

Skilled Nursing Facility Cost Report
HILLCREST COMMONS NURS & REH. CTR
Filing Year: 2022

Date: 11/28/2023
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SCHEDULE 1 : GENERAL INFORMATION

Facility Information		
Table 1		1
Line #	Description	
1.1	Facility Name	HILLCREST COMMONS NURS & REH. CTR
1.2	MassHealth Provider ID	110026559A
1.3	Federal Employer Tax ID	363700875
1.4	VPN	0925683
1.5	Is the above information correct?	Yes
1.6	Facility Number	01116
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	169 Valentine Road
1.11	City	Pittsfield
1.12	Zip	01201
1.13	Telephone	+1 (413) 445-2300
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.)?	Yes
1.17	Legal Status	MA Corp (Chapter 156B with 501c(3) exemption)
1.18	List the name of the management company as reported on the management company cost report.	BHS Management Services/Integritus Healthcare Management Services, Inc.
1.19	List the name of the entity that holds the nursing facility license.	Hillcrest Extended Care Services, Inc.
1.20	List realty company names as reported on each realty company cost report.	None
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	Yes

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Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Denise Granger
2.2	Nursing Facility or Firm Name	Integrity Healthcare Management Services, Inc.
2.3	Title	Director of Payment Systems and Contracting
2.4	Street Address	75 North Street
2.5	City	Pittsfield
2.6	State	MA
2.7	Zip Code	01201
2.8	Phone Number	+1 (413) 553-9012
2.9	Email Address	integrityreimb@integrity1.org

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	William C. Jones Jr.
3.3	Nursing Facility or Firm Name	Integrity Healthcare Management Services, Inc.
3.4	Title	President
3.5	Street Address	75 North Street
3.6	City	Pittsfield
3.7	State	MA
3.8	Zip Code	01201
3.9	Phone Number	+1 (413) 447-2996
3.10	Email Address	bjones@integrity1.org
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	Other	DAY BROOK VILLAGE SENIOR LIVING	110126706A	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services, Inc.
4.2	Other	E. LONGMEADOW SKILLED NURSING CTR	110026304C	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services, Inc.
4.3	Other	KIMBALL FARMS NURSING CARE CENTER	110026326B	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services, Inc.
4.4	Other	FAIRVIEW COMMONS NURS & REH. CTR.	110026175B	N/A	Integrity Healthcare Systems ; Willowood Extended Care Services, Inc.	Integrity Healthcare Management Services, Inc.
4.5	Other	HUNT NURSING AND REHABILITATION CENTER	110026304B	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services, Inc.
4.6	Other	MOUNT GREYLOCK EXT. CARE FAC.	110084194A	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services, Inc.
4.7	Other	NORTH ADAMS COMMONS NRS & REH. CTR	110026217B	N/A	Integrity Healthcare Systems ; Willowood Extended Care Services, Inc.	Integrity Healthcare Management Services, Inc.
4.8	Other	PILGRIM REH & SKIL NURS CTR	110026304D	N/A	Integrity Healthcare Systems	Integrity Healthcare Management Services, Inc.

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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	1,576,541	130	1,576,671
1.2	Commercial Managed Care	89,753	75,906	165,659
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	5,873,443	510,267	6,383,710
1.5	Medicare Managed Care (Part C)	248,215		248,215
1.6	MassHealth Fee-for-Service	9,760,411		9,760,411
1.7	MassHealth Managed Care	716,532		716,532
1.8	Senior Care Options	520,629	70,523	591,152
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State	2,123,253		2,123,253
1.12	Medicaid Patient Paid Amount	1,373,112		1,373,112
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	22,281,889	656,826	22,938,715

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	1,149,338
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	87,174
3.7	Interest Income	407
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	53,291
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	1,290,210

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)	Other Revenue Covid	1,149,338
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		1,149,338

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	24,228,925

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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	33,271		33,271
1.2	Director of Nurses: Employee Benefits	3,749		3,749
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	3,503		3,503
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	40,523		40,523
1.7	Registered Nurses: Salaries	384,395		384,395
1.8	Registered Nurses: Employee Benefits	43,302		43,302
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	40,475		40,475
1.10	Registered Nurses Purchased Service: Per Diem	375,379		375,379
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	4,997	0	4,997
1.200	Subtotal: Registered Nurses Expenses	848,548		848,548
1.12	Licensed Practical Nurses: Salaries	1,196,796		1,196,796
1.13	Licensed Practical Nurses: Employee Benefits	134,821		134,821
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	126,018		126,018
1.15	Licensed Practical Nurses Purchased Service: Per Diem	1,883,713		1,883,713
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	614,989	0	614,989
1.300	Subtotal: Licensed Practical Nurses Expenses	3,956,337		3,956,337
1.17	Certified Nurse Aides: Salaries	2,388,288		2,388,288
1.18	Certified Nurse Aides: Employee Benefits	269,047		269,047
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	251,478		251,478
1.20	Certified Nurse Aides Purchased Service: Per Diem	1,088,067		1,088,067
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	1,894,419	0	1,894,419
1.400	Subtotal: Certified Nurse Aides Expenses	5,891,299		5,891,299

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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	10,736,707		10,736,707

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	10,736,707		10,736,707

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	187,678		187,678
2.2	Administration: Employee Benefits	9,544		9,544
2.3	Administration: Payroll Taxes incl Workers Comp.	19,760		19,760
2.4	Administration: Purchased Service			0
2.5	Officers: Total Compensation		0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	216,982		216,982
2.7	Clerical Staff: Salaries	699,208		699,208
2.8	Clerical Staff: Employee Benefits	78,767		78,767
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	73,623		73,623
2.10	Clerical Staff: Purchased Service			0
2.200	Subtotal: Clerical Staff Expenses	851,598		851,598
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services			0
2.12	Office Supplies	40,415		40,415
2.13	Telecommunications (e.g. Internet, Phone)	46,040		46,040

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings			0
2.16	Advertising: Help Wanted			0
2.17	Licenses and Dues: Patient Care Related Portion	32,251		32,251
2.18	Continuing Professional Education / Training and Development	23,783		23,783
2.19	Accounting Services (Not related to appeals)			0
2.20	Insurance: Malpractice & General Liability	93,535		93,535
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	248,242	248,242	0
2.23	Non-Allowable A & G Expenses	3,057,712	3,057,712	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)		1,396,024	1,396,024
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		29,987	29,987
2.27	This line description is intentionally left blank			0
2.28	This line description is intentionally left blank			0
2.300	Subtotal: Other Administrative and General Expenses	3,541,978		1,662,035
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	4,610,558		2,730,615
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		53,291	53,291
2.500	Subtotal: Administrative & General Recoverable Income	0		53,291
200	Total: Net Administrative & General Expenses After Recoverable Income	4,610,558		2,677,324

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Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	Intangibles	14,781
2A.2	Prior Year Expense Adjustment	40,706
2A.3	Accrued Expense	192,755
2A.100	Subtotal: Other A&G Expenses	248,242

Detail of Non-Allowable A & G Expenses

Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	24,683
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	97,989
2B.7	Key Person Insurance	
2B.8	Management Company Fees	2,407,803
2B.9	Management Consultants	61,871
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	173,138
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	155,000
2B.15	User Fee Assessment	137,228
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	3,057,712

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	25,230		25,230

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3.2	Staff Dev. Coord.: Employee Benefits	2,842		2,842
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	2,657		2,657
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	30,729		30,729
3.5	Plant Operation: Salaries	242,745		242,745
3.6	Plant Operation: Employee Benefits	27,346		27,346
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	25,559		25,559
3.8	Plant Operation: Purchased Service	157,118		157,118
3.9	Plant Operation: Supplies and Expenses	51,419		51,419
3.10	Plant Operation: Utilities	364,870		364,870
3.11	Plant Operation: Repairs	57,508		57,508
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	926,565		926,565
3.13	Dietician: Salaries	98,252		98,252
3.14	Dietician: Employee Benefits	11,068		11,068
3.15	Dietician: Payroll Taxes incl Workers Comp.	10,345		10,345
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	119,665		119,665
3.18	Dietary: Salaries	793,948		793,948
3.19	Dietary: Employee Benefits	89,439		89,439
3.20	Dietary: Payroll Taxes incl Workers Comp.	83,599		83,599
3.21	Dietary: Food	550,383		550,383
3.22	Dietary: Purchased Service	14,010		14,010
3.23	Dietary: Supplies and Expenses	63,311		63,311
3.400	Subtotal: Dietary Expenses	1,594,690		1,594,690
3.24	Housekeeping/Laundry: Salaries	536,561		536,561
3.25	Housekeeping/Laundry: Employee Benefits	60,444		60,444
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	56,498		56,498
3.27	Housekeeping/Laundry: Purchased Service			0
3.28	Housekeeping/Laundry: Supplies and Expenses	64,513		64,513
3.29	Housekeeping/Laundry: Linen and Bedding	22,246		22,246
3.30	Housekeeping/Laundry: Special Cleaning			0

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3.500	Subtotal: Housekeeping/Laundry Expenses	740,262		740,262
3.31	Quality Assurance (QA) Professional: Salaries	112,580		112,580
3.32	QA Professional: Employee Benefits	11,080		11,080
3.33	QA Professional: Payroll Taxes incl Workers Comp.	22,160		22,160
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	145,820		145,820
3.36	Unit Clerk & Medical Records: Salaries			0
3.37	Unit Clerk & Medical Records: Employee Benefits			0
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.			0
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	0		0
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	205,491		205,491
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	23,149		23,149
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	21,638		21,638
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	39,341		39,341
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	289,619		289,619
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	139,506		139,506
3.49	Social Service Worker: Employee Benefits	15,715		15,715
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	14,690		14,690
3.51	Social Service Worker: Purchased Service	105,733		105,733
3.1000	Subtotal: Social Service Worker Expenses	275,644		275,644
3.52	Interpreters: Salaries			0
3.53	Interpreters: Employee Benefits			0
3.54	Interpreters: Payroll Taxes incl Workers Comp.			0

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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	6,553		6,553
3.60	Direct Restorative Therapy: Salaries		0	0
3.61	Direct Restorative Therapy: Benefits		0	0
3.62	Direct Restorative Therapy: Consultants	1,184,937	1,184,937	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	1,191,490		6,553
3.64	Recreational Therapy/Activities: Salaries	141,959		141,959
3.65	Recreational Therapy/Activities: Employee Benefits	15,992		15,992
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	14,947		14,947
3.67	Recreational Therapy/Activities: Purchased Service	7,181		7,181
3.68	Recreational Therapy/Activities: Supplies and Expenses	6,090		6,090
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	186,169		186,169
3.70	Resident Care Assistant: Salaries	311,106		311,106
3.71	Resident Care Assistant: Employee Benefits	35,047		35,047
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.	32,758		32,758
3.73	Resident Care Assistant: Purchased Service			0
3.1400	Subtotal: Resident Care Assistant Expenses	378,911		378,911
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	2,365		2,365
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education	880		880
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0

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3.82	Physician Services: Medical Director	332,172		332,172
3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals	11,586		11,586
3.86	Physician Services: Other			0
3.87	Legend Drugs	448,279	448,279	0
3.88	Personal Protective Equipment			0
3.89	House Supplies Not Resold	734,380		734,380
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents	257,916	257,916	0
3.92	Pharmacy Consultant	19,137		19,137
3.93	This line description is intentionally left blank			0
3.94	This line description is intentionally left blank			0
3.95	This line description is intentionally left blank			0
3.1600	Subtotal: Other Variable Expenses	1,806,715		1,100,520
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	7,686,279		5,795,147
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	7,686,279		5,795,147

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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	1,161,487	205,764	955,723
4.2	Long-Term Interest Expense SNF-CR	310,501		310,501
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	35,100		35,100
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	533		533
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	107,600	107,600	0
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR		0	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	1,615,221		1,301,857
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	1,615,221		1,301,857

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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	24,648,765		20,564,326
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	24,648,765		20,511,035

SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES

Other Business Activities		
Table 1		1
Line / Column #	Other Business Activity	Select Yes/No from Dropdown Menu
1.1	Adult Day Health	No
1.2	Child Day Care	No
1.3	Assisted Living	No
1.4	Outpatient Services	No
1.5	Chapter 766 Education Program	No
1.6	Ventilator Program	Yes
1.7	Acquired Brain Injury Unit	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	841,539	841,539	
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	841,539	841,539	

SCHEDULE 5 : STATEMENT OF OPERATIONS AND RECONCILIATION OF FINANCIAL TO COST REPORTED NET INCOME

Financial Statement of Operations

Table 1		
Table 1B		
Not-For-Profit		
Line #	Description	Reported
1B.1	Net Patient Service Revenue	24,175,227
1B.2	Other Revenue	53,291
1B.3	Net Assets Released from Restriction	
1B.100	Total Operating Revenue	24,228,518
1B.4	Salaries and Wages	8,187,965
1B.5	Employee Benefits	1,164,483
1B.6	Supplies and Other (including Payroll Taxes)	14,510,868
1B.7	Interest Expense	310,501
1B.8	Provision for Bad Debt	155,000
1B.9	Depreciation and Amortization Expenses	1,161,487
1B.200	Total Operating Expenses	25,490,304
1B.300	Income(Loss) from Operations	(1,261,786)
	Non-Operating Income and Expenses	
1B.10	Interest Income	407
1B.11	Investment Income	
1B.12	Realized Gain(Loss) from Investments	
1B.13	Realized Gain(Loss) from Sale or Disposal of Equipment	
1B.14	Other Non-Operating Income(Expense)	
	Other Changes in Net Assets Without Donor Restrictions	
1B.15	Contributions, Gifts, and Other	
1B.16	Extraordinary Items	0
1B.17	Cumulative Effect of Changes in Accounting Principles	0
1B.18	Change in Beneficial Interest in Net Assets Without Donor Restrictions	
1B.19	Unrealized Gain(Loss) on Investments from Net Assets Without Donor Restrictions	
1B.20	Other Changes in Net Assets Without Donor Restrictions	
1B.400	Financial Statement Excess (Deficiency) of Revenues over Expenses	(1,261,379)

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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)	24,228,925
2.2	Total Nursing Expenses (Schedule 3)	10,736,707
2.3	Total Administrative and General Expenses (Schedule 3)	4,610,558
2.4	Total Variable Expenses (Schedule 3)	7,686,279
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	1,615,221
2.6	Total Other Business Expenses (Schedule 4)	841,539
2.100	Subtotal: Total Facility Expenses	25,490,304
200	Cost Reported Net Income(Loss)	(1,261,379)

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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)		(1,261,379)
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)		(1,261,379)

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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	321,736
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	4,129,855
1.6	Less Reserve for Bad Debt	(130,934)
1.100	Subtotal: Net Patient Accounts Receivable	3,998,921
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	22,701,288
1.9	Interest Receivable	
1.10	Supply Inventory	134,044
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	9,299
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	61,806
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
100	Total Current Assets	27,227,094

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	1,242,534
2.2	Buildings	5,727,165
2.3	Improvements	3,993,560
2.4	Equipment	876,392
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	11,839,651

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	130,822
3.4	Construction in Progress	41,688
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	172,510

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	Renewal and Replacement	80,322
3A.2	Acquisition Cost	50,500
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	130,822

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Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	39,239,255

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	1,201,637
5.2	Accrued Expenses	(19,633)
5.3	Due to Insurance Payers	24,862
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	433,139
5.7	Accrued Salaries and Payroll Liabilities	586,569
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	25,035
5.10	Other Current Liabilities	151,835
500	Total Current Liabilities	2,403,444

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Management Fee	68,893
5A.2	Capital Lease Obligation	11,524
5A.3	Construction Payable	71,418
5A.100	Subtotal: Other Current Liabilities	151,835

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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	10,084,213
600	Total Non-Current Liabilities	10,084,213

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	12,487,657

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

Table 8				
Table 8A		1	2	3
Not-for-Profits				
Line #	Description	Net Assets Without Donor Restrictions	Net Assets With Donor Restrictions	Total Net Assets
8A.1	Net Assets Balance: Prior Year	28,012,977		28,012,977
8A.2	Prior Period Adjustment(s)	0		0
8A.3	SNF-CR Excess (Deficiency) of Revenues Over Expenses	(1,261,379)		(1,261,379)
8A.4	Gain/(Loss) Realized on Investments			0
8A.5	Contributions, Gifts and Other			0
8A.6	Change in Unrealized Gains/(Losses) on Investments			0
8A.7	Net Assets Released from Donor Restriction			0
8A.8	Net Assets - Other			0
8A.100	Net Assets Balance: Current Year	26,751,598	0	26,751,598

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Prior Period Adjustments		
NOTE: Disclose all facts relative to adjustments and explain any impact on reimbursable costs as reported in prior year(s) cost report identifying the specific cost centers affected.		
Table 8D	1	2
Line #	Description	Amount
8D.1		
8D.100	Subtotal: Prior Period Adjustments	0
Total Liabilities and Owner's Equity (or Net Assets for Not-for-Profits)		
Table 9		1
Line #	Description	Account Balance
900	Total Liabilities and Owner's Equity (or Net Assets for Not-For-Profit)	39,239,255

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	1,242,534			1,242,534				1,242,534
1.2	Building	16,554,429			16,554,429	(10,325,615)	(501,649)	(10,827,264)	5,727,165
1.3	Improvements	4,672,000	1,379,114		6,051,114	(1,677,202)	(380,352)	(2,057,554)	3,993,560
1.4	Equipment	5,337,390	127,278		5,464,668	(4,308,790)	(279,486)	(4,588,276)	876,392
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles				0			0	0
100	Total	27,806,353	1,506,392	0	29,312,745	(16,311,607)	(1,161,487)	(17,473,094)	11,839,651

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	1,242,534					1,242,534				
2.2	Land REA-CR						0				
2.3	Building SNF-CR	16,554,429					16,554,429	2.50%	501,649	(87,789)	413,860
2.4	Building REA-CR						0	2.50%			0
2.5	Improvements SNF-CR	4,560,629		1,379,114		(49,842)	5,889,901	5.00%	380,352	(85,857)	294,495
2.6	Improvements REA-CR						0	5.00%			0

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2.7	Equipment SNF-CR	2,528,801		127,278		(182,403)	2,473,676	10.00%	279,486	(32,118)	247,368
2.8	Equipment REA-CR						0	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	24,886,393	0	1,506,392	0	(232,245)	26,160,540		1,161,487	(205,764)	955,723

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1995
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2021
3.3	What was the value from the most recent municipal property assessment for this facility?	11,890,200
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?	138
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	30,665
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	72,275
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	3,110
3.10	What is the total acreage of the facility site?	10.0
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?	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)	62,477

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(1,261,379)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	1,161,487
2.3	Increases (Decreases) to Cash Provided by Operating Activities	2,288,471
200	Net Cash from Operating Activities	2,188,579

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(1,506,392)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(1,506,392)

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	(422,928)
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	(422,928)

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	259,259
500	Cash and Cash Equivalents (End of Year)	321,736

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	04/12/2021	252			252	265
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.	252				
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	4,327	73	16	6,101	619	31,946
2.2	Residential Care						
2.3	Pediatrics						
2.4	Ventilator Unit	408	108	16	2,738	116	9,229
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)	21					544
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	4,756	181	32	8,839	735	41,719

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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
2,092	1,349			5,145	82			51,750
								0
								0
516	704			3,140	82			17,057
								0
								0
								0
								0
299				24				888
								0
								0
								0
2,907	2,053	0	0	8,309	164	0	0	69,695

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Patient Statistics - Summary			
Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	305
3.2	0140.1	Number of MassHealth Admissions During Year	27
3.3	0150.0	Number of Discharges During Year	286
3.4	0190.0	Average Length of Stay	243
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	223
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	221

SCHEDULE 10 : DETAIL OF FACILITY COMPENSATION AND PURCHASED NURSING SERVICES

<i>Detail of Staff Nursing Services Wages and Hours</i>							
Table 1		1	2	3	4	5	6
Line #	Description	RN Wages	RN Hours	LPN Wages	LPN Hours	CNA Wages	CNA Hours
1.1	Total Base Wages	160,195	3,878.0	741,772	22,852.0	1,128,803	56,972.0
1.2	Total Overtime Wages	45,771	763.0	325,022	5,932.0	478,099	15,273.0
1.3	Total Shift Differential	5,308		24,423		41,842	
1.4	Total Other Differentials						
100	Total	211,274	4,641.0	1,091,217	28,784.0	1,648,744	72,245.0

<i>Detail of Nursing Services Shift Differentials</i>						
Table 2		1	2	3	4	5
Line #	Description	Median Hourly Shift Differential: Weekday Evening	Median Hourly Shift Differential: Weekday Night	Median Hourly Shift Differential: Weekend Day	Median Hourly Shift Differential: Weekend Evening	Median Hourly Shift Differential: Weekend Night
2.1	Registered Nurses	0.75	1.75	1.00	1.75	2.75
2.2	Licensed Practical Nurses	0.75	1.75	1.00	1.75	2.75
2.3	Certified Nurse Aides	0.75	0.75	1.00	1.75	1.75

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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	0.3	617.0
3.2	Plant Operations	4	4.0	8,628.0
3.3	Dietary Staff	38	18.0	38,330.0
3.4	Dietician	1	1.0	2,070.0
3.5	Housekeeping/Laundry Staff	13	7.0	14,538.0
3.6	Unit Clerk & Medical Records Staff	14	7.0	13,626.0
3.7	Quality Assurance			54.0
3.8	MMQ Nurses and MDS Coordinator	3	3.0	5,621.0
3.9	Social Services Staff	2	2.0	3,732.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	11	3.0	6,676.0
3.14	Administration and Officers	2	1.0	2,639.0
3.15	Security Staff			
3.16	Clerical Staff	20	12.0	24,151.0
3.17	Director of Nurses	2		522.0
3.18	Registered Nurses	6	4.0	4,641.0
3.19	Licensed Practical Nurses	21	16.0	28,784.0
3.20	Certified Nurse Aides	80	50.0	72,245.0
3.21	Resident Care Assistants	9	9.0	17,714.0
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	227	137.3	244,588.0

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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									
Registered Temporary Nursing Service Agencies										
4.2	Paramount Healthcare Services	TNVC	142.8	4,997	5,626.0	196,895	2,354.8	82,419		
4.3					71.4	2,500	368.1	12,884		
4.4	Favorite Healthcare Staffing, Inc.	TOTB			3,937.9	137,826	51,171.7	1,791,009		
4.5	General Healthcare Resources, LLC	TQFN			532.9	18,652				
4.6	Intelycare, Inc.	TM7F			358.7	12,556	113.2	3,963		
4.7	Maxim Healthcare Services - TNS Plymouth	T20Z			5,880.5	205,817				
4.8	WW Staffing LLC	TR7R			1,164.1	40,743	118.4	4,144		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		142.8	4,997	17,571.5	614,989	54,126.2	1,894,419	0.0	0
400	Total Temporary Nursing Service Agency Expenses		142.8	4,997	17,571.5	614,989	54,126.2	1,894,419	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	Tower	Bridget	LPN	Nursing	140,902			140,902
5.2	Duncan	Bruce	Director of Food and Nutrician	Other	133,579			133,579
5.3	Taylor	James	LPN	Nursing	220,434			220,434
5.4	Kovacs	Jule	Administrat or	Administrative & General	203,552			203,552
5.5	Maitre	Kathia	Assist. Admin	Administrative & General	143,803			143,803

Earnings and Compensation Disclosures									
Table 6	NOTE: This schedule is used to report the name(s) of the Owner, Partner, or Officer and disclose all salary and benefits, drawings and dividends, and other compensation as well as the accounts that were charged.								
Table 6C	1	2	3	4	5	6	7	8	9
Line #	Last Name	First Name	Title	Primary Expense Category	Total Hours	Salary & Benefits	Dividends	Other Compensation	TOTAL
Corporation									
6C.1									0
6C.2									0
6C.3									0
									0

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SCHEDULE 11 : NOTES PAYABLE AND WORKING CAPITAL DEBT

Mortgages and Notes Supporting Fixed Assets

Table 1	1	2	3	4	5	6	7	8	9	10
Line / Column #	Type of Notes Payable	Lender Name	Related Party	Date Mortgage Acquired	Due Date	Number of Months Amortized	Monthly Payments	Original Loan Amount	Mortgage Acquisition Costs	Amortization of Mortgage Acquisition Costs
1.1	1st Mortgage	TD Bank	No	11/30/2016	11/30/2041	300	12	12,967,639	111,285	10,275
100	TOTALS								111,285	10,275

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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
11,031,158		420,673			10,610,485	2.740%	300,226		310,501
					10,610,485		300,226	0	310,501

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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

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:

A) Financial Statements: Audited, reviewed, or compiled financial statements prepared by a Certified Public Accountant (CPA).

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
09/22/2023 2:10PM	(1) Footnotes and Explanations	Board of Trustees Contact and Term Data 2022.pdf	application/pdf	Ryan Aldam
09/22/2023 2:11PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
09/22/2023 2:13PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
09/22/2023 2:22PM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Ryan Aldam
09/22/2023 2:23PM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Ryan Aldam

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	William C. Jones Jr.
1.2	Nursing Facility or Firm Name	Integrity Healthcare Management Services, Inc.
1.3	Title	President
1.4	Street Address	75 North Street
1.5	City	Pittsfield
1.6	State	MA
1.7	Zip Code	01201
1.8	Phone Number	+1 (413) 447-2996
1.9	Email Address	bjones@integrity1.org
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:	09/22/2023

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	Jones
2.4	First Name	William
2.5	Middle Name	C.
2.6	Title	President and Treasurer
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