

Skilled Nursing Facility Cost Report
FITCHBURG REHABILITATION AND NURSING CENTER
Filing Year: 2022

Date: 11/28/2023
Time: 11:46 AM

SCHEDULE 1 : GENERAL INFORMATION

Facility Information		
Table 1		1
Line #	Description	
1.1	Facility Name	FITCHBURG REHABILITATION AND NURSING CENTER
1.2	MassHealth Provider ID	110157032A
1.3	Federal Employer Tax ID	833410091
1.4	VPN	0950757
1.5	Is the above information correct?	Yes
1.6	Facility Number	00136
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	94 Summer Street
1.11	City	Fitchburg
1.12	Zip	01420
1.13	Telephone	+1 (978) 343-3530
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.	
1.19	List the name of the entity that holds the nursing facility license.	Fitchburg Rehab & Nursing Center
1.20	List realty company names as reported on each realty company cost report.	94 Summer Street, 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	Jonathan Langfield
2.2	Nursing Facility or Firm Name	CliftonLarsonAllen, LLP
2.3	Title	CPA
2.4	Street Address	4 Batterymarch Park, Suite 100
2.5	City	Quincy
2.6	State	Ma
2.7	Zip Code	02369
2.8	Phone Number	+1 (781) 982-1001
2.9	Email Address	jonathan.langfield@claconnect.com

Preparer Information		
Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.		
Table 3		1
Line #	Description	
3.1	<input type="checkbox"/> I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer Name	Jonathan Langfield
3.3	Nursing Facility or Firm Name	CliftonLarsonAllen, LLP
3.4	Title	CPA
3.5	Street Address	4 Batterymarch Park, Suite 100
3.6	City	Quincy
3.7	State	Ma
3.8	Zip Code	02369
3.9	Phone Number	+1 (781) 982-1001
3.10	Email Address	jonathan.langfield@claconnect.com
3.11	Type of Accounting Service Performed	Other (Explain in Footnotes)

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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	126,892		126,892
1.2	Commercial Managed Care			0
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	680,605	87,551	768,156
1.5	Medicare Managed Care (Part C)	144,674		144,674
1.6	MassHealth Fee-for-Service	2,310,231		2,310,231
1.7	MassHealth Managed Care	761,654		761,654
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	405,907		405,907
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	4,429,963	87,551	4,517,514

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	380,151
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	4,106
3.7	Interest Income	940
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	385,197

Detail of Endowment and Non-Recoverable Revenue			
Table 4		1	2
Line #	Description	Type	Revenue
4.1	Other Endowment and Non-Recoverable Revenue: (Enter Description)	covid relief	380,151
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		380,151

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	4,902,711

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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	105,045		105,045
1.2	Director of Nurses: Employee Benefits	3,129		3,129
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	13,416		13,416
1.4	Director of Nurses Purchased Service: Per Diem			0
1.5	Director of Nurses Purchased Service: Temporary Agency Staff	0	0	0
1.6	Director of Nurses Add-back (MGT-CR Sch 6)			0
1.100	Subtotal: Director of Nurses Expenses	121,590		121,590
1.7	Registered Nurses: Salaries	197,122		197,122
1.8	Registered Nurses: Employee Benefits	5,871		5,871
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	25,176		25,176
1.10	Registered Nurses Purchased Service: Per Diem	8,640		8,640
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	139,393	0	139,393
1.200	Subtotal: Registered Nurses Expenses	376,202		376,202
1.12	Licensed Practical Nurses: Salaries	703,586		703,586
1.13	Licensed Practical Nurses: Employee Benefits	20,956		20,956
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	89,860		89,860
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	199,552	0	199,552
1.300	Subtotal: Licensed Practical Nurses Expenses	1,013,954		1,013,954
1.17	Certified Nurse Aides: Salaries	701,172		701,172
1.18	Certified Nurse Aides: Employee Benefits	20,882		20,882
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	89,551		89,551
1.20	Certified Nurse Aides Purchased Service: Per Diem	49,498		49,498
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	52,644	0	52,644
1.400	Subtotal: Certified Nurse Aides Expenses	913,747		913,747

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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	2,425,493		2,425,493

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	2,425,493		2,425,493

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	132,124		132,124
2.2	Administration: Employee Benefits	3,936		3,936
2.3	Administration: Payroll Taxes incl Workers Comp.	16,874		16,874
2.4	Administration: Purchased Service	146,983		146,983
2.5	Officers: Total Compensation		0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	299,917		299,917
2.7	Clerical Staff: Salaries	152,472		152,472
2.8	Clerical Staff: Employee Benefits	4,541		4,541
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	19,474		19,474
2.10	Clerical Staff: Purchased Service			0
2.200	Subtotal: Clerical Staff Expenses	176,487		176,487
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	135,870		135,870
2.12	Office Supplies	85,474		85,474
2.13	Telecommunications (e.g. Internet, Phone)	15,903		15,903

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	6,812		6,812
2.16	Advertising: Help Wanted	15,699		15,699
2.17	Licenses and Dues: Patient Care Related Portion	11,551		11,551
2.18	Continuing Professional Education / Training and Development	200		200
2.19	Accounting Services (Not related to appeals)	6,215		6,215
2.20	Insurance: Malpractice & General Liability	85,579		85,579
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	1,539	1,539	0
2.23	Non-Allowable A & G Expenses	586,452	586,452	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	951,294		363,303
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	1,427,698		839,707
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	1,427,698		839,707

Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	Miscellaneous Resident Items	1,539
2A.100	Subtotal: Other A&G Expenses	1,539

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Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	1,706
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	78,524
2B.7	Key Person Insurance	
2B.8	Management Company Fees	
2B.9	Management Consultants	
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	72,654
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	98,055
2B.15	User Fee Assessment	335,513
2B.16	Other Non-Allowable A&G Expenses	
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
2B.100	Total Non-Allowable A&G Expenses	586,452

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	14,801		14,801
3.2	Staff Dev. Coord.: Employee Benefits	440		440
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	1,890		1,890
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	17,131		17,131
3.5	Plant Operation: Salaries	91,031		91,031
3.6	Plant Operation: Employee Benefits	2,711		2,711
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	11,626		11,626

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3.8	Plant Operation: Purchased Service	35,012		35,012
3.9	Plant Operation: Supplies and Expenses	14,185		14,185
3.10	Plant Operation: Utilities	153,785		153,785
3.11	Plant Operation: Repairs	25,901		25,901
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	334,251		334,251
3.13	Dietician: Salaries	34,829		34,829
3.14	Dietician: Employee Benefits	1,038		1,038
3.15	Dietician: Payroll Taxes incl Workers Comp.	4,448		4,448
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	40,315		40,315
3.18	Dietary: Salaries	284,203		284,203
3.19	Dietary: Employee Benefits	8,465		8,465
3.20	Dietary: Payroll Taxes incl Workers Comp.	36,298		36,298
3.21	Dietary: Food	170,197		170,197
3.22	Dietary: Purchased Service	1,020		1,020
3.23	Dietary: Supplies and Expenses	8,755		8,755
3.400	Subtotal: Dietary Expenses	508,938		508,938
3.24	Housekeeping/Laundry: Salaries	129,189		129,189
3.25	Housekeeping/Laundry: Employee Benefits	3,849		3,849
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	16,499		16,499
3.27	Housekeeping/Laundry: Purchased Service			0
3.28	Housekeeping/Laundry: Supplies and Expenses	28,784		28,784
3.29	Housekeeping/Laundry: Linen and Bedding	12		12
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	178,333		178,333
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	19,755		19,755

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3.37	Unit Clerk & Medical Records: Employee Benefits	589		589
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	2,523		2,523
3.39	Unit Clerk & Medical Records: Purchased Service	306		306
3.700	Subtotal: Unit Clerk and Medical Record Expenses	23,173		23,173
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	123,327		123,327
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	3,673		3,673
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	15,750		15,750
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	142,750		142,750
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	60,237		60,237
3.49	Social Service Worker: Employee Benefits	1,794		1,794
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	7,693		7,693
3.51	Social Service Worker: Purchased Service	20,824		20,824
3.1000	Subtotal: Social Service Worker Expenses	90,548		90,548
3.52	Interpreters: Salaries			0
3.53	Interpreters: Employee Benefits			0
3.54	Interpreters: Payroll Taxes incl Workers Comp.			0
3.55	Interpreters: Purchased Service			0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries			0
3.57	Indirect Restorative Therapy: Employee Benefits			0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.			0
3.59	Indirect Restorative Therapy: Consultants	3,558		3,558
3.60	Direct Restorative Therapy: Salaries	168,276	168,276	0

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3.61	Direct Restorative Therapy: Benefits	26,504	26,504	0
3.62	Direct Restorative Therapy: Consultants	45,661	45,661	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	243,999		3,558
3.64	Recreational Therapy/Activities: Salaries	73,781		73,781
3.65	Recreational Therapy/Activities: Employee Benefits	2,197		2,197
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	9,423		9,423
3.67	Recreational Therapy/Activities: Purchased Service	450		450
3.68	Recreational Therapy/Activities: Supplies and Expenses	1,009		1,009
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	86,860		86,860
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	2,791		2,791
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	29,000		29,000
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	84,390	84,390	0
3.88	Personal Protective Equipment			0

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3.89	House Supplies Not Resold	30,187		30,187
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents		0	0
3.92	Pharmacy Consultant			0
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	146,368		61,978
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	1,812,666		1,487,835
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		0	0
3.1800	Subtotal: Variable Recoverable Income	0		0
300	Total: Net Variable Expenses Including Recoverable Income	1,812,666		1,487,835

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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	22,148	(66,195)	88,343
4.2	Long-Term Interest Expense SNF-CR			0
4.3	Long-Term Interest Expense REA-CR		107,540	107,540
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	16,833		16,833
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	49,249		49,249
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR	1,336		1,336
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	31,237		31,237
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	271,350	271,350	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	392,153		294,538
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	392,153		294,538

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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	6,058,010		5,047,573
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	6,058,010		5,047,573

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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	4,517,514
1A.2	Other Revenue	4,106
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	4,521,620
1A.4	Salaries and Wages	2,990,949
1A.5	Employee Benefits	471,076
1A.6	Supplies and Other (including Payroll Taxes)	2,475,782
1A.7	Interest Expense	
1A.8	Provision for Bad Debt	98,055
1A.9	Depreciation and Amortization Expenses	22,148
1A.200	Total Operating Expenses	6,058,010
1A.300	Income(Loss) from Operations	(1,536,390)
	Non-Operating Income and Expenses	
1A.10	Interest Income	940
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)	380,151
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	(1,155,299)
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)	(1,155,299)

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

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

<i>Cost Reported Statement of Operations</i>		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	4,902,711
2.2	Total Nursing Expenses (Schedule 3)	2,425,493
2.3	Total Administrative and General Expenses (Schedule 3)	1,427,698
2.4	Total Variable Expenses (Schedule 3)	1,812,666
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	392,153
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	6,058,010
200	Cost Reported Net Income(Loss)	(1,155,299)

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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)		(1,155,299)
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)		(1,155,299)

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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	42,018
1.2	Short-Term Investments	
1.3	Current Portion Assets Whose Use is Limited	
1.4	Other Cash and Equivalents	
1.5	Payer Accounts Receivable	1,163,102
1.6	Less Reserve for Bad Debt	(301,434)
1.100	Subtotal: Net Patient Accounts Receivable	861,668
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	
1.9	Interest Receivable	
1.10	Supply Inventory	
1.11	Other Receivables	44,698
1.12	Prepaid Interest	
1.13	Prepaid Insurance	26,279
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	6,504
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
100	Total Current Assets	981,167

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	81,687
2.4	Equipment	56,491
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	20,301
200	Total Non-Current Fixed Assets	158,479

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	900
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	900

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	1,140,546

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	921,241
5.2	Accrued Expenses	43,042
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	33,484
5.7	Accrued Salaries and Payroll Liabilities	154,043
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	10,000
500	Total Current Liabilities	1,161,810

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	other	10,000
5A.100	Subtotal: Other Current Liabilities	10,000

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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	829,343
6.3	Other Long-Term Debt	
600	Total Non-Current Liabilities	829,343

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	1,991,153

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	(602,288)
8B.2	Prior Period Adjustment(s)	1,156,980
8B.3	Capital Contributions During the Year	
8B.4	SNF-CR Net Income/(Loss)	(1,155,299)
8B.5	Proprietor/Partner Drawings	(250,000)
8B.100	Owner's Equity Balance: Current Year	(850,607)

Prior Period Adjustments

NOTE: Disclose all facts relative to adjustments and explain any impact on reimbursable costs as reported in prior year(s) cost report identifying the specific cost centers affected.

Table 8D	1	2
Line #	Description	Amount
8D.1	Adjustments made post filing of PY cost report	1,156,980
8D.100	Subtotal: Prior Period Adjustments	1,156,980

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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)	1,140,546

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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 on Beginning Balance	Current Year Depreciation	Accumulated Depreciation on Ending Balance	Financial Statement Net Book Value
1.1	Land				0				0
1.2	Building				0			0	0
1.3	Improvements	65,739	26,290		92,029	(4,861)	(5,481)	(10,342)	81,687
1.4	Equipment	67,754	10,575		78,329	(13,397)	(8,441)	(21,838)	56,491
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles	44,293			44,293	(15,766)	(8,226)	(23,992)	20,301
100	Total	177,786	36,865	0	214,651	(34,024)	(22,148)	(56,172)	158,479

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						0				
2.3	Building SNF-CR						0		0		0
2.4	Building REA-CR	2,016,854					2,016,854	3.05%		50,421	50,421
2.5	Improvements SNF-CR	65,739		26,290			92,029	5.00%	5,481		5,481
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	67,754		10,575			78,329	10.00%	8,441		8,441

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2.8	Equipment REA-CR	2,400,000					2,400,000	10.00%		24,000	24,000
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	4,550,347	0	36,865	0	0	4,587,212		13,922	74,421	88,343

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1975
3.2	What was the date of the most recent assessed property value of this facility?	10/17/2019
3.3	What was the value from the most recent municipal property assessment for this facility?	2,480,000
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?	32
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	16,342
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	8,222
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	
3.10	What is the total acreage of the facility site?	2.0
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	Yes

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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					

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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)	77,286

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(1,155,299)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	22,148
2.3	Increases (Decreases) to Cash Provided by Operating Activities	1,143,461
200	Net Cash from Operating Activities	10,310

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(36,865)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(36,865)

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	(8,713)
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	(8,713)

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(35,268)
500	Cash and Cash Equivalents (End of Year)	42,018

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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	10/11/2021	79			79	96
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.	79				
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	452			1,036	426	12,542
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)						318
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	452	0	0	1,036	426	12,860

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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
2,233								16,689
								0
								0
								0
								0
								0
								0
								0
21								339
								0
								0
								0
2,254	0	0	0	0	0	0	0	17,028

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Patient Statistics - Summary			
Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	49
3.2	0140.1	Number of MassHealth Admissions During Year	24
3.3	0150.0	Number of Discharges During Year	66
3.4	0190.0	Average Length of Stay	258
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	194,602	3,046.0	464,149	11,174.1	589,404	27,828.5
1.2	Total Overtime Wages	12	0.3	214,026	4,021.5	86,743	2,809.3
1.3	Total Shift Differential	2,508		25,411		25,025	
1.4	Total Other Differentials						
100	Total	197,122	3,046.3	703,586	15,195.6	701,172	30,637.8

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	1.00	1.00	1.00	2.00	2.00
2.2	Licensed Practical Nurses	1.00	1.00	1.00	2.00	2.00
2.3	Certified Nurse Aides	1.00	1.00	1.00	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	0.1	308.0
3.2	Plant Operations	2	2.0	4,160.0
3.3	Dietary Staff	12	7.5	15,685.9
3.4	Dietician	1	0.3	700.3
3.5	Housekeeping/Laundry Staff	11	4.1	8,504.8
3.6	Unit Clerk & Medical Records Staff	1	0.6	1,224.8
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	5	1.1	2,200.0
3.9	Social Services Staff	1	0.8	1,714.6
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff	3	2.0	4,121.1
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	11	1.9	4,012.7
3.14	Administration and Officers	1	1.0	2,080.0
3.15	Security Staff			
3.16	Clerical Staff	3	2.6	5,408.0
3.17	Director of Nurses	1	0.8	1,579.8
3.18	Registered Nurses	10	1.5	3,046.3
3.19	Licensed Practical Nurses	15	7.3	15,195.6
3.20	Certified Nurse Aides	31	14.7	30,637.8
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	109	48.3	100,579.7

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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									
Registered Temporary Nursing Service Agencies										
4.2	Agapes Medical Staffing INC	TIV8	77.5	4,831						
4.3		TVHR	8.0	551	186.7	11,632	436.5	15,264		
4.4	EPICWELLNESS STAFFING GROUP LLC	TBBZ	689.8	23,301						
4.5	MAS Medical Staffing (Springfield)	TTE4	31.8	2,362			175.6	5,961		
4.6	Ryben Staffing LLC	TTP5	1,439.6	107,404	2,161.8	131,633				
4.7	Paramount Healthcare Services	TNVC			154.4	10,007	250.0	8,309		
4.8	Aura Staffing	TKZV			259.5	15,049	33.9	1,151		
4.9	Bethel Staffing LLC	TMKO			213.2	12,532	29.8	1,748		
4.10	Intelycare, Inc.	TM7F			24.3	1,554	369.8	12,468		
4.11		T0HH			75.4	4,696				
4.12	Favorite Healthcare Staffing, Inc. - Springfield	THAK					7.5	249		
4.13			23.9	944	263.2	12,449	175.6	7,494		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		2,270.6	139,393	3,338.5	199,552	1,478.7	52,644	0.0	0
400	Total Temporary Nursing Service Agency Expenses		2,270.6	139,393	3,338.5	199,552	1,478.7	52,644	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	Ngono-Aaron	Philah	LPN	Nursing	258,220			258,220
5.2	Fagan	ReginaMarie	RN	Nursing	226,414			226,414
5.3	Stevens	Joel	Admin	Administrative & General	226,955			226,955
5.4	Chapdelaine	Lori	RN	Nursing	186,723			186,723
5.5	McDowell	Kevin	MDS	Other	196,040			196,040

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	Horowitz	Akiva	Owner	Administrative & General	380	103,200			103,200
6B.2									0
6B.3									0
									103,200

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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	Motor Vehicle	Bank	No	01/01/2020	01/01/2025	60		44,293		
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
29,069		8,713			20,356	5.250%			0
					20,356		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	Beginning Balance: Jan 1	Amount	Start Date	Principal Payment	Ending Balance: Dec 31	Interest Rate %	Interest Expense
2.1	ccibc	No	19,962			6,564	13,398	5.000%	
2.2							0		
200	Total Working Capital Interest						13,398		0

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
09/08/2023 12:27PM	(1) Footnotes and Explanations	SNF-CR Footnotes.pdf	application/pdf	Jonathan Langfield
09/08/2023 12:27PM	(2) Ownership and Facility Information	Ownership and Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Jonathan Langfield
09/08/2023 12:28PM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Jonathan Langfield
09/08/2023 12:30PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Jonathan Langfield

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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	Jonathan Langfield
1.2	Nursing Facility or Firm Name	CliftonLarsonAllen, LLP
1.3	Title	CPA
1.4	Street Address	4 Batterymarch Park, Suite 100
1.5	City	Quincy
1.6	State	Ma
1.7	Zip Code	02369
1.8	Phone Number	+1 (781) 982-1001
1.9	Email Address	jonathan.langfield@claconnect.com
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	09/08/2023

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	09/21/2023
2.3	Last Name	Omrod
2.4	First Name	Paul
2.5	Middle Name	
2.6	Title	Director of Reimbursement
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