

**Skilled Nursing Facility Cost Report****ROYAL CAPE COD NURSING AND REH**

Filing Year: 2022

Date: 11/28/2023

Time: 10:10 AM

**SCHEDULE 1 : GENERAL INFORMATION****Facility Information**

<b>Table 1</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	
1.1	Facility Name	ROYAL CAPE COD NURSING AND REHAB CTR
1.2	MassHealth Provider ID	110026573A
1.3	Federal Employer Tax ID	043528203
1.4	VPN	0926124
1.5	Is the above information correct?	Yes
1.6	Facility Number	00898
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	8 Lewis Point Road
1.11	City	Buzzards Bay
1.12	Zip	02532
1.13	Telephone	+1 (508) 759-5752
1.14	Is this a hospital-based nursing facility?	No
1.15	Does the provider have pediatric beds?	No
1.16	Does the provider have an executed special contract with MassHealth (e.g. ventilator unit, acquired brain injury, etc.)?	No
1.17	Legal Status	Partnership/Limited Liability Partnership (LLP)
1.18	List the name of the management company as reported on the management company cost report.	Mamary, Inc.
1.19	List the name of the entity that holds the nursing facility license.	Royal Cape Cod Nursing & Rehab
1.20	List realty company names as reported on each realty company cost report.	Royal Health Group I, LLC
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

**Skilled Nursing Facility Cost Report**  
**ROYAL CAPE COD NURSING AND REH**  
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Date: 11/28/2023  
Time: 10:10 AM

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

<b>Preparer Information</b>		
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.		
<b>Table 3</b>		<b>1</b>
Line #	Description	
3.1	[ ] I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer Name	Matthew S. Bavloack
3.3	Nursing Facility or Firm Name	Marcum LLP
3.4	Title	Principal
3.5	Street Address	555 Long Wharf Drive
3.6	City	New Haven
3.7	State	Connecticut
3.8	Zip Code	06511
3.9	Phone Number	+1 (203) 781-9680
3.10	Email Address	Matthew.Bovolack@Marcumllp.com
3.11	Type of Accounting Service Performed	Other (Explain in Footnotes)

**Skilled Nursing Facility Cost Report****ROYAL CAPE COD NURSING AND REH**

Filing Year: 2022

Date: 11/28/2023

Time: 10:10 AM

**Owner Business Information**

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

<b>Table 4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Line #</b>	<b>Service Type</b>	<b>Company Name</b>	<b>MassHealth Provider ID</b>	<b>Direct Owner/Partner Names</b>	<b>Indirect Owner/Partner Names</b>	<b>Parent Organization Names</b>
4.1						
4.2						
4.3						
4.4						
4.5						
4.6						
4.7						
4.8						

**Skilled Nursing Facility Cost Report**  
**ROYAL CAPE COD NURSING AND REH**  
Filing Year: 2022

Date: 11/28/2023

Time: 10:10 AM

**SCHEDULE 2 : REVENUE**

<b>Nursing Facility Revenue</b>				
<b>Table 1</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Payer</b>	<b>Routine Revenue</b>	<b>Ancillary Revenue</b>	<b>Total Revenue</b>
1.1	Private Pay	1,198,733	0	1,198,733
1.2	Commercial Managed Care	422,804	59,178	481,982
1.3	Commercial Non-Managed Care	0	0	0
1.4	Medicare Fee-For-Service	1,892,445	129,124	2,021,569
1.5	Medicare Managed Care (Part C)	0	0	0
1.6	MassHealth Fee-for-Service	3,665,944	0	3,665,944
1.7	MassHealth Managed Care	0	0	0
1.8	Senior Care Options	197,931	5,398	203,329
1.9	OneCare	0	0	0
1.10	PACE	0	0	0
1.11	Medicaid Out-of-State	0	0	0
1.12	Medicaid Patient Paid Amount	884,528	0	884,528
1.13	DTA & EAEDC	0	0	0
1.14	Veteran's Affairs & Other Public	0	0	0
1.15	Other Payer Revenue	0	0	0
<b>100</b>	<b>Total Nursing Facility Revenue</b>	<b>8,262,385</b>	<b>193,700</b>	<b>8,456,085</b>

<b>Detail of Ancillary Revenue</b>			
<b>Table 2</b>		<b>1</b>	<b>2</b>
<b>Line #</b>	<b>Description</b>	<b>Type</b>	<b>Ancillary Revenue</b>
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		
<b>200</b>	<b>Total Ancillary Revenue</b>		

**Skilled Nursing Facility Cost Report**  
**ROYAL CAPE COD NURSING AND REH**  
Filing Year: 2022

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

<b>Other Nursing Facility Revenue</b>		
<b>Table 3</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Revenue</b>
3.1	Total Other Business Revenue	0
3.2	Endowment and Other Non-Recoverable Revenue	1,986,364
3.3	Laundry Revenue	0
3.4	Vending Machine Revenue	0
3.5	Recovery of Bad Debts	0
3.6	Prior Year Retroactive Revenue	(63,317)
3.7	Interest Income	509
3.8	Nurses' Aide Training Revenue	0
3.9	Administrative and General Recoverable Revenue	26,685
3.10	Nursing Recoverable Revenue	0
3.11	Variable Recoverable Revenue	0
3.12	Fixed Cost Recoverable Revenue	0
<b>300</b>	<b>Total Other Nursing Facility Revenue</b>	<b>1,950,241</b>

<b>Detail of Endowment and Non-Recoverable Revenue</b>			
<b>Table 4</b>		<b>1</b>	<b>2</b>
<b>Line #</b>	<b>Description</b>	<b>Type</b>	<b>Revenue</b>
4.1	Other Endowment and Non-Recoverable Revenue: (Enter Description)	COVID - PPP2 Fogiveness	904,130
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)	COVID - HHS Phase 4	563,885
4.3	Other Endowment and Non-Recoverable Revenue: (Enter Description)	COVID - Medicaid Testing Reimbursement	269,875
4.4	Other Endowment and Non-Recoverable Revenue: (Enter Description)	COVID - Medicaid Supplemental Payments 2022	185,586
4.5	Other Endowment and Non-Recoverable Revenue		62,888
<b>400</b>	<b>Total Endowment and Non-Recoverable Revenue</b>		<b>1,986,364</b>

**Skilled Nursing Facility Cost Report**  
**ROYAL CAPE COD NURSING AND REH**  
Filing Year: 2022

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

<i>Total Revenue</i>		
<b>Table 5</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Total</b>
<b>500</b>	<b>Total Revenue</b>	<b>10,406,326</b>

**Skilled Nursing Facility Cost Report**  
**ROYAL CAPE COD NURSING AND REH**  
Filing Year: 2022

Date: 11/28/2023

Time: 10:10 AM

**SCHEDULE 3 : EXPENSES**

**Nursing Expenses**

<b>Table 1</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>	<b>Non-Allowable Expenses and Add -backs</b>	<b>Total Allowable Expenses</b>
1.1	Director of Nurses: Salaries	140,110		140,110
1.2	Director of Nurses: Employee Benefits	3,445	367	3,078
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	15,820		15,820
1.4	Director of Nurses Purchased Service: Per Diem	0		0
1.5	Director of Nurses Purchased Service: Temporary Agency Staff	0		0
1.6	Director of Nurses Add-back (MGT-CR Sch 6 )			0
<b>1.100</b>	<b>Subtotal: Director of Nurses Expenses</b>	<b>159,375</b>		<b>159,008</b>
1.7	Registered Nurses: Salaries	438,669		438,669
1.8	Registered Nurses: Employee Benefits	10,787	1,151	9,636
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	49,531		49,531
1.10	Registered Nurses Purchased Service: Per Diem	0		0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	2,392	#Error	2,392
<b>1.200</b>	<b>Subtotal: Registered Nurses Expenses</b>	<b>501,379</b>		<b>500,228</b>
1.12	Licensed Practical Nurses: Salaries	1,048,934		1,048,934
1.13	Licensed Practical Nurses: Employee Benefits	25,793	2,751	23,042
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	118,436		118,436
1.15	Licensed Practical Nurses Purchased Service: Per Diem	0		0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	10,896		10,896
<b>1.300</b>	<b>Subtotal: Licensed Practical Nurses Expenses</b>	<b>1,204,059</b>		<b>1,201,308</b>
1.17	Certified Nurse Aides: Salaries	1,192,959		1,192,959
1.18	Certified Nurse Aides: Employee Benefits	29,335	3,129	26,206
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	134,699		134,699
1.20	Certified Nurse Aides Purchased Service: Per Diem	0		0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	46,773		46,773
<b>1.400</b>	<b>Subtotal: Certified Nurse Aides Expenses</b>	<b>1,403,766</b>		<b>1,400,637</b>

# Skilled Nursing Facility Cost Report

## ROYAL CAPE COD NURSING AND REH

Filing Year: 2022

Date: 11/28/2023

Time: 10:10 AM

1.22	Nurse's Aide Training Administration	1,060	1,060	0
1.23	Nursing Education and Training	256		256
1.24	This line description is intentionally left blank			0
1.25	This line description is intentionally left blank			0
<b>1.500</b>	<b>Subtotal: Other Nursing Expenses</b>	<b>1,316</b>		<b>256</b>
<b>1.600</b>	<b>Subtotal: Total Nursing Expenses Before Recoverable Income</b>	<b>3,269,895</b>		<b>3,261,437</b>

### Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		0	0
1.27	Nurses' Aide Training Recoverable Income		0	0
<b>1.700</b>	<b>Subtotal: Nursing &amp; Director of Nursing Recoverable Income</b>	<b>0</b>		<b>0</b>
<b>100</b>	<b>Total: Net Nursing Expenses Including Recoverable Income</b>	<b>3,269,895</b>		<b>3,261,437</b>

### 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	170,465		170,465
2.2	Administration: Employee Benefits	4,192	447	3,745
2.3	Administration: Payroll Taxes incl Workers Comp.	19,247		19,247
2.4	Administration: Purchased Service	0		0
2.5	Officers: Total Compensation	0	0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
<b>2.100</b>	<b>Subtotal: Administration &amp; Officers Expenses</b>	<b>193,904</b>		<b>193,457</b>
2.7	Clerical Staff: Salaries	436,749		436,749
2.8	Clerical Staff: Employee Benefits	10,739	1,145	9,594
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	49,314		49,314
2.10	Clerical Staff: Purchased Service	2,720		2,720
<b>2.200</b>	<b>Subtotal: Clerical Staff Expenses</b>	<b>499,522</b>		<b>498,377</b>
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	131,844		131,844
2.12	Office Supplies	19,602		19,602
2.13	Telecommunications (e.g. Internet, Phone)	31,555		31,555



# Skilled Nursing Facility Cost Report

## ROYAL CAPE COD NURSING AND REH

Filing Year: 2022

Date: 11/28/2023

Time: 10:10 AM

2.14	Other Telecommunications (e.g. tablets to support family and resident communications)	0		0
2.15	Travel: Conventions & Meetings	3,489		3,489
2.16	Advertising: Help Wanted	12,683		12,683
2.17	Licenses and Dues: Patient Care Related Portion	14,371	1,450	12,921
2.18	Continuing Professional Education / Training and Development	0		0
2.19	Accounting Services (Not related to appeals)	36,426		36,426
2.20	Insurance: Malpractice & General Liability	8,985		8,985
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion	0		0
2.22	Other A & G Expenses	25,491	10,965	14,526
2.23	Non-Allowable A & G Expenses	917,473	917,473	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		116,736	116,736
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		263,469	263,469
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		15,967	15,967
2.27	This line description is intentionally left blank			0
2.28	This line description is intentionally left blank			0
<b>2.300</b>	<b>Subtotal: Other Administrative and General Expenses</b>	<b>1,201,919</b>		<b>668,203</b>
<b>2.400</b>	<b>Subtotal: Total Administrative and General Expenses Before Recoverable Income</b>	<b>1,895,345</b>		<b>1,360,037</b>
<b>Less: Administrative &amp; General Recoverable Income</b>				
2.29	A & G Recoverable Income		26,685	26,685
<b>2.500</b>	<b>Subtotal: Administrative &amp; General Recoverable Income</b>	<b>0</b>		<b>26,685</b>
<b>200</b>	<b>Total: Net Administrative &amp; General Expenses After Recoverable Income</b>	<b>1,895,345</b>		<b>1,333,352</b>

**Skilled Nursing Facility Cost Report**  
**ROYAL CAPE COD NURSING AND REH**  
Filing Year: 2022

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

<i>Detail of Other A&amp;G Expenses</i>		
<b>Table 2A</b>	<b>1</b>	<b>2</b>
Line #	Description	Amount
2A.1	Bank Service Charges	24,686
2A.2	Miscellaneous	805
2A.3		
2A.4		
2A.5		
2A.6		
2A.7		
2A.8		
2A.9		
2A.10		
<b>2A.100</b>	<b>Subtotal: Other A&amp;G Expenses</b>	<b>25,491</b>

**Skilled Nursing Facility Cost Report**  
**ROYAL CAPE COD NURSING AND REH**  
Filing Year: 2022

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

<b>Detail of Non-Allowable A &amp; G Expenses</b>		
<b>Table 2B</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>
2B.1	Advertising: Marketing	1,882
2B.2	Licenses and Dues: Not Related to Resident Care	1,100
2B.3	Accounting: Appeal Service	0
2B.4	Legal: Appeal Service and DALA Filing Fees	0
2B.5	Legal: Resident Care	0
2B.6	Legal: Other	15,875
2B.7	Key Person Insurance	0
2B.8	Management Company Fees	476,000
2B.9	Management Consultants	0
2B.10	Interest on Working Capital	0
2B.11	Fines, Late Fees, Penalties, including Interest	17,385
2B.12	State and Federal Income Taxes	0
2B.13	Pre-Opening Expenses	0
2B.14	Bad Debt Expense	(125,892)
2B.15	User Fee Assessment	531,123
2B.16	Other Non-Allowable A&G Expenses	0
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
<b>2B.100</b>	<b>Total Non-Allowable A&amp;G Expenses</b>	<b>917,473</b>

<b>Variable Expenses</b>				
<b>Table 3</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>	<b>Non-Allowable Expenses and Add -backs</b>	<b>Total Allowable Expenses</b>
3.1	Staff Development Coordinator: Salaries	34,190		34,190
3.2	Staff Dev. Coord.: Employee Benefits	841	90	751
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	3,860		3,860
3.4	Staff Dev. Coord.: Purchased Service	0		0
<b>3.100</b>	<b>Subtotal: Staff Development Coordinator Expenses</b>	<b>38,891</b>		<b>38,801</b>
3.5	Plant Operation: Salaries	81,456		81,456
3.6	Plant Operation: Employee Benefits	2,003	214	1,789
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	9,197		9,197

**Skilled Nursing Facility Cost Report**  
**ROYAL CAPE COD NURSING AND REH**  
Filing Year: 2022

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

3.8	Plant Operation: Purchased Service	203,374		203,374
3.9	Plant Operation: Supplies and Expenses	67,860		67,860
3.10	Plant Operation: Utilities	162,238		162,238
3.11	Plant Operation: Repairs	0		0
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)		(2,390)	(2,390)
<b>3.200</b>	<b>Subtotal: Plant Operation Expenses</b>	<b>526,128</b>		<b>523,524</b>
3.13	Dietician: Salaries	0		0
3.14	Dietician: Employee Benefits	0		0
3.15	Dietician: Payroll Taxes incl Workers Comp.	0		0
3.16	Dietician: Purchased Service	52,357		52,357
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
<b>3.300</b>	<b>Subtotal: Dietician Expenses</b>	<b>52,357</b>		<b>52,357</b>
3.18	Dietary: Salaries	378		378
3.19	Dietary: Employee Benefits	9	1	8
3.20	Dietary: Payroll Taxes incl Workers Comp.	43		43
3.21	Dietary: Food	201,957		201,957
3.22	Dietary: Purchased Service	497,635		497,635
3.23	Dietary: Supplies and Expenses	4,962		4,962
<b>3.400</b>	<b>Subtotal: Dietary Expenses</b>	<b>704,984</b>		<b>704,983</b>
3.24	Housekeeping/Laundry: Salaries	353,884		353,884
3.25	Housekeeping/Laundry: Employee Benefits	8,702	928	7,774
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	39,957		39,957
3.27	Housekeeping/Laundry: Purchased Service	0		0
3.28	Housekeeping/Laundry: Supplies and Expenses	26,169		26,169
3.29	Housekeeping/Laundry: Linen and Bedding	10,098		10,098
3.30	Housekeeping/Laundry: Special Cleaning	0		0
<b>3.500</b>	<b>Subtotal: Housekeeping/Laundry Expenses</b>	<b>438,810</b>		<b>437,882</b>
3.31	Quality Assurance (QA) Professional: Salaries	0		0
3.32	QA Professional: Employee Benefits	0		0
3.33	QA Professional: Payroll Taxes incl Workers Comp.	0		0
3.34	QA Professional: Purchased Service	0		0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
<b>3.600</b>	<b>Subtotal: QA Professional Expenses</b>	<b>0</b>		<b>0</b>
3.36	Unit Clerk & Medical Records: Salaries	50,602		50,602

# Skilled Nursing Facility Cost Report

## ROYAL CAPE COD NURSING AND REH

Filing Year: 2022

Date: 11/28/2023

Time: 10:10 AM

3.37	Unit Clerk & Medical Records: Employee Benefits	1,244	133	1,111
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	5,714		5,714
3.39	Unit Clerk & Medical Records: Purchased Service	0		0
<b>3.700</b>	<b>Subtotal: Unit Clerk and Medical Record Expenses</b>	<b>57,560</b>		<b>57,427</b>
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	133,922		133,922
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	3,293	351	2,942
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	15,121		15,121
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	0		0
<b>3.800</b>	<b>Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses</b>	<b>152,336</b>		<b>151,985</b>
3.44	Behavioral Health Specialist: Salaries	0		0
3.45	Behavioral Health Specialist: Employee Benefits	0		0
3.46	Behavioral Health Specialist: Payroll Taxes incl Workers Comp.	0		0
3.47	Behavioral Health Specialist: Purchased Service	0		0
<b>3.900</b>	<b>Subtotal: Behavioral Health Specialist Expenses</b>	<b>0</b>		<b>0</b>
3.48	Social Service Worker: Salaries	85,904		85,904
3.49	Social Service Worker: Employee Benefits	2,112	225	1,887
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	9,700		9,700
3.51	Social Service Worker: Purchased Service	10,988		10,988
<b>3.1000</b>	<b>Subtotal: Social Service Worker Expenses</b>	<b>108,704</b>		<b>108,479</b>
3.52	Interpreters: Salaries	0		0
3.53	Interpreters: Employee Benefits	0		0
3.54	Interpreters: Payroll Taxes incl Workers Comp.	0		0
3.55	Interpreters: Purchased Service	0		0
<b>3.1100</b>	<b>Subtotal: Interpreters Expenses</b>	<b>0</b>		<b>0</b>
3.56	Indirect Restorative Therapy: Salaries	0		0
3.57	Indirect Restorative Therapy: Employee Benefits	0		0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.	0		0
3.59	Indirect Restorative Therapy: Consultants	100,944		100,944
3.60	Direct Restorative Therapy: Salaries	0	0	0

# Skilled Nursing Facility Cost Report

## ROYAL CAPE COD NURSING AND REH

Filing Year: 2022

Date: 11/28/2023

Time: 10:10 AM

3.61	Direct Restorative Therapy: Benefits	0	0	0
3.62	Direct Restorative Therapy: Consultants	324,671	324,671	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
<b>3.1200</b>	<b>Subtotal: Restorative Therapy Expenses</b>	<b>425,615</b>		<b>100,944</b>
3.64	Recreational Therapy/Activities: Salaries	169,190		169,190
3.65	Recreational Therapy/Activities: Employee Benefits	4,160	444	3,716
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	19,103		19,103
3.67	Recreational Therapy/Activities: Purchased Service	670		670
3.68	Recreational Therapy/Activities: Supplies and Expenses	5,760		5,760
3.69	Recreational Therapy/Activities: Transportation	0	0	0
<b>3.1300</b>	<b>Subtotal: Recreational Therapy/Activities Expenses</b>	<b>198,883</b>		<b>198,439</b>
3.70	Resident Care Assistant: Salaries	0		0
3.71	Resident Care Assistant: Employee Benefits	0		0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.	0		0
3.73	Resident Care Assistant: Purchased Service	0		0
<b>3.1400</b>	<b>Subtotal: Resident Care Assistant Expenses</b>	<b>0</b>		<b>0</b>
3.74	Security: Salaries	0		0
3.75	Security: Employee Benefits	0		0
3.76	Security: Payroll Taxes including Workers Comp.	0		0
3.77	Security: Purchased Service	0		0
<b>3.1500</b>	<b>Subtotal: Security Expenses</b>	<b>0</b>		<b>0</b>
3.78	Travel: Motor Vehicle Expense	1,143		1,143
3.79	Variable Other Required Education	0		0
3.80	Variable Job Related Education	799		799
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion	0		0
3.82	Physician Services: Medical Director	18,000		18,000
3.83	Physician Services: Advisory Physician	0		0
3.84	Physician Services: Utilization Review Committee	0		0
3.85	Physician Services: Employee Physicals	0		0
3.86	Physician Services: Other	80		80
3.87	Legend Drugs	233,630	233,630	0
3.88	Personal Protective Equipment	24,538		24,538

**Skilled Nursing Facility Cost Report**  
**ROYAL CAPE COD NURSING AND REH**  
Filing Year: 2022

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

3.89	House Supplies Not Resold	259,057		259,057
3.90	House Supplies Resold to Private Residents	0	0	0
3.91	House Supplies Resold to Public Residents	0	0	0
3.92	Pharmacy Consultant	17,748		17,748
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
<b>3.1600</b>	<b>Subtotal: Other Variable Expenses</b>	<b>554,995</b>		<b>321,365</b>
<b>3.1700</b>	<b>Subtotal: Total Variable Expenses Before Recoverable Income</b>	<b>3,259,263</b>		<b>2,696,186</b>
<b>Less: Variable Recoverable Income</b>				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		0	0
<b>3.1800</b>	<b>Subtotal: Variable Recoverable Income</b>	<b>0</b>		<b>0</b>
<b>300</b>	<b>Total: Net Variable Expenses Including Recoverable Income</b>	<b>3,259,263</b>		<b>2,696,186</b>

**Skilled Nursing Facility Cost Report**  
**ROYAL CAPE COD NURSING AND REH**  
Filing Year: 2022

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

<b>Capital &amp; Fixed Cost Expenses</b>				
<b>Table 4</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>	<b>Non-Allowable Expenses and Add -backs</b>	<b>Total Allowable Expenses</b>
4.1	Depreciation Expense	54,116	(195,235)	249,351
4.2	Long-Term Interest Expense SNF-CR	3,030		3,030
4.3	Long-Term Interest Expense REA-CR		304,450	304,450
4.4	MA Corp. Excise Tax - Non-Income Portion SNF-CR	61	0	61
4.5	MA Corp. Excise Tax - Non-Income Portion REA-CR		0	0
4.6	Building Insurance Expense SNF-CR	0	0	0
4.7	Building Insurance Expense REA-CR		7,406	7,406
4.8	Real Estate Tax Expense SNF-CR	0	0	0
4.9	Real Estate Tax Expense REA-CR		62,272	62,272
4.10	Personal Property Tax Expense SNF-CR	2,530	0	2,530
4.11	Personal Property Tax Expense REA-CR		0	0
4.12	Other Fixed Cost Expenses SNF-CR	53,830	0	53,830
4.13	Other Fixed Cost Expenses REA-CR		0	0
4.14	Real Property Rent Expense SNF-CR	903,571	903,571	0
4.15	This line description is intentionally left blank			0
4.16	This line description is intentionally left blank			0
<b>4.100</b>	<b>Subtotal: Total Capital &amp; Fixed Cost Expenses Before Recoverable Income</b>	<b>1,017,138</b>		<b>682,930</b>
<b>Less: Capital &amp; Fixed Cost Expense Recoverable Income</b>				
4.17	Fixed Cost Recoverable Income SNF-CR		0	0
4.18	Fixed Cost Recoverable Income REA-CR		0	0
<b>4.200</b>	<b>Subtotal: Capital &amp; Fixed Cost Recoverable Income</b>	<b>0</b>		<b>0</b>
<b>400</b>	<b>Total: Net Capital &amp; Fixed Cost Expenses Including Recoverable Income</b>	<b>1,017,138</b>		<b>682,930</b>



**Skilled Nursing Facility Cost Report****ROYAL CAPE COD NURSING AND REH**

Filing Year: 2022

Date: 11/28/2023

Time: 10:10 AM

<b>Total Combined Expenses Before Recoverable Income</b>				
<b>Table 5</b>		<b>1</b>	<b>2</b>	<b>3</b>
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
<b>500</b>	<b>Total Combined Expenses Before Recoverable Income</b>	<b>9,441,641</b>		<b>8,000,590</b>
<b>Total Combined Expenses Net of Recoverable Income</b>				
<b>Table 6</b>		<b>1</b>	<b>2</b>	<b>3</b>
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
<b>600</b>	<b>Total Combined Expenses Net of Recoverable Income</b>	<b>9,441,641</b>		<b>7,973,905</b>

**SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES**

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

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

**Skilled Nursing Facility Cost Report**  
**ROYAL CAPE COD NURSING AND REH**  
Filing Year: 2022

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

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

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

**Financial Statement of Operations**

<b>Table 1</b>		
<b>Table 1A</b>		1
<b>For Profit</b>		
Line #	Description	Reported
1A.1	Net Patient Service Revenue	8,456,085
1A.2	Other Revenue	1,949,486
1A.3	Net Assets Released from Restriction	0
<b>1A.100</b>	<b>Total Operating Revenue</b>	<b>10,405,571</b>
1A.4	Salaries and Wages	4,337,412
1A.5	Employee Benefits	106,655
1A.6	Supplies and Other (including Payroll Taxes)	5,069,104
1A.7	Interest Expense	0
1A.8	Provision for Bad Debt	(125,892)
1A.9	Depreciation and Amortization Expenses	54,116
<b>1A.200</b>	<b>Total Operating Expenses</b>	<b>9,441,395</b>
<b>1A.300</b>	<b>Income(Loss) from Operations</b>	<b>964,176</b>
	<b>Non-Operating Income and Expenses</b>	
1A.10	Interest Income	509
1A.11	Investment Income	0
1A.12	Realized Gain(Loss) from Investments	0
1A.13	Realized Gain(Loss) from Sale or Disposal of Equipment	0
1A.14	Other Non-Operating Income(Expense)	0
<b>1A.400</b>	<b>Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles</b>	<b>964,685</b>
1A.15	Provision for Income Tax	
1A.16	Extraordinary Items	0
1A.17	Cumulative Change in Accounting Principles	0
<b>1A.500</b>	<b>Financial Statement Net Income(Loss)</b>	<b>964,685</b>

**Skilled Nursing Facility Cost Report**  
**ROYAL CAPE COD NURSING AND REH**  
Filing Year: 2022

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

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

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

**Skilled Nursing Facility Cost Report**  
**ROYAL CAPE COD NURSING AND REH**  
Filing Year: 2022

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

<b>Cost Reported Statement of Operations</b>		
<b>Table 2</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Reported</b>
2.1	Total Revenues (Schedule 2)	10,406,326
2.2	Total Nursing Expenses (Schedule 3)	3,269,895
2.3	Total Administrative and General Expenses (Schedule 3)	1,895,345
2.4	Total Variable Expenses (Schedule 3)	3,259,263
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	1,017,138
2.6	Total Other Business Expenses (Schedule 4)	0
<b>2.100</b>	<b>Subtotal: Total Facility Expenses</b>	<b>9,441,641</b>
<b>200</b>	<b>Cost Reported Net Income(Loss)</b>	<b>964,685</b>

**Reconciliation Between Financial Statement and Cost Report Net Income**

<b>Table 3</b>		<b>1</b>	<b>2</b>
<b>Line #</b>	<b>Description</b>	<b>Describe Reconciling Item</b>	<b>Amount</b>
3.1	Net Income(Loss) on Financial Statement of Operations (Table 1)		964,685
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)		964,685

**Skilled Nursing Facility Cost Report**  
**ROYAL CAPE COD NURSING AND REH**  
Filing Year: 2022

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

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

<b>Current Assets</b>		
<b>Table 1</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Account Balance</b>
1.1	Cash and Cash Equivalents	311,899
1.2	Short-Term Investments	0
1.3	Current Portion Assets Whose Use is Limited	0
1.4	Other Cash and Equivalents	0
1.5	Payer Accounts Receivable	924,432
1.6	Less Reserve for Bad Debt	(142,422)
<b>1.100</b>	<b>Subtotal: Net Patient Accounts Receivable</b>	<b>782,010</b>
1.7	Receivable from Officers/Owners/Employees	0
1.8	Receivable from Affiliates/Related Parties	1,039,252
1.9	Interest Receivable	0
1.10	Supply Inventory	0
1.11	Other Receivables	0
1.12	Prepaid Interest	0
1.13	Prepaid Insurance	7,164
1.14	Prepaid Taxes	0
1.15	Other Prepaid Expenses	8,731
1.16	Capitalized Pre-Opening Costs	0
1.17	Other Current Assets	2,459
<b>100</b>	<b>Total Current Assets</b>	<b>2,151,515</b>

**Detail of Other Current Assets**

<b>Table 1A</b>	<b>1</b>	<b>2</b>
<b>Line #</b>	<b>Description</b>	<b>Account Balance</b>
1A.1	Due to Third Party	35,756
1A.2	Excrow - Replacement Reserve	(33,297)
<b>1A.100</b>	<b>Subtotal: Other Current Assets</b>	<b>2,459</b>

**Skilled Nursing Facility Cost Report**  
**ROYAL CAPE COD NURSING AND REH**  
Filing Year: 2022

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

<b>Non-Current Fixed Assets</b>		
<b>Table 2</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Account Balance</b>
2.1	Land	0
2.2	Buildings	0
2.3	Improvements	259,586
2.4	Equipment	(3)
2.5	Software/Limited Life Assets	776
2.6	Motor Vehicles	51,283
<b>200</b>	<b>Total Non-Current Fixed Assets</b>	<b>311,642</b>

<b>Other Non-Current Assets</b>		
<b>Table 3</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Account Balance</b>
3.1	Long-Term Investments	53,466
3.2	Non-Current Assets Whose Use is Limited	0
3.3	Other Deferred Charges and Non-Current Assets	0
3.4	Construction in Progress	26,208
3.5	Mortgage Acquisition Costs	0
3.6	Accumulated Amortization of Mortgage Acquisition Costs	0
<b>3.100</b>	<b>Net Mortgage Acquisition Costs</b>	<b>0</b>
<b>300</b>	<b>Total Non-Current Assets</b>	<b>79,674</b>



**Skilled Nursing Facility Cost Report**  
**ROYAL CAPE COD NURSING AND REH**  
Filing Year: 2022

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

<i>Detail of Other Deferred Charges and Non-Current Assets</i>		
<b>Table 3A</b>	<b>1</b>	<b>2</b>
Line #	Description	Account Balance
3A.1		
3A.2		
3A.3		
3A.4		
3A.5		
3A.6		
3A.7		
3A.8		
3A.9		
3A.10		
<b>3A.100</b>	<b>Subtotal: Other Deferred Charges and Non-Current Assets</b>	<b>0</b>
<i>Total Assets</i>		
<b>Table 4</b>		<b>1</b>
Line #	Description	Account Balance
<b>400</b>	<b>Total Assets</b>	<b>2,542,831</b>

**Skilled Nursing Facility Cost Report**  
**ROYAL CAPE COD NURSING AND REH**  
Filing Year: 2022

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

<b>Current Liabilities</b>		
<b>Table 5</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Account Balance</b>
5.1	Trade Payables	290,691
5.2	Accrued Expenses	212,273
5.3	Due to Insurance Payers	0
5.4	Patient Funds Due	(12,620)
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	0
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	9,187
5.7	Accrued Salaries and Payroll Liabilities	163,125
5.8	State and Federal Taxes Payable	39,859
5.9	Accrued Interest Payable	0
5.10	Other Current Liabilities	16,782
<b>500</b>	<b>Total Current Liabilities</b>	<b>719,297</b>

<b>Detail of Other Current Liabilities</b>		
<b>Table 5A</b>	<b>1</b>	<b>2</b>
<b>Line #</b>	<b>Description</b>	<b>Account Balance</b>
5A.1	Due to Medicaid	16,782
5A.2		
5A.3		
5A.4		
5A.5		
5A.6		
5A.7		
5A.8		
5A.9		
5A.10		
<b>5A.100</b>	<b>Subtotal: Other Current Liabilities</b>	<b>16,782</b>

**Skilled Nursing Facility Cost Report**  
**ROYAL CAPE COD NURSING AND REH**  
Filing Year: 2022

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

<b>Non-Current Liabilities</b>		
<b>Table 6</b>		<b>1</b>
Line #	Description	Account Balance
6.1	Mortgages Payable	0
6.2	Due to Related Parties, Subsidiaries, and Affiliates	0
6.3	Other Long-Term Debt	45,072
<b>600</b>	<b>Total Non-Current Liabilities</b>	<b>45,072</b>

<b>Total Liabilities</b>		
<b>Table 7</b>		<b>1</b>
Line #	Description	Account Balance
<b>700</b>	<b>Total Liabilities</b>	<b>764,369</b>

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

<b>Table 8</b>		
<b>Table 8B</b>		<b>1</b>
<b>Proprietorship, Partnership, or Limited Liability Company (LLC)</b>		
Line #	Description	Amount
8B.1	Owner's Equity Balance: Prior Year	849,356
8B.2	Prior Period Adjustment(s)	(35,579)
8B.3	Capital Contributions During the Year	0
8B.4	SNF-CR Net Income/(Loss)	964,685
8B.5	Proprietor/Partner Drawings	0
<b>8B.100</b>	<b>Owner's Equity Balance: Current Year</b>	<b>1,778,462</b>

**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.**

<b>Table 8D</b>	<b>1</b>	<b>2</b>
Line #	Description	Amount
8D.1	Prior Period Adjustment	(35,579)
<b>8D.100</b>	<b>Subtotal: Prior Period Adjustments</b>	<b>(35,579)</b>

**Skilled Nursing Facility Cost Report**  
**ROYAL CAPE COD NURSING AND REH**  
Filing Year: 2022

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

<i>Total Liabilities and Owner's Equity (or Net Assets for Not-for-Profits)</i>		
<b>Table 9</b>		<b>1</b>
Line #	Description	Account Balance
<b>900</b>	<b>Total Liabilities and Owner's Equity (or Net Assets for Not-For-Profit)</b>	2,542,831

# Skilled Nursing Facility Cost Report

## ROYAL CAPE COD NURSING AND REH

Filing Year: 2022

Date: 11/28/2023

Time: 10:10 AM

### SCHEDULE 7 : DETAIL OF FIXED ASSETS AND DEPRECIATION

Financial Statement Fixed Assets									
Table 1		1	2	3	4	5	6	7	8
Line #	Description	Fixed Asset Cost Beginning Balance	Current Year Additions	Current Year Deletions	Fixed Asset Cost Ending Balance	Accumulated Depreciation Beginning Balance	Current Year Depreciation	Accumulated Depreciation Ending Balance	Financial Statement Net Book Value
1.1	Land	0	0	0	0				0
1.2	Building	0	0	0	0	0	0	0	0
1.3	Improvements	940,499	0	0	940,499	(638,561)	(42,352)	(680,913)	259,586
1.4	Equipment	1,124,035	0	0	1,124,035	(1,124,032)	(6)	(1,124,038)	(3)
1.5	Software/Limited Life Assets	15,895	0	0	15,895	(13,568)	(1,551)	(15,119)	776
1.6	Motor Vehicles	15,895	61,490	0	77,385	(15,895)	(10,207)	(26,102)	51,283
100	<b>Total</b>	<b>2,096,324</b>	<b>61,490</b>	<b>0</b>	<b>2,157,814</b>	<b>(1,792,056)</b>	<b>(54,116)</b>	<b>(1,846,172)</b>	<b>311,642</b>

#### Claimed Fixed Assets

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

Table 2		1	2	3	4	5	6	7	8	9	10
Line #	Description	Allowable Cost Basis Beginning Balance	Claimed Additions From Renovations (DON)	Claimed Other Additions	Claimed Deletions From Renovations (DON)	Claimed Other Deletions	Allowable Cost Basis Ending Balance	Depreciation %	Financial Statement Depreciation Expense	Non-Allowable Expense and Add-backs	Claimed Net Depreciation Expense
2.1	Land SNF-CR	0	0	0	0	0	0				
2.2	Land REA-CR	7,540	0	0	0	0	7,540				
2.3	Building SNF-CR	0	0	0	0	0	0	0.00%	0	0	0
2.4	Building REA-CR	1,265,674	0	0	0	0	1,265,674	0.00%		31,642	31,642
2.5	Improvements SNF-CR	940,500	0	0	0	0	940,500	5.00%	42,352	0	42,352
2.6	Improvements REA-CR	2,266,076	0	0	0	0	2,266,076	5.00%		113,304	113,304
2.7	Equipment SNF-CR	665,655	0	61,490	0	0	727,145	10.00%	6	0	6

# Skilled Nursing Facility Cost Report

## ROYAL CAPE COD NURSING AND REH

Filing Year: 2022

Date: 11/28/2023

Time: 10:10 AM

2.8	Equipment REA-CR	468,981	0	135,975	0	0	604,956	10.00%		60,496	60,496
2.9	Software/Limited Life Assets SNF-CR	4,450	0	0	0	0	4,450	33.33%	1,551	0	1,551
2.10	Software/Limited Life Assets REA-CR	0	0	0	0	0	0	33.33%		0	0
<b>200</b>	<b>Total Claimed Fixed Assets</b>	<b>5,618,876</b>	<b>0</b>	<b>197,465</b>	<b>0</b>	<b>0</b>	<b>5,816,341</b>		<b>43,909</b>	<b>205,442</b>	<b>249,351</b>

### General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1910
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2023
3.3	What was the value from the most recent municipal property assessment for this facility?	6,476,800
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?	48
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	30,472
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	18,451
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?	9.5
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	No

**Skilled Nursing Facility Cost Report****ROYAL CAPE COD NURSING AND REH**

Filing Year: 2022

Date: 11/28/2023

Time: 10:10 AM

***Changes in Facility or Realty Company Ownership***

<b>Table 4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Line #</b>	<b>Type of Ownership Change</b>	<b>Transaction Date</b>	<b>Purchased From</b>	<b>Purchased By</b>	<b>Sale Price</b>
4.1					
4.2					
4.3					

**SCHEDULE 8 : STATEMENT OF CASH FLOWS**

**Beginning Cash and Cash Equivalents Balance**

<b>Table 1</b>		<b>1</b>
Line #	Description	Reported
1.1	Cash and Cash Equivalents (Beginning of Year)	268,885

**Cash Flows from Operating Activities**

<b>Table 2</b>		<b>1</b>
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	964,685
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	0
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(983,161)
<b>200</b>	<b>Net Cash from Operating Activities</b>	<b>(18,476)</b>

**Cash Flows from Investing Activities**

<b>Table 3</b>		<b>1</b>
Line #	Description	Reported
3.1	Capital Expenditures	61,490
3.2	Cash Flows from Other Investing Activities	
<b>300</b>	<b>Net Cash from Investing Activities</b>	<b>61,490</b>

**Cash Flows from Financing Activities**

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

**Net Increase (Decrease) in Cash and Cash Equivalents**

<b>Table 5</b>		<b>1</b>
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	<b>43,014</b>
<b>500</b>	<b>Cash and Cash Equivalents (End of Year)</b>	<b>311,899</b>



**Skilled Nursing Facility Cost Report**  
**ROYAL CAPE COD NURSING AND REH**  
Filing Year: 2022

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

**SCHEDULE 9 : LICENSURE & PATIENT STATISTICS**

**Bed Licensure**

<b>Table 1</b>	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	05/07/2021	99			99	99
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.	93				
1.7	Is above listed bed licensure information correct?	Yes				

**Patient Statistics - Days**

<b>Table 2</b>		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	3,115	936		2,608		18,445
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)	10	39				133
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
<b>200</b>	<b>Total</b>	<b>3,125</b>	<b>975</b>	<b>0</b>	<b>2,608</b>	<b>0</b>	<b>18,578</b>

**Skilled Nursing Facility Cost Report**  
**ROYAL CAPE COD NURSING AND REH**  
Filing Year: 2022

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

7	8	9	10	11	12	13	14	15
MassHealth Managed Care	Senior Care Options	OneCare	PACE	Out-of- State Medicaid	Veteran's Affairs & Other Public	DTA & EAEDC	Other	Total
	814							25,918
								0
								0
								0
								0
								0
								0
								0
	28							210
								0
								0
								0
0	842	0	0	0	0	0	0	26,128

**Skilled Nursing Facility Cost Report****ROYAL CAPE COD NURSING AND REH**

Filing Year: 2022

Date: 11/28/2023

Time: 10:10 AM

**Patient Statistics - Summary**

<b>Table 3</b>			<b>1</b>
<b>Line #</b>	<b>Account</b>	<b>Description</b>	<b>Reported</b>
3.1	0140.0	Number of Admissions During Year	184
3.2	0140.1	Number of MassHealth Admissions During Year	16
3.3	0150.0	Number of Discharges During Year	180
3.4	0190.0	Average Length of Stay	145
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	174
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	42

**Skilled Nursing Facility Cost Report**  
**ROYAL CAPE COD NURSING AND REH**  
Filing Year: 2022

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

**SCHEDULE 10 : DETAIL OF FACILITY COMPENSATION AND PURCHASED NURSING SERVICES**

**Detail of Staff Nursing Services Wages and Hours**

<b>Table 1</b>		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	373,061	8,971.0	772,043	22,712.0	1,020,840	44,955.0
1.2	Total Overtime Wages	42,282	689.0	196,385	4,224.0	43,411	4,166.0
1.3	Total Shift Differential	15,939		73,126		121,316	
1.4	Total Other Differentials	7,387		7,380		7,392	
<b>100</b>	<b>Total</b>	<b>438,669</b>	<b>9,660.0</b>	<b>1,048,934</b>	<b>26,936.0</b>	<b>1,192,959</b>	<b>49,121.0</b>

**Detail of Nursing Services Shift Differentials**

<b>Table 2</b>		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	2.50	5.50	2.50
2.2	Licensed Practical Nurses	3.00	3.00	2.50	5.50	2.50
2.3	Certified Nurse Aides	2.00	2.00	2.50	4.50	4.50

**Skilled Nursing Facility Cost Report**  
**ROYAL CAPE COD NURSING AND REH**  
Filing Year: 2022

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

***Detail of Staff and Hours by Position***

<b>Table 3</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Description</b>	<b>Number of Staff</b>	<b>Total Full Time Equivalents</b>	<b>Total Hours</b>
3.1	Staff Development	1	0.3	683.0
3.2	Plant Operations	1	1.0	2,067.0
3.3	Dietary Staff	1	0.0	21.0
3.4	Dietician			
3.5	Housekeeping/Laundry Staff	9	9.4	19,654.0
3.6	Unit Clerk & Medical Records Staff	1	1.0	2,165.0
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	2	1.6	3,371.0
3.9	Social Services Staff	1	1.0	2,111.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	2	1.8	3,681.0
3.14	Administration and Officers	1	1.0	2,086.0
3.15	Security Staff			
3.16	Clerical Staff	12	11.7	24,367.0
3.17	Director of Nurses	1	1.0	2,084.0
3.18	Registered Nurses	5	4.6	9,660.0
3.19	Licensed Practical Nurses	13	13.0	26,936.0
3.20	Certified Nurse Aides	24	23.6	49,121.0
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			
<b>300</b>	<b>Total</b>	<b>74</b>	<b>71.2</b>	<b>148,007.0</b>

**Skilled Nursing Facility Cost Report**  
**ROYAL CAPE COD NURSING AND REH**  
Filing Year: 2022

Date: 11/28/2023

Time: 10:10 AM

<b>Detail of Purchased Nursing Services</b>										
<b>Table 4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>Line #</b>	<b>Temporary Nursing Services Agency Name</b>	<b>DPH Registration #</b>	<b>RN Total Hours of Service</b>	<b>RN Total Charges</b>	<b>LPN Total Hours of Service</b>	<b>LPN Total Charges</b>	<b>CNA Total Hours of Service</b>	<b>CNA Total Charges</b>	<b>DON Total Hours of Service</b>	<b>DON Total Charges</b>
<b>Unregistered Temporary Nursing Service Agencies</b>										
4.1	<b>Total Unregistered Temporary Nursing Service Agencies</b>			#Error						
<b>Registered Temporary Nursing Service Agencies</b>										
4.2	CONNECTRN INC	TGKV	49.9	1,949	112.8	7,783	238.3	8,562		
4.3	Paramount Healthcare Services	TNVC	13.4	443	16.4	1,099	49.6	1,393		
4.4	Norton and Associates Inc	TOWP			32.5	2,014	1,157.8	36,818		
4.200	<b>Subtotal: Registered Temporary Nursing Service Agencies</b>		<b>63.3</b>	<b>2,392</b>	<b>161.7</b>	<b>10,896</b>	<b>1,445.7</b>	<b>46,773</b>	<b>0.0</b>	<b>0</b>
<b>400</b>	<b>Total Temporary Nursing Service Agency Expenses</b>		<b>63.3</b>	<b>2,392</b>	<b>161.7</b>	<b>10,896</b>	<b>1,445.7</b>	<b>46,773</b>	<b>0.0</b>	<b>0</b>

**Five Highest Paid Salaries (including salaries, payroll taxes, workers' compensation, all fringe benefits, and draws)**

	<b>NOTE: List the names and compensation of the <u>five</u> persons who have the highest compensation paid by this facility.</b>							
<b>Table 5</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Line #</b>	<b>Last Name</b>	<b>First Name</b>	<b>Title</b>	<b>Primary Expense Category</b>	<b>Salary &amp; Benefits</b>	<b>Dividends/ Draws</b>	<b>Other</b>	<b>TOTAL</b>
5.1	Haskell	Amanada Lee	LPN	Nursing	198,306			<b>198,306</b>
5.2	Funk	Bryan Todd	Executive Director	Administrative & General	185,434			<b>185,434</b>
5.3	Collins	Dawn	DON	Nursing	152,166			<b>152,166</b>
5.4	Andrews	Karne	RN	Nursing	129,680			<b>129,680</b>
5.5	Sanford	Elizabeth Ann	LPN	Nursing	114,438			<b>114,438</b>

**Skilled Nursing Facility Cost Report****ROYAL CAPE COD NURSING AND REH**

Filing Year: 2022

Date: 11/28/2023

Time: 10:10 AM

**Earnings and Compensation Disclosures**

Table 6	NOTE: This schedule is used to report the name(s) of the Owner, Partner, or Officer and disclose all salary and benefits, drawings and dividends, and other compensation as well as the accounts that were charged.								
Table 6B	1	2	3	4	5	6	7	8	9
Line #	Last Name	First Name	Title	Primary Expense Category	Total Hours	Salary & Benefits	Draw / Dividends	Other Compensation	TOTAL
<b>Partnership, Limited Liability Company (LLC)</b>									
6B.1	Mamary	James	Owner						0
6B.2									0
6B.3									0
6B.4									0
6B.5									0
6B.6									0
									0

**Skilled Nursing Facility Cost Report****ROYAL CAPE COD NURSING AND REH**

Filing Year: 2022

Date: 11/28/2023

Time: 10:10 AM

**SCHEDULE 11 : NOTES PAYABLE AND WORKING CAPITAL DEBT****Mortgages and Notes Supporting Fixed Assets**

Table 1	1	2	3	4	5	6	7	8	9	10
Line / Column #	Type of Notes Payable	Lender Name	Related Party	Date Mortgag e Acquired	Due Date	Number of Months Amortize d	Monthly Payment s	Original Loan Amount	Mortgag e Acquisiti on Costs	Amortiza tion of Mortgag e Acquisiti on Costs
1.1									0	
<b>100</b>	<b>TOTALS</b>								0	0



**Skilled Nursing Facility Cost Report****ROYAL CAPE COD NURSING AND REH**

Filing Year: 2022

Date: 11/28/2023

Time: 10:10 AM

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

**Skilled Nursing Facility Cost Report****ROYAL CAPE COD NURSING AND REH**

Filing Year: 2022

Date: 11/28/2023

Time: 10:10 AM

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

# Skilled Nursing Facility Cost Report

## ROYAL CAPE COD NURSING AND REH

Filing Year: 2022

Date: 11/28/2023

Time: 10:10 AM

### SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

UPLOADS REQUIRED
<b>(1) Footnotes and Explanations</b>
<i>Upload Type: Excel, Word, or PDF</i>
This section is used to provide detail to any of the information included in this report.
<b>(2) Ownership and Facility Information</b>
<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. <b>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".</b>
<b>(3) Related Party Debt</b>
<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'. <b>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".</b>
<b>(4) Related Party Transactions</b>
<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.) <b>Note: This information must be submitted in the format of the template provided.</b>
<b>(5) Financial Statements</b>
<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**  
**ROYAL CAPE COD NURSING AND REH**  
Filing Year: 2022

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

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

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

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

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

**File Submission History**

Date Uploaded	File	File Name	File Type	Uploaded By
07/31/2023 1:32PM	(1) Footnotes and Explanations	FootnotesandExplanations.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	James DErrico
07/31/2023 1:33PM	(3) Related Party Debt	RelatedPartyDebt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	James DErrico
08/02/2023 9:09AM	(4) Related Party Transactions	RelatedPartyTransactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	James DErrico
08/02/2023 9:10AM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	James DErrico

**SCHEDULE 13 : SUBMISSION AND ATTESTATION**

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

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

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

1.1	Preparer Name	Matthew S. Bavloack
1.2	Nursing Facility or Firm Name	Marcum LLP
1.3	Title	Principal
1.4	Street Address	555 Long Wharf Drive
1.5	City	New Haven
1.6	State	Connecticut
1.7	Zip Code	06511
1.8	Phone Number	+1 (203) 781-9680
1.9	Email Address	Matthew.Bavolack@Marcumllp.com
1.10	Is this information correct?	Yes
1.11	<b>[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.</b>	
1.12	Date of Authorization:	08/10/2023

Please note this button does not submit the Cost Report for CHIA review, and is solely for your internal review purposes.  
If the report needs to be unlocked by the Preparer, uncheck the attestation box on Line 1.11 and click the Save and Validate button.

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# Skilled Nursing Facility Cost Report

## ROYAL CAPE COD NURSING AND REH

Filing Year: 2022

Date: 11/28/2023

Time: 10:10 AM

### Section B - Certification by Owner, Partner, or Officer

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

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

**This certification is signed under pains and penalties of perjury.**

2.1	<b>[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.</b>	
2.2	Date of Authorization	08/15/2023
2.3	Last Name	Mamary
2.4	First Name	James
2.5	Middle Name	S.
2.6	Title	Owner
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](mailto: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