Does the provider have an executed special contract with MassHealth (e.g. ventilator unit, acquired brain injury, etc.)?	No
1.17	Legal Status	MA Corp (Chapter 156B)
1.18	List the name of the management company as reported on the management company cost report.	
1.19	List the name of the entity that holds the nursing facility license.	Medway Country Manor, Inc
1.20	List realty company names as reported on each realty company cost report.	Simha, 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

Skilled Nursing Facility Cost Report
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Time: 3:00 PM

Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Jonathan Langfield
2.2	Nursing Facility or Firm Name	CliftonlarsonAllen, LLP
2.3	Title	CPA
2.4	Street Address	4 Batterymarch Park, Suite 100
2.5	City	Quincy
2.6	State	Ma
2.7	Zip Code	02369
2.8	Phone Number	+1 (781) 982-1001
2.9	Email Address	joanthan.langfield@claconnect.com

Preparer Information		
Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.		
Table 3		1
Line #	Description	
3.1	<input type="checkbox"/> I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer Name	Jonathan Langfield
3.3	Nursing Facility or Firm Name	CliftonlarsonAllen, LLP
3.4	Title	CPA
3.5	Street Address	4 Batterymarch Park, Suite 100
3.6	City	Quincy
3.7	State	Ma
3.8	Zip Code	02369
3.9	Phone Number	+1 (781) 982-1001
3.10	Email Address	joanthan.langfield@claconnect.com
3.11	Type of Accounting Service Performed	Other (Explain in Footnotes)

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

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	417,783		417,783
1.2	Commercial Managed Care	38,684		38,684
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	2,456,608	152,670	2,609,278
1.5	Medicare Managed Care (Part C)	217,260		217,260
1.6	MassHealth Fee-for-Service	2,545,996		2,545,996
1.7	MassHealth Managed Care	1,949,333		1,949,333
1.8	Senior Care Options			0
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount			0
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public	334,140		334,140
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	7,959,804	152,670	8,112,474

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
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

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	848,160
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	235
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	
3.7	Interest Income	
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	13,628
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	86
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	862,109

Detail of Endowment and Non-Recoverable Revenue			
Table 4		1	2
Line #	Description	Type	Revenue
4.1	Other Endowment and Non-Recoverable Revenue: (Enter Description)	covid relief	848,160
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		848,160

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	8,974,583

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

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	151,001		151,001
1.2	Director of Nurses: Employee Benefits	7,589		7,589
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	16,701		16,701
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	175,291		175,291
1.7	Registered Nurses: Salaries	281,155		281,155
1.8	Registered Nurses: Employee Benefits	14,130		14,130
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	31,098		31,098
1.10	Registered Nurses Purchased Service: Per Diem	25,733		25,733
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	0	0	0
1.200	Subtotal: Registered Nurses Expenses	352,116		352,116
1.12	Licensed Practical Nurses: Salaries	1,173,754		1,173,754
1.13	Licensed Practical Nurses: Employee Benefits	58,989		58,989
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	129,827		129,827
1.15	Licensed Practical Nurses Purchased Service: Per Diem	422,195		422,195
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	0	0	0
1.300	Subtotal: Licensed Practical Nurses Expenses	1,784,765		1,784,765
1.17	Certified Nurse Aides: Salaries	1,233,931		1,233,931
1.18	Certified Nurse Aides: Employee Benefits	62,014		62,014
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	136,481		136,481
1.20	Certified Nurse Aides Purchased Service: Per Diem	245,890		245,890
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	0	0	0
1.400	Subtotal: Certified Nurse Aides Expenses	1,678,316		1,678,316

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

1.22	Nurse's Aide Training Administration		0	0
1.23	Nursing Education and Training	1,802		1,802
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	1,802		1,802
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	3,992,290		3,992,290

Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		0	
1.27	Nurses' Aide Training Recoverable Income		0	
1.700	Subtotal: Nursing & Director of Nursing Recoverable Income	0		0
100	Total: Net Nursing Expenses Including Recoverable Income	3,992,290		3,992,290

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	185,946		185,946
2.2	Administration: Employee Benefits	9,345		9,345
2.3	Administration: Payroll Taxes incl Workers Comp.	20,568		20,568
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	215,859		215,859
2.7	Clerical Staff: Salaries	396,744		396,744
2.8	Clerical Staff: Employee Benefits	19,939		19,939
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	43,883		43,883
2.10	Clerical Staff: Purchased Service	126,601		126,601
2.200	Subtotal: Clerical Staff Expenses	587,167		587,167
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	60,748		60,748
2.12	Office Supplies	122,245		122,245
2.13	Telecommunications (e.g. Internet, Phone)	40,652		40,652

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	9,985		9,985
2.16	Advertising: Help Wanted	16,609		16,609
2.17	Licenses and Dues: Patient Care Related Portion	20,710		20,710
2.18	Continuing Professional Education / Training and Development			0
2.19	Accounting Services (Not related to appeals)	6,400		6,400
2.20	Insurance: Malpractice & General Liability	247,819		247,819
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	1,545	1,545	0
2.23	Non-Allowable A & G Expenses	908,455	908,455	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		89,973	89,973
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)			0
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)			0
2.27	This line description is intentionally left blank			0
2.28	This line description is intentionally left blank			0
2.300	Subtotal: Other Administrative and General Expenses	1,435,168		615,141
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	2,238,194		1,418,167
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		13,628	13,628
2.500	Subtotal: Administrative & General Recoverable Income	0		13,628
200	Total: Net Administrative & General Expenses After Recoverable Income	2,238,194		1,404,539

Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	misc	1,545
2A.100	Subtotal: Other A&G Expenses	1,545

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MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	10,555
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	20,408
2B.7	Key Person Insurance	
2B.8	Management Company Fees	
2B.9	Management Consultants	
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	223,263
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	131,744
2B.15	User Fee Assessment	522,485
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	908,455

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	66,754		66,754
3.2	Staff Dev. Coord.: Employee Benefits	3,355		3,355
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	7,383		7,383
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	77,492		77,492
3.5	Plant Operation: Salaries	62,592		62,592
3.6	Plant Operation: Employee Benefits	3,146		3,146
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	6,923		6,923

Skilled Nursing Facility Cost Report
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Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

3.8	Plant Operation: Purchased Service	172,588		172,588
3.9	Plant Operation: Supplies and Expenses	32,814		32,814
3.10	Plant Operation: Utilities	307,668		307,668
3.11	Plant Operation: Repairs			0
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)		5,273	5,273
3.200	Subtotal: Plant Operation Expenses	585,731		591,004
3.13	Dietician: Salaries	31,286		31,286
3.14	Dietician: Employee Benefits	1,572		1,572
3.15	Dietician: Payroll Taxes incl Workers Comp.	3,461		3,461
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	36,319		36,319
3.18	Dietary: Salaries	454,293		454,293
3.19	Dietary: Employee Benefits	22,831		22,831
3.20	Dietary: Payroll Taxes incl Workers Comp.	50,249		50,249
3.21	Dietary: Food	292,480		292,480
3.22	Dietary: Purchased Service	1,947		1,947
3.23	Dietary: Supplies and Expenses	65,794		65,794
3.400	Subtotal: Dietary Expenses	887,594		887,594
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	387,726		387,726
3.28	Housekeeping/Laundry: Supplies and Expenses	16,677		16,677
3.29	Housekeeping/Laundry: Linen and Bedding			0
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	404,403		404,403
3.31	Quality Assurance (QA) Professional: Salaries			0
3.32	QA Professional: Employee Benefits			0
3.33	QA Professional: Payroll Taxes incl Workers Comp.			0
3.34	QA Professional: Purchased Service			0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
3.600	Subtotal: QA Professional Expenses	0		0
3.36	Unit Clerk & Medical Records: Salaries	536		536

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

3.37	Unit Clerk & Medical Records: Employee Benefits	27		27
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	60		60
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	623		623
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	7,376		7,376
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	371		371
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	816		816
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	75,625		75,625
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	84,188		84,188
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	100,826		100,826
3.49	Social Service Worker: Employee Benefits	5,067		5,067
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	11,152		11,152
3.51	Social Service Worker: Purchased Service	7,780		7,780
3.1000	Subtotal: Social Service Worker Expenses	124,825		124,825
3.52	Interpreters: Salaries			0
3.53	Interpreters: Employee Benefits			0
3.54	Interpreters: Payroll Taxes incl Workers Comp.			0
3.55	Interpreters: Purchased Service			0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries			0
3.57	Indirect Restorative Therapy: Employee Benefits			0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.			0
3.59	Indirect Restorative Therapy: Consultants			0
3.60	Direct Restorative Therapy: Salaries	311,633	311,633	0

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

3.61	Direct Restorative Therapy: Benefits	50,130	50,130	0
3.62	Direct Restorative Therapy: Consultants		0	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	361,763		0
3.64	Recreational Therapy/Activities: Salaries	92,000		92,000
3.65	Recreational Therapy/Activities: Employee Benefits	4,623		4,623
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	10,176		10,176
3.67	Recreational Therapy/Activities: Purchased Service	27,189		27,189
3.68	Recreational Therapy/Activities: Supplies and Expenses	13,192		13,192
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	147,180		147,180
3.70	Resident Care Assistant: Salaries			0
3.71	Resident Care Assistant: Employee Benefits			0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.			0
3.73	Resident Care Assistant: Purchased Service			0
3.1400	Subtotal: Resident Care Assistant Expenses	0		0
3.74	Security: Salaries			0
3.75	Security: Employee Benefits			0
3.76	Security: Payroll Taxes including Workers Comp.			0
3.77	Security: Purchased Service			0
3.1500	Subtotal: Security Expenses	0		0
3.78	Travel: Motor Vehicle Expense	7,721		7,721
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education			0
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	30,000		30,000
3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals			0
3.86	Physician Services: Other			0
3.87	Legend Drugs	248,791	248,791	0
3.88	Personal Protective Equipment			0

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

3.89	House Supplies Not Resold	240,459		240,459
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents		0	0
3.92	Pharmacy Consultant	10,923		10,923
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	537,894		289,103
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	3,248,012		2,642,731
Less: Variable Recoverable Income				
3.96	Vending Machine Income		235	235
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		86	86
3.1800	Subtotal: Variable Recoverable Income	0		321
300	Total: Net Variable Expenses Including Recoverable Income	3,248,012		2,642,410

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

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	46,341	(255,390)	301,731
4.2	Long-Term Interest Expense SNF-CR			0
4.3	Long-Term Interest Expense REA-CR		315,791	315,791
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	29,789		29,789
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR			0
4.9	Real Estate Tax Expense REA-CR		103,141	103,141
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	30,194		30,194
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	1,213,472	1,213,472	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	1,319,796		780,646
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	1,319,796		780,646

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

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	10,798,292		8,833,834
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	10,798,292		8,819,885

SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES

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

Other Business Revenue			
Table 2			1
Line / Column #	Account	Description	Reported
2.1	3025.3	Adult Day Health Revenue	
2.2	3025.6	Child Day Care Revenue	
2.3	3025.4	Assisted Living Revenue	
2.4	3025.5	Outpatient Services Revenue	
2.5	3025.7	Other Special Program Revenue	
2.6	3026.1	Hospital Revenue – Other Business	
2.7	3026.3	Residential Care Revenue	
2.8	3026.2	Other	
200	3026.0	TOTAL OTHER BUSINESS REVENUE	0

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

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
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

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	8,112,474
1A.2	Other Revenue	13,949
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	8,126,423
1A.4	Salaries and Wages	4,549,827
1A.5	Employee Benefits	731,906
1A.6	Supplies and Other (including Payroll Taxes)	5,338,474
1A.7	Interest Expense	
1A.8	Provision for Bad Debt	131,744
1A.9	Depreciation and Amortization Expenses	46,341
1A.200	Total Operating Expenses	10,798,292
1A.300	Income(Loss) from Operations	(2,671,869)
	Non-Operating Income and Expenses	
1A.10	Interest Income	
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)	848,160
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	(1,823,709)
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)	(1,823,709)

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

<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)	8,974,583
2.2	Total Nursing Expenses (Schedule 3)	3,992,290
2.3	Total Administrative and General Expenses (Schedule 3)	2,238,194
2.4	Total Variable Expenses (Schedule 3)	3,248,012
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	1,319,796
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	10,798,292
200	Cost Reported Net Income(Loss)	(1,823,709)

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

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)		(1,823,709)
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)		(1,823,709)

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

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	884,494
1.2	Short-Term Investments	
1.3	Current Portion Assets Whose Use is Limited	
1.4	Other Cash and Equivalents	
1.5	Payer Accounts Receivable	1,707,585
1.6	Less Reserve for Bad Debt	(654,533)
1.100	Subtotal: Net Patient Accounts Receivable	1,053,052
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	
1.9	Interest Receivable	
1.10	Supply Inventory	
1.11	Other Receivables	74,368
1.12	Prepaid Interest	
1.13	Prepaid Insurance	27,249
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	4,233
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	5,000
100	Total Current Assets	2,048,396

Detail of Other Current Assets

Table 1A	1	2
Line #	Description	Account Balance
1A.1	securty deposits	5,000
1A.100	Subtotal: Other Current Assets	5,000

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	
2.2	Buildings	
2.3	Improvements	368,706
2.4	Equipment	69,096
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	437,802

Other Non-Current Assets		
Table 3		1
Line #	Description	Account Balance
3.1	Long-Term Investments	
3.2	Non-Current Assets Whose Use is Limited	
3.3	Other Deferred Charges and Non-Current Assets	0
3.4	Construction in Progress	37,500
3.5	Mortgage Acquisition Costs	
3.6	Accumulated Amortization of Mortgage Acquisition Costs	
3.100	Net Mortgage Acquisition Costs	0
300	Total Non-Current Assets	37,500

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1		
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	0

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	2,523,698

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	1,476,057
5.2	Accrued Expenses	598,862
5.3	Due to Insurance Payers	5,517
5.4	Patient Funds Due	24,634
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	2,002,606
5.7	Accrued Salaries and Payroll Liabilities	339,786
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	193,086
500	Total Current Liabilities	4,640,548

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	deferred revenue	193,086
5A.100	Subtotal: Other Current Liabilities	193,086

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	
6.2	Due to Related Parties, Subsidiaries, and Affiliates	77,362
6.3	Other Long-Term Debt	
600	Total Non-Current Liabilities	77,362

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	4,717,910

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	1,000		(161,691)	(209,810)	(370,501)
8C.2	Prior Period Adjustment(s)				(2)	(2)
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)				(1,823,709)	(1,823,709)
8C.7	Dividends Paid					0
8C.100	Owner's Equity Balance: Current Year	1,000	0	(161,691)	(2,033,521)	(2,194,212)

Prior Period Adjustments		
NOTE: Disclose all facts relative to adjustments and explain any impact on reimbursable costs as reported in prior year(s) cost report identifying the specific cost centers affected.		
Table 8D	1	2
Line #	Description	Amount
8D.1	rounding	(2)
8D.100	Subtotal: Prior Period Adjustments	(2)

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
 Filing Year: 2022

Date: 10/09/2024
 Time: 3:00 PM

Total Liabilities and Owner's Equity (or Net Assets for Not-for-Profits)		
Table 9		1
Line #	Description	Account Balance
900	Total Liabilities and Owner's Equity (or Net Assets for Not-For-Profit)	2,523,698

SCHEDULE 7 : DETAIL OF FIXED ASSETS AND DEPRECIATION

Financial Statement Fixed Assets									
Table 1		1	2	3	4	5	6	7	8
Line #	Description	Fixed Asset Cost Beginning Balance	Current Year Additions	Current Year Deletions	Fixed Asset Cost Ending Balance	Accumulated Depreciation Beginning Balance	Current Year Depreciation	Accumulated Depreciation Ending Balance	Financial Statement Net Book Value
1.1	Land				0				0
1.2	Building				0			0	0
1.3	Improvements	436,909	115,165		552,074	(154,175)	(29,193)	(183,368)	368,706
1.4	Equipment	353,857	40,020		393,877	(307,633)	(17,148)	(324,781)	69,096
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles				0			0	0
100	Total	790,766	155,185	0	945,951	(461,808)	(46,341)	(508,149)	437,802

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	300,000					300,000				
2.3	Building SNF-CR						0		0		0
2.4	Building REA-CR	5,757,924					5,757,924			143,948	143,948
2.5	Improvements SNF-CR	436,909		115,165			552,074	5.00%	29,193		29,193
2.6	Improvements REA-CR	576,302		41,445			617,747	5.00%		57,637	57,637
2.7	Equipment SNF-CR	353,857		40,020			393,877	10.00%	17,148		17,148

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

2.8	Equipment REA-CR	502,936		119,578			622,514	10.00%		53,805	53,805
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	7,927,928	0	316,208	0	0	8,244,136		46,341	255,390	301,731

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1970
3.2	What was the date of the most recent assessed property value of this facility?	05/29/2014
3.3	What was the value from the most recent municipal property assessment for this facility?	12,000,000
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?	120
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	40,761
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	22,976
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?	5.0
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)	1,204,652

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(1,823,709)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	46,341
2.3	Increases (Decreases) to Cash Provided by Operating Activities	1,612,395
200	Net Cash from Operating Activities	(164,973)

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(155,185)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(155,185)

Cash Flows from Financing Activities

Table 4		1
Line #	Description	Reported
4.1	Proceeds from Issuance of Long-Term Debt	
4.2	Payments on Long-Term Debt and Capital Lease Expenditures	
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	0

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(320,158)
500	Cash and Cash Equivalents (End of Year)	884,494

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	06/01/2020	120			120	123
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.	120				
1.7	Is above listed bed licensure information correct?	Yes				

Patient Statistics - Days

Table 2		1	2	3	4	5	6
Line #	Description	Private Pay	Commercial Managed Care	Commercial Non-Managed Care	Medicare Fee-For-Service	Medicare Managed Care (Part C)	MassHealth Fee-for-Service
2.1	Nursing	1,344	86		3,551	483	12,025
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)						
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	1,344	86	0	3,551	483	12,025

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

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
8,054					1,297			26,840
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
8,054	0	0	0	0	1,297	0	0	26,840

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

Patient Statistics - Summary			
Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	181
3.2	0140.1	Number of MassHealth Admissions During Year	39
3.3	0150.0	Number of Discharges During Year	222
3.4	0190.0	Average Length of Stay	121
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	

SCHEDULE 10 : DETAIL OF FACILITY COMPENSATION AND PURCHASED NURSING SERVICES

<i>Detail of Staff Nursing Services Wages and Hours</i>							
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	281,155	5,818.3	11,737,564	25,381.0	1,233,931	48,753.0
1.2	Total Overtime Wages						
1.3	Total Shift Differential						
1.4	Total Other Differentials						
100	Total	281,155	5,818.3	11,737,564	25,381.0	1,233,931	48,753.0

<i>Detail of Nursing Services Shift Differentials</i>						
Table 2		1	2	3	4	5
Line #	Description	Median Hourly Shift Differential: Weekday Evening	Median Hourly Shift Differential: Weekday Night	Median Hourly Shift Differential: Weekend Day	Median Hourly Shift Differential: Weekend Evening	Median Hourly Shift Differential: Weekend Night
2.1	Registered Nurses					
2.2	Licensed Practical Nurses					
2.3	Certified Nurse Aides					

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

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	1.1	2,333.0
3.2	Plant Operations	1	1.0	2,062.0
3.3	Dietary Staff	25	12.4	25,705.0
3.4	Dietician	1	0.3	704.0
3.5	Housekeeping/Laundry Staff			
3.6	Unit Clerk & Medical Records Staff	1	0.1	17.0
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	1	0.1	245.0
3.9	Social Services Staff	2	1.6	3,292.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff	8	3.7	7,706.0
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	3	2.1	4,396.0
3.14	Administration and Officers	3	1.5	3,023.0
3.15	Security Staff			
3.16	Clerical Staff	7	5.2	10,878.0
3.17	Director of Nurses	1	0.9	1,807.0
3.18	Registered Nurses	6	2.8	5,818.3
3.19	Licensed Practical Nurses	26	12.2	25,381.0
3.20	Certified Nurse Aides	49	23.4	48,753.0
3.21	Resident Care Assistants			
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	135	68.4	142,120.3

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

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										
4.200	Subtotal: Registered Temporary Nursing Service Agencies		0.0	0	0.0	0	0.0	0	0.0	0
400	Total Temporary Nursing Service Agency Expenses		0.0	0	0.0	0	0.0	0	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	Freedman	Brian	Admin	Administrative & General	131,155			131,155		
5.2	Kilroe	Lisa	Don	Nursing	140,660			140,660		
5.3	Simah	David	Operator	Administrative & General	196,917			196,917		
5.4	Perez	Shari	LPN	Nursing	124,665			124,665		
5.5	Mbai	Kebba	CNA	Nursing	119,268			119,268		

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

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

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

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

11	12	13	14	15	16	17	18	19	20
Beginnin g Loan Balance: Jan 1	Beginnin g Balance - New Loans	Principal Payment s	Pay Off Amount	Pay Off Date	Ending Loan Balance: Dec 31	Interest Rate %	Interest Expense	Period Expense s	Total Amortiza tion, Interest and Period Expense s
					0				0
					0		0	0	0

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

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	Cap Finance	No	3,583			977	2,606		
2.2	Tendertouch	No	200,746			200,746	0		
2.3	EIDL/SBA	No		2,000,000	07/01/2022		2,000,000		
200	Total Working Capital Interest						2,002,606		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 <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):

Skilled Nursing Facility Cost Report
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

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

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

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

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
09/07/2023 12:13PM	(1) Footnotes and Explanations	SNF-CR Footnotes.pdf	application/pdf	Jonathan Langfield
09/07/2023 12:13PM	(2) Ownership and Facility Information	Ownership and Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Jonathan Langfield
09/07/2023 12:13PM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Jonathan Langfield
09/07/2023 12:14PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Jonathan Langfield

SCHEDULE 13 : SUBMISSION AND ATTESTATION

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

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

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

1.1	Preparer Name	Jonathan Langfield
1.2	Nursing Facility or Firm Name	CliftonlarsenAllen, LLP
1.3	Title	CPA
1.4	Street Address	4 Batterymarch Park, Suite 100
1.5	City	Quincy
1.6	State	Ma
1.7	Zip Code	02369
1.8	Phone Number	+1 (781) 982-1001
1.9	Email Address	joanthan.langfield@claconnect.com
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	09/07/2023

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
MEDWAY COUNTRY MANOR SK NURG &REH
Filing Year: 2022

Date: 10/09/2024
Time: 3:00 PM

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	09/08/2023
2.3	Last Name	Hilton
2.4	First Name	Valmai
2.5	Middle Name	
2.6	Title	Certified Public Accountant
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