

Skilled Nursing Facility Cost Report**ROYAL MEADOW VIEW CENTER**

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 PM

SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	ROYAL MEADOW VIEW CENTER
1.2	MassHealth Provider ID	110122384D
1.3	Federal Employer Tax ID	81462838
1.4	VPN	0950583
1.5	Is the above information correct?	Yes
1.6	Facility Number	00392
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	134 North Street
1.11	City	North Reading
1.12	Zip	01864
1.13	Telephone	+1 (978) 276-2000
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 Meadow View Center
1.20	List realty company names as reported on each realty company cost report.	Mamary, Inc.
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 MEADOW VIEW CENTER
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

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

Preparer Information		
Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.		
Table 3		1
Line #	Description	
3.1	[] I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer Name	Matthew S. Bovolack
3.3	Nursing Facility or Firm Name	Marcum LLP
3.4	Title	Principal
3.5	Street Address	555 Long Wharf Drive
3.6	City	New Haven
3.7	State	Connecticut
3.8	Zip Code	06511
3.9	Phone Number	+1 (203) 781-2680
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 MEADOW VIEW CENTER**

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 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						
4.2						
4.3						
4.4						
4.5						
4.6						
4.7						
4.8						

Skilled Nursing Facility Cost Report**ROYAL MEADOW VIEW CENTER**

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 PM

SCHEDULE 2 : REVENUE**Nursing Facility Revenue**

Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	1,142,590	0	1,142,590
1.2	Commercial Managed Care	487,928	67,294	555,222
1.3	Commercial Non-Managed Care	0	0	0
1.4	Medicare Fee-For-Service	1,701,722	149,042	1,850,764
1.5	Medicare Managed Care (Part C)	0	0	0
1.6	MassHealth Fee-for-Service	4,520,046	0	4,520,046
1.7	MassHealth Managed Care	0	0	0
1.8	Senior Care Options	582,097	0	582,097
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	812,395	0	812,395
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
100	Total Nursing Facility Revenue	9,246,778	216,336	9,463,114

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**ROYAL MEADOW VIEW CENTER**

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 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	553,237
3.3	Laundry Revenue	0
3.4	Vending Machine Revenue	0
3.5	Recovery of Bad Debts	0
3.6	Prior Year Retroactive Revenue	30,392
3.7	Interest Income	958
3.8	Nurses' Aide Training Revenue	0
3.9	Administrative and General Recoverable Revenue	25,789
3.10	Nursing Recoverable Revenue	0
3.11	Variable Recoverable Revenue	0
3.12	Fixed Cost Recoverable Revenue	0
300	Total Other Nursing Facility Revenue	610,376

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 Funding	553,237
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		553,237

Total Revenue

Table 5		1
Line #	Description	Total
500	Total Revenue	10,073,490

Skilled Nursing Facility Cost Report

ROYAL MEADOW VIEW CENTER

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 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	148,379		148,379
1.2	Director of Nurses: Employee Benefits	3,520	1,010	2,510
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	17,108		17,108
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
1.100	Subtotal: Director of Nurses Expenses	169,007		167,997
1.7	Registered Nurses: Salaries	639,014		639,014
1.8	Registered Nurses: Employee Benefits	15,160	4,349	10,811
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	73,678		73,678
1.10	Registered Nurses Purchased Service: Per Diem	0		0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	491,400	#Error	491,400
1.200	Subtotal: Registered Nurses Expenses	1,219,252		1,214,903
1.12	Licensed Practical Nurses: Salaries	1,070,844		1,070,844
1.13	Licensed Practical Nurses: Employee Benefits	25,404	7,288	18,116
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	123,467		123,467
1.15	Licensed Practical Nurses Purchased Service: Per Diem	0		0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	390,994		390,994
1.300	Subtotal: Licensed Practical Nurses Expenses	1,610,709		1,603,421
1.17	Certified Nurse Aides: Salaries	1,675,792		1,675,792
1.18	Certified Nurse Aides: Employee Benefits	39,756	11,406	28,350
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	193,215		193,215
1.20	Certified Nurse Aides Purchased Service: Per Diem	0		0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	124,622		124,622
1.400	Subtotal: Certified Nurse Aides Expenses	2,033,385		2,021,979

Skilled Nursing Facility Cost Report

ROYAL MEADOW VIEW CENTER

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 PM

1.22	Nurse's Aide Training Administration	0	0	0
1.23	Nursing Education and Training	14,634	1,950	12,684
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	14,634		12,684
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	5,046,987		5,020,984

Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		0	0
1.27	Nurses' Aide Training Recoverable Income		0	0
1.700	Subtotal: Nursing & Director of Nursing Recoverable Income	0		0
100	Total: Net Nursing Expenses Including Recoverable Income	5,046,987		5,020,984

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	163,381		163,381
2.2	Administration: Employee Benefits	3,876	1,112	2,764
2.3	Administration: Payroll Taxes incl Workers Comp.	18,838		18,838
2.4	Administration: Purchased Service	0		0
2.5	Officers: Total Compensation	0	0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	186,095		184,983
2.7	Clerical Staff: Salaries	484,636		484,636
2.8	Clerical Staff: Employee Benefits	11,497	3,298	8,199
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	55,878		55,878
2.10	Clerical Staff: Purchased Service	4,575	0	4,575
2.200	Subtotal: Clerical Staff Expenses	556,586		553,288
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	139,754		139,754
2.12	Office Supplies	24,178		24,178
2.13	Telecommunications (e.g. Internet, Phone)	20,445		20,445

Skilled Nursing Facility Cost Report

ROYAL MEADOW VIEW CENTER

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 PM

2.14	Other Telecommunications (e.g. tablets to support family and resident communications)	0		0
2.15	Travel: Conventions & Meetings	3,476		3,476
2.16	Advertising: Help Wanted	14,491		14,491
2.17	Licenses and Dues: Patient Care Related Portion	8,704	2,326	6,378
2.18	Continuing Professional Education / Training and Development	0		0
2.19	Accounting Services (Not related to appeals)	31,314		31,314
2.20	Insurance: Malpractice & General Liability	11,237		11,237
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion	0		0
2.22	Other A & G Expenses	58,084	48,478	9,606
2.23	Non-Allowable A & G Expenses	1,314,740	1,314,740	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		(88,470)	(88,470)
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		308,798	308,798
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		18,714	18,714
2.27	This line description is intentionally left blank			0
2.28	This line description is intentionally left blank			0
2.300	Subtotal: Other Administrative and General Expenses	1,626,423		499,921
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	2,369,104		1,238,192
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		25,789	25,789
2.500	Subtotal: Administrative & General Recoverable Income	0		25,789
200	Total: Net Administrative & General Expenses After Recoverable Income	2,369,104		1,212,403

Skilled Nursing Facility Cost Report**ROYAL MEADOW VIEW CENTER**

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 PM

Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	Professional Fees	46,394
2A.2	Bank Service Charges	7,826
2A.3	Miscellaneous	2,012
2A.4	Donations	1,852
2A.5		
2A.6		
2A.7		
2A.8		
2A.9		
2A.10		
2A.100	Subtotal: Other A&G Expenses	58,084

Skilled Nursing Facility Cost Report

ROYAL MEADOW VIEW CENTER

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 PM

Detail of Non-Allowable A & G Expenses

Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	2,376
2B.2	Licenses and Dues: Not Related to Resident Care	1,181
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	23,031
2B.7	Key Person Insurance	0
2B.8	Management Company Fees	505,000
2B.9	Management Consultants	0
2B.10	Interest on Working Capital	0
2B.11	Fines, Late Fees, Penalties, including Interest	26,599
2B.12	State and Federal Income Taxes	0
2B.13	Pre-Opening Expenses	0
2B.14	Bad Debt Expense	120,028
2B.15	User Fee Assessment	636,525
2B.16	Other Non-Allowable A&G Expenses	0
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
2B.100	Total Non-Allowable A&G Expenses	1,314,740

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	98,741		98,741
3.2	Staff Dev. Coord.: Employee Benefits	2,342	675	1,667
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	11,385		11,385
3.4	Staff Dev. Coord.: Purchased Service	0		0
3.100	Subtotal: Staff Development Coordinator Expenses	112,468		111,793
3.5	Plant Operation: Salaries	72,722		72,722
3.6	Plant Operation: Employee Benefits	1,725	495	1,230
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	8,385		8,385

Skilled Nursing Facility Cost Report

ROYAL MEADOW VIEW CENTER

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 PM

3.8	Plant Operation: Purchased Service	359,505		359,505
3.9	Plant Operation: Supplies and Expenses	74,725		74,725
3.10	Plant Operation: Utilities	203,900		203,900
3.11	Plant Operation: Repairs	0		0
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	720,962		720,467
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	0		0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	0		0
3.18	Dietary: Salaries	0		0
3.19	Dietary: Employee Benefits	0		0
3.20	Dietary: Payroll Taxes incl Workers Comp.	0		0
3.21	Dietary: Food	237,218		237,218
3.22	Dietary: Purchased Service	516,680		516,680
3.23	Dietary: Supplies and Expenses	21,308		21,308
3.400	Subtotal: Dietary Expenses	775,206		775,206
3.24	Housekeeping/Laundry: Salaries	0		0
3.25	Housekeeping/Laundry: Employee Benefits	0		0
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	0		0
3.27	Housekeeping/Laundry: Purchased Service	458,762		458,762
3.28	Housekeeping/Laundry: Supplies and Expenses	741		741
3.29	Housekeeping/Laundry: Linen and Bedding	10,490		10,490
3.30	Housekeeping/Laundry: Special Cleaning	0		0
3.500	Subtotal: Housekeeping/Laundry Expenses	469,993		469,993
3.31	Quality Assurance (QA) Professional: Salaries	0		0
3.32	QA Professional: Employee Benefits	0		0
3.33	QA Professional: Payroll Taxes incl Workers Comp.	0		0
3.34	QA Professional: Purchased Service	0		0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
3.600	Subtotal: QA Professional Expenses	0		0
3.36	Unit Clerk & Medical Records: Salaries	13,512		13,512

Skilled Nursing Facility Cost Report

ROYAL MEADOW VIEW CENTER

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 PM

3.37	Unit Clerk & Medical Records: Employee Benefits	321	92	229
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	1,558		1,558
3.39	Unit Clerk & Medical Records: Purchased Service	0		0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	15,391		15,299
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	120,981		120,981
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	2,870	823	2,047
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	13,949		13,949
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	0		0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	137,800		136,977
3.44	Behavioral Health Specialist: Salaries	0		0
3.45	Behavioral Health Specialist: Employee Benefits	0		0
3.46	Behavioral Health Specialist: Payroll Taxes incl Workers Comp.	0		0
3.47	Behavioral Health Specialist: Purchased Service	0		0
3.900	Subtotal: Behavioral Health Specialist Expenses	0		0
3.48	Social Service Worker: Salaries	54,869		54,869
3.49	Social Service Worker: Employee Benefits	1,302	373	929
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	6,326		6,326
3.51	Social Service Worker: Purchased Service	37,355		37,355
3.1000	Subtotal: Social Service Worker Expenses	99,852		99,479
3.52	Interpreters: Salaries	0		0
3.53	Interpreters: Employee Benefits	0		0
3.54	Interpreters: Payroll Taxes incl Workers Comp.	0		0
3.55	Interpreters: Purchased Service	0		0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries	0		0
3.57	Indirect Restorative Therapy: Employee Benefits	0		0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.	0		0
3.59	Indirect Restorative Therapy: Consultants	121,617		121,617
3.60	Direct Restorative Therapy: Salaries	0	0	0

Skilled Nursing Facility Cost Report

ROYAL MEADOW VIEW CENTER

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 PM

3.61	Direct Restorative Therapy: Benefits	0	0	0
3.62	Direct Restorative Therapy: Consultants	260,837	260,837	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	382,454		121,617
3.64	Recreational Therapy/Activities: Salaries	164,361		164,361
3.65	Recreational Therapy/Activities: Employee Benefits	3,899	1,119	2,780
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	18,951		18,951
3.67	Recreational Therapy/Activities: Purchased Service	2,350		2,350
3.68	Recreational Therapy/Activities: Supplies and Expenses	10,958		10,958
3.69	Recreational Therapy/Activities: Transportation	0	0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	200,519		199,400
3.70	Resident Care Assistant: Salaries	0		0
3.71	Resident Care Assistant: Employee Benefits	0		0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.	0		0
3.73	Resident Care Assistant: Purchased Service	0		0
3.1400	Subtotal: Resident Care Assistant Expenses	0		0
3.74	Security: Salaries	0		0
3.75	Security: Employee Benefits	0		0
3.76	Security: Payroll Taxes including Workers Comp.	0		0
3.77	Security: Purchased Service	0		0
3.1500	Subtotal: Security Expenses	0		0
3.78	Travel: Motor Vehicle Expense	2,510		2,510
3.79	Variable Other Required Education	0		0
3.80	Variable Job Related Education	1,858		1,858
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion	0		0
3.82	Physician Services: Medical Director	28,000		28,000
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	(16,666)		(16,666)
3.87	Legend Drugs	228,366	228,366	0
3.88	Personal Protective Equipment	23,137		23,137

Skilled Nursing Facility Cost Report**ROYAL MEADOW VIEW CENTER**

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 PM

3.89	House Supplies Not Resold	304,309		304,309
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	21,324		21,324
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	592,838		364,472
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	3,507,483		3,014,703
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	3,507,483		3,014,703

Skilled Nursing Facility Cost Report

ROYAL MEADOW VIEW CENTER

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 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	3,187	(121,726)	124,913
4.2	Long-Term Interest Expense SNF-CR	0		0
4.3	Long-Term Interest Expense REA-CR		0	0
4.4	MA Corp. Excise Tax - Non-Income Portion SNF-CR	0		0
4.5	MA Corp. Excise Tax - Non-Income Portion REA-CR			0
4.6	Building Insurance Expense SNF-CR	0		0
4.7	Building Insurance Expense REA-CR		7,557	7,557
4.8	Real Estate Tax Expense SNF-CR	0		0
4.9	Real Estate Tax Expense REA-CR		70,700	70,700
4.10	Personal Property Tax Expense SNF-CR	3,927		3,927
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	7,084		7,084
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	269,355	269,355	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	283,553		214,181
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	283,553		214,181

Skilled Nursing Facility Cost Report**ROYAL MEADOW VIEW CENTER**

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 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	11,207,127		9,488,060
Total Combined Expenses Net of Recoverable Income				
Table 6		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
600	Total Combined Expenses Net of Recoverable Income	11,207,127		9,462,271

Skilled Nursing Facility Cost Report**ROYAL MEADOW VIEW CENTER**

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 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:	N/A

Other Business Revenue

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

Skilled Nursing Facility Cost Report**ROYAL MEADOW VIEW CENTER**

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 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	0	
3.2	8041.0	Child Day Care Expenses	0	0	
3.3	8045.0	Assisted Living Expenses	0	0	
3.4	8046.0	Outpatient Service Expenses	0	0	
3.5	8047.0	Chapter 766 Education Program Expenses	0	0	
3.6	8048.0	Ventilator Program Expenses	0	0	
3.7	8049.0	Acquired Brain Injury Unit Expenses	0	0	
3.8	8042.0	MS/ALS Program Expenses	0	0	
3.9	8050.0	Other Special Program Expenses	0	0	
3.10	8060.0	Hospital Expenses - Other Business	0	0	
3.11	8065.0	Other	0	0	
300	8070.0	TOTAL OTHER BUSINESS EXPENSES	0	0	

Skilled Nursing Facility Cost Report**ROYAL MEADOW VIEW CENTER**

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 PM

SCHEDULE 5 : STATEMENT OF OPERATIONS AND RECONCILIATION OF FINANCIAL TO COST REPORTED NET INCOME**Financial Statement of Operations**

Table 1		
Table 1A		1
For Profit		
Line #	Description	Reported
1A.1	Net Patient Service Revenue	9,463,114
1A.2	Other Revenue	610,376
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	10,073,490
1A.4	Salaries and Wages	4,707,232
1A.5	Employee Benefits	111,672
1A.6	Supplies and Other (including Payroll Taxes)	6,265,008
1A.7	Interest Expense	
1A.8	Provision for Bad Debt	120,028
1A.9	Depreciation and Amortization Expenses	3,187
1A.200	Total Operating Expenses	11,207,127
1A.300	Income(Loss) from Operations	(1,133,637)
	Non-Operating Income and Expenses	
1A.10	Interest Income	
1A.11	Investment Income	0
1A.12	Realized Gain(Loss) from Investments	0
1A.13	Realized Gain(Loss) from Sale or Disposal of Equipment	0
1A.14	Other Non-Operating Income(Expense)	0
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	(1,133,637)
1A.15	Provision for Income Tax	
1A.16	Extraordinary Items	0
1A.17	Cumulative Change in Accounting Principles	0
1A.500	Financial Statement Net Income(Loss)	(1,133,637)

Skilled Nursing Facility Cost Report**ROYAL MEADOW VIEW CENTER**

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 PM

Detail of Extraordinary Items

Table 1C	1	2
Line #	Description	Amount
1C.1		
1C.2		
1C.3		
1C.4		
1C.5		
1C.6		
1C.7		
1C.8		
1C.9		
1C.10		
1C.100	Subtotal: Cumulative Extraordinary Items	0

Detail of Changes in Accounting Principles

Table 1D	1	2
Line #	Description	Amount
1D.1		
1D.2		
1D.3		
1D.4		
1D.5		
1D.6		
1D.7		
1D.8		
1D.9		
1D.10		
1D.100	Subtotal: Cumulative Changes in Accounting Principles	0

Skilled Nursing Facility Cost Report
ROYAL MEADOW VIEW CENTER
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

Cost Reported Statement of Operations		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	10,073,490
2.2	Total Nursing Expenses (Schedule 3)	5,046,987
2.3	Total Administrative and General Expenses (Schedule 3)	2,369,104
2.4	Total Variable Expenses (Schedule 3)	3,507,483
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	283,553
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	11,207,127
200	Cost Reported Net Income(Loss)	(1,133,637)

Reconciliation Between Financial Statement and Cost Report Net Income

Table 3		1	2
Line #	Description	Describe Reconciling Item	Amount
3.1	Net Income(Loss) on Financial Statement of Operations (Table 1)		(1,133,637)
3.2	Reconciling Item		
3.3	Reconciling Item		
3.4	Reconciling Item		
3.5	Reconciling Item		
3.6	Net Income(Loss) on Cost Report Statement of Operations (Table 2)		(1,133,637)

Skilled Nursing Facility Cost Report
ROYAL MEADOW VIEW CENTER
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

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

Current Assets		
Table 1		1
Line #	Description	Account Balance
1.1	Cash and Cash Equivalents	1,872
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	1,856,050
1.6	Less Reserve for Bad Debt	(502,973)
1.100	Subtotal: Net Patient Accounts Receivable	1,353,077
1.7	Receivable from Officers/Owners/Employees	0
1.8	Receivable from Affiliates/Related Parties	0
1.9	Interest Receivable	0
1.10	Supply Inventory	0
1.11	Other Receivables	0
1.12	Prepaid Interest	0
1.13	Prepaid Insurance	8,483
1.14	Prepaid Taxes	0
1.15	Other Prepaid Expenses	34,519
1.16	Capitalized Pre-Opening Costs	0
1.17	Other Current Assets	8,574
100	Total Current Assets	1,406,525

Skilled Nursing Facility Cost Report**ROYAL MEADOW VIEW CENTER**

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 PM

Detail of Other Current Assets

Table 1A	1	2
Line #	Description	Account Balance
1A.1	Due to Medicaid	(20,534)
1A.2	Due to Third Party	29,108
1A.3		
1A.4		
1A.5		
1A.6		
1A.7		
1A.8		
1A.9		
1A.10		
1A.100	Subtotal: Other Current Assets	8,574

Non-Current Fixed Assets

Table 2	1
Line #	Account Balance
2.1	0
2.2	0
2.3	0
2.4	0
2.5	775
2.6	0
200	775

Skilled Nursing Facility Cost Report**ROYAL MEADOW VIEW CENTER**

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 PM

Other Non-Current Assets

Table 3		1
Line #	Description	Account Balance
3.1	Long-Term Investments	0
3.2	Non-Current Assets Whose Use is Limited	0
3.3	Other Deferred Charges and Non-Current Assets	0
3.4	Construction in Progress	55,077
3.5	Mortgage Acquisition Costs	0
3.6	Accumulated Amortization of Mortgage Acquisition Costs	0
3.100	Net Mortgage Acquisition Costs	0
300	Total Non-Current Assets	55,077

Detail of Other Deferred Charges and Non-Current Assets

Table 3A	1	2
Line #	Description	Account Balance
3A.1		
3A.2		
3A.3		
3A.4		
3A.5		
3A.6		
3A.7		
3A.8		
3A.9		
3A.10		
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	0

Total Assets

Table 4		1
Line #	Description	Account Balance
400	Total Assets	1,462,377

Skilled Nursing Facility Cost Report
ROYAL MEADOW VIEW CENTER
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	707,740
5.2	Accrued Expenses	161,257
5.3	Due to Insurance Payers	0
5.4	Patient Funds Due	(5,524)
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	0
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	0
5.7	Accrued Salaries and Payroll Liabilities	142,737
5.8	State and Federal Taxes Payable	59,354
5.9	Accrued Interest Payable	0
5.10	Other Current Liabilities	(2,186)
500	Total Current Liabilities	1,063,378

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	COVID - Medicare Accelerated Payment	(2,186)
5A.2		
5A.3		
5A.4		
5A.5		
5A.6		
5A.7		
5A.8		
5A.9		
5A.10		
5A.100	Subtotal: Other Current Liabilities	(2,186)

Skilled Nursing Facility Cost Report
ROYAL MEADOW VIEW CENTER
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	0
6.2	Due to Related Parties, Subsidiaries, and Affiliates	5,175,399
6.3	Other Long-Term Debt	0
600	Total Non-Current Liabilities	5,175,399

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	6,238,777

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

Table 8		
Table 8B		1
Proprietorship, Partnership, or Limited Liability Company (LLC)		
Line #	Description	Amount
8B.1	Owner's Equity Balance: Prior Year	(3,598,690)
8B.2	Prior Period Adjustment(s)	(44,073)
8B.3	Capital Contributions During the Year	0
8B.4	SNF-CR Net Income/(Loss)	(1,133,637)
8B.5	Proprietor/Partner Drawings	0
8B.100	Owner's Equity Balance: Current Year	(4,776,400)

Skilled Nursing Facility Cost Report**ROYAL MEADOW VIEW CENTER**

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 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	Prior Period Adjustment	(44,073)
8D.2		
8D.3		
8D.4		
8D.5		
8D.6		
8D.7		
8D.8		
8D.9		
8D.10		
8D.100	Subtotal: Prior Period Adjustments	(44,073)

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)	1,462,377

Skilled Nursing Facility Cost Report

ROYAL MEADOW VIEW CENTER

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 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 Beginning Balance	Current Year Depreciation	Accumulated Depreciation Ending Balance	Financial Statement Net Book Value
1.1	Land				0				0
1.2	Building				0		0	0	0
1.3	Improvements				0			0	0
1.4	Equipment				0			0	0
1.5	Software/Limited Life Assets	9,561			9,561	(5,599)	(3,187)	(8,786)	775
1.6	Motor Vehicles				0		0	0	0
100	Total	9,561	0	0	9,561	(5,599)	(3,187)	(8,786)	775

Claimed Fixed Assets

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

Table 2		1	2	3	4	5	6	7	8	9	10
Line #	Description	Allowable Cost Basis Beginning Balance	Claimed Additions From Renovations (DON)	Claimed Other Additions	Claimed Deletions From Renovations (DON)	Claimed Other Deletions	Allowable Cost Basis Ending Balance	Depreciation %	Financial Statement Depreciation Expense	Non-Allowable Expenses and Add-backs	Claimed Net Depreciation Expense
2.1	Land SNF-CR						0				
2.2	Land REA-CR	52,000					52,000				
2.3	Building SNF-CR	0					0		0		0
2.4	Building REA-CR	3,895,127					3,895,127			97,378	97,378
2.5	Improvements SNF-CR	0					0	5.00%	0		0
2.6	Improvements REA-CR	74,090		21,725			95,815	5.00%		4,791	4,791
2.7	Equipment SNF-CR	0					0	10.00%	0		0

Skilled Nursing Facility Cost Report

ROYAL MEADOW VIEW CENTER

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 PM

2.8	Equipment REA-CR	170,987		24,579			195,566	10.00%		19,557	19,557
2.9	Software/Limited Life Assets SNF-CR	9,561					9,561	33.33%	3,187		3,187
2.10	Software/Limited Life Assets REA-CR						0	33.33%			0
200	Total Claimed Fixed Assets	4,201,765	0	46,304	0	0	4,248,069		3,187	121,726	124,913

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1996
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?	4,828,600
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?	61
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	21,459
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	12,092
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?	6.8
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

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					

Skilled Nursing Facility Cost Report
ROYAL MEADOW VIEW CENTER
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 PM

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)	23,363

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(1,133,637)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	0
2.3	Increases (Decreases) to Cash Provided by Operating Activities	1,112,146
200	Net Cash from Operating Activities	(21,491)

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	0
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	0

Cash Flows from Financing Activities

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

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(21,491)
500	Cash and Cash Equivalents (End of Year)	1,872

Skilled Nursing Facility Cost Report**ROYAL MEADOW VIEW CENTER**

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 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	03/14/2021	113			113	113
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.	109				
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	2,708	116		2,499		21,122
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)	19			3		467
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	2,727	116	0	2,502	0	21,589

Skilled Nursing Facility Cost Report**ROYAL MEADOW VIEW CENTER**

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 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
	2,188				1,411			30,044
								0
								0
								0
								0
								0
								0
								0
	65				57			611
								0
								0
								0
0	2,253	0	0	0	1,468	0	0	30,655

Skilled Nursing Facility Cost Report**ROYAL MEADOW VIEW CENTER**

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 PM

Patient Statistics - Summary			
Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	107
3.2	0140.1	Number of MassHealth Admissions During Year	17
3.3	0150.0	Number of Discharges During Year	105
3.4	0190.0	Average Length of Stay	292
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	99
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	57

Skilled Nursing Facility Cost Report**ROYAL MEADOW VIEW CENTER**

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 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	529,945	11,641.0	654,368	14,525.0	1,278,095	55,577.0
1.2	Total Overtime Wages	84,415	1,264.0	373,327	7,122.0	298,751	9,341.0
1.3	Total Shift Differential	12,358		35,638		92,184	
1.4	Total Other Differentials	12,296		7,511		6,762	
100	Total	639,014	12,905.0	1,070,844	21,647.0	1,675,792	64,918.0

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	4.00	6.00	6.00
2.2	Licensed Practical Nurses	2.00	2.00	4.00	6.00	6.00
2.3	Certified Nurse Aides	1.50	1.50	3.00	4.50	4.50

Skilled Nursing Facility Cost Report**ROYAL MEADOW VIEW CENTER**

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 PM

Detail of Staff and Hours by Position

Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development	1	1.1	2,249.0
3.2	Plant Operations	1	1.1	2,301.0
3.3	Dietary Staff			
3.4	Dietician			
3.5	Housekeeping/Laundry Staff			
3.6	Unit Clerk & Medical Records Staff	1	0.3	724.0
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	1	1.3	2,758.0
3.9	Social Services Staff	1	1.0	1,721.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	4	3.5	7,302.0
3.14	Administration and Officers	1	1.0	2,171.0
3.15	Security Staff			
3.16	Clerical Staff	8	8.3	17,154.0
3.17	Director of Nurses	1	1.0	2,014.0
3.18	Registered Nurses	6	6.2	12,905.0
3.19	Licensed Practical Nurses	10	10.4	21,647.0
3.20	Certified Nurse Aides	30	31.2	64,918.0
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	65	66.5	137,864.0

Skilled Nursing Facility Cost Report

ROYAL MEADOW VIEW CENTER

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 PM

Detail of Purchased Nursing Services										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges
Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies			#Error						
Registered Temporary Nursing Service Agencies										
4.2		TOIY					505.3	16,982		
4.3	CONNECTRN INC	TGKV	4,581.5	365,523	1,416.8	95,558				
4.4	Favorite Healthcare Staffing, Inc.	TOTB					147.6	5,056		
4.5	K & A HEALTHCARE SERVICES LLC	TC7E			127.8	9,302	692.1	33,956		
4.6	MAS Medical Staffing (Worcester, MA)	TKYS	15.1	1,096	33.9	2,685	8.3	314		
4.7	Nursing On Demand LLC	TWWT	16.6	1,274	15.5	988	75.0	2,500		
4.8	Paramount Healthcare Services	TNVC	8.7	625	75.7	4,805	78.3	3,230		
4.9			463.1	36,128	3,160.7	221,121	626.8	23,590		
4.10	WW Staffing LLC	TR7R					31.8	1,091		
4.11			1,262.7	86,754	889.3	56,535	1,074.9	37,903		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		6,347.7	491,400	5,719.7	390,994	3,240.1	124,622	0.0	0
400	Total Temporary Nursing Service Agency Expenses		6,347.7	491,400	5,719.7	390,994	3,240.1	124,622	0.0	0

Skilled Nursing Facility Cost Report

ROYAL MEADOW VIEW CENTER

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 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	Ndungu	Lucy	LPN	Nursing	320,253			320,253
5.2	Mwesigye	Fred	LPN	Nursing	315,728			315,728
5.3	Pope	Alysia	Director of Nurses	Administrative & General	151,977			151,977
5.4	Luciano	Robin	LPN	Nursing	141,551			141,551
5.5	Maswa	Irene	C.N.A.	Nursing	139,742			139,742

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

Partnership, Limited Liability Company (LLC)									
6B.1									0
6B.2									0
6B.3									0
6B.4									0
6B.5									0
6B.6									0
									0

Skilled Nursing Facility Cost Report**ROYAL MEADOW VIEW CENTER**

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 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										
100	TOTALS								0	0

Skilled Nursing Facility Cost Report**ROYAL MEADOW VIEW CENTER**

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 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
					0				0
					0		0	0	0

Skilled Nursing Facility Cost Report**ROYAL MEADOW VIEW CENTER**

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 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				0		0
200	Total Working Capital Interest						0		0

Skilled Nursing Facility Cost Report

ROYAL MEADOW VIEW CENTER

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 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

ROYAL MEADOW VIEW CENTER

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 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:

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

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
08/01/2023 8:47AM	(1) Footnotes and Explanations	FootnotesandExplanations.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	James DErrico
08/01/2023 8:47AM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	James DErrico
08/01/2023 8:48AM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	James DErrico
08/02/2023 10:15AM	(4) Related Party Transactions	RelatedPartyTransactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	James DErrico

Skilled Nursing Facility Cost Report
ROYAL MEADOW VIEW CENTER
Filing Year: 2022

Date: 01/11/2024
Time: 12:58 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	Matthew S. Bovolack
1.2	Nursing Facility or Firm Name	Marcum LLP
1.3	Title	Principal
1.4	Street Address	555 Long Wharf Drive
1.5	City	New Haven
1.6	State	Connecticut
1.7	Zip Code	06511
1.8	Phone Number	+1 (203) 781-2680
1.9	Email Address	Matthew.Bovolack@marcumllp.com
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	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.

--	--	--

Skilled Nursing Facility Cost Report

ROYAL MEADOW VIEW CENTER

Filing Year: 2022

Date: 01/11/2024

Time: 12:58 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	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 along with the following information:

a) User Name

b) User E-Mail Address

c) Organization Name

d) Applicable Filing Year

e) Reason for request