

Skilled Nursing Facility Cost Report**PILGRIM REH & SKIL NURS CTR**

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 PM

SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	PILGRIM REH & SKIL NURS CTR
1.2	MassHealth Provider ID	110026304D
1.3	Federal Employer Tax ID	043080764
1.4	VPN	0919977
1.5	Is the above information correct?	Yes
1.6	Facility Number	00490
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	96 Forest Street
1.11	City	Peabody
1.12	Zip	01960
1.13	Telephone	+1 (978) 532-0303
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 with 501c(3) exemption)
1.18	List the name of the management company as reported on the management company cost report.	BHS Management Services; Integritus Healthcare Management Services
1.19	List the name of the entity that holds the nursing facility license.	Fairview Extended Care Services Inc
1.20	List realty company names as reported on each realty company cost report.	
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	Yes

Skilled Nursing Facility Cost Report
PILGRIM REH & SKIL NURS CTR
Filing Year: 2022

Date: 11/28/2023
Time: 2:05 PM

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

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

Skilled Nursing Facility Cost Report**PILGRIM REH & SKIL NURS CTR**

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 PM

Owner Business Information

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

Table 4	1	2	3	4	5	6
Line #	Service Type	Company Name	MassHealth Provider ID	Direct Owner/Partner Names	Indirect Owner/Partner Names	Parent Organization Names
4.1	Other	DAY BROOK VILLAGE SENIOR LIVING	110126706A	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services Inc
4.2	Other	E. LONGMEADOW SKILLED NURSING CTR	110026304C	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services Inc
4.3	Other	FAIRVIEW COMMONS NURS & REH. CTR	110026175B	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services Inc
4.4	Other	HILLCREST COMMONS NURS & REH. CTR	110026559A	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services Inc
4.5	Other	HUNT NURSING AND REHABILITATION CENTER	110026304B	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services Inc
4.6	Other	KIMBALL FARMS NURSING CARE CENTER	110026326B	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services Inc
4.7	Other	NORTH ADAMS COMMONS NRS & REH. CTR	110026217B	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services Inc
4.8	Other	WILLIAMSTOWN COMMONS N&R CTR	110026218B	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services Inc

Skilled Nursing Facility Cost Report**PILGRIM REH & SKIL NURS CTR**

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 PM

SCHEDULE 2 : REVENUE**Nursing Facility Revenue**

Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	2,319,367	10,567	2,329,934
1.2	Commercial Managed Care	145,412	7,338	152,750
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	3,708,691	268,533	3,977,224
1.5	Medicare Managed Care (Part C)	233,222		233,222
1.6	MassHealth Fee-for-Service	5,806,331	1	5,806,332
1.7	MassHealth Managed Care	1,017,626		1,017,626
1.8	Senior Care Options	103,422	42,358	145,780
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount	1,058,717		1,058,717
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	14,392,788	328,797	14,721,585

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**PILGRIM REH & SKIL NURS CTR**

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 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	784,067
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	(11,080)
3.7	Interest Income	75
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	40,126
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	813,188

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 Revenue	784,067
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		784,067

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	15,534,773

Skilled Nursing Facility Cost Report**PILGRIM REH & SKIL NURS CTR**

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 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	68,210		68,210
1.2	Director of Nurses: Employee Benefits	8,681		8,681
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	6,489		6,489
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	83,380		83,380
1.7	Registered Nurses: Salaries	923,483		923,483
1.8	Registered Nurses: Employee Benefits	117,534		117,534
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	87,860		87,860
1.10	Registered Nurses Purchased Service: Per Diem	281,970		281,970
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	202,515	0	202,515
1.200	Subtotal: Registered Nurses Expenses	1,613,362		1,613,362
1.12	Licensed Practical Nurses: Salaries	1,413,211		1,413,211
1.13	Licensed Practical Nurses: Employee Benefits	179,863		179,863
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	134,454		134,454
1.15	Licensed Practical Nurses Purchased Service: Per Diem	54,858		54,858
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	305,743	0	305,743
1.300	Subtotal: Licensed Practical Nurses Expenses	2,088,129		2,088,129
1.17	Certified Nurse Aides: Salaries	1,914,984		1,914,984
1.18	Certified Nurse Aides: Employee Benefits	243,724		243,724
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	182,191		182,191
1.20	Certified Nurse Aides Purchased Service: Per Diem	272,008		272,008
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	778,584	0	778,584
1.400	Subtotal: Certified Nurse Aides Expenses	3,391,491		3,391,491

Skilled Nursing Facility Cost Report

PILGRIM REH & SKIL NURS CTR

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 PM

1.22	Nurse's Aide Training Administration		0	0
1.23	Nursing Education and Training			0
1.24	This line description is intentionally left blank			0
1.25	This line description is intentionally left blank			0
1.500	Subtotal: Other Nursing Expenses	0		0
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	7,176,362		7,176,362

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	7,176,362		7,176,362

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	124,394		124,394
2.2	Administration: Employee Benefits	2,693		2,693
2.3	Administration: Payroll Taxes incl Workers Comp.	11,837		11,837
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	138,924		138,924
2.7	Clerical Staff: Salaries	415,791		415,791
2.8	Clerical Staff: Employee Benefits	52,919		52,919
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	39,559		39,559
2.10	Clerical Staff: Purchased Service			0
2.200	Subtotal: Clerical Staff Expenses	508,269		508,269
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services			0
2.12	Office Supplies	28,460		28,460
2.13	Telecommunications (e.g. Internet, Phone)	28,363		28,363

Skilled Nursing Facility Cost Report

PILGRIM REH & SKIL NURS CTR

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 PM

2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings			0
2.16	Advertising: Help Wanted			0
2.17	Licenses and Dues: Patient Care Related Portion	25,635		25,635
2.18	Continuing Professional Education / Training and Development	6,631		6,631
2.19	Accounting Services (Not related to appeals)			0
2.20	Insurance: Malpractice & General Liability	67,276		67,276
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	13,478	13,478	0
2.23	Non-Allowable A & G Expenses	1,971,081	1,971,081	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)		869,211	869,211
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		18,671	18,671
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	2,140,924		1,044,247
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	2,788,117		1,691,440
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		40,126	40,126
2.500	Subtotal: Administrative & General Recoverable Income	0		40,126
200	Total: Net Administrative & General Expenses After Recoverable Income	2,788,117		1,651,314

Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	Prior Year Expense Adjustment	13,478
2A.100	Subtotal: Other A&G Expenses	13,478

Skilled Nursing Facility Cost Report**PILGRIM REH & SKIL NURS CTR**

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 PM

Detail of Non-Allowable A & G Expenses

Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	14,751
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	23,177
2B.7	Key Person Insurance	
2B.8	Management Company Fees	826,443
2B.9	Management Consultants	52,807
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	6,611
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	166,884
2B.15	User Fee Assessment	880,408
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	1,971,081

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	27,873		27,873
3.2	Staff Dev. Coord.: Employee Benefits	3,548		3,548
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	2,652		2,652
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	34,073		34,073
3.5	Plant Operation: Salaries	116,919		116,919
3.6	Plant Operation: Employee Benefits	14,881		14,881
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	11,124		11,124

Skilled Nursing Facility Cost Report**PILGRIM REH & SKIL NURS CTR**

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 PM

3.8	Plant Operation: Purchased Service	125,503		125,503
3.9	Plant Operation: Supplies and Expenses	19,538		19,538
3.10	Plant Operation: Utilities	354,326		354,326
3.11	Plant Operation: Repairs	33,981		33,981
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	676,272		676,272
3.13	Dietician: Salaries	55,004		55,004
3.14	Dietician: Employee Benefits	7,000		7,000
3.15	Dietician: Payroll Taxes incl Workers Comp.	5,233		5,233
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	67,237		67,237
3.18	Dietary: Salaries	487,565		487,565
3.19	Dietary: Employee Benefits	62,054		62,054
3.20	Dietary: Payroll Taxes incl Workers Comp.	46,387		46,387
3.21	Dietary: Food	315,480		315,480
3.22	Dietary: Purchased Service	22,063		22,063
3.23	Dietary: Supplies and Expenses	21,381		21,381
3.400	Subtotal: Dietary Expenses	954,930		954,930
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	374,627		374,627
3.28	Housekeeping/Laundry: Supplies and Expenses	37,265		37,265
3.29	Housekeeping/Laundry: Linen and Bedding			0
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	411,892		411,892
3.31	Quality Assurance (QA) Professional: Salaries	58,524		58,524
3.32	QA Professional: Employee Benefits	5,760		5,760
3.33	QA Professional: Payroll Taxes incl Workers Comp.	11,520		11,520
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	75,804		75,804
3.36	Unit Clerk & Medical Records: Salaries			0

Skilled Nursing Facility Cost Report

PILGRIM REH & SKIL NURS CTR

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 PM

3.37	Unit Clerk & Medical Records: Employee Benefits			0
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.			0
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	0		0
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	171,916		171,916
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	21,880		21,880
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	16,356		16,356
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	210,152		210,152
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	132,391		132,391
3.49	Social Service Worker: Employee Benefits	16,850		16,850
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	12,595		12,595
3.51	Social Service Worker: Purchased Service	71,585		71,585
3.1000	Subtotal: Social Service Worker Expenses	233,421		233,421
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	6,088		6,088
3.60	Direct Restorative Therapy: Salaries		0	0

Skilled Nursing Facility Cost Report

PILGRIM REH & SKIL NURS CTR

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 PM

3.61	Direct Restorative Therapy: Benefits		0	0
3.62	Direct Restorative Therapy: Consultants	590,368	590,368	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	596,456		6,088
3.64	Recreational Therapy/Activities: Salaries	133,355		133,355
3.65	Recreational Therapy/Activities: Employee Benefits	16,973		16,973
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	12,688		12,688
3.67	Recreational Therapy/Activities: Purchased Service	4,777		4,777
3.68	Recreational Therapy/Activities: Supplies and Expenses	1,142		1,142
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	168,935		168,935
3.70	Resident Care Assistant: Salaries	67,440		67,440
3.71	Resident Care Assistant: Employee Benefits	8,583		8,583
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.	6,417		6,417
3.73	Resident Care Assistant: Purchased Service			0
3.1400	Subtotal: Resident Care Assistant Expenses	82,440		82,440
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	1,757		1,757
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education	801		801
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	39,000		39,000
3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals	13,140		13,140
3.86	Physician Services: Other	529		529
3.87	Legend Drugs	342,363	342,363	0
3.88	Personal Protective Equipment			0

Skilled Nursing Facility Cost Report**PILGRIM REH & SKIL NURS CTR**

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 PM

3.89	House Supplies Not Resold	657,387		657,387
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents	106,696	106,696	0
3.92	Pharmacy Consultant	21,089		21,089
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	1,182,762		733,703
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	4,694,374		3,654,947
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		0	0
3.1800	Subtotal: Variable Recoverable Income	0		0
300	Total: Net Variable Expenses Including Recoverable Income	4,694,374		3,654,947

Skilled Nursing Facility Cost Report

PILGRIM REH & SKIL NURS CTR

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 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	449,701	(50,278)	499,979
4.2	Long-Term Interest Expense SNF-CR	142,089		142,089
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	23,832		23,832
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			0
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	29,671	29,671	0
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR		0	0
4.15	This line description is intentionally left blank			0
4.16	This line description is intentionally left blank			0
4.100	Subtotal: Total Capital & Fixed Cost Expenses Before Recoverable Income	645,293		665,900
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	645,293		665,900

Skilled Nursing Facility Cost Report**PILGRIM REH & SKIL NURS CTR**

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 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	15,304,146		13,188,649
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	15,304,146		13,148,523

Skilled Nursing Facility Cost Report**PILGRIM REH & SKIL NURS CTR**

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 PM

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**PILGRIM REH & SKIL NURS CTR**

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 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**PILGRIM REH & SKIL NURS CTR**

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 PM

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	15,494,572
1B.2	Other Revenue	40,126
1B.3	Net Assets Released from Restriction	
1B.100	Total Operating Revenue	15,534,698
1B.4	Salaries and Wages	6,043,621
1B.5	Employee Benefits	854,429
1B.6	Supplies and Other (including Payroll Taxes)	7,647,422
1B.7	Interest Expense	142,089
1B.8	Provision for Bad Debt	166,884
1B.9	Depreciation and Amortization Expenses	449,701
1B.200	Total Operating Expenses	15,304,146
1B.300	Income(Loss) from Operations	230,552
	Non-Operating Income and Expenses	
1B.10	Interest Income	75
1B.11	Investment Income	
1B.12	Realized Gain(Loss) from Investments	
1B.13	Realized Gain(Loss) from Sale or Disposal of Equipment	
1B.14	Other Non-Operating Income(Expense)	
	Other Changes in Net Assets Without Donor Restrictions	
1B.15	Contributions, Gifts, and Other	
1B.16	Extraordinary Items	0
1B.17	Cumulative Effect of Changes in Accounting Principles	0
1B.18	Change in Beneficial Interest in Net Assets Without Donor Restrictions	
1B.19	Unrealized Gain(Loss) on Investments from Net Assets Without Donor Restrictions	
1B.20	Other Changes in Net Assets Without Donor Restrictions	
1B.400	Financial Statement Excess (Deficiency) of Revenues over Expenses	230,627

Skilled Nursing Facility Cost Report
PILGRIM REH & SKIL NURS CTR
Filing Year: 2022

Date: 11/28/2023
Time: 2:05 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)	15,534,773
2.2	Total Nursing Expenses (Schedule 3)	7,176,362
2.3	Total Administrative and General Expenses (Schedule 3)	2,788,117
2.4	Total Variable Expenses (Schedule 3)	4,694,374
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	645,293
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	15,304,146
200	Cost Reported Net Income(Loss)	230,627

Skilled Nursing Facility Cost Report**PILGRIM REH & SKIL NURS CTR**

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 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)		230,627
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)		230,627

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

Current Assets		
Table 1		1
Line #	Description	Account Balance
1.1	Cash and Cash Equivalents	(2,683)
1.2	Short-Term Investments	
1.3	Current Portion Assets Whose Use is Limited	
1.4	Other Cash and Equivalents	
1.5	Payer Accounts Receivable	2,649,750
1.6	Less Reserve for Bad Debt	(210,590)
1.100	Subtotal: Net Patient Accounts Receivable	2,439,160
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	769,685
1.9	Interest Receivable	
1.10	Supply Inventory	55,127
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	15,609
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	45,109
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
100	Total Current Assets	3,322,007

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

Skilled Nursing Facility Cost Report
PILGRIM REH & SKIL NURS CTR
Filing Year: 2022

Date: 11/28/2023
Time: 2:05 PM

Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	537,422
2.2	Buildings	
2.3	Improvements	2,469,475
2.4	Equipment	493,239
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	3,500,136

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	50,000
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	50,000

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
PILGRIM REH & SKIL NURS CTR
Filing Year: 2022

Date: 11/28/2023
Time: 2:05 PM

Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	6,872,143

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	1,128,232
5.2	Accrued Expenses	(95,582)
5.3	Due to Insurance Payers	681
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	198,208
5.7	Accrued Salaries and Payroll Liabilities	264,796
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	11,276
5.10	Other Current Liabilities	16,508
500	Total Current Liabilities	1,524,119

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Management Fee	8,259
5A.2	Capital Lease Obligation	8,249
5A.100	Subtotal: Other Current Liabilities	16,508

Skilled Nursing Facility Cost Report
PILGRIM REH & SKIL NURS CTR
Filing Year: 2022

Date: 11/28/2023
Time: 2:05 PM

Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	
6.2	Due to Related Parties, Subsidiaries, and Affiliates	
6.3	Other Long-Term Debt	4,616,309
600	Total Non-Current Liabilities	4,616,309

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	6,140,428

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	501,088		501,088
8A.2	Prior Period Adjustment(s)	0		0
8A.3	SNF-CR Excess (Deficiency) of Revenues Over Expenses	230,627		230,627
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	731,715	0	731,715

Skilled Nursing Facility Cost Report**PILGRIM REH & SKIL NURS CTR**

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 PM

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)	6,872,143

Skilled Nursing Facility Cost Report
PILGRIM REH & SKIL NURS CTR

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 PM

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 on Beginning Balance	Current Year Depreciation	Accumulated Depreciation on Ending Balance	Financial Statement Net Book Value
1.1	Land	537,422			537,422				537,422
1.2	Building	6,161,000			6,161,000	(6,161,000)		(6,161,000)	0
1.3	Improvements	7,188,007	7,419		7,195,426	(4,433,336)	(292,615)	(4,725,951)	2,469,475
1.4	Equipment	3,995,663	194,441	(35,000)	4,155,104	(3,504,779)	(157,086)	(3,661,865)	493,239
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles				0			0	0
100	Total	17,882,092	201,860	(35,000)	18,048,952	(14,099,115)	(449,701)	(14,548,816)	3,500,136

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	111,455					111,455				
2.2	Land REA-CR						0				
2.3	Building SNF-CR	1,680,554					1,680,554	2.50%	0	42,014	42,014
2.4	Building REA-CR						0	2.50%			0
2.5	Improvements SNF-CR	6,289,434		7,419		(29,277)	6,267,576	5.00%	292,615	20,764	313,379
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	1,440,820		194,441		(189,404)	1,445,857	10.00%	157,086	(12,500)	144,586

Skilled Nursing Facility Cost Report

PILGRIM REH & SKIL NURS CTR

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 PM

2.8	Equipment REA-CR					0	10.00%			0	
2.9	Software/Limited Life Assets SNF-CR					0	33.33%	0		0	
2.10	Software/Limited Life Assets REA-CR					0	33.33%			0	
200	Total Claimed Fixed Assets	9,522,263	0	201,860	0	(218,681)	9,505,442		449,701	50,278	499,979

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1966
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2021
3.3	What was the value from the most recent municipal property assessment for this facility?	9,076,900
3.4	Was there a change of ownership of this facility during the reporting period?	No
3.5	Was there a change of ownership of company that owns the real assets of the facility (realty company) during the reporting period?	No
3.6	What is the number of nursing facility resident rooms?	74
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	38,686
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	16,696
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?	2.2
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	No

Skilled Nursing Facility Cost Report**PILGRIM REH & SKIL NURS CTR**

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 PM

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)	33,536

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	230,627
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	401,712
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(364,912)
200	Net Cash from Operating Activities	267,427

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(166,859)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(166,859)

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	(136,787)
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	(136,787)

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(36,219)
500	Cash and Cash Equivalents (End of Year)	(2,683)

Skilled Nursing Facility Cost Report**PILGRIM REH & SKIL NURS CTR**

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 PM

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	01/17/2021	131			131	152
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.	131				
1.7	Is above listed bed licensure information correct?	Yes				

Patient Statistics - Days

Table 2		1	2	3	4	5	6
Line #	Description	Private Pay	Commercial Managed Care	Commercial Non-Managed Care	Medicare Fee-For-Service	Medicare Managed Care (Part C)	MassHealth Fee-for-Service
2.1	Nursing	5,199	303		5,627	559	27,609
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)	112					560
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	5,311	303	0	5,627	559	28,169

Skilled Nursing Facility Cost Report
PILGRIM REH & SKIL NURS CTR
Filing Year: 2022

Date: 11/28/2023
Time: 2:05 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
4,027	549							43,873
								0
								0
								0
								0
								0
								0
								0
70								742
								0
								0
								0
4,097	549	0	0	0	0	0	0	44,615

Skilled Nursing Facility Cost Report**PILGRIM REH & SKIL NURS CTR**

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 PM

Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	336
3.2	0140.1	Number of MassHealth Admissions During Year	193
3.3	0150.0	Number of Discharges During Year	330
3.4	0190.0	Average Length of Stay	135
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	272
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	139

Skilled Nursing Facility Cost Report**PILGRIM REH & SKIL NURS CTR**

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 PM

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	513,653	13,240.0	878,870	24,664.0	1,129,229	53,552.0
1.2	Total Overtime Wages	118,008	1,970.0	250,809	4,176.0	408,961	11,874.0
1.3	Total Shift Differential	32,088		64,324		53,608	
1.4	Total Other Differentials						
100	Total	663,749	15,210.0	1,194,003	28,840.0	1,591,798	65,426.0

Detail of Nursing Services Shift Differentials

Table 2		1	2	3	4	5
Line #	Description	Median Hourly Shift Differential: Weekday Evening	Median Hourly Shift Differential: Weekday Night	Median Hourly Shift Differential: Weekend Day	Median Hourly Shift Differential: Weekend Evening	Median Hourly Shift Differential: Weekend Night
2.1	Registered Nurses	2.00	2.00	2.50	4.50	4.50
2.2	Licensed Practical Nurses	2.00	2.00	2.50	4.50	4.50
2.3	Certified Nurse Aides	1.00	1.00	1.50	2.50	2.50

Skilled Nursing Facility Cost Report
PILGRIM REH & SKIL NURS CTR
Filing Year: 2022

Date: 11/28/2023
Time: 2:05 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	0.0	589.0
3.2	Plant Operations	2	2.0	4,447.0
3.3	Dietary Staff	17	11.0	23,195.0
3.4	Dietician	1	1.0	1,304.0
3.5	Housekeeping/Laundry Staff			
3.6	Unit Clerk & Medical Records Staff			
3.7	Quality Assurance	1	0.0	28.0
3.8	MMQ Nurses and MDS Coordinator	3	2.0	3,828.0
3.9	Social Services Staff	3	2.0	4,490.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	12	3.0	6,679.0
3.14	Administration and Officers	2		919.0
3.15	Security Staff			
3.16	Clerical Staff	17	8.0	16,775.0
3.17	Director of Nurses	2	1.0	1,094.0
3.18	Registered Nurses	15	11.0	15,210.0
3.19	Licensed Practical Nurses	28	17.0	28,840.0
3.20	Certified Nurse Aides	69	36.0	65,426.0
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	173	94.0	172,824.0

Skilled Nursing Facility Cost Report

PILGRIM REH & SKIL NURS CTR

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 PM

<i>Detail of Purchased Nursing Services</i>										
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	Allegiance Nursing LLC	TOJ9	1,220.3	37,430						
4.3			384.1	11,781	473.0	14,504	62.0	1,892		
4.4	Compunnel Healthcare	TKGY	484.4	14,857	153.0	4,706	49.0	1,516		
4.5	Favorite Healthcare Staffing, Inc.	TOTB					8,882.0	272,452		
4.6		T98U	68.7	2,106			26.0	813		
4.7	Intelycare, Inc.	TM7F	1,663.5	51,026	5,450.0	167,181	9,389.0	287,990		
4.8	Paramount Healthcare Services	TNVC	798.3	24,488	18.0	548	4,106.0	125,941		
4.9	Arcadia Health Care - Weymouth	T5XY	1,799.8	55,207	557.0	17,090	2,666.0	87,980		
4.10	WW Staffing LLC	TR7R	183.2	5,620						
4.11	Aura Staffing	TKZV			78.0	2,380				
4.12	Maxim Healthcare Services - TNS Plymouth	T20Z			3,238.0	99,334				
4.200	Subtotal: Registered Temporary Nursing Service Agencies		6,602.3	202,515	9,967.0	305,743	25,180.0	778,584	0.0	0
400	Total Temporary Nursing Service Agency Expenses		6,602.3	202,515	9,967.0	305,743	25,180.0	778,584	0.0	0

Skilled Nursing Facility Cost Report**PILGRIM REH & SKIL NURS CTR**

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 PM

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	Thomas	Atim	LPN	Nursing	176,329			176,329
5.2	Forlefac	Isabela	RN	Nursing	138,487			138,487
5.3	Collins	Jennifer	Administrat or	Administrative & General	189,786			189,786
5.4	Muham	Julius	LPN	Nursing	156,985			156,985
5.5	Denn	Shawna	RN	Nursing	132,161			132,161

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**PILGRIM REH & SKIL NURS CTR**

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 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 Mortgag e Acquired	Due Date	Number of Months Amortize d	Monthly Payment s	Original Loan Amount	Mortgag e Acquisiti on Costs	Amortiza tion of Mortgag e Acquisiti on Costs
1.1	1st Mortgage	TD Bank	No	11/30/20 16	12/31/2041	300	12	5,934,097	52,692	4,703
100	TOTALS								52,692	4,703

Skilled Nursing Facility Cost Report**PILGRIM REH & SKIL NURS CTR**

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 PM

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
5,047,947		390,714			4,657,233	2.740%	137,386		142,089
					4,657,233		137,386	0	142,089

Skilled Nursing Facility Cost Report**PILGRIM REH & SKIL NURS CTR**

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 PM

Working Capital Debt									
Table 2	1	2	3	4	5	6	7	8	9
Line / Column #	Lender Name	Related Party	Beginnin g Balance: Jan 1	Amount	Start Date	Principal Payment	Ending Balance: Dec 31	Interest Rate %	Interest Expense
2.1							0		
200	Total Working Capital Interest						0		0

Skilled Nursing Facility Cost Report

PILGRIM REH & SKIL NURS CTR

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 PM

SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

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

Skilled Nursing Facility Cost Report

PILGRIM REH & SKIL NURS CTR

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 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:

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

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
09/22/2023 2:24PM	(1) Footnotes and Explanations	Board of Trustees Contact and Term Data 2022.pdf	application/pdf	Ryan Aldam
09/22/2023 2:24PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
09/22/2023 2:26PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
09/22/2023 2:29PM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
09/22/2023 2:29PM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Ryan Aldam

Skilled Nursing Facility Cost Report**PILGRIM REH & SKIL NURS CTR**

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 PM

SCHEDULE 13 : SUBMISSION AND ATTESTATION

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

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

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

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

Please note this button does not submit the Cost Report for CHIA review, and is solely for your internal review purposes.

If the report needs to be unlocked by the Preparer, uncheck the attestation box on Line 1.11 and click the Save and Validate button.

--	--	--

Skilled Nursing Facility Cost Report

PILGRIM REH & SKIL NURS CTR

Filing Year: 2022

Date: 11/28/2023

Time: 2:05 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	09/22/2023
2.3	Last Name	Jones
2.4	First Name	William
2.5	Middle Name	C.
2.6	Title	President and Treasurer
2.7	Is this information correct?	Yes

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

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

a) User Name

b) User E-Mail Address

c) Organization Name

d) Applicable Filing Year

e) Reason for request