

Skilled Nursing Facility Cost Report
NEVILLE CTR.@ FRESH POND FOR NURSING & REHABILITATION
Filing Year: 2022

Date: 10/02/2024
Time: 3:40 PM

SCHEDULE 1 : GENERAL INFORMATION

Facility Information		
Table 1		1
Line #	Description	
1.1	Facility Name	NEVILLE CTR.@ FRESH POND FOR NURSING & REHABILITATION
1.2	MassHealth Provider ID	110026577A
1.3	Federal Employer Tax ID	043488318
1.4	VPN	0926213
1.5	Is the above information correct?	Yes
1.6	Facility Number	00660
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	640 Concord Aave
1.11	City	Cambridge
1.12	Zip	02138
1.13	Telephone	+1 (617) 497-0600
1.14	Is this a hospital-based nursing facility?	No
1.15	Does the provider have pediatric beds?	No
1.16	Does the provider have an executed special contract with MassHealth (e.g. ventilator unit, acquired brain injury, etc.)?	No
1.17	Legal Status	MA Non-Profit Corp (Chapter 180)
1.18	List the name of the management company as reported on the management company cost report.	Landmark Management Solutions LLC
1.19	List the name of the entity that holds the nursing facility license.	Neville Center at Fresh Pond
1.20	List realty company names as reported on each realty company cost report.	
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

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Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Stephen Duarte
2.2	Nursing Facility or Firm Name	Landmark Managment Solution LLC
2.3	Title	CFO
2.4	Street Address	57 Wingate St
2.5	City	Haverhill
2.6	State	MA
2.7	Zip Code	01832
2.8	Phone Number	+1 (978) 372-4004
2.9	Email Address	sduarte@landmarkhealth.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	Fran Petricone
3.3	Nursing Facility or Firm Name	Landmark Management Solution LLC
3.4	Title	Preparer
3.5	Street Address	57 Wingate St
3.6	City	Haverhill
3.7	State	MA
3.8	Zip Code	01832
3.9	Phone Number	+1 (978) 372-4004
3.10	Email Address	sduarte@landmarkhealth.com
3.11	Type of Accounting Service Performed	Other (Explain in Footnotes)

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

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SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	1,699,500	324	1,699,824
1.2	Commercial Managed Care	1,440,017	40,622	1,480,639
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	6,029,682	496,520	6,526,202
1.5	Medicare Managed Care (Part C)			0
1.6	MassHealth Fee-for-Service	5,638,829		5,638,829
1.7	MassHealth Managed Care			0
1.8	Senior Care Options	114,675		114,675
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	201,181		201,181
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	15,123,884	537,466	15,661,350

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	4,476
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	432,042
3.7	Interest Income	188
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	2,709
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	1,091,161
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	1,530,576

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)	Gain on investment	4,476
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		4,476

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	17,191,926

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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	310,489		310,489
1.2	Director of Nurses: Employee Benefits	22,334		22,334
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	28,461		28,461
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	361,284		361,284
1.7	Registered Nurses: Salaries	1,687,520		1,687,520
1.8	Registered Nurses: Employee Benefits	121,384		121,384
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	154,685		154,685
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	0	0	0
1.200	Subtotal: Registered Nurses Expenses	1,963,589		1,963,589
1.12	Licensed Practical Nurses: Salaries	1,753,666		1,753,666
1.13	Licensed Practical Nurses: Employee Benefits	126,142		126,142
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	160,748		160,748
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	0	0	0
1.300	Subtotal: Licensed Practical Nurses Expenses	2,040,556		2,040,556
1.17	Certified Nurse Aides: Salaries	2,041,253		2,041,253
1.18	Certified Nurse Aides: Employee Benefits	146,828		146,828
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	187,109		187,109
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	0	0	0
1.400	Subtotal: Certified Nurse Aides Expenses	2,375,190		2,375,190

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1.22	Nurse's Aide Training Administration		0	0
1.23	Nursing Education and Training	3,540		3,540
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	3,540		3,540
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	6,744,159		6,744,159

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	6,744,159		6,744,159

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	106,620		106,620
2.2	Administration: Employee Benefits	7,669		7,669
2.3	Administration: Payroll Taxes incl Workers Comp.	9,773		9,773
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	124,062		124,062
2.7	Clerical Staff: Salaries	398,487		398,487
2.8	Clerical Staff: Employee Benefits	28,663		28,663
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	36,527		36,527
2.10	Clerical Staff: Purchased Service			0
2.200	Subtotal: Clerical Staff Expenses	463,677		463,677
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	176,001		176,001
2.12	Office Supplies	54,926		54,926
2.13	Telecommunications (e.g. Internet, Phone)	71,944		71,944

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	5,938		5,938
2.16	Advertising: Help Wanted	51,192		51,192
2.17	Licenses and Dues: Patient Care Related Portion	12,787		12,787
2.18	Continuing Professional Education / Training and Development	550		550
2.19	Accounting Services (Not related to appeals)	67,779		67,779
2.20	Insurance: Malpractice & General Liability	295,531		295,531
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	56,849		56,849
2.23	Non-Allowable A & G Expenses	1,920,888	1,920,888	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)			0
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		614,321	614,321
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		16,936	16,936
2.27	This line description is intentionally left blank			0
2.28	This line description is intentionally left blank			0
2.300	Subtotal: Other Administrative and General Expenses	2,714,385		1,424,754
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	3,302,124		2,012,493
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		2,709	2,709
2.500	Subtotal: Administrative & General Recoverable Income	0		2,709
200	Total: Net Administrative & General Expenses After Recoverable Income	3,302,124		2,009,784

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Detail of Other A&G Expenses		
Table 2A	1	2
Line #	Description	Amount
2A.1	Non-Resident food	5,772
2A.2	Admin Consultants	13,500
2A.3	Admin Purch Services	19,582
2A.4	Admin Service Contracts	1,515
2A.5	Flowers	2,747
2A.6	Bank Charges	12,210
2A.7	Replace Resident lost items	1,523
2A.100	Subtotal: Other A&G Expenses	56,849

Detail of Non-Allowable A & G Expenses		
Table 2B	1	
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	3,057
2B.2	Licenses and Dues: Not Related to Resident Care	4,516
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	
2B.5	Legal: Resident Care	
2B.6	Legal: Other	13,342
2B.7	Key Person Insurance	
2B.8	Management Company Fees	898,321
2B.9	Management Consultants	
2B.10	Interest on Working Capital	31,041
2B.11	Fines, Late Fees, Penalties, including Interest	90,805
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	300,000
2B.15	User Fee Assessment	579,806
2B.16	Other Non-Allowable A&G Expenses	
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
2B.100	Total Non-Allowable A&G Expenses	1,920,888

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Variable Expenses				
Table 3		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
3.1	Staff Development Coordinator: Salaries			0
3.2	Staff Dev. Coord.: Employee Benefits			0
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.			0
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	0		0
3.5	Plant Operation: Salaries	82,353		82,353
3.6	Plant Operation: Employee Benefits	5,924		5,924
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	7,549		7,549
3.8	Plant Operation: Purchased Service	164,250		164,250
3.9	Plant Operation: Supplies and Expenses	27,074		27,074
3.10	Plant Operation: Utilities	270,487		270,487
3.11	Plant Operation: Repairs	76,344		76,344
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	633,981		633,981
3.13	Dietician: Salaries	96,281		96,281
3.14	Dietician: Employee Benefits	6,926		6,926
3.15	Dietician: Payroll Taxes incl Workers Comp.	8,826		8,826
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	112,033		112,033
3.18	Dietary: Salaries	562,430		562,430
3.19	Dietary: Employee Benefits	40,456		40,456
3.20	Dietary: Payroll Taxes incl Workers Comp.	51,555		51,555
3.21	Dietary: Food	359,204		359,204
3.22	Dietary: Purchased Service	6,957		6,957
3.23	Dietary: Supplies and Expenses	45,124		45,124
3.400	Subtotal: Dietary Expenses	1,065,726		1,065,726
3.24	Housekeeping/Laundry: Salaries	451,138		451,138
3.25	Housekeeping/Laundry: Employee Benefits	32,451		32,451

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3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	41,353		41,353
3.27	Housekeeping/Laundry: Purchased Service	28,845		28,845
3.28	Housekeeping/Laundry: Supplies and Expenses	62,613		62,613
3.29	Housekeeping/Laundry: Linen and Bedding	8,046		8,046
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	624,446		624,446
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	85,525		85,525
3.37	Unit Clerk & Medical Records: Employee Benefits	6,152		6,152
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	7,839		7,839
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	99,516		99,516
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	277,764		277,764
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	19,980		19,980
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	25,461		25,461
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	323,205		323,205
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	172,639		172,639
3.49	Social Service Worker: Employee Benefits	12,418		12,418

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3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	15,825		15,825
3.51	Social Service Worker: Purchased Service	64,091		64,091
3.1000	Subtotal: Social Service Worker Expenses	264,973		264,973
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	143,240		143,240
3.57	Indirect Restorative Therapy: Employee Benefits	10,303		10,303
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.	13,129		13,129
3.59	Indirect Restorative Therapy: Consultants	3,427		3,427
3.60	Direct Restorative Therapy: Salaries	1,091,584	1,091,584	0
3.61	Direct Restorative Therapy: Benefits	178,577	178,577	0
3.62	Direct Restorative Therapy: Consultants	26,113	26,113	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	1,466,373		170,099
3.64	Recreational Therapy/Activities: Salaries	209,028		209,028
3.65	Recreational Therapy/Activities: Employee Benefits	15,035		15,035
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	19,160		19,160
3.67	Recreational Therapy/Activities: Purchased Service	22,368		22,368
3.68	Recreational Therapy/Activities: Supplies and Expenses	7,665		7,665
3.69	Recreational Therapy/Activities: Transportation	61,471	61,471	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	334,727		273,256
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

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3.77	Security: Purchased Service			0
3.1500	Subtotal: Security Expenses	0		0
3.78	Travel: Motor Vehicle Expense	2,914		2,914
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	90,400		90,400
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	544,405	544,405	0
3.88	Personal Protective Equipment	88,024		88,024
3.89	House Supplies Not Resold	194,059		194,059
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents		0	0
3.92	Pharmacy Consultant	21,578		21,578
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	941,380		396,975
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	5,866,360		3,964,210
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		1,091,161	1,091,161
3.1800	Subtotal: Variable Recoverable Income	0		1,091,161
300	Total: Net Variable Expenses Including Recoverable Income	5,866,360		2,873,049

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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	618,045	(188,974)	807,019
4.2	Long-Term Interest Expense SNF-CR	372,551	188	372,363
4.3	Long-Term Interest Expense REA-CR			0
4.4	MA Corp. Excise Tax - Non-Income Portion SNF-CR			0
4.5	MA Corp. Excise Tax - Non-Income Portion REA-CR			0
4.6	Building Insurance Expense SNF-CR	23,198		23,198
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			0
4.10	Personal Property Tax Expense SNF-CR	62		62
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	43,788		43,788
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR		0	0
4.15	This line description is intentionally left blank			0
4.16	This line description is intentionally left blank			0
4.100	Subtotal: Total Capital & Fixed Cost Expenses Before Recoverable Income	1,057,644		1,246,430
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	1,057,644		1,246,430

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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	16,970,287		13,967,292
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	16,970,287		12,873,422

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

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

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

Financial Statement of Operations

Table 1		
Table 1B		
Not-For-Profit		
Line #	Description	Reported
1B.1	Net Patient Service Revenue	16,093,391
1B.2	Other Revenue	
1B.3	Net Assets Released from Restriction	
1B.100	Total Operating Revenue	16,093,391
1B.4	Salaries and Wages	9,470,019
1B.5	Employee Benefits	1,549,241
1B.6	Supplies and Other (including Payroll Taxes)	4,629,389
1B.7	Interest Expense	377,031
1B.8	Provision for Bad Debt	300,000
1B.9	Depreciation and Amortization Expenses	644,606
1B.200	Total Operating Expenses	16,970,286
1B.300	Income(Loss) from Operations	(876,895)
	Non-Operating Income and Expenses	
1B.10	Interest Income	188
1B.11	Investment Income	
1B.12	Realized Gain(Loss) from Investments	
1B.13	Realized Gain(Loss) from Sale or Disposal of Equipment	4,476
1B.14	Other Non-Operating Income(Expense)	1,522
	Other Changes in Net Assets Without Donor Restrictions	
1B.15	Contributions, Gifts, and Other	1,250
1B.16	Extraordinary Items	1,091,098
1B.17	Cumulative Effect of Changes in Accounting Principles	0
1B.18	Change in Beneficial Interest in Net Assets Without Donor Restrictions	
1B.19	Unrealized Gain(Loss) on Investments from Net Assets Without Donor Restrictions	
1B.20	Other Changes in Net Assets Without Donor Restrictions	
1B.400	Financial Statement Excess (Deficiency) of Revenues over Expenses	221,639

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<i>Detail of Extraordinary Items</i>		
Table 1C	1	2
Line #	Description	Amount
1C.1	COVID and other grants	1,091,098
1C.100	Subtotal: Cumulative Extraordinary Items	1,091,098

<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)	17,191,926
2.2	Total Nursing Expenses (Schedule 3)	6,744,159
2.3	Total Administrative and General Expenses (Schedule 3)	3,302,124
2.4	Total Variable Expenses (Schedule 3)	5,866,360
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	1,057,644
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	16,970,287
200	Cost Reported Net Income(Loss)	221,639

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Reconciliation Between Financial Statement and Cost Report Net Income			
Table 3		1	2
Line #	Description	Describe Reconciling Item	Amount
3.1	Net Income(Loss) on Financial Statement of Operations (Table 1)		221,639
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)		221,639

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	636,573
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	1,377,956
1.6	Less Reserve for Bad Debt	(194,233)
1.100	Subtotal: Net Patient Accounts Receivable	1,183,723
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	46,517
1.12	Prepaid Interest	
1.13	Prepaid Insurance	58,275
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	33,484
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
100	Total Current Assets	1,958,572

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

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Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	
2.2	Buildings	6,489,039
2.3	Improvements	1,270,473
2.4	Equipment	296,579
2.5	Software/Limited Life Assets	4,075
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	8,060,166

Other Non-Current Assets		
Table 3		1
Line #	Description	Account Balance
3.1	Long-Term Investments	8,514
3.2	Non-Current Assets Whose Use is Limited	
3.3	Other Deferred Charges and Non-Current Assets	41,758
3.4	Construction in Progress	114,500
3.5	Mortgage Acquisition Costs	265,388
3.6	Accumulated Amortization of Mortgage Acquisition Costs	(249,893)
3.100	Net Mortgage Acquisition Costs	15,495
300	Total Non-Current Assets	180,267

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	Operating Reserve	9,717
3A.2	Cap Ex Recerve	32,041
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	41,758

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Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	10,199,005

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	968,091
5.2	Accrued Expenses	445,329
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	(4,700)
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	8,584,922
5.7	Accrued Salaries and Payroll Liabilities	716,895
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	53,818
500	Total Current Liabilities	10,764,355

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Deferred Revenue	47,106
5A.2	Routine Lease - Operating	5,640
5A.3	Current Portion Lease - Operating	1,072
5A.100	Subtotal: Other Current Liabilities	53,818

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Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	
6.2	Due to Related Parties, Subsidiaries, and Affiliates	1,138,151
6.3	Other Long-Term Debt	111,363
600	Total Non-Current Liabilities	1,249,514

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	12,013,869

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

Table 8				
Table 8A		1	2	3
Not-for-Profits				
Line #	Description	Net Assets Without Donor Restrictions	Net Assets With Donor Restrictions	Total Net Assets
8A.1	Net Assets Balance: Prior Year	(2,036,503)		(2,036,503)
8A.2	Prior Period Adjustment(s)	0		0
8A.3	SNF-CR Excess (Deficiency) of Revenues Over Expenses	221,639		221,639
8A.4	Gain/(Loss) Realized on Investments			0
8A.5	Contributions, Gifts and Other			0
8A.6	Change in Unrealized Gains/(Losses) on Investments			0
8A.7	Net Assets Released from Donor Restriction			0
8A.8	Net Assets - Other			0
8A.100	Net Assets Balance: Current Year	(1,814,864)	0	(1,814,864)

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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		
8D.100	Subtotal: Prior Period Adjustments	0
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)	10,199,005

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SCHEDULE 7 : DETAIL OF FIXED ASSETS AND DEPRECIATION

Financial Statement Fixed Assets									
Table 1		1	2	3	4	5	6	7	8
Line #	Description	Fixed Asset Cost Beginning Balance	Current Year Additions	Current Year Deletions	Fixed Asset Cost Ending Balance	Accumulated Depreciation Beginning Balance	Current Year Depreciation	Accumulated Depreciation Ending Balance	Financial Statement Net Book Value
1.1	Land				0				0
1.2	Building	12,143,229			12,143,229	(5,350,609)	(303,581)	(5,654,190)	6,489,039
1.3	Improvements	2,911,539	10,450		2,921,989	(1,483,219)	(168,297)	(1,651,516)	1,270,473
1.4	Equipment	2,899,108	215,007		3,114,115	(2,673,955)	(143,581)	(2,817,536)	296,579
1.5	Software/Limited Life Assets	259,616	4,890		264,506	(257,845)	(2,586)	(260,431)	4,075
1.6	Motor Vehicles	20,610			20,610	(20,610)		(20,610)	0
100	Total	18,234,102	230,347	0	18,464,449	(9,786,238)	(618,045)	(10,404,283)	8,060,166

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	218,692					218,692				
2.2	Land REA-CR						0				
2.3	Building SNF-CR	12,538,475					12,538,475		303,581	9,881	313,462
2.4	Building REA-CR						0				0
2.5	Improvements SNF-CR	2,021,884		10,450			2,032,334	5.00%	168,297	(66,680)	101,617
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	2,833,326		215,007			3,048,333	10.00%	143,581	160,546	304,127

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2.8	Equipment REA-CR					0	10.00%			0
2.9	Software/Limited Life Assets SNF-CR	258,815		4,890		263,705	33.33%	2,586	85,227	87,813
2.10	Software/Limited Life Assets REA-CR					0	33.33%			0
200	Total Claimed Fixed Assets	17,871,192	0	230,347	0	0	18,101,539	618,045	188,974	807,019

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	2004
3.2	What was the date of the most recent assessed property value of this facility?	12/06/2015
3.3	What was the value from the most recent municipal property assessment for this facility?	13,814,000
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?	60
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	43,010
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	41,624
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	152
3.10	What is the total acreage of the facility site?	0.1
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	Yes

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

SCHEDULE 8 : STATEMENT OF CASH FLOWS

Beginning Cash and Cash Equivalents Balance

Table 1		1
Line #	Description	Reported
1.1	Cash and Cash Equivalents (Beginning of Year)	493,192

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	221,639
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	1,321,637
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(1,292,877)
200	Net Cash from Operating Activities	250,399

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(422,771)
3.2	Cash Flows from Other Investing Activities	1,098,535
300	Net Cash from Investing Activities	675,764

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	(782,781)
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	(782,781)

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	143,382
500	Cash and Cash Equivalents (End of Year)	636,574

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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	05/19/2020	112			112	112
1.2	05/19/2022	112	0		112	112
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.	112				
1.7	Is above listed bed licensure information correct?	Yes				

Patient Statistics - Days

Table 2		1	2	3	4	5	6
Line #	Description	Private Pay	Commercial Managed Care	Commercial Non-Managed Care	Medicare Fee-For-Service	Medicare Managed Care (Part C)	MassHealth Fee-for-Service
2.1	Nursing	3,927	14	259	9,359	2,698	20,524
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)						428
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	3,927	14	259	9,359	2,698	20,952

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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
	408							37,189
								0
								0
								0
								0
								0
								0
								0
								0
								428
								0
								0
								0
0	408	0	0	0	0	0	0	37,617

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Patient Statistics - Summary			
Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	558
3.2	0140.1	Number of MassHealth Admissions During Year	6
3.3	0150.0	Number of Discharges During Year	516
3.4	0190.0	Average Length of Stay	4,726
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	480
3.6	0170.0	Number of Unduplicated Residents (>100 day stay)	97

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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	1,233,537	25,604.5	1,097,545	26,063.1	1,366,576	68,726.7
1.2	Total Overtime Wages	198,251	2,995.9	373,492	5,880.9	299,456	9,636.8
1.3	Total Shift Differential	52,135		87,263		166,715	
1.4	Total Other Differentials						
100	Total	1,483,923	28,600.4	1,558,300	31,944.0	1,832,747	78,363.5

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	3.00	3.00	3.00	3.00	3.00
2.2	Licensed Practical Nurses	3.00	3.00	3.00	3.00	3.00
2.3	Certified Nurse Aides	3.00	3.00	3.00	3.00	3.00

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Detail of Staff and Hours by Position				
Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development			
3.2	Plant Operations	1	1.0	2,090.8
3.3	Dietary Staff	10	12.3	25,606.7
3.4	Dietician	1	1.0	2,099.9
3.5	Housekeeping/Laundry Staff	8	11.2	23,289.2
3.6	Unit Clerk & Medical Records Staff	2	1.4	2,865.9
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	3	2.3	4,878.3
3.9	Social Services Staff	2	1.9	3,874.2
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff	10	11.8	24,577.4
3.12	Restorative Therapy - Indirect Staff	2	1.6	3,225.1
3.13	Recreational Staff	4	4.4	9,127.0
3.14	Administration and Officers	1	1.0	2,154.3
3.15	Security Staff			
3.16	Clerical Staff	5	5.9	12,253.8
3.17	Director of Nurses	2	2.2	4,490.9
3.18	Registered Nurses	12	14.9	28,600.4
3.19	Licensed Practical Nurses	12	16.9	31,944.0
3.20	Certified Nurse Aides	33	41.9	78,363.5
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	108	131.7	259,441.4

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Detail of Purchased Nursing Services										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges
Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies									
Registered Temporary Nursing Service Agencies										
4.2										
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	Akoachere	Alfred	RN	Nursing	244,433			244,433		
5.2	Guillaume	Norelia	LPN	Nursing	196,409			196,409		
5.3	Maravanyika	Ivy	LPN	Nursing	239,354			239,354		
5.4	Miranda	Lenaide	LPN	Nursing	205,428			205,428		
5.5	Sempa	Susan	RN	Nursing	178,373			178,373		

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

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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	1st Mortgage	Rockland Trust	No	07/13/2013	07/30/2023	300	59,887	11,340,000	265,388	26,563
1.2	Capital Lease	Wells Fargo	No	06/18/2018	06/15/2023	60	1,536	65,000		
1.3	Other	Blue Street	No	04/01/2022	03/20/2025	36	4,589	130,044		
1.4	Other	UBEO	No	03/07/2022	02/28/2027	60	1,495	63,302		
1.5	Other	Northstar Leasing	No	04/20/2021	03/24/2024	27	952	28,115		
1.6	Other	Pitney Bowes	No	12/30/2022	03/29/2028	64	129	6,712		
1.7										
100	TOTALS								265,388	26,563

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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
8,890,448		369,356			8,521,092	3.950%	349,289		375,852
22,186		2,543	19,643		0	14.670%	669		669
	130,044	23,765			106,279	14.670%	12,950		12,950
	63,302	7,621			55,681	14.670%	7,329		7,329
22,060		8,826			13,234	13.360%	2,313		2,313
	6,712				6,712	8.000%			0
					0				0
					8,702,998		372,550	0	399,113

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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		No					0		
200	Total Working Capital Interest						0		0

SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

UPLOADS REQUIRED
(1) Footnotes and Explanations
<i>Upload Type: Excel, Word, or PDF</i>
This section is used to provide detail to any of the information included in this report.
(2) Ownership and Facility Information
<i>Upload Type: Excel Template</i>
List the names of all direct and indirect nursing facility owners and the name(s) of any Massachusetts and non-Massachusetts nursing or residential care facilities that are owned, directly or indirectly by the facility owners that have an interest of 5% or more. Note: This information must be submitted in the format of the template provided. In order for the file to be accepted, you <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:

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

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
08/27/2023 7:20PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Francine Petricone
08/27/2023 7:23PM	(1) Footnotes and Explanations	Footnotes.pdf	application/pdf	Francine Petricone
08/27/2023 7:30PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Francine Petricone
08/27/2023 7:31PM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Francine Petricone
09/15/2023 8:12PM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Francine Petricone

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	Fran Petricone
1.2	Nursing Facility or Firm Name	Landmark Management Solution LLC
1.3	Title	Preparer
1.4	Street Address	57 Wingate St
1.5	City	Haverhill
1.6	State	MA
1.7	Zip Code	01832
1.8	Phone Number	+1 (978) 372-4004
1.9	Email Address	sduarte@landmarkhealth.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:	09/15/2023

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	09/20/2024
2.3	Last Name	Duarte
2.4	First Name	Stephen
2.5	Middle Name	J.
2.6	Title	Corporate Controller
2.7	Is this information correct?	Yes

Please note once the Submit button is clicked, this Cost Report and all attachments will be submitted to CHIA for review and finalized. This Cost Report can then only be reopened by contacting CHIA and submitting a request.

Please submit all request to Costreports.LTCF@CHIAMass.gov along with the following information:

a) User Name

b) User E-Mail Address

c) Organization Name

d) Applicable Filing Year

e) Reason for request