

Skilled Nursing Facility Cost Report**BEAR MOUNTAIN AT WORCESTER**

Filing Year: 2022

Date: 11/28/2023

Time: 2:25 PM

SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	BEAR MOUNTAIN AT WORCESTER
1.2	MassHealth Provider ID	110158561A
1.3	Federal Employer Tax ID	834078488
1.4	VPN	0950802
1.5	Is the above information correct?	Yes
1.6	Facility Number	00232
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	59 Acton Street
1.11	City	Worcester
1.12	Zip	01604
1.13	Telephone	+1 (860) 880-8202
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.	Bear Mountain Management LLC
1.19	List the name of the entity that holds the nursing facility license.	Bear Mountain Worcester
1.20	List realty company names as reported on each realty company cost report.	Sabra Healthcare REIT,Inc 0537
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
BEAR MOUNTAIN AT WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 2:25 PM

Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Jonathan Langfield
2.2	Nursing Facility or Firm Name	CliftonLarsonAllen LLP
2.3	Title	CPA
2.4	Street Address	4 Batterymarch Park, Suite 100
2.5	City	Quincy
2.6	State	MA
2.7	Zip Code	02169
2.8	Phone Number	+1 (781) 982-1001
2.9	Email Address	jonathan.langfield@claconnect.com

Preparer Information		
Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.		
Table 3		1
Line #	Description	
3.1	<input type="checkbox"/> I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer Name	Jonathan Langfield
3.3	Nursing Facility or Firm Name	CliftonLarsonAllen LLP
3.4	Title	CPA
3.5	Street Address	4 Batterymarch Park, Suite 100
3.6	City	Quincy
3.7	State	MA
3.8	Zip Code	02169
3.9	Phone Number	+1 (781) 982-1001
3.10	Email Address	jonathan.langfield@claconnect.com
3.11	Type of Accounting Service Performed	Other (Explain in Footnotes)

Skilled Nursing Facility Cost Report**BEAR MOUNTAIN AT WORCESTER**

Filing Year: 2022

Date: 11/28/2023

Time: 2:25 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
BEAR MOUNTAIN AT WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 2:25 PM

SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	158,186	4,032	162,218
1.2	Commercial Managed Care	280,673	57,750	338,423
1.3	Commercial Non-Managed Care	172,214		172,214
1.4	Medicare Fee-For-Service	1,275,746	551,355	1,827,101
1.5	Medicare Managed Care (Part C)	201,110	239,771	440,881
1.6	MassHealth Fee-for-Service	8,445,557	97,971	8,543,528
1.7	MassHealth Managed Care	55,924		55,924
1.8	Senior Care Options	985,302		985,302
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State	3,178,560		3,178,560
1.12	Medicaid Patient Paid Amount			0
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	14,753,272	950,879	15,704,151

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
BEAR MOUNTAIN AT WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 2:25 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	846,519
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	2,599
3.7	Interest Income	22,315
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	2,488
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	873,921

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)	Gant revenue	521,823
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Covid Relief	324,696
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		846,519

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	16,578,072

Skilled Nursing Facility Cost Report
BEAR MOUNTAIN AT WORCESTER
Filing Year: 2022

Date: 11/28/2023

Time: 2:25 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	129,352		129,352
1.2	Director of Nurses: Employee Benefits	6,151		6,151
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	13,288		13,288
1.4	Director of Nurses Purchased Service: Per Diem			0
1.5	Director of Nurses Purchased Service: Temporary Agency Staff	0	0	0
1.6	Director of Nurses Add-back (MGT-CR Sch 6)			0
1.100	Subtotal: Director of Nurses Expenses	148,791		148,791
1.7	Registered Nurses: Salaries	1,440,832		1,440,832
1.8	Registered Nurses: Employee Benefits	68,509		68,509
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	148,018		148,018
1.10	Registered Nurses Purchased Service: Per Diem	104,906		104,906
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	0	0	0
1.200	Subtotal: Registered Nurses Expenses	1,762,265		1,762,265
1.12	Licensed Practical Nurses: Salaries	1,841,499		1,841,499
1.13	Licensed Practical Nurses: Employee Benefits	87,560		87,560
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	189,180		189,180
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	0	0	0
1.300	Subtotal: Licensed Practical Nurses Expenses	2,118,239		2,118,239
1.17	Certified Nurse Aides: Salaries	2,667,903		2,667,903
1.18	Certified Nurse Aides: Employee Benefits	126,854		126,854
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	274,078		274,078
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	0	0	0
1.400	Subtotal: Certified Nurse Aides Expenses	3,068,835		3,068,835

Skilled Nursing Facility Cost Report

BEAR MOUNTAIN AT WORCESTER

Filing Year: 2022

Date: 11/28/2023

Time: 2:25 PM

1.22	Nurse's Aide Training Administration		0	0
1.23	Nursing Education and Training			0
1.24	This line description is intentionally left blank			0
1.25	This line description is intentionally left blank			0
1.500	Subtotal: Other Nursing Expenses	0		0
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	7,098,130		7,098,130

Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		0	
1.27	Nurses' Aide Training Recoverable Income		0	
1.700	Subtotal: Nursing & Director of Nursing Recoverable Income	0		0
100	Total: Net Nursing Expenses Including Recoverable Income	7,098,130		7,098,130

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	178,637		178,637
2.2	Administration: Employee Benefits	8,494		8,494
2.3	Administration: Payroll Taxes incl Workers Comp.	18,352		18,352
2.4	Administration: Purchased Service			0
2.5	Officers: Total Compensation		0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	205,483		205,483
2.7	Clerical Staff: Salaries	205,398		205,398
2.8	Clerical Staff: Employee Benefits	9,766		9,766
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	21,101		21,101
2.10	Clerical Staff: Purchased Service	80,324		80,324
2.200	Subtotal: Clerical Staff Expenses	316,589		316,589
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	20,635		20,635
2.12	Office Supplies	94,199		94,199
2.13	Telecommunications (e.g. Internet, Phone)	17,343		17,343

Skilled Nursing Facility Cost Report

BEAR MOUNTAIN AT WORCESTER

Filing Year: 2022

Date: 11/28/2023

Time: 2:25 PM

2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings			0
2.16	Advertising: Help Wanted	2,023		2,023
2.17	Licenses and Dues: Patient Care Related Portion	48,084		48,084
2.18	Continuing Professional Education / Training and Development			0
2.19	Accounting Services (Not related to appeals)	17,548		17,548
2.20	Insurance: Malpractice & General Liability	127,104		127,104
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	87,749	828	86,921
2.23	Non-Allowable A & G Expenses	2,614,105	2,614,105	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		1,050	1,050
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		326,694	326,694
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		2,321	2,321
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	3,028,790		743,922
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	3,550,862		1,265,994
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		2,488	2,488
2.500	Subtotal: Administrative & General Recoverable Income	0		2,488
200	Total: Net Administrative & General Expenses After Recoverable Income	3,550,862		1,263,506

Skilled Nursing Facility Cost Report
BEAR MOUNTAIN AT WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 2:25 PM

Detail of Other A&G Expenses		
Table 2A	1	2
Line #	Description	Amount
2A.1	Consulting Other	86,921
2A.2	Patient Expenses	828
2A.100	Subtotal: Other A&G Expenses	87,749

Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	
2B.2	Licenses and Dues: Not Related to Resident Care	
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	
2B.5	Legal: Resident Care	
2B.6	Legal: Other	94,587
2B.7	Key Person Insurance	
2B.8	Management Company Fees	828,902
2B.9	Management Consultants	
2B.10	Interest on Working Capital	134,062
2B.11	Fines, Late Fees, Penalties, including Interest	157,102
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	320,743
2B.15	User Fee Assessment	1,078,709
2B.16	Other Non-Allowable A&G Expenses	
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
2B.100	Total Non-Allowable A&G Expenses	2,614,105

Variable Expenses				
Table 3		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
3.1	Staff Development Coordinator: Salaries			0
3.2	Staff Dev. Coord.: Employee Benefits			0

Skilled Nursing Facility Cost Report**BEAR MOUNTAIN AT WORCESTER**

Filing Year: 2022

Date: 11/28/2023

Time: 2:25 PM

3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.			0
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	0		0
3.5	Plant Operation: Salaries	95,039		95,039
3.6	Plant Operation: Employee Benefits	4,519		4,519
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	9,763		9,763
3.8	Plant Operation: Purchased Service	81,735		81,735
3.9	Plant Operation: Supplies and Expenses	86,445		86,445
3.10	Plant Operation: Utilities	352,845		352,845
3.11	Plant Operation: Repairs			0
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	630,346		630,346
3.13	Dietician: Salaries	55,036		55,036
3.14	Dietician: Employee Benefits	2,617		2,617
3.15	Dietician: Payroll Taxes incl Workers Comp.	5,654		5,654
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	63,307		63,307
3.18	Dietary: Salaries	369,784		369,784
3.19	Dietary: Employee Benefits	17,582		17,582
3.20	Dietary: Payroll Taxes incl Workers Comp.	37,988		37,988
3.21	Dietary: Food			0
3.22	Dietary: Purchased Service	158		158
3.23	Dietary: Supplies and Expenses	480,431		480,431
3.400	Subtotal: Dietary Expenses	905,943		905,943
3.24	Housekeeping/Laundry: Salaries	320,535		320,535
3.25	Housekeeping/Laundry: Employee Benefits	15,241		15,241
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	32,929		32,929
3.27	Housekeeping/Laundry: Purchased Service			0
3.28	Housekeeping/Laundry: Supplies and Expenses	49,275		49,275
3.29	Housekeeping/Laundry: Linen and Bedding	14,024		14,024
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	432,004		432,004

Skilled Nursing Facility Cost Report**BEAR MOUNTAIN AT WORCESTER**

Filing Year: 2022

Date: 11/28/2023

Time: 2:25 PM

3.31	Quality Assurance (QA) Professional: Salaries			0
3.32	QA Professional: Employee Benefits			0
3.33	QA Professional: Payroll Taxes incl Workers Comp.			0
3.34	QA Professional: Purchased Service			0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)		166,123	166,123
3.600	Subtotal: QA Professional Expenses	0		166,123
3.36	Unit Clerk & Medical Records: Salaries	156,256		156,256
3.37	Unit Clerk & Medical Records: Employee Benefits	7,430		7,430
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	16,052		16,052
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	179,738		179,738
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	186,184		186,184
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	6,158		6,158
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	13,305		13,305
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	205,647		205,647
3.44	Behavioral Health Specialist: Salaries			0
3.45	Behavioral Health Specialist: Employee Benefits			0
3.46	Behavioral Health Specialist: Payroll Taxes incl Workers Comp.			0
3.47	Behavioral Health Specialist: Purchased Service			0
3.900	Subtotal: Behavioral Health Specialist Expenses	0		0
3.48	Social Service Worker: Salaries	87,263		87,263
3.49	Social Service Worker: Employee Benefits	4,149		4,149
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	8,965		8,965
3.51	Social Service Worker: Purchased Service	4,208		4,208
3.1000	Subtotal: Social Service Worker Expenses	104,585		104,585
3.52	Interpreters: Salaries			0
3.53	Interpreters: Employee Benefits			0
3.54	Interpreters: Payroll Taxes incl Workers Comp.			0
3.55	Interpreters: Purchased Service			0

Skilled Nursing Facility Cost Report**BEAR MOUNTAIN AT WORCESTER**

Filing Year: 2022

Date: 11/28/2023

Time: 2:25 PM

3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries			0
3.57	Indirect Restorative Therapy: Employee Benefits			0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.			0
3.59	Indirect Restorative Therapy: Consultants			0
3.60	Direct Restorative Therapy: Salaries	471,047	471,047	0
3.61	Direct Restorative Therapy: Benefits	70,789	70,789	0
3.62	Direct Restorative Therapy: Consultants	64,375	64,375	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	606,211		0
3.64	Recreational Therapy/Activities: Salaries	47,608		47,608
3.65	Recreational Therapy/Activities: Employee Benefits	2,264		2,264
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	4,891		4,891
3.67	Recreational Therapy/Activities: Purchased Service	950		950
3.68	Recreational Therapy/Activities: Supplies and Expenses	22,274		22,274
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	77,987		77,987
3.70	Resident Care Assistant: Salaries			0
3.71	Resident Care Assistant: Employee Benefits			0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.			0
3.73	Resident Care Assistant: Purchased Service			0
3.1400	Subtotal: Resident Care Assistant Expenses	0		0
3.74	Security: Salaries			0
3.75	Security: Employee Benefits			0
3.76	Security: Payroll Taxes including Workers Comp.			0
3.77	Security: Purchased Service			0
3.1500	Subtotal: Security Expenses	0		0
3.78	Travel: Motor Vehicle Expense			0
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education			0
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	104,000		104,000

Skilled Nursing Facility Cost Report
BEAR MOUNTAIN AT WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 2:25 PM

3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals			0
3.86	Physician Services: Other			0
3.87	Legend Drugs	369,260	369,260	0
3.88	Personal Protective Equipment			0
3.89	House Supplies Not Resold	624,431		624,431
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents		0	0
3.92	Pharmacy Consultant	14,263		14,263
3.93	This line description is intentionally left blank			0
3.94	This line description is intentionally left blank			0
3.95	This line description is intentionally left blank			0
3.1600	Subtotal: Other Variable Expenses	1,111,954		742,694
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	4,317,722		3,508,374
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		0	0
3.1800	Subtotal: Variable Recoverable Income	0		0
300	Total: Net Variable Expenses Including Recoverable Income	4,317,722		3,508,374

Skilled Nursing Facility Cost Report
BEAR MOUNTAIN AT WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 2:25 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	17,425	(248,186)	265,611
4.2	Long-Term Interest Expense SNF-CR			0
4.3	Long-Term Interest Expense REA-CR			0
4.4	MA Corp. Excise Tax - Non-Income Portion SNF-CR			0
4.5	MA Corp. Excise Tax - Non-Income Portion REA-CR			0
4.6	Building Insurance Expense SNF-CR	19,766		19,766
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	238,141		238,141
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR	8,891		8,891
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	37,489		37,489
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	392,844	392,844	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	714,556		569,898
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	714,556		569,898

Skilled Nursing Facility Cost Report**BEAR MOUNTAIN AT WORCESTER**

Filing Year: 2022

Date: 11/28/2023

Time: 2:25 PM

Total Combined Expenses Before Recoverable Income				
Table 5		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
500	Total Combined Expenses Before Recoverable Income	15,681,270		12,442,396
Total Combined Expenses Net of Recoverable Income				
Table 6		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
600	Total Combined Expenses Net of Recoverable Income	15,681,270		12,439,908

Skilled Nursing Facility Cost Report
BEAR MOUNTAIN AT WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 2:25 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	Yes
1.7	Acquired Brain Injury Unit	Yes
1.8	MS/ALS Program	No
1.9	Other Special Program	No
1.10	Hospital – Other Business	No
1.11	Residential Care	No
1.12	Does the nursing facility have other business activities not listed above?	No
1.13	Describe the other business activities:	

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

Skilled Nursing Facility Cost Report
BEAR MOUNTAIN AT WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 2:25 PM

Other Business Expenses					
Table 3			1	2	3
Line / Column #	Account	Description	Reported	Non-Allowable Expenses	Total Allowable Expenses
3.1	8040.0	Adult Day Health Expenses		0	
3.2	8041.0	Child Day Care Expenses		0	
3.3	8045.0	Assisted Living Expenses		0	
3.4	8046.0	Outpatient Service Expenses		0	
3.5	8047.0	Chapter 766 Education Program Expenses		0	
3.6	8048.0	Ventilator Program Expenses	638,161	638,161	
3.7	8049.0	Acquired Brain Injury Unit Expenses	190,921	190,921	
3.8	8042.0	MS/ALS Program Expenses		0	
3.9	8050.0	Other Special Program Expenses		0	
3.10	8060.0	Hospital Expenses - Other Business		0	
3.11	8065.0	Other		0	
300	8070.0	TOTAL OTHER BUSINESS EXPENSES	829,082	829,082	

Skilled Nursing Facility Cost Report
BEAR MOUNTAIN AT WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 2:25 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	15,704,151
1A.2	Other Revenue	5,087
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	15,709,238
1A.4	Salaries and Wages	8,252,373
1A.5	Employee Benefits	1,231,647
1A.6	Supplies and Other (including Payroll Taxes)	5,725,020
1A.7	Interest Expense	134,062
1A.8	Provision for Bad Debt	320,743
1A.9	Depreciation and Amortization Expenses	17,425
1A.200	Total Operating Expenses	15,681,270
1A.300	Income(Loss) from Operations	27,968
	Non-Operating Income and Expenses	
1A.10	Interest Income	22,315
1A.11	Investment Income	
1A.12	Realized Gain(Loss) from Investments	
1A.13	Realized Gain(Loss) from Sale or Disposal of Equipment	
1A.14	Other Non-Operating Income(Expense)	846,519
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	896,802
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)	896,802

Skilled Nursing Facility Cost Report
BEAR MOUNTAIN AT WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 2:25 PM

<i>Detail of Extraordinary Items</i>		
Table 1C	1	2
Line #	Description	Amount
1C.1		
1C.100	Subtotal: Cumulative Extraordinary Items	0

<i>Detail of Changes in Accounting Principles</i>		
Table 1D	1	2
Line #	Description	Amount
1D.1		
1D.100	Subtotal: Cumulative Changes in Accounting Principles	0

<i>Cost Reported Statement of Operations</i>		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	16,578,072
2.2	Total Nursing Expenses (Schedule 3)	7,098,130
2.3	Total Administrative and General Expenses (Schedule 3)	3,550,862
2.4	Total Variable Expenses (Schedule 3)	4,317,722
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	714,556
2.6	Total Other Business Expenses (Schedule 4)	829,082
2.100	Subtotal: Total Facility Expenses	16,510,352
200	Cost Reported Net Income(Loss)	67,720

Skilled Nursing Facility Cost Report**BEAR MOUNTAIN AT WORCESTER**

Filing Year: 2022

Date: 11/28/2023

Time: 2:25 PM

Reconciliation Between Financial Statement and Cost Report Net Income

Table 3		1	2
Line #	Description	Describe Reconciling Item	Amount
3.1	Net Income(Loss) on Financial Statement of Operations (Table 1)		896,802
3.2	Reconciling Item	Schedule 4 OBRE	(829,082)
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)		67,720

Skilled Nursing Facility Cost Report
BEAR MOUNTAIN AT WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 2:25 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	1,115,516
1.2	Short-Term Investments	
1.3	Current Portion Assets Whose Use is Limited	
1.4	Other Cash and Equivalents	
1.5	Payer Accounts Receivable	2,788,188
1.6	Less Reserve for Bad Debt	(564,700)
1.100	Subtotal: Net Patient Accounts Receivable	2,223,488
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	3,626,181
1.9	Interest Receivable	
1.10	Supply Inventory	
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	3,920
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	3,866
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	93,291
100	Total Current Assets	7,066,262

Detail of Other Current Assets

Table 1A	1	2
Line #	Description	Account Balance
1A.1	Resident Trust Care Cost	32
1A.2	Resident Trust Fund Advances	1,500
1A.3	AR Other	316
1A.4	Federal EE Credit Program	91,443
1A.100	Subtotal: Other Current Assets	93,291

Skilled Nursing Facility Cost Report
BEAR MOUNTAIN AT WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 2:25 PM

Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	
2.2	Buildings	
2.3	Improvements	30,423
2.4	Equipment	124,498
2.5	Software/Limited Life Assets	3,722
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	158,643

Other Non-Current Assets		
Table 3		1
Line #	Description	Account Balance
3.1	Long-Term Investments	
3.2	Non-Current Assets Whose Use is Limited	
3.3	Other Deferred Charges and Non-Current Assets	(389)
3.4	Construction in Progress	
3.5	Mortgage Acquisition Costs	
3.6	Accumulated Amortization of Mortgage Acquisition Costs	
3.100	Net Mortgage Acquisition Costs	0
300	Total Non-Current Assets	(389)

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	Deposits	(389)
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	(389)

Skilled Nursing Facility Cost Report
BEAR MOUNTAIN AT WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 2:25 PM

Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	7,224,516

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	2,397,015
5.2	Accrued Expenses	38,492
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	(3,871)
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	
5.7	Accrued Salaries and Payroll Liabilities	776,763
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	732,163
500	Total Current Liabilities	3,940,562

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Provider Tax Payable	480,262
5A.2	Real Estate Payable	39,690
5A.3	Deferred Rent	212,211
5A.100	Subtotal: Other Current Liabilities	732,163

Skilled Nursing Facility Cost Report
BEAR MOUNTAIN AT WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 2:25 PM

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

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	3,940,562

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	3,277,859
8B.2	Prior Period Adjustment(s)	(61,625)
8B.3	Capital Contributions During the Year	
8B.4	SNF-CR Net Income/(Loss)	67,720
8B.5	Proprietor/Partner Drawings	
8B.100	Owner's Equity Balance: Current Year	3,283,954

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	Adjustments made after the filing of the 2021 cost report; no impact on reimbursement	(61,625)
8D.100	Subtotal: Prior Period Adjustments	(61,625)

Skilled Nursing Facility Cost Report
BEAR MOUNTAIN AT WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 2:25 PM

<i>Total Liabilities and Owner's Equity (or Net Assets for Not-for-Profits)</i>		
Table 9		1
Line #	Description	Account Balance
900	Total Liabilities and Owner's Equity (or Net Assets for Not-For-Profit)	7,224,516

Skilled Nursing Facility Cost Report

BEAR MOUNTAIN AT WORCESTER

Filing Year: 2022

Date: 11/28/2023

Time: 2:25 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
1.3	Improvements	24,648	11,939		36,587	(3,102)	(3,062)	(6,164)	30,423
1.4	Equipment	95,792	63,818		159,610	(21,812)	(13,300)	(35,112)	124,498
1.5	Software/Limited Life Assets	5,318			5,318	(533)	(1,063)	(1,596)	3,722
1.6	Motor Vehicles				0			0	0
100	Total	125,758	75,757	0	201,515	(25,447)	(17,425)	(42,872)	158,643

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	85,138					85,138				
2.3	Building SNF-CR						0		0		0
2.4	Building REA-CR	3,562,377					3,562,377	3.05%		234,048	234,048
2.5	Improvements SNF-CR	24,647		11,939			36,586	5.00%	3,062	(1,233)	1,829
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	101,109		63,818		(5,318)	159,609	10.00%	13,300	2,661	15,961

Skilled Nursing Facility Cost Report

BEAR MOUNTAIN AT WORCESTER

Filing Year: 2022

Date: 11/28/2023

Time: 2:25 PM

2.8	Equipment REA-CR	120,000					120,000	10.00%		12,000	12,000
2.9	Software/Limited Life Assets SNF-CR			5,318			5,318	33.33%	1,063	710	1,773
2.10	Software/Limited Life Assets REA-CR						0	33.33%			0
200	Total Claimed Fixed Assets	3,893,271	0	81,075	0	(5,318)	3,969,028		17,425	248,186	265,611

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1975
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2015
3.3	What was the value from the most recent municipal property assessment for this facility?	5,713,700
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?	173
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	37,189
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	20,869
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?	3.5
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**BEAR MOUNTAIN AT WORCESTER**

Filing Year: 2022

Date: 11/28/2023

Time: 2:25 PM

Changes in Facility or Realty Company Ownership

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

SCHEDULE 8 : STATEMENT OF CASH FLOWS

Beginning Cash and Cash Equivalents Balance

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

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	67,720
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	17,425
2.3	Increases (Decreases) to Cash Provided by Operating Activities	1,111,446
200	Net Cash from Operating Activities	1,196,591

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(81,075)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(81,075)

Cash Flows from Financing Activities

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

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	1,115,516
500	Cash and Cash Equivalents (End of Year)	1,115,516

Skilled Nursing Facility Cost Report**BEAR MOUNTAIN AT WORCESTER**

Filing Year: 2022

Date: 11/28/2023

Time: 2:25 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	11/21/2021	173			173	173
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.	173				
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	610	722	443	1,894	471	32,469
2.2	Residential Care						
2.3	Pediatrics						
2.4	Ventilator Unit						
2.5	Head Trauma/ABI						
2.6	Amyotrophic Lateral Sclerosis (ALS)						
2.7	Multiple Sclerosis (MS)						
2.8	Other Medicaid Special Contract						
2.9	Nursing Leave of Absence (Paid)						
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	610	722	443	1,894	471	32,469

Skilled Nursing Facility Cost Report
BEAR MOUNTAIN AT WORCESTER
 Filing Year: 2022

Date: 11/28/2023
 Time: 2:25 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
215	3,788			9,632				50,244
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
215	3,788	0	0	9,632	0	0	0	50,244

Skilled Nursing Facility Cost Report**BEAR MOUNTAIN AT WORCESTER**

Filing Year: 2022

Date: 11/28/2023

Time: 2:25 PM

Patient Statistics - Summary			
Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	62
3.2	0140.1	Number of MassHealth Admissions During Year	11
3.3	0150.0	Number of Discharges During Year	72
3.4	0190.0	Average Length of Stay	698
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	

Skilled Nursing Facility Cost Report
BEAR MOUNTAIN AT WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 2:25 PM

SCHEDULE 10 : DETAIL OF FACILITY COMPENSATION AND PURCHASED NURSING SERVICES

<i>Detail of Staff Nursing Services Wages and Hours</i>							
Table 1		1	2	3	4	5	6
Line #	Description	RN Wages	RN Hours	LPN Wages	LPN Hours	CNA Wages	CNA Hours
1.1	Total Base Wages	1,396,528	31,253.0	1,760,417	43,603.0	2,523,546	98,619.0
1.2	Total Overtime Wages	42,302	650.0	77,803	1,234.0	137,008	3,425.0
1.3	Total Shift Differential	2,002		3,279		7,379	
1.4	Total Other Differentials						
100	Total	1,440,832	31,903.0	1,841,499	44,837.0	2,667,933	102,044.0

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

Skilled Nursing Facility Cost Report
BEAR MOUNTAIN AT WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 2:25 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			
3.2	Plant Operations	3	1.7	3,531.3
3.3	Dietary Staff	18	11.1	23,025.8
3.4	Dietician	1	0.7	1,451.5
3.5	Housekeeping/Laundry Staff	16	10.4	21,582.7
3.6	Unit Clerk & Medical Records Staff	4	1.3	2,766.9
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	3	2.4	5,044.8
3.9	Social Services Staff	2	1.2	2,573.8
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff	8	5.6	11,561.2
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	3	1.9	3,971.2
3.14	Administration and Officers	1	1.1	2,380.5
3.15	Security Staff			
3.16	Clerical Staff	2	2.6	5,408.0
3.17	Director of Nurses	2	1.0	2,080.0
3.18	Registered Nurses	22	15.3	31,903.0
3.19	Licensed Practical Nurses	28	21.6	44,837.0
3.20	Certified Nurse Aides	53	49.1	102,044.0
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	166	127.0	264,161.7

Skilled Nursing Facility Cost Report

BEAR MOUNTAIN AT WORCESTER

Filing Year: 2022

Date: 11/28/2023

Time: 2:25 PM

Detail of Purchased Nursing Services										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges
Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies									
Registered Temporary Nursing Service Agencies										
4.2										
4.200	Subtotal: Registered Temporary Nursing Service Agencies		0.0	0	0.0	0	0.0	0	0.0	0
400	Total Temporary Nursing Service Agency Expenses		0.0	0	0.0	0	0.0	0	0.0	0
Five Highest Paid Salaries (including salaries, payroll taxes, workers' compensation, all fringe benefits, and draws)										
	NOTE: List the names and compensation of the <u>five</u> persons who have the highest compensation paid by this facility.									
Table 5	1	2	3	4	5	6	7	8		
Line #	Last Name	First Name	Title	Primary Expense Category	Salary & Benefits	Dividends/Draws	Other	TOTAL		
5.1	Oneka	Solomon	RN	Nursing	200,197			200,197		
5.2	Takyi	Evelyn	CNA	Nursing	197,185			197,185		
5.3	Afriyie	Hanna	RN	Nursing	187,051			187,051		
5.4	Acquaah	Genevieve	CNA	Nursing	181,155			181,155		
5.5	Ogato	Patricia	LPN	Nursing	173,975			173,975		

Skilled Nursing Facility Cost Report**BEAR MOUNTAIN AT WORCESTER**

Filing Year: 2022

Date: 11/28/2023

Time: 2:25 PM

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
									0

Skilled Nursing Facility Cost Report**BEAR MOUNTAIN AT WORCESTER**

Filing Year: 2022

Date: 11/28/2023

Time: 2:25 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**BEAR MOUNTAIN AT WORCESTER**

Filing Year: 2022

Date: 11/28/2023

Time: 2:25 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

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

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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):

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BEAR MOUNTAIN AT WORCESTER

Filing Year: 2022

Date: 11/28/2023

Time: 2:25 PM

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

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

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

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
10/10/2023 1:44PM	(1) Footnotes and Explanations	SNF-CR Footnotes.pdf	application/pdf	Jonathan Langfield
10/10/2023 1:44PM	(2) Ownership and Facility Information	Ownership and Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Jonathan Langfield
10/10/2023 1:47PM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Jonathan Langfield

Skilled Nursing Facility Cost Report
BEAR MOUNTAIN AT WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 2:25 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	Jonathan Langfield
1.2	Nursing Facility or Firm Name	CliftonLarsonAllen LLP
1.3	Title	CPA
1.4	Street Address	4 Batterymarch Park, Suite 100
1.5	City	Quincy
1.6	State	MA
1.7	Zip Code	02169
1.8	Phone Number	+1 (781) 982-1001
1.9	Email Address	jonathan.langfield@claconnect.com
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	10/10/2023

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

BEAR MOUNTAIN AT WORCESTER

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Section B - Certification by Owner, Partner, or Officer

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

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

This certification is signed under pains and penalties of perjury.

2.1	[x] By checking this box, I hereby certify that under pains and penalties of perjury, that the above statements entitled A) Accuracy of Reported Costs and B) Use of Public Funds are correct and true, to the best of my knowledge and belief. This report is subject to audit and verification by the Center for Health Information and Analysis.	
2.2	Date of Authorization	10/13/2023
2.3	Last Name	Ziskin
2.4	First Name	Scott
2.5	Middle Name	
2.6	Title	Executive Vice President and Assistant Administrator
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