

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 12:07 PM

SCHEDULE 1 : GENERAL INFORMATION

Facility Information		
Table 1		1
Line #	Description	
1.1	Facility Name	BLUE HILLS HEALTH & REHABILITATION CENTER
1.2	MassHealth Provider ID	110157917A
1.3	Federal Employer Tax ID	833955122
1.4	VPN	0950781
1.5	Is the above information correct?	Yes
1.6	Facility Number	00536
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	1044 Park Street
1.11	City	Stoughton
1.12	Zip	02072
1.13	Telephone	+1 (781) 344-7300
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	Non MA Corp
1.18	List the name of the management company as reported on the management company cost report.	Bear Mountain Management Company
1.19	List the name of the entity that holds the nursing facility license.	Bear Mountain Healthcare, LLC
1.20	List realty company names as reported on each realty company cost report.	Massachusetts SNF 4 LLC
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 12:07 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
BLUE HILLS HEALTH & REHABILITATION CENTER
 Filing Year: 2022

Date: 11/28/2023
 Time: 12:07 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
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023

Time: 12:07 PM

SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	253,131		253,131
1.2	Commercial Managed Care			0
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	1,019,398	383,040	1,402,438
1.5	Medicare Managed Care (Part C)	82,919		82,919
1.6	MassHealth Fee-for-Service	4,971,795		4,971,795
1.7	MassHealth Managed Care			0
1.8	Senior Care Options	871,728		871,728
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount			0
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public	642,748	91,953	734,701
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	7,841,719	474,993	8,316,712

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
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 12:07 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	833,550
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	
3.7	Interest Income	4,713
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	16,505
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	854,768

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 relief	833,550
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		833,550

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	9,171,480

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023

Time: 12:07 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	59,182		59,182
1.2	Director of Nurses: Employee Benefits	2,071		2,071
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	6,140		6,140
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	67,393		67,393
1.7	Registered Nurses: Salaries	610,921		610,921
1.8	Registered Nurses: Employee Benefits	21,380		21,380
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	63,379		63,379
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	72,275	0	72,275
1.200	Subtotal: Registered Nurses Expenses	767,955		767,955
1.12	Licensed Practical Nurses: Salaries	1,001,285		1,001,285
1.13	Licensed Practical Nurses: Employee Benefits	35,042		35,042
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	103,878		103,878
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	12,541	0	12,541
1.300	Subtotal: Licensed Practical Nurses Expenses	1,152,746		1,152,746
1.17	Certified Nurse Aides: Salaries	1,375,959		1,375,959
1.18	Certified Nurse Aides: Employee Benefits	48,157		48,157
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	142,750		142,750
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	20,328	0	20,328
1.400	Subtotal: Certified Nurse Aides Expenses	1,587,194		1,587,194

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023

Time: 12:07 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	3,575,288		3,575,288

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	3,575,288		3,575,288

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	151,283		151,283
2.2	Administration: Employee Benefits	5,294		5,294
2.3	Administration: Payroll Taxes incl Workers Comp.	15,695		15,695
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	172,272		172,272
2.7	Clerical Staff: Salaries	256,308		256,308
2.8	Clerical Staff: Employee Benefits	8,970		8,970
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	26,590		26,590
2.10	Clerical Staff: Purchased Service	119,977		119,977
2.200	Subtotal: Clerical Staff Expenses	411,845		411,845
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	36,009		36,009
2.12	Office Supplies	34,244		34,244
2.13	Telecommunications (e.g. Internet, Phone)	17,767		17,767

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023

Time: 12:07 PM

2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	1,800		1,800
2.16	Advertising: Help Wanted	2,022		2,022
2.17	Licenses and Dues: Patient Care Related Portion	21,197		21,197
2.18	Continuing Professional Education / Training and Development			0
2.19	Accounting Services (Not related to appeals)	9,215		9,215
2.20	Insurance: Malpractice & General Liability	66,874		66,874
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	6,907	6,907	0
2.23	Non-Allowable A & G Expenses	1,605,473	1,605,473	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)			0
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		173,733	173,733
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		1,234	1,234
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	1,801,508		364,095
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	2,385,625		948,212
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		16,505	16,505
2.500	Subtotal: Administrative & General Recoverable Income	0		16,505
200	Total: Net Administrative & General Expenses After Recoverable Income	2,385,625		931,707

Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	misc	6,907
2A.100	Subtotal: Other A&G Expenses	6,907

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 12:07 PM

Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	72
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	27,481
2B.7	Key Person Insurance	
2B.8	Management Company Fees	444,278
2B.9	Management Consultants	
2B.10	Interest on Working Capital	18,600
2B.11	Fines, Late Fees, Penalties, including Interest	62,953
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	496,682
2B.15	User Fee Assessment	555,407
2B.16	Other Non-Allowable A&G Expenses	
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
2B.100	Total Non-Allowable A&G Expenses	1,605,473

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	66,250		66,250
3.2	Staff Dev. Coord.: Employee Benefits	2,319		2,319
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	6,873		6,873
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	75,442		75,442
3.5	Plant Operation: Salaries	68,787		68,787
3.6	Plant Operation: Employee Benefits	2,407		2,407
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	7,136		7,136

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023

Time: 12:07 PM

3.8	Plant Operation: Purchased Service	76,712		76,712
3.9	Plant Operation: Supplies and Expenses	118,581		118,581
3.10	Plant Operation: Utilities	150,243		150,243
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	423,866		423,866
3.13	Dietician: Salaries			0
3.14	Dietician: Employee Benefits			0
3.15	Dietician: Payroll Taxes incl Workers Comp.			0
3.16	Dietician: Purchased Service	3,137		3,137
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	3,137		3,137
3.18	Dietary: Salaries	404,053		404,053
3.19	Dietary: Employee Benefits	14,140		14,140
3.20	Dietary: Payroll Taxes incl Workers Comp.	41,918		41,918
3.21	Dietary: Food	244,035		244,035
3.22	Dietary: Purchased Service			0
3.23	Dietary: Supplies and Expenses	45,660		45,660
3.400	Subtotal: Dietary Expenses	749,806		749,806
3.24	Housekeeping/Laundry: Salaries	269,920		269,920
3.25	Housekeeping/Laundry: Employee Benefits	9,446		9,446
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	28,003		28,003
3.27	Housekeeping/Laundry: Purchased Service	7,146		7,146
3.28	Housekeeping/Laundry: Supplies and Expenses	50,619		50,619
3.29	Housekeeping/Laundry: Linen and Bedding	13,392		13,392
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	378,526		378,526
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)		88,343	88,343
3.600	Subtotal: QA Professional Expenses	0		88,343
3.36	Unit Clerk & Medical Records: Salaries	132,966		132,966

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 12:07 PM

3.37	Unit Clerk & Medical Records: Employee Benefits	4,653		4,653
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	13,794		13,794
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	151,413		151,413
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	163,592		163,592
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	5,402		5,402
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	16,015		16,015
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	185,009		185,009
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	69,918		69,918
3.49	Social Service Worker: Employee Benefits	2,447		2,447
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	7,254		7,254
3.51	Social Service Worker: Purchased Service	2,225		2,225
3.1000	Subtotal: Social Service Worker Expenses	81,844		81,844
3.52	Interpreters: Salaries			0
3.53	Interpreters: Employee Benefits			0
3.54	Interpreters: Payroll Taxes incl Workers Comp.			0
3.55	Interpreters: Purchased Service			0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries			0
3.57	Indirect Restorative Therapy: Employee Benefits			0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.			0
3.59	Indirect Restorative Therapy: Consultants			0
3.60	Direct Restorative Therapy: Salaries	296,394	296,394	0

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 12:07 PM

3.61	Direct Restorative Therapy: Benefits	41,122	41,122	0
3.62	Direct Restorative Therapy: Consultants	18,075	18,075	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	355,591		0
3.64	Recreational Therapy/Activities: Salaries	131,468		131,468
3.65	Recreational Therapy/Activities: Employee Benefits	4,601		4,601
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	13,639		13,639
3.67	Recreational Therapy/Activities: Purchased Service	5,505		5,505
3.68	Recreational Therapy/Activities: Supplies and Expenses	3,919		3,919
3.69	Recreational Therapy/Activities: Transportation	590	590	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	159,722		159,132
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	30,000		30,000
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	92,038	92,038	0
3.88	Personal Protective Equipment			0

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 12:07 PM

3.89	House Supplies Not Resold	95,247		95,247
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents		0	0
3.92	Pharmacy Consultant	7,302		7,302
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	224,587		132,549
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	2,788,943		2,429,067
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	2,788,943		2,429,067

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023

Time: 12:07 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	20,606	(219,223)	239,829
4.2	Long-Term Interest Expense SNF-CR			0
4.3	Long-Term Interest Expense REA-CR		176,900	176,900
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	12,919		12,919
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	74,138		74,138
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR	678		678
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	30,526		30,526
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	618,179	618,179	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	757,046		534,990
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	757,046		534,990

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023

Time: 12:07 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	9,506,902		7,487,557
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	9,506,902		7,471,052

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 12:07 PM

SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES

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

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

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023

Time: 12:07 PM

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

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023

Time: 12:07 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	8,316,712
1A.2	Other Revenue	16,505
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	8,333,217
1A.4	Salaries and Wages	5,058,286
1A.5	Employee Benefits	700,515
1A.6	Supplies and Other (including Payroll Taxes)	3,212,214
1A.7	Interest Expense	18,600
1A.8	Provision for Bad Debt	496,682
1A.9	Depreciation and Amortization Expenses	20,605
1A.200	Total Operating Expenses	9,506,902
1A.300	Income(Loss) from Operations	(1,173,685)
	Non-Operating Income and Expenses	
1A.10	Interest Income	4,713
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)	833,550
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	(335,422)
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)	(335,422)

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 12:07 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)	9,171,480
2.2	Total Nursing Expenses (Schedule 3)	3,575,288
2.3	Total Administrative and General Expenses (Schedule 3)	2,385,625
2.4	Total Variable Expenses (Schedule 3)	2,788,943
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	757,046
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	9,506,902
200	Cost Reported Net Income(Loss)	(335,422)

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 12:07 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)		(335,422)
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)		(335,422)

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 12:07 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	68,094
1.2	Short-Term Investments	
1.3	Current Portion Assets Whose Use is Limited	
1.4	Other Cash and Equivalents	
1.5	Payer Accounts Receivable	1,438,743
1.6	Less Reserve for Bad Debt	(630,200)
1.100	Subtotal: Net Patient Accounts Receivable	808,543
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	1,106,558
1.9	Interest Receivable	
1.10	Supply Inventory	
1.11	Other Receivables	556,338
1.12	Prepaid Interest	
1.13	Prepaid Insurance	3,415
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	3,795
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
100	Total Current Assets	2,546,743

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

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 12:07 PM

Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	
2.2	Buildings	
2.3	Improvements	89,572
2.4	Equipment	48,306
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	137,878

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	163,844
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	163,844

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	leasehold deposits	163,844
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	163,844

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 12:07 PM

Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	2,848,465

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	1,928,256
5.2	Accrued Expenses	338,917
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	
5.7	Accrued Salaries and Payroll Liabilities	303,539
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	17,462
500	Total Current Liabilities	2,588,174

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	deferred rent	17,462
5A.100	Subtotal: Other Current Liabilities	17,462

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023

Time: 12:07 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	2,588,174

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

Table 8						
Table 8C		1	2	3	4	5
Corporation						
Line #	Description	Capital Stock	Treasury Stock	Additional Paid-in	Retained Earnings	Total
8C.1	Owner's Equity Balance: Prior Year				595,712	595,712
8C.2	Prior Period Adjustment(s)				1	1
8C.3	Sale of Capital Stock					0
8C.4	Purchase or Sale Treasury Stock					0
8C.5	Additional Paid-in Capital					0
8C.6	SNF-CR Net Income/(Loss)				(335,422)	(335,422)
8C.7	Dividends Paid					0
8C.100	Owner's Equity Balance: Current Year	0	0	0	260,291	260,291

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	rounding	1
8D.100	Subtotal: Prior Period Adjustments	1

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 12:07 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)	2,848,465

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023

Time: 12:07 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	88,872	20,949		109,821	(10,314)	(9,935)	(20,249)	89,572
1.4	Equipment	55,285	18,109		73,394	(14,417)	(10,671)	(25,088)	48,306
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles				0			0	0
100	Total	144,157	39,058	0	183,215	(24,731)	(20,606)	(45,337)	137,878

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	1,135,973					1,135,973				
2.3	Building SNF-CR						0		0		0
2.4	Building REA-CR	7,254,284					7,254,284	3.05%		181,357	181,357
2.5	Improvements SNF-CR	88,872		20,949			109,821	5.00%	9,935		9,935
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	55,285		18,109			73,394	10.00%	10,671		10,671

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 12:07 PM

2.8	Equipment REA- CR	378,658					378,658	10.00%		37,866	37,866
2.9	Software/Limited Life Assets SNF- CR						0	33.33%	0		0
2.10	Software/Limited Life Assets REA- CR						0	33.33%			0
200	Total Claimed Fixed Assets	8,913,072	0	39,058	0	0	8,952,130		20,606	219,223	239,829

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?	01/01/2012
3.3	What was the value from the most recent municipal property assessment for this facility?	1,397,800
3.4	Was there a change of ownership of this facility during the reporting period?	No
3.5	Was there a change of ownership of company that owns the real assets of the facility (realty company) during the reporting period?	No
3.6	What is the number of nursing facility resident rooms?	92
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	18,639
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	10,851
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?	3.0
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	Yes

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 12:07 PM

<i>Changes in Facility or Realty Company Ownership</i>					
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)	3,829

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(335,422)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	20,606
2.3	Increases (Decreases) to Cash Provided by Operating Activities	675,071
200	Net Cash from Operating Activities	360,255

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(39,058)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(39,058)

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	(256,932)
400	Net Cash from Financing Activities	(256,932)

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	64,265
500	Cash and Cash Equivalents (End of Year)	68,094

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 12:07 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	10/30/2021	92			92	101
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.	92				
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	883			1,762	51	18,268
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	883	0	0	1,762	51	18,268

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 12:07 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
	3,203				2,101			26,268
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
0	3,203	0	0	0	2,101	0	0	26,268

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
 Filing Year: 2022

Date: 11/28/2023
 Time: 12:07 PM

Patient Statistics - Summary			
Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	39
3.2	0140.1	Number of MassHealth Admissions During Year	6
3.3	0150.0	Number of Discharges During Year	66
3.4	0190.0	Average Length of Stay	398
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
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 12:07 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	338,019	6,250.0	645,524	13,230.0	1,030,207	58,343.0
1.2	Total Overtime Wages	253,950	3,881.0	327,645	6,356.0	276,392	9,763.0
1.3	Total Shift Differential	18,952		28,116		69,360	
1.4	Total Other Differentials						
100	Total	610,921	10,131.0	1,001,285	19,586.0	1,375,959	68,106.0

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					
2.2	Licensed Practical Nurses					
2.3	Certified Nurse Aides					

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 12:07 PM

<i>Detail of Staff and Hours by Position</i>				
Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development	1	0.7	1,551.3
3.2	Plant Operations	2	1.2	2,587.7
3.3	Dietary Staff	35	11.7	24,346.0
3.4	Dietician			
3.5	Housekeeping/Laundry Staff	16	8.9	18,614.8
3.6	Unit Clerk & Medical Records Staff	5	1.7	3,569.9
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	3	1.9	3,987.7
3.9	Social Services Staff	1	0.9	1,851.5
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff	5	3.6	7,553.6
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	5	3.6	7,592.0
3.14	Administration and Officers	2	1.1	2,226.3
3.15	Security Staff			
3.16	Clerical Staff	8	4.8	9,933.5
3.17	Director of Nurses	1	0.6	1,200.7
3.18	Registered Nurses	11	4.9	10,131.0
3.19	Licensed Practical Nurses	25	9.4	19,586.0
3.20	Certified Nurse Aides	75	32.7	68,106.0
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	195	87.7	182,838.0

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023

Time: 12:07 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					51.3	3,587	400.0	18,360		
4.3			828.5	70,796	190.8	7,136	30.0	810		
4.4			24.5	1,479	31.3	1,818	27.8	1,158		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		853.0	72,275	273.4	12,541	457.8	20,328	0.0	0
400	Total Temporary Nursing Service Agency Expenses		853.0	72,275	273.4	12,541	457.8	20,328	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	Ducheine	Gabrielle	RN	Nursing	366,333			366,333		
5.2	Innocent	Guylene	LPN	Nursing	325,505			325,505		
5.3	Ambroise	Yola	LPN	Nursing	311,275			311,275		
5.4	Casseus	Simone	LPN	Nursing	294,402			294,402		
5.5	Thomas	Elvie	RN	Nursing	290,570			290,570		

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 12:07 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 6C	1	2	3	4	5	6	7	8	9
Line #	Last Name	First Name	Title	Primary Expense Category	Total Hours	Salary & Benefits	Dividends	Other Compensation	TOTAL
Corporation									
6C.1									0
6C.2									0
6C.3									0
									0

Skilled Nursing Facility Cost Report
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 12:07 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
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 12:07 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
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 12:07 PM

Working Capital Debt									
Table 2	1	2	3	4	5	6	7	8	9
Line / Column #	Lender Name	Related Party	Beginning Balance: Jan 1	Amount	Start Date	Principal Payment	Ending Balance: Dec 31	Interest Rate %	Interest Expense
2.1	oxford finance	No	256,933			256,933	0	12.000%	18,600
200	Total Working Capital Interest						0		18,600

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
BLUE HILLS HEALTH & REHABILITATION CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 12:07 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
09/27/2023 10:09AM	(1) Footnotes and Explanations	SNF-CR Footnotes.pdf	application/pdf	Jonathan Langfield
09/27/2023 10:09AM	(2) Ownership and Facility Information	Ownership and Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Jonathan Langfield
09/27/2023 10:09AM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Jonathan Langfield

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:	09/27/2023

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
BLUE HILLS HEALTH & REHABILITATION CENTER
 Filing Year: 2022

Date: 11/28/2023

Time: 12:07 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	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