

Skilled Nursing Facility Cost Report**ELLIS NURSING HOME**

Filing Year: 2022

Date: 11/28/2023

Time: 1:40 PM

SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	ELLIS NURSING HOME
1.2	MassHealth Provider ID	110025861A
1.3	Federal Employer Tax ID	042508884
1.4	VPN	0908029
1.5	Is the above information correct?	Yes
1.6	Facility Number	00531
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	135 Ellis Avenue
1.11	City	Norwood
1.12	Zip	02062
1.13	Telephone	+1 (781) 762-6880
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	MA Corp (Chapter 156B)
1.18	List the name of the management company as reported on the management company cost report.	
1.19	List the name of the entity that holds the nursing facility license.	Ellis Nursing Home
1.20	List realty company names as reported on each realty company cost report.	Ellis Avenue Realty Associates
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	John Sannella
2.2	Nursing Facility or Firm Name	Sannella & Associates
2.3	Title	CPA
2.4	Street Address	4 FAIRBANKS LN
2.5	City	NORTH READING
2.6	State	MA
2.7	Zip Code	01864
2.8	Phone Number	+1 (978) 888-3112
2.9	Email Address	john.sannella@cpa.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	John Sannella
3.3	Nursing Facility or Firm Name	Sannella & Associates
3.4	Title	CPA
3.5	Street Address	4 FAIRBANKS LN
3.6	City	NORTH READING
3.7	State	MA
3.8	Zip Code	01864
3.9	Phone Number	+1 (978) 888-3112
3.10	Email Address	john.sannella@cpa.com
3.11	Type of Accounting Service Performed	Compilation

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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	2,673,574		2,673,574
1.2	Commercial Managed Care			0
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	3,250,896	97,116	3,348,012
1.5	Medicare Managed Care (Part C)	1,049,978	35,695	1,085,673
1.6	MassHealth Fee-for-Service	5,843,400		5,843,400
1.7	MassHealth Managed Care			0
1.8	Senior Care Options			0
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount	1,545,640		1,545,640
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	14,363,488	132,811	14,496,299

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	0
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	67,303
3.7	Interest Income	21,404
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	816,944
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	905,651

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)		
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		0

Total Revenue

Table 5		1
Line #	Description	Total
500	Total Revenue	15,401,950

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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	120,268		120,268
1.2	Director of Nurses: Employee Benefits			0
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	9,735		9,735
1.4	Director of Nurses Purchased Service: Per Diem			0
1.5	Director of Nurses Purchased Service: Temporary Agency Staff	4,696	0	4,696
1.6	Director of Nurses Add-back (MGT-CR Sch 6)			0
1.100	Subtotal: Director of Nurses Expenses	134,699		134,699
1.7	Registered Nurses: Salaries	844,928		844,928
1.8	Registered Nurses: Employee Benefits	48,798		48,798
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	83,386		83,386
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	164,068	946	163,122
1.200	Subtotal: Registered Nurses Expenses	1,141,180		1,140,234
1.12	Licensed Practical Nurses: Salaries	1,606,146		1,606,146
1.13	Licensed Practical Nurses: Employee Benefits	92,763		92,763
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	158,510		158,510
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	202,986	4,042	198,944
1.300	Subtotal: Licensed Practical Nurses Expenses	2,060,405		2,056,363
1.17	Certified Nurse Aides: Salaries	2,648,699		2,648,699
1.18	Certified Nurse Aides: Employee Benefits	161,457		161,457
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	263,148		263,148
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	12,735	407	12,328
1.400	Subtotal: Certified Nurse Aides Expenses	3,086,039		3,085,632

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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	6,422,323		6,416,928

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	6,422,323		6,416,928

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	193,989		193,989
2.2	Administration: Employee Benefits	9,673		9,673
2.3	Administration: Payroll Taxes incl Workers Comp.	15,033		15,033
2.4	Administration: Purchased Service			0
2.5	Officers: Total Compensation	61,986	61,986	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	280,681		218,695
2.7	Clerical Staff: Salaries	363,977		363,977
2.8	Clerical Staff: Employee Benefits	24,487		24,487
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	35,821		35,821
2.10	Clerical Staff: Purchased Service			0
2.200	Subtotal: Clerical Staff Expenses	424,285		424,285
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	175,209		175,209
2.12	Office Supplies	73,896		73,896
2.13	Telecommunications (e.g. Internet, Phone)	22,609		22,609

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	4,169		4,169
2.16	Advertising: Help Wanted	45,507		45,507
2.17	Licenses and Dues: Patient Care Related Portion	12,946		12,946
2.18	Continuing Professional Education / Training and Development	1,972		1,972
2.19	Accounting Services (Not related to appeals)	43,182		43,182
2.20	Insurance: Malpractice & General Liability	138,680		138,680
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	3,500		3,500
2.23	Non-Allowable A & G Expenses	1,099,846	1,099,846	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)			0
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)			0
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	1,621,516		521,670
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	2,326,482		1,164,650
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		0	0
2.500	Subtotal: Administrative & General Recoverable Income	0		
200	Total: Net Administrative & General Expenses After Recoverable Income	2,326,482		1,164,650

Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	Tuition Reimbursement	3,500
2A.100	Subtotal: Other A&G Expenses	3,500

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Detail of Non-Allowable A & G Expenses

Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	11,150
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	51,077
2B.7	Key Person Insurance	
2B.8	Management Company Fees	
2B.9	Management Consultants	39,239
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	29,172
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	60,521
2B.15	User Fee Assessment	887,190
2B.16	Other Non-Allowable A&G Expenses	21,497
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	1,099,846

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	68,919		68,919
3.2	Staff Dev. Coord.: Employee Benefits	3,980		3,980
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	6,801		6,801
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	79,700		79,700
3.5	Plant Operation: Salaries	133,153		133,153
3.6	Plant Operation: Employee Benefits	7,690		7,690
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	11,250		11,250

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3.8	Plant Operation: Purchased Service	122,414		122,414
3.9	Plant Operation: Supplies and Expenses	28,783		28,783
3.10	Plant Operation: Utilities	356,659		356,659
3.11	Plant Operation: Repairs	112,058		112,058
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	772,007		772,007
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	44,677		44,677
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	44,677		44,677
3.18	Dietary: Salaries	613,252		613,252
3.19	Dietary: Employee Benefits	35,418		35,418
3.20	Dietary: Payroll Taxes incl Workers Comp.	60,522		60,522
3.21	Dietary: Food	450,309		450,309
3.22	Dietary: Purchased Service			0
3.23	Dietary: Supplies and Expenses	53,778		53,778
3.400	Subtotal: Dietary Expenses	1,213,279		1,213,279
3.24	Housekeeping/Laundry: Salaries	501,033		501,033
3.25	Housekeeping/Laundry: Employee Benefits	28,937		28,937
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	42,330		42,330
3.27	Housekeeping/Laundry: Purchased Service			0
3.28	Housekeeping/Laundry: Supplies and Expenses	62,385		62,385
3.29	Housekeeping/Laundry: Linen and Bedding	21,656		21,656
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	656,341		656,341
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)			0
3.600	Subtotal: QA Professional Expenses	0		0
3.36	Unit Clerk & Medical Records: Salaries	39,110		39,110

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3.37	Unit Clerk & Medical Records: Employee Benefits	2,258		2,258
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	3,304		3,304
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	44,672		44,672
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	317,678		317,678
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	18,347		18,347
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	26,840		26,840
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	362,865		362,865
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	243,063		243,063
3.49	Social Service Worker: Employee Benefits	14,038		14,038
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	23,988		23,988
3.51	Social Service Worker: Purchased Service	5,175		5,175
3.1000	Subtotal: Social Service Worker Expenses	286,264		286,264
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	117,050		117,050
3.57	Indirect Restorative Therapy: Employee Benefits	6,760		6,760
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.	11,553		11,553
3.59	Indirect Restorative Therapy: Consultants			0
3.60	Direct Restorative Therapy: Salaries	510,066	510,066	0

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3.61	Direct Restorative Therapy: Benefits	79,796	79,796	0
3.62	Direct Restorative Therapy: Consultants		0	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	725,225		135,363
3.64	Recreational Therapy/Activities: Salaries	112,669		112,669
3.65	Recreational Therapy/Activities: Employee Benefits	6,507		6,507
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	11,120		11,120
3.67	Recreational Therapy/Activities: Purchased Service			0
3.68	Recreational Therapy/Activities: Supplies and Expenses	30,602		30,602
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	160,898		160,898
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	42,000		42,000
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	267,351	267,351	0
3.88	Personal Protective Equipment			0

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3.89	House Supplies Not Resold	445,142		445,142
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents		0	0
3.92	Pharmacy Consultant	14,742		14,742
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	769,235		501,884
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	5,115,163		4,257,950
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		816,944	816,944
3.1800	Subtotal: Variable Recoverable Income	0		816,944
300	Total: Net Variable Expenses Including Recoverable Income	5,115,163		3,441,006

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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	90,356	0	90,356
4.2	Long-Term Interest Expense SNF-CR			0
4.3	Long-Term Interest Expense REA-CR			0
4.4	MA Corp. Excise Tax - Non-Income Portion SNF-CR			0
4.5	MA Corp. Excise Tax - Non-Income Portion REA-CR			0
4.6	Building Insurance Expense SNF-CR	25,694		25,694
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR			0
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR			0
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR			0
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	1,272,000	1,272,000	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	1,388,050		116,050
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	1,388,050		116,050

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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	15,252,018		11,955,578
Total Combined Expenses Net of Recoverable Income				
Table 6		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
600	Total Combined Expenses Net of Recoverable Income	15,252,018		11,138,634

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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:	

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

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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	
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	

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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	14,496,299
1A.2	Other Revenue	816,944
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	15,313,243
1A.4	Salaries and Wages	8,548,241
1A.5	Employee Benefits	1,315,507
1A.6	Supplies and Other (including Payroll Taxes)	5,237,393
1A.7	Interest Expense	
1A.8	Provision for Bad Debt	60,521
1A.9	Depreciation and Amortization Expenses	90,356
1A.200	Total Operating Expenses	15,252,018
1A.300	Income(Loss) from Operations	61,225
	Non-Operating Income and Expenses	
1A.10	Interest Income	21,404
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)	67,303
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	149,932
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)	149,932

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Detail of Extraordinary Items

Table 1C	1	2
Line #	Description	Amount
1C.1		
1C.100	Subtotal: Cumulative Extraordinary Items	0

Detail of Changes in Accounting Principles

Table 1D	1	2
Line #	Description	Amount
1D.1		
1D.100	Subtotal: Cumulative Changes in Accounting Principles	0

Cost Reported Statement of Operations

Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	15,401,950
2.2	Total Nursing Expenses (Schedule 3)	6,422,323
2.3	Total Administrative and General Expenses (Schedule 3)	2,326,482
2.4	Total Variable Expenses (Schedule 3)	5,115,163
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	1,388,050
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	15,252,018
200	Cost Reported Net Income(Loss)	149,932

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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)		149,932
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)		149,932

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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	3,218,452
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	924,206
1.6	Less Reserve for Bad Debt	(41,431)
1.100	Subtotal: Net Patient Accounts Receivable	882,775
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	8,796
1.9	Interest Receivable	
1.10	Supply Inventory	
1.11	Other Receivables	41,138
1.12	Prepaid Interest	
1.13	Prepaid Insurance	130,132
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	15,281
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
100	Total Current Assets	4,296,574

Detail of Other Current Assets

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

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Non-Current Fixed Assets

Table 2		1
Line #	Description	Account Balance
2.1	Land	
2.2	Buildings	
2.3	Improvements	335,046
2.4	Equipment	183,934
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	518,980

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	0
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	0

Detail of Other Deferred Charges and Non-Current Assets

Table 3A	1	2
Line #	Description	Account Balance
3A.1		
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	0

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Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	4,815,554

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	258,036
5.2	Accrued Expenses	26,080
5.3	Due to Insurance Payers	445,432
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	588,872
5.8	State and Federal Taxes Payable	20,344
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	110,245
500	Total Current Liabilities	1,449,009

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Unearned Revenue	110,245
5A.100	Subtotal: Other Current Liabilities	110,245

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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	1,449,009

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	10,000			3,206,613	3,216,613
8C.2	Prior Period Adjustment(s)				0	0
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)				149,932	149,932
8C.7	Dividends Paid					0
8C.100	Owner's Equity Balance: Current Year	10,000	0	0	3,356,545	3,366,545

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		
8D.100	Subtotal: Prior Period Adjustments	0

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<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)	4,815,554

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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	1,566,820			1,566,820	(1,187,525)	(44,249)	(1,231,774)	335,046
1.4	Equipment	2,656,384	42,904		2,699,288	(2,469,247)	(46,107)	(2,515,354)	183,934
1.5	Software/Limited Life Assets	35,598			35,598	(35,598)		(35,598)	0
1.6	Motor Vehicles				0			0	0
100	Total	4,258,802	42,904	0	4,301,706	(3,692,370)	(90,356)	(3,782,726)	518,980

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	100,953					100,953				
2.3	Building SNF-CR						0		0		0
2.4	Building REA-CR	2,979,100					2,979,100				0
2.5	Improvements SNF-CR	1,566,820					1,566,820	5.00%	44,249		44,249
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	2,656,384	42,904				2,699,288	10.00%	46,107		46,107

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2.8	Equipment REA-CR	389,005					389,005	10.00%			0
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	7,692,262	42,904	0	0	0	7,735,166		90,356	0	90,356

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1973
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2016
3.3	What was the value from the most recent municipal property assessment for this facility?	7,713,000
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?	191
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	90,323
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	86,740
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	1
3.10	What is the total acreage of the facility site?	29.7
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	No

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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					
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)	4,746,597

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	149,932
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	90,356
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(1,733,528)
200	Net Cash from Operating Activities	(1,493,240)

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(42,904)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(42,904)

Cash Flows from Financing Activities

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

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(1,536,144)
500	Cash and Cash Equivalents (End of Year)	3,210,453

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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	03/26/2021	161			161	191
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.	161				
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	6,664			4,884	2,210	31,697
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	6,664	0	0	4,884	2,210	31,697

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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
			364					45,819
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
0	0	0	364	0	0	0	0	45,819

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Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	355
3.2	0140.1	Number of MassHealth Admissions During Year	8
3.3	0150.0	Number of Discharges During Year	359
3.4	0190.0	Average Length of Stay	127
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	

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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	805,200	19,123.0	1,451,350	41,208.0	2,393,734	119,373.0
1.2	Total Overtime Wages	39,728	733.0	154,796	3,211.0	254,965	9,256.0
1.3	Total Shift Differential	28,338		44,870		100,904	
1.4	Total Other Differentials						
100	Total	873,266	19,856.0	1,651,016	44,419.0	2,749,603	128,629.0

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					

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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	3	1.0	2,010.0
3.2	Plant Operations	2	2.1	4,417.0
3.3	Dietary Staff	17	15.6	32,497.0
3.4	Dietician			
3.5	Housekeeping/Laundry Staff	18	14.4	29,998.0
3.6	Unit Clerk & Medical Records Staff	1	1.0	2,131.0
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	7	3.0	6,271.0
3.9	Social Services Staff	4	3.1	6,522.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff	25	6.3	13,102.0
3.12	Restorative Therapy - Indirect Staff	2	0.4	920.0
3.13	Recreational Staff	3	2.9	6,064.0
3.14	Administration and Officers	2	1.5	3,120.0
3.15	Security Staff			
3.16	Clerical Staff	10	5.3	11,099.0
3.17	Director of Nurses	2	1.0	1,994.0
3.18	Registered Nurses	28	9.5	19,856.0
3.19	Licensed Practical Nurses	33	21.4	44,419.0
3.20	Certified Nurse Aides	118	61.8	128,629.0
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	275	150.3	313,049.0

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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		15.8	946	78.1	4,042	15.1	407		
Registered Temporary Nursing Service Agencies										
4.2	Preferred Health Care Services	TT5P							72.3	4,696
4.3	JFS Secured Staffing Inc	TCPD	870.0	58,776	1,296.5	77,028	140.3	5,196		
4.4	Intelycare, Inc.	TM7F	1,486.5	102,595	1,520.8	85,925	31.9	1,163		
4.5			8.5	669	169.3	9,817	16.0	592		
4.6	Informatix	T9J4	14.5	1,082	172.1	9,811	109.8	3,845		
4.7	BlueForce Healthcare Staffing	T3I9	0.0		261.4	15,335				
4.8	CONNECTRN INC	TGKV			16.3	1,028	44.5	1,532		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		2,379.5	163,122	3,436.4	198,944	342.5	12,328	72.3	4,696
400	Total Temporary Nursing Service Agency Expenses		2,395.3	164,068	3,514.5	202,986	357.6	12,735	72.3	4,696

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	Anthony	Franchi	Administrator	Administrative & General	214,706			214,706
5.2	Francis	Rafael	RN	Nursing	131,110			131,110
5.3	Daniel	Dennis	Controller	Administrative & General	141,835			141,835
5.4	Kristen	Lewis	Social Service	Other	127,651			127,651
5.5	Ibeth	Baez	MDS Coordinator	Nursing	124,419			124,419

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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	Franchi	Anthony	Owner	Administrative & General	1,040	60,023			60,023
6C.2									0
6C.3									0
									60,023

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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 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

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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
					0				0
					0		0	0	0

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

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SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

UPLOADS REQUIRED
(1) Footnotes and Explanations
<i>Upload Type: Excel, Word, or PDF</i>
This section is used to provide detail to any of the information included in this report.
(2) Ownership and Facility Information
<i>Upload Type: Excel Template</i>
List the names of all direct and indirect nursing facility owners and the name(s) of any Massachusetts and non-Massachusetts nursing or residential care facilities that are owned, directly or indirectly by the facility owners that have an interest of 5% or more. Note: This information must be submitted in the format of the template provided. In order for the file to be accepted, you MUST use the file name "Ownership and Facility Information".
(3) Related Party Debt
<i>Upload Type: Excel Template</i>
List any indebtedness (mortgages, deeds, trust instruments, notes or other financial information) between the nursing facility and any related party of the facility or the direct or indirect owners as reported on the template uploaded in accordance with Schedule 12, Section (2) Ownership and Facility Information. Example: If the owner borrowed monies from the facility, report the owner as 'Borrower'. If the nursing facility borrowed monies from the owner, list the nursing facility as 'Borrower'. Note: This information must be submitted in the format of the template provided. In order for the file to be accepted, you MUST use the file name "Related Party Debt".
(4) Related Party Transactions
<i>Upload Type: Excel Template</i>
Indicate any entity or person as defined as a "related party" in 101 CMR 206.00 and that (a) provides services, facilities, goods and/or supplies to this company; or (b) receives any salary, fee or other compensation from this company. Indicate the amount paid by this company for this reporting year. (Attach addendum if necessary.) Note: This information must be submitted in the format of the template provided.
(5) Financial Statements
<i>Upload Type: Excel, PDF</i>
Providers must upload financial statements (audited, unaudited, reviewed, or compiled financial statements). As noted below, preparing financial statements is not intended to be an additional requirement for the sole purposes of complying with CHIA's reporting requirements in Section 7.03 (d) of Title 957 of the Code of Massachusetts Regulations (CMR):

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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
09/17/2023 12:04PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	John Sannella
09/17/2023 12:17PM	(4) Related Party Transactions	ENH 2022 RelatedPartyTransactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	John Sannella
09/17/2023 12:17PM	(5) Financial Statements	Financial Statements.pdf	application/pdf	John Sannella

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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	John Sannella
1.2	Nursing Facility or Firm Name	Sannella & Associates
1.3	Title	CPA
1.4	Street Address	4 FAIRBANKS LN
1.5	City	NORTH READING
1.6	State	MA
1.7	Zip Code	01864
1.8	Phone Number	+1 (978) 888-3112
1.9	Email Address	john.sannella@cpa.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:	09/20/2023

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	09/22/2023
2.3	Last Name	Franchi
2.4	First Name	Anthony
2.5	Middle Name	
2.6	Title	President
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