

Skilled Nursing Facility Cost Report
COUNTRY CENTER FOR HEALTH & RE
Filing Year: 2022

Date: 01/11/2024
Time: 1:01 PM

SCHEDULE 1 : GENERAL INFORMATION

Facility Information		
Table 1		1
Line #	Description	
1.1	Facility Name	COUNTRY CENTER FOR HEALTH & REHAB
1.2	MassHealth Provider ID	110095728A
1.3	Federal Employer Tax ID	461694313
1.4	VPN	0950211
1.5	Is the above information correct?	Yes
1.6	Facility Number	00484
1.7	This line is intentionally left blank	
1.8	Reporting Period From	01/01/2022
1.9	Reporting Period To	12/14/2022
1.10	Street Address	180 Low Street
1.11	City	Newburyport
1.12	Zip	01950
1.13	Telephone	+1 (978) 465-5361
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.	National Health Care Associates
1.19	List the name of the entity that holds the nursing facility license.	National Health Care Associates
1.20	List realty company names as reported on each realty company cost report.	CCP Country Manor 0507 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

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

Preparer Information		
Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.		
Table 3		1
Line #	Description	
3.1	<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	Matthew S. Bovolack
3.3	Nursing Facility or Firm Name	Marcum LLP
3.4	Title	Principal
3.5	Street Address	555 Long Wharf Drive
3.6	City	New Haven
3.7	State	CT
3.8	Zip Code	06511
3.9	Phone Number	+1 (203) 781-9680
3.10	Email Address	Matthew.Bovolack@marcumllp.com
3.11	Type of Accounting Service Performed	Other (Explain in Footnotes)

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						

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SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	2,271,327	421	2,271,748
1.2	Commercial Managed Care	156,446	0	156,446
1.3	Commercial Non-Managed Care	0	0	0
1.4	Medicare Fee-For-Service	2,078,799	2,553,233	4,632,032
1.5	Medicare Managed Care (Part C)	461,152	170,626	631,778
1.6	MassHealth Fee-for-Service	1,864,043	0	1,864,043
1.7	MassHealth Managed Care	1,521,647	0	1,521,647
1.8	Senior Care Options	14,068	0	14,068
1.9	OneCare	0	0	0
1.10	PACE	0	0	0
1.11	Medicaid Out-of-State	0	0	0
1.12	Medicaid Patient Paid Amount	1,042,734	0	1,042,734
1.13	DTA & EAEDC	0	0	0
1.14	Veteran's Affairs & Other Public	804,106	91	804,197
1.15	Other Payer Revenue	0	0	0
100	Total Nursing Facility Revenue	10,214,322	2,724,371	12,938,693

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		

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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	3,044,752
3.3	Laundry Revenue	0
3.4	Vending Machine Revenue	503
3.5	Recovery of Bad Debts	0
3.6	Prior Year Retroactive Revenue	0
3.7	Interest Income	18,492
3.8	Nurses' Aide Training Revenue	0
3.9	Administrative and General Recoverable Revenue	17,610
3.10	Nursing Recoverable Revenue	0
3.11	Variable Recoverable Revenue	198
3.12	Fixed Cost Recoverable Revenue	0
300	Total Other Nursing Facility Revenue	3,081,555

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)	Employee Retention Tax Credit Revenue-Country	301,458
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Debt Forgiveness Income-Country	2,159,903
4.3	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Workforce Retention and Recruitment Initiatives Revenue	583,391
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		3,044,752

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Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	16,020,248

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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	236,804		236,804
1.2	Director of Nurses: Employee Benefits	13,546	430	13,116
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	25,429		25,429
1.4	Director of Nurses Purchased Service: Per Diem	0		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	275,779		275,349
1.7	Registered Nurses: Salaries	541,507		541,507
1.8	Registered Nurses: Employee Benefits	30,977	984	29,993
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	58,149		58,149
1.10	Registered Nurses Purchased Service: Per Diem	239		239
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	232,051	0	232,051
1.200	Subtotal: Registered Nurses Expenses	862,923		861,939
1.12	Licensed Practical Nurses: Salaries	797,300		797,300
1.13	Licensed Practical Nurses: Employee Benefits	45,610	1,449	44,161
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	85,618		85,618
1.15	Licensed Practical Nurses Purchased Service: Per Diem	48,667		48,667
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	900,650	0	900,650
1.300	Subtotal: Licensed Practical Nurses Expenses	1,877,845		1,876,396
1.17	Certified Nurse Aides: Salaries	1,161,454		1,161,454
1.18	Certified Nurse Aides: Employee Benefits	66,442	2,112	64,330
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	124,723		124,723
1.20	Certified Nurse Aides Purchased Service: Per Diem	165,810		165,810
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	994,170	0	994,170
1.400	Subtotal: Certified Nurse Aides Expenses	2,512,599		2,510,487

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1.22	Nurse's Aide Training Administration	0	0	0
1.23	Nursing Education and Training	0		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	5,529,146		5,524,171

Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		0	0
1.27	Nurses' Aide Training Recoverable Income		0	0
1.700	Subtotal: Nursing & Director of Nursing Recoverable Income	0		0
100	Total: Net Nursing Expenses Including Recoverable Income	5,529,146		5,524,171

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	110,828		110,828
2.2	Administration: Employee Benefits	6,340	201	6,139
2.3	Administration: Payroll Taxes incl Workers Comp.	11,901		11,901
2.4	Administration: Purchased Service	111,699		111,699
2.5	Officers: Total Compensation	0	0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	240,768		240,567
2.7	Clerical Staff: Salaries	193,598		193,598
2.8	Clerical Staff: Employee Benefits	11,075	352	10,723
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	20,789		20,789
2.10	Clerical Staff: Purchased Service	41,657		41,657
2.200	Subtotal: Clerical Staff Expenses	267,119		266,767
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	0		0
2.12	Office Supplies	62,646		62,646
2.13	Telecommunications (e.g. Internet, Phone)	35,952		35,952

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)	0		0
2.15	Travel: Conventions & Meetings	1,213		1,213
2.16	Advertising: Help Wanted	1,200		1,200
2.17	Licenses and Dues: Patient Care Related Portion	10,092	2,298	7,794
2.18	Continuing Professional Education / Training and Development	0		0
2.19	Accounting Services (Not related to appeals)	76,160		76,160
2.20	Insurance: Malpractice & General Liability	56,321		56,321
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion	0		0
2.22	Other A & G Expenses	57,482	16,505	40,977
2.23	Non-Allowable A & G Expenses	2,792,541	2,792,541	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		0	0
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		495,899	495,899
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		32,416	32,416
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	3,093,607		810,578
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	3,601,494		1,317,912
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		17,610	17,610
2.500	Subtotal: Administrative & General Recoverable Income	0		17,610
200	Total: Net Administrative & General Expenses After Recoverable Income	3,601,494		1,300,302

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<i>Detail of Other A&G Expenses</i>		
Table 2A	1	2
Line #	Description	Amount
2A.1	Holiday Expense-Country-Administration	1,100
2A.2	Subscriptions-Country-Administration	12,652
2A.3	Bank Charges-Country-Administration	32,675
2A.4	Background Check-Country-Administration	4,169
2A.5	Travel Expense-Country-Administration	6,886
2A.6		
2A.7		
2A.8		
2A.9		
2A.10		
2A.100	Subtotal: Other A&G Expenses	57,482

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Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	34,375
2B.2	Licenses and Dues: Not Related to Resident Care	12,248
2B.3	Accounting: Appeal Service	0
2B.4	Legal: Appeal Service and DALA Filing Fees	0
2B.5	Legal: Resident Care	0
2B.6	Legal: Other	15,709
2B.7	Key Person Insurance	0
2B.8	Management Company Fees	646,011
2B.9	Management Consultants	0
2B.10	Interest on Working Capital	18,561
2B.11	Fines, Late Fees, Penalties, including Interest	0
2B.12	State and Federal Income Taxes	0
2B.13	Pre-Opening Expenses	0
2B.14	Bad Debt Expense	5,147
2B.15	User Fee Assessment	603,908
2B.16	Other Non-Allowable A&G Expenses	1,456,582
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	2,792,541

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	18,515		18,515
3.2	Staff Dev. Coord.: Employee Benefits	1,059	34	1,025
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	1,988		1,988
3.4	Staff Dev. Coord.: Purchased Service	0		0
3.100	Subtotal: Staff Development Coordinator Expenses	21,562		21,528
3.5	Plant Operation: Salaries	91,709		91,709
3.6	Plant Operation: Employee Benefits	5,246	167	5,079
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	9,848		9,848

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3.8	Plant Operation: Purchased Service	207,464		207,464
3.9	Plant Operation: Supplies and Expenses	109,746		109,746
3.10	Plant Operation: Utilities	289,229		289,229
3.11	Plant Operation: Repairs	0		0
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	713,242		713,075
3.13	Dietician: Salaries	88,093		88,093
3.14	Dietician: Employee Benefits	5,039	160	4,879
3.15	Dietician: Payroll Taxes incl Workers Comp.	9,460		9,460
3.16	Dietician: Purchased Service	0		0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	102,592		102,432
3.18	Dietary: Salaries	414,285		414,285
3.19	Dietary: Employee Benefits	23,699	753	22,946
3.20	Dietary: Payroll Taxes incl Workers Comp.	44,488		44,488
3.21	Dietary: Food	318,486		318,486
3.22	Dietary: Purchased Service	15,118		15,118
3.23	Dietary: Supplies and Expenses	55,273		55,273
3.400	Subtotal: Dietary Expenses	871,349		870,596
3.24	Housekeeping/Laundry: Salaries	0		0
3.25	Housekeeping/Laundry: Employee Benefits	0		0
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	0		0
3.27	Housekeeping/Laundry: Purchased Service	477,657		477,657
3.28	Housekeeping/Laundry: Supplies and Expenses	36,511		36,511
3.29	Housekeeping/Laundry: Linen and Bedding	0		0
3.30	Housekeeping/Laundry: Special Cleaning	0		0
3.500	Subtotal: Housekeeping/Laundry Expenses	514,168		514,168
3.31	Quality Assurance (QA) Professional: Salaries	0		0
3.32	QA Professional: Employee Benefits	0		0
3.33	QA Professional: Payroll Taxes incl Workers Comp.	0		0
3.34	QA Professional: Purchased Service	0		0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
3.600	Subtotal: QA Professional Expenses	0		0
3.36	Unit Clerk & Medical Records: Salaries	70,672		70,672

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3.37	Unit Clerk & Medical Records: Employee Benefits	4,043	128	3,915
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	7,589		7,589
3.39	Unit Clerk & Medical Records: Purchased Service	0		0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	82,304		82,176
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	166,309		166,309
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	9,514	302	9,212
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	17,859		17,859
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	0		0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	193,682		193,380
3.44	Behavioral Health Specialist: Salaries	0		0
3.45	Behavioral Health Specialist: Employee Benefits	0		0
3.46	Behavioral Health Specialist: Payroll Taxes incl Workers Comp.	0		0
3.47	Behavioral Health Specialist: Purchased Service	0		0
3.900	Subtotal: Behavioral Health Specialist Expenses	0		0
3.48	Social Service Worker: Salaries	270,899		270,899
3.49	Social Service Worker: Employee Benefits	15,497	492	15,005
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	29,090		29,090
3.51	Social Service Worker: Purchased Service	0		0
3.1000	Subtotal: Social Service Worker Expenses	315,486		314,994
3.52	Interpreters: Salaries	0		0
3.53	Interpreters: Employee Benefits	0		0
3.54	Interpreters: Payroll Taxes incl Workers Comp.	0		0
3.55	Interpreters: Purchased Service	0		0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries	0		0
3.57	Indirect Restorative Therapy: Employee Benefits	0		0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.	0		0
3.59	Indirect Restorative Therapy: Consultants	20,488		20,488
3.60	Direct Restorative Therapy: Salaries	18,771	18,771	0

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3.61	Direct Restorative Therapy: Benefits	3,090	3,090	0
3.62	Direct Restorative Therapy: Consultants	907,655	907,655	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	950,004		20,488
3.64	Recreational Therapy/Activities: Salaries	81,672		81,672
3.65	Recreational Therapy/Activities: Employee Benefits	4,672	148	4,524
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	8,770		8,770
3.67	Recreational Therapy/Activities: Purchased Service	1,933		1,933
3.68	Recreational Therapy/Activities: Supplies and Expenses	26,190		26,190
3.69	Recreational Therapy/Activities: Transportation	0	0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	123,237		123,089
3.70	Resident Care Assistant: Salaries	0		0
3.71	Resident Care Assistant: Employee Benefits	0		0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.	0		0
3.73	Resident Care Assistant: Purchased Service	0		0
3.1400	Subtotal: Resident Care Assistant Expenses	0		0
3.74	Security: Salaries	0		0
3.75	Security: Employee Benefits	0		0
3.76	Security: Payroll Taxes including Workers Comp.	0		0
3.77	Security: Purchased Service	0		0
3.1500	Subtotal: Security Expenses	0		0
3.78	Travel: Motor Vehicle Expense	209	209	0
3.79	Variable Other Required Education	0		0
3.80	Variable Job Related Education	0		0
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion	0		0
3.82	Physician Services: Medical Director	47,086		47,086
3.83	Physician Services: Advisory Physician	985		985
3.84	Physician Services: Utilization Review Committee	0		0
3.85	Physician Services: Employee Physicals	0		0
3.86	Physician Services: Other	2,061	2,061	0
3.87	Legend Drugs	487,819	487,819	0
3.88	Personal Protective Equipment	77,304		77,304

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3.89	House Supplies Not Resold	112,288		112,288
3.90	House Supplies Resold to Private Residents	0	0	0
3.91	House Supplies Resold to Public Residents	0	0	0
3.92	Pharmacy Consultant	13,015		13,015
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	740,767		250,678
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	4,628,393		3,206,604
Less: Variable Recoverable Income				
3.96	Vending Machine Income		503	503
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		198	198
3.1800	Subtotal: Variable Recoverable Income	0		701
300	Total: Net Variable Expenses Including Recoverable Income	4,628,393		3,205,903

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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	328,240	(141,190)	469,430
4.2	Long-Term Interest Expense SNF-CR	0		0
4.3	Long-Term Interest Expense REA-CR			0
4.4	MA Corp. Excise Tax - Non-Income Portion SNF-CR	0		0
4.5	MA Corp. Excise Tax - Non-Income Portion REA-CR			0
4.6	Building Insurance Expense SNF-CR	11,482		11,482
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	44,789		44,789
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR	1,723		1,723
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	53,935		53,935
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	302,093	302,093	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	742,262		581,359
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	0
4.200	Subtotal: Capital & Fixed Cost Recoverable Income	0		0
400	Total: Net Capital & Fixed Cost Expenses Including Recoverable Income	742,262		581,359

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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	14,501,295		10,630,046
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	14,501,295		10,611,735

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SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES

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

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

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

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	12,938,693
1A.2	Other Revenue	903,160
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	13,841,853
1A.4	Salaries and Wages	4,243,645
1A.5	Employee Benefits	242,759
1A.6	Supplies and Other (including Payroll Taxes)	9,681,504
1A.7	Interest Expense	0
1A.8	Provision for Bad Debt	5,147
1A.9	Depreciation and Amortization Expenses	328,240
1A.200	Total Operating Expenses	14,501,295
1A.300	Income(Loss) from Operations	(659,442)
	Non-Operating Income and Expenses	
1A.10	Interest Income	18,492
1A.11	Investment Income	0
1A.12	Realized Gain(Loss) from Investments	0
1A.13	Realized Gain(Loss) from Sale or Disposal of Equipment	0
1A.14	Other Non-Operating Income(Expense)	2,159,903
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	1,518,953
1A.15	Provision for Income Tax	
1A.16	Extraordinary Items	0
1A.17	Cumulative Change in Accounting Principles	0
1A.500	Financial Statement Net Income(Loss)	1,518,953

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

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

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Cost Reported Statement of Operations		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	16,020,248
2.2	Total Nursing Expenses (Schedule 3)	5,529,146
2.3	Total Administrative and General Expenses (Schedule 3)	3,601,494
2.4	Total Variable Expenses (Schedule 3)	4,628,393
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	742,262
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	14,501,295
200	Cost Reported Net Income(Loss)	1,518,953

Reconciliation Between Financial Statement and Cost Report Net Income

Table 3		1	2
Line #	Description	Describe Reconciling Item	Amount
3.1	Net Income(Loss) on Financial Statement of Operations (Table 1)		1,518,953
3.2	Reconciling Item		
3.3	Reconciling Item		
3.4	Reconciling Item		
3.5	Reconciling Item		
3.6	Net Income(Loss) on Cost Report Statement of Operations (Table 2)		1,518,953

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	35,291
1.2	Short-Term Investments	0
1.3	Current Portion Assets Whose Use is Limited	0
1.4	Other Cash and Equivalents	0
1.5	Payer Accounts Receivable	859,888
1.6	Less Reserve for Bad Debt	(195,654)
1.100	Subtotal: Net Patient Accounts Receivable	664,234
1.7	Receivable from Officers/Owners/Employees	0
1.8	Receivable from Affiliates/Related Parties	62,106
1.9	Interest Receivable	0
1.10	Supply Inventory	0
1.11	Other Receivables	0
1.12	Prepaid Interest	0
1.13	Prepaid Insurance	0
1.14	Prepaid Taxes	2
1.15	Other Prepaid Expenses	0
1.16	Capitalized Pre-Opening Costs	0
1.17	Other Current Assets	10,480
100	Total Current Assets	772,113

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Detail of Other Current Assets		
Table 1A	1	2
Line #	Description	Account Balance
1A.1	Medicare CoIns Bad Debt-Country	3,345
1A.2	Security Deposits-Country	7,135
1A.3		
1A.4		
1A.5		
1A.6		
1A.7		
1A.8		
1A.9		
1A.10		
1A.100	Subtotal: Other Current Assets	10,480
Non-Current Fixed Assets		
Table 2	1	2
Line #	Description	Account Balance
2.1	Land	0
2.2	Buildings	1,001,744
2.3	Improvements	284,979
2.4	Equipment	125,936
2.5	Software/Limited Life Assets	0
2.6	Motor Vehicles	0
200	Total Non-Current Fixed Assets	1,412,659

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Other Non-Current Assets		
Table 3		1
Line #	Description	Account Balance
3.1	Long-Term Investments	0
3.2	Non-Current Assets Whose Use is Limited	0
3.3	Other Deferred Charges and Non-Current Assets	5,740,127
3.4	Construction in Progress	0
3.5	Mortgage Acquisition Costs	0
3.6	Accumulated Amortization of Mortgage Acquisition Costs	0
3.100	Net Mortgage Acquisition Costs	0
300	Total Non-Current Assets	5,740,127

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	removal of fixed assets from books due to sale	(1,412,659)
3A.2	DUE TO VK HEALTH FACILITIES	7,152,786
3A.3		
3A.4		
3A.5		
3A.6		
3A.7		
3A.8		
3A.9		
3A.10		
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	5,740,127

Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	7,924,899

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Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	6,913,926
5.2	Accrued Expenses	0
5.3	Due to Insurance Payers	0
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	340,268
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	0
5.7	Accrued Salaries and Payroll Liabilities	0
5.8	State and Federal Taxes Payable	0
5.9	Accrued Interest Payable	0
5.10	Other Current Liabilities	196,010
500	Total Current Liabilities	7,450,204

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Unclaimed ADP checks-Country	4,327
5A.2	Patients Fund-Country	5,281
5A.3	SWT Payable-Country	1
5A.4	Savings Deduction-Country	1
5A.5	Accrued Expenses-Country	185,271
5A.6	Equipment Obligation	1,129
5A.7		
5A.8		
5A.9		
5A.10		
5A.100	Subtotal: Other Current Liabilities	196,010

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

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	7,450,204

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	(1,044,256)
8B.2	Prior Period Adjustment(s)	(2)
8B.3	Capital Contributions During the Year	0
8B.4	SNF-CR Net Income/(Loss)	1,518,953
8B.5	Proprietor/Partner Drawings	0
8B.100	Owner's Equity Balance: Current Year	474,695

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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	(2)
8D.2		
8D.3		
8D.4		
8D.5		
8D.6		
8D.7		
8D.8		
8D.9		
8D.10		
8D.100	Subtotal: Prior Period Adjustments	(2)
Total Liabilities and Owner's Equity (or Net Assets for Not-for-Profits)		
Table 9		1
Line #	Description	Account Balance
900	Total Liabilities and Owner's Equity (or Net Assets for Not-For-Profit)	7,924,899

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	3,431,525			3,431,525	(2,211,477)	(218,304)	(2,429,781)	1,001,744
1.3	Improvements	641,980	28,042		670,022	(312,615)	(72,428)	(385,043)	284,979
1.4	Equipment	404,727	24,439		429,166	(265,722)	(37,508)	(303,230)	125,936
1.5	Software/Limited Life Assets				0		0	0	0
1.6	Motor Vehicles				0		0	0	0
100	Total	4,478,232	52,481	0	4,530,713	(2,789,814)	(328,240)	(3,118,054)	1,412,659

Claimed Fixed Assets

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

Table 2		1	2	3	4	5	6	7	8	9	10
Line #	Description	Allowable Cost Basis Beginning Balance	Claimed Additions From Renovations (DON)	Claimed Other Additions	Claimed Deletions From Renovations (DON)	Claimed Other Deletions	Allowable Cost Basis Ending Balance	Depreciation %	Financial Statement Depreciation Expense	Non-Allowable Expense and Add-backs	Claimed Net Depreciation Expense
2.1	Land SNF-CR						0				
2.2	Land REA-CR	90,000					90,000				
2.3	Building SNF-CR	1					1		218,304	0	218,304
2.4	Building REA-CR	3,486,314					3,486,314	2.50%		87,158	87,158
2.5	Improvements SNF-CR	641,979		28,042			670,021	5.00%	72,428	0	72,428
2.6	Improvements REA-CR	278,943					278,943	5.00%		13,947	13,947
2.7	Equipment SNF-CR	360,845		24,439			385,284	10.00%	37,508	0	37,508

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2.8	Equipment REA-CR	400,853					400,853	10.00%		40,085	40,085
2.9	Software/Limited Life Assets SNF-CR	631					631	33.33%	0	0	0
2.10	Software/Limited Life Assets REA-CR						0	33.33%		0	0
200	Total Claimed Fixed Assets	5,259,566	0	52,481	0	0	5,312,047		328,240	141,190	469,430

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1968
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2020
3.3	What was the value from the most recent municipal property assessment for this facility?	3,155,700
3.4	Was there a change of ownership of this facility during the reporting period?	Yes
3.5	Was there a change of ownership of company that owns the real assets of the facility (realty company) during the reporting period?	Yes
3.6	What is the number of nursing facility resident rooms?	63
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	17,813
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	16,500
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	0
3.10	What is the total acreage of the facility site?	2.2
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	Yes

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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	Sale of Nursing Facility to Unrelated Third Party	12/15/2022	NHCA	N/A	1
4.2	Sale of Realty Company	12/15/2022	Sabra	N/A	1
4.3	Sale of Realty Company	12/15/2022	Sabra	N/A	1

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)	82,165

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	1,518,953
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	0
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(1,513,346)
200	Net Cash from Operating Activities	5,607

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(52,481)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(52,481)

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	(46,874)
500	Cash and Cash Equivalents (End of Year)	35,291

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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	05/01/2021	111			111	123
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.	111				
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	6,889	398		6,450	1,003	11,764
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)	24					67
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	6,913	398	0	6,450	1,003	11,831

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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
5,827	56				1,327			33,714
								0
								0
								0
								0
								0
								0
								0
6								97
								0
								0
								0
5,833	56	0	0	0	1,327	0	0	33,811

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Patient Statistics - Summary			
Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	333
3.2	0140.1	Number of MassHealth Admissions During Year	2
3.3	0150.0	Number of Discharges During Year	319
3.4	0190.0	Average Length of Stay	106
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	250
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	1

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	466,982	14,487.0	672,114	21,299.0	900,531	49,012.0
1.2	Total Overtime Wages	34,312	573.0	82,930	1,799.0	176,396	5,889.0
1.3	Total Shift Differential	40,213		42,256		84,527	
1.4	Total Other Differentials						
100	Total	541,507	15,060.0	797,300	23,098.0	1,161,454	54,901.0

<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	2.00	3.00	2.00	2.00	2.00
2.2	Licensed Practical Nurses	2.00	3.00	2.00	2.00	2.00
2.3	Certified Nurse Aides	1.00	1.50	2.00	2.00	2.00

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Detail of Staff and Hours by Position

Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development	1	0.2	302.0
3.2	Plant Operations	1	0.6	1,309.0
3.3	Dietary Staff	10	9.8	20,288.0
3.4	Dietician	1	1.4	2,891.0
3.5	Housekeeping/Laundry Staff			
3.6	Unit Clerk & Medical Records Staff	2	1.6	3,389.0
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	2	1.9	3,989.0
3.9	Social Services Staff	4	3.5	7,335.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff	1	0.3	567.0
3.13	Recreational Staff	2	2.1	4,439.0
3.14	Administration and Officers	1	0.8	1,584.0
3.15	Security Staff			
3.16	Clerical Staff	4	3.5	7,358.0
3.17	Director of Nurses	1	0.9	1,906.0
3.18	Registered Nurses	7	7.2	15,060.0
3.19	Licensed Practical Nurses	11	11.1	23,098.0
3.20	Certified Nurse Aides	26	26.4	54,901.0
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	74	71.4	148,416.0

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Detail of Purchased Nursing Services										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges
Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies			#Error						
Registered Temporary Nursing Service Agencies										
4.2	Intelycare, Inc.	TM7F	1,705.4	128,107	4,036.3	250,409	342.7	10,219		
4.3	MAS Medical Staffing (Springfield)	TTE4	205.5	15,348	1,129.8	71,776	76.2	3,647		
4.4	Medical Solutions, LLC	TM49	11.5	805						
4.5	Paramount Healthcare Services	TNVC	110.7	8,992	1,070.1	88,423	125.0	4,760		
4.6	Preferred Health Care Services	TT5P	1,141.5	75,347	5,558.5	480,868	12,535.0	594,931		
4.7	Staffing Experts LLC (2)	T2UD	42.3	3,452						
4.8	Advanced Nursing Care, INC.	T3ZH			141.3	9,174	649.3	11,368		
4.9	Five Star Care LLC	TSBV					64.2	2,302		
4.10		T5T3					4,097.8	366,141		
4.11	WW Staffing LLC	TR7R					23.3	802		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		3,216.9	232,051	11,936.0	900,650	17,913.5	994,170	0.0	0
400	Total Temporary Nursing Service Agency Expenses		3,216.9	232,051	11,936.0	900,650	17,913.5	994,170	0.0	0

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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	Day	Clarissa	ADNS	Nursing	146,550	0	0	146,550
5.2	Kilty	Josephine	DNS	Nursing	113,160	0	0	113,160
5.3	McKenna	Ashley	MDS Coordinator	Other	104,314	0	0	104,314
5.4	Ayotte	Mandy	Staff Development	Other	132,863	0	0	132,863
5.5	Douglas	April	LPN	Nursing	110,234	0	0	110,234

Earnings and Compensation Disclosures

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

Partnership, Limited Liability Company (LLC)

6B.1									0
6B.2									0
6B.3									0
6B.4									0
6B.5									0
6B.6									0
									0

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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 Mortgage Acquired	Due Date	Number of Months Amortized	Monthly Payments	Original Loan Amount	Mortgage Acquisition Costs	Amortization of Mortgage Acquisition Costs
1.1	1st Mortgage	Sabra Health Care REIT, Inc	No	03/01/2017	04/01/2027	121	42,069	3,117,626	0	0
1.2										
1.3										
1.4										
1.5										
100	TOTALS								0	0

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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
2,308,558		2,308,558		12/14/2022	0	17.479%	281,347	0	281,347
					0				0
					0				0
					0				0
					0				0
					0		281,347	0	281,347

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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	M&T Bank	Yes	431,116	0	01/01/2013	90,848	340,268	5.370%	18,561
2.2							0		
2.3							0		
2.4							0		
2.5							0		
200	Total Working Capital Interest						340,268		18,561

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

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

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

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
08/04/2023 10:19AM	(1) Footnotes and Explanations	FootnotesandExplanations.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
08/04/2023 10:20AM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
08/04/2023 10:20AM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
08/04/2023 10:20AM	(4) Related Party Transactions	RelatedPartyTransactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore

SCHEDULE 13 : SUBMISSION AND ATTESTATION

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

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

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

1.1	Preparer Name	Matthew S. Bovolack
1.2	Nursing Facility or Firm Name	Marcum LLP
1.3	Title	Principal
1.4	Street Address	555 Long Wharf Drive
1.5	City	New Haven
1.6	State	CT
1.7	Zip Code	06511
1.8	Phone Number	+1 (203) 781-9680
1.9	Email Address	Matthew.Bovolack@marcumllp.com
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	08/10/2023

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

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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	09/11/2023
2.3	Last Name	Bavolack
2.4	First Name	Matthew
2.5	Middle Name	S.
2.6	Title	Prin. Nat'l Hlth Care Practice Leader
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