

Skilled Nursing Facility Cost Report
RIVER TERRACE REHAB & HEALTHCA
Filing Year: 2022

Date: 01/11/2024
Time: 1:24 PM

SCHEDULE 1 : GENERAL INFORMATION

Facility Information		
Table 1		1
Line #	Description	
1.1	Facility Name	RIVER TERRACE REHAB & HEALTHCARE CTR
1.2	MassHealth Provider ID	110099286A
1.3	Federal Employer Tax ID	464792981
1.4	VPN	0950313
1.5	Is the above information correct?	Yes
1.6	Facility Number	00188
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	1675 North Main Street
1.11	City	Lancaster
1.12	Zip	01523
1.13	Telephone	+1 (978) 365-4537
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.	Cedarbridge Financial Services
1.20	List realty company names as reported on each realty company cost report.	CCP River Terrace 0587 LLC
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

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

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

Owner Business Information						
Please use this table to provide information on any other Massachusetts public payer programs that the direct and indirect owners of this facility operate.						
Table 4	1	2	3	4	5	6
Line #	Service Type	Company Name	MassHealth Provider ID	Direct Owner/Partner Names	Indirect Owner/Partner Names	Parent Organization Names
4.1						
4.2						
4.3						
4.4						
4.5						
4.6						
4.7						
4.8						

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SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	979,126	1,645	980,771
1.2	Commercial Managed Care	90,493	40,084	130,577
1.3	Commercial Non-Managed Care	0	0	0
1.4	Medicare Fee-For-Service	2,653,894	126,327	2,780,221
1.5	Medicare Managed Care (Part C)	462,355	28,120	490,475
1.6	MassHealth Fee-for-Service	3,631,852	3	3,631,855
1.7	MassHealth Managed Care	830,437	3,570	834,007
1.8	Senior Care Options	0	0	0
1.9	OneCare	0	0	0
1.10	PACE	0	0	0
1.11	Medicaid Out-of-State	0	0	0
1.12	Medicaid Patient Paid Amount	595,137	0	595,137
1.13	DTA & EAEDC	0	0	0
1.14	Veteran's Affairs & Other Public	0	0	0
1.15	Other Payer Revenue	356,683	0	356,683
100	Total Nursing Facility Revenue	9,599,977	199,749	9,799,726

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	496,863
3.3	Laundry Revenue	0
3.4	Vending Machine Revenue	0
3.5	Recovery of Bad Debts	0
3.6	Prior Year Retroactive Revenue	0
3.7	Interest Income	19
3.8	Nurses' Aide Training Revenue	0
3.9	Administrative and General Recoverable Revenue	28,000
3.10	Nursing Recoverable Revenue	0
3.11	Variable Recoverable Revenue	27
3.12	Fixed Cost Recoverable Revenue	0
300	Total Other Nursing Facility Revenue	524,909

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)	Rev>Medicaid>COVID Stimulus	386,838
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Rev>Medicaid>COVID	102,559
4.3	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Rev>Medicaid>COVID Sick Pay Reimbursement	7,466
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		496,863

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	10,324,635

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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	148,412		148,412
1.2	Director of Nurses: Employee Benefits	7,328	1,438	5,890
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	16,545		16,545
1.4	Director of Nurses Purchased Service: Per Diem	0		0
1.5	Director of Nurses Purchased Service: Temporary Agency Staff	0	0	0
1.6	Director of Nurses Add-back (MGT-CR Sch 6)			0
1.100	Subtotal: Director of Nurses Expenses	172,285		170,847
1.7	Registered Nurses: Salaries	669,322		669,322
1.8	Registered Nurses: Employee Benefits	33,051	6,484	26,567
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	74,614		74,614
1.10	Registered Nurses Purchased Service: Per Diem	0		0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	66,065	0	66,065
1.200	Subtotal: Registered Nurses Expenses	843,052		836,568
1.12	Licensed Practical Nurses: Salaries	561,509		561,509
1.13	Licensed Practical Nurses: Employee Benefits	27,727	5,440	22,287
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	62,596		62,596
1.15	Licensed Practical Nurses Purchased Service: Per Diem	0		0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	230,881	0	230,881
1.300	Subtotal: Licensed Practical Nurses Expenses	882,713		877,273
1.17	Certified Nurse Aides: Salaries	1,143,141		1,143,141
1.18	Certified Nurse Aides: Employee Benefits	56,447	11,073	45,374
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	127,433		127,433
1.20	Certified Nurse Aides Purchased Service: Per Diem	0		0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	206,889	0	206,889
1.400	Subtotal: Certified Nurse Aides Expenses	1,533,910		1,522,837

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1.22	Nurse's Aide Training Administration	0	0	0
1.23	Nursing Education and Training	4,967		4,967
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	4,967		4,967
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	3,436,927		3,412,492

Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		0	0
1.27	Nurses' Aide Training Recoverable Income		0	0
1.700	Subtotal: Nursing & Director of Nursing Recoverable Income	0		0
100	Total: Net Nursing Expenses Including Recoverable Income	3,436,927		3,412,492

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	199,779		199,779
2.2	Administration: Employee Benefits	9,865	1,935	7,930
2.3	Administration: Payroll Taxes incl Workers Comp.	22,271		22,271
2.4	Administration: Purchased Service	536,067		536,067
2.5	Officers: Total Compensation	0	0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	767,982		766,047
2.7	Clerical Staff: Salaries	207,243	20,363	186,880
2.8	Clerical Staff: Employee Benefits	10,233	3,013	7,220
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	23,103	2,270	20,833
2.10	Clerical Staff: Purchased Service	0		0
2.200	Subtotal: Clerical Staff Expenses	240,579		214,933
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	110,106		110,106
2.12	Office Supplies	23,330		23,330
2.13	Telecommunications (e.g. Internet, Phone)	11,886		11,886

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)	0		0
2.15	Travel: Conventions & Meetings	1,764		1,764
2.16	Advertising: Help Wanted	19,027		19,027
2.17	Licenses and Dues: Patient Care Related Portion	21,925	1,760	20,165
2.18	Continuing Professional Education / Training and Development	0		0
2.19	Accounting Services (Not related to appeals)	20,461		20,461
2.20	Insurance: Malpractice & General Liability	152,753		152,753
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion	0		0
2.22	Other A & G Expenses	12,279		12,279
2.23	Non-Allowable A & G Expenses	917,059	917,059	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		12,624	12,624
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)			0
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)			0
2.27	This line description is intentionally left blank			0
2.28	This line description is intentionally left blank			0
2.300	Subtotal: Other Administrative and General Expenses	1,290,590		384,395
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	2,299,151		1,365,375
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		28,000	28,000
2.500	Subtotal: Administrative & General Recoverable Income	0		28,000
200	Total: Net Administrative & General Expenses After Recoverable Income	2,299,151		1,337,375

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<i>Detail of Other A&G Expenses</i>		
Table 2A	1	2
Line #	Description	Amount
2A.1	Admin Expense>Background Checks	308
2A.2	Admin Expense>Bank Fees	4,171
2A.3	Admissions Expense>SEO & Collateral Contract	7,800
2A.4		
2A.5		
2A.6		
2A.7		
2A.8		
2A.9		
2A.10		
2A.100	Subtotal: Other A&G Expenses	12,279

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Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	10,814
2B.2	Licenses and Dues: Not Related to Resident Care	0
2B.3	Accounting: Appeal Service	0
2B.4	Legal: Appeal Service and DALA Filing Fees	0
2B.5	Legal: Resident Care	0
2B.6	Legal: Other	39,498
2B.7	Key Person Insurance	0
2B.8	Management Company Fees	0
2B.9	Management Consultants	0
2B.10	Interest on Working Capital	0
2B.11	Fines, Late Fees, Penalties, including Interest	1,311
2B.12	State and Federal Income Taxes	0
2B.13	Pre-Opening Expenses	0
2B.14	Bad Debt Expense	156,369
2B.15	User Fee Assessment	531,981
2B.16	Other Non-Allowable A&G Expenses	177,086
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	917,059

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	49,298		49,298
3.2	Staff Dev. Coord.: Employee Benefits	2,434	478	1,956
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	5,496		5,496
3.4	Staff Dev. Coord.: Purchased Service	0		0
3.100	Subtotal: Staff Development Coordinator Expenses	57,228		56,750
3.5	Plant Operation: Salaries	60,566		60,566
3.6	Plant Operation: Employee Benefits	2,991	587	2,404
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	6,752		6,752

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3.8	Plant Operation: Purchased Service	103,377		103,377
3.9	Plant Operation: Supplies and Expenses	73,558		73,558
3.10	Plant Operation: Utilities	227,137		227,137
3.11	Plant Operation: Repairs	24,743		24,743
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	499,124		498,537
3.13	Dietician: Salaries	0		0
3.14	Dietician: Employee Benefits	0		0
3.15	Dietician: Payroll Taxes incl Workers Comp.	0		0
3.16	Dietician: Purchased Service	0		0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	0		0
3.18	Dietary: Salaries	0		0
3.19	Dietary: Employee Benefits	0		0
3.20	Dietary: Payroll Taxes incl Workers Comp.	0		0
3.21	Dietary: Food	89		89
3.22	Dietary: Purchased Service	519,368		519,368
3.23	Dietary: Supplies and Expenses	4,059		4,059
3.400	Subtotal: Dietary Expenses	523,516		523,516
3.24	Housekeeping/Laundry: Salaries	0		0
3.25	Housekeeping/Laundry: Employee Benefits	0		0
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	0		0
3.27	Housekeeping/Laundry: Purchased Service	303,394		303,394
3.28	Housekeeping/Laundry: Supplies and Expenses	5,910		5,910
3.29	Housekeeping/Laundry: Linen and Bedding	4,126		4,126
3.30	Housekeeping/Laundry: Special Cleaning	0		0
3.500	Subtotal: Housekeeping/Laundry Expenses	313,430		313,430
3.31	Quality Assurance (QA) Professional: Salaries	0		0
3.32	QA Professional: Employee Benefits	0		0
3.33	QA Professional: Payroll Taxes incl Workers Comp.	0		0
3.34	QA Professional: Purchased Service	0		0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
3.600	Subtotal: QA Professional Expenses	0		0
3.36	Unit Clerk & Medical Records: Salaries	50,190		50,190

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3.37	Unit Clerk & Medical Records: Employee Benefits	2,478	486	1,992
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	5,595		5,595
3.39	Unit Clerk & Medical Records: Purchased Service	0		0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	58,263		57,777
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	130,774		130,774
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	6,458	1,267	5,191
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	14,578		14,578
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	0		0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	151,810		150,543
3.44	Behavioral Health Specialist: Salaries	0		0
3.45	Behavioral Health Specialist: Employee Benefits	0		0
3.46	Behavioral Health Specialist: Payroll Taxes incl Workers Comp.	0		0
3.47	Behavioral Health Specialist: Purchased Service	0		0
3.900	Subtotal: Behavioral Health Specialist Expenses	0		0
3.48	Social Service Worker: Salaries	85,131		85,131
3.49	Social Service Worker: Employee Benefits	4,204	825	3,379
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	9,490		9,490
3.51	Social Service Worker: Purchased Service	9,011		9,011
3.1000	Subtotal: Social Service Worker Expenses	107,836		107,011
3.52	Interpreters: Salaries	0		0
3.53	Interpreters: Employee Benefits	0		0
3.54	Interpreters: Payroll Taxes incl Workers Comp.	0		0
3.55	Interpreters: Purchased Service	0		0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries	195		195
3.57	Indirect Restorative Therapy: Employee Benefits	10	2	8
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.	22		22
3.59	Indirect Restorative Therapy: Consultants	0		0
3.60	Direct Restorative Therapy: Salaries	14,684	14,684	0

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3.61	Direct Restorative Therapy: Benefits	2,362	2,362	0
3.62	Direct Restorative Therapy: Consultants	0	0	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	17,273		225
3.64	Recreational Therapy/Activities: Salaries	102,511		102,511
3.65	Recreational Therapy/Activities: Employee Benefits	5,062	993	4,069
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	11,428		11,428
3.67	Recreational Therapy/Activities: Purchased Service	3,851		3,851
3.68	Recreational Therapy/Activities: Supplies and Expenses	23,218		23,218
3.69	Recreational Therapy/Activities: Transportation	0	0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	146,070		145,077
3.70	Resident Care Assistant: Salaries	0		0
3.71	Resident Care Assistant: Employee Benefits	0		0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.	0		0
3.73	Resident Care Assistant: Purchased Service	0		0
3.1400	Subtotal: Resident Care Assistant Expenses	0		0
3.74	Security: Salaries	0		0
3.75	Security: Employee Benefits	0		0
3.76	Security: Payroll Taxes including Workers Comp.	0		0
3.77	Security: Purchased Service	0		0
3.1500	Subtotal: Security Expenses	0		0
3.78	Travel: Motor Vehicle Expense	0		0
3.79	Variable Other Required Education	0		0
3.80	Variable Job Related Education	0		0
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion	0		0
3.82	Physician Services: Medical Director	66,000		66,000
3.83	Physician Services: Advisory Physician	0		0
3.84	Physician Services: Utilization Review Committee	0		0
3.85	Physician Services: Employee Physicals	0		0
3.86	Physician Services: Other	131,401		131,401
3.87	Legend Drugs	513,813	513,813	0
3.88	Personal Protective Equipment	153,833		153,833

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3.89	House Supplies Not Resold	108,379		108,379
3.90	House Supplies Resold to Private Residents	0	0	0
3.91	House Supplies Resold to Public Residents	0	0	0
3.92	Pharmacy Consultant	11,605		11,605
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	985,031		471,218
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	2,859,581		2,324,084
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		27	27
3.1800	Subtotal: Variable Recoverable Income	0		27
300	Total: Net Variable Expenses Including Recoverable Income	2,859,581		2,324,057

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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	331,684	(33,090)	364,774
4.2	Long-Term Interest Expense SNF-CR	443,509		443,509
4.3	Long-Term Interest Expense REA-CR			0
4.4	MA Corp. Excise Tax - Non-Income Portion SNF-CR	0		0
4.5	MA Corp. Excise Tax - Non-Income Portion REA-CR			0
4.6	Building Insurance Expense SNF-CR	30,202		30,202
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	37,156		37,156
4.9	Real Estate Tax Expense REA-CR		1	1
4.10	Personal Property Tax Expense SNF-CR	2,644		2,644
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	0		0
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	(285,828)	(285,828)	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	559,367		878,286
Less: Capital & Fixed Cost Expense Recoverable Income				
4.17	Fixed Cost Recoverable Income SNF-CR		0	0
4.18	Fixed Cost Recoverable Income REA-CR		0	0
4.200	Subtotal: Capital & Fixed Cost Recoverable Income	0		0
400	Total: Net Capital & Fixed Cost Expenses Including Recoverable Income	559,367		878,286

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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	9,155,026		7,980,237
Total Combined Expenses Net of Recoverable Income				
Table 6		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
600	Total Combined Expenses Net of Recoverable Income	9,155,026		7,952,210

SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES

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

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

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

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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	9,799,726
1A.2	Other Revenue	422,331
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	10,222,057
1A.4	Salaries and Wages	3,408,071
1A.5	Employee Benefits	168,288
1A.6	Supplies and Other (including Payroll Taxes)	4,647,105
1A.7	Interest Expense	443,509
1A.8	Provision for Bad Debt	156,369
1A.9	Depreciation and Amortization Expenses	331,684
1A.200	Total Operating Expenses	9,155,026
1A.300	Income(Loss) from Operations	1,067,031
	Non-Operating Income and Expenses	
1A.10	Interest Income	19
1A.11	Investment Income	0
1A.12	Realized Gain(Loss) from Investments	0
1A.13	Realized Gain(Loss) from Sale or Disposal of Equipment	0
1A.14	Other Non-Operating Income(Expense)	102,559
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	1,169,609
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)	1,169,609

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

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

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Cost Reported Statement of Operations		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	10,324,635
2.2	Total Nursing Expenses (Schedule 3)	3,436,927
2.3	Total Administrative and General Expenses (Schedule 3)	2,299,151
2.4	Total Variable Expenses (Schedule 3)	2,859,581
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	559,367
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	9,155,026
200	Cost Reported Net Income(Loss)	1,169,609

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)		1,169,609
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)		1,169,609

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	666,712
1.2	Short-Term Investments	0
1.3	Current Portion Assets Whose Use is Limited	0
1.4	Other Cash and Equivalents	0
1.5	Payer Accounts Receivable	1,377,803
1.6	Less Reserve for Bad Debt	(428,543)
1.100	Subtotal: Net Patient Accounts Receivable	949,260
1.7	Receivable from Officers/Owners/Employees	0
1.8	Receivable from Affiliates/Related Parties	0
1.9	Interest Receivable	0
1.10	Supply Inventory	0
1.11	Other Receivables	0
1.12	Prepaid Interest	0
1.13	Prepaid Insurance	28,113
1.14	Prepaid Taxes	0
1.15	Other Prepaid Expenses	7,302
1.16	Capitalized Pre-Opening Costs	0
1.17	Other Current Assets	414,769
100	Total Current Assets	2,066,156

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Detail of Other Current Assets		
Table 1A	1	2
Line #	Description	Account Balance
1A.1	Third Party Settl>Medicare A	24,114
1A.2	Current Receivables>Ventas>Security Deposit	257,327
1A.3	Current Receivables>Tuition Loan	1,882
1A.4	Current Assets>Internal Replacement Reserve Fund	131,446
1A.5		
1A.6		
1A.7		
1A.8		
1A.9		
1A.10		
1A.100	Subtotal: Other Current Assets	414,769
Non-Current Fixed Assets		
Table 2	1	2
Line #	Description	Account Balance
2.1	Land	0
2.2	Buildings	1,996,157
2.3	Improvements	119,095
2.4	Equipment	14,109
2.5	Software/Limited Life Assets	0
2.6	Motor Vehicles	0
200	Total Non-Current Fixed Assets	2,129,361

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

Detail of Other Deferred Charges and Non-Current Assets

Table 3A	1	2
Line #	Description	Account Balance
3A.1		
3A.2		
3A.3		
3A.4		
3A.5		
3A.6		
3A.7		
3A.8		
3A.9		
3A.10		
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	0

Total Assets

Table 4		1
Line #	Description	Account Balance
400	Total Assets	4,195,517

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Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	1,634,932
5.2	Accrued Expenses	28,322
5.3	Due to Insurance Payers	34,085
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	0
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	0
5.7	Accrued Salaries and Payroll Liabilities	187,350
5.8	State and Federal Taxes Payable	0
5.9	Accrued Interest Payable	0
5.10	Other Current Liabilities	33,810
500	Total Current Liabilities	1,918,499

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Current Payables>Resident Funds	20,475
5A.2	Current Payables>Resident Refunds	194
5A.3	Current Payables>Resident Council	5,367
5A.4	Current Payables>401k Employer Match	7,009
5A.5	Current Payables>Misc. PR Deduction	(1,677)
5A.6	Current Payables>Misc. PR Deduction>401k	1,473
5A.7	Current Payables>Garnishments W/H	240
5A.8	Due To/(From)>Vendor	729
5A.9		
5A.10		
5A.100	Subtotal: Other Current Liabilities	33,810

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Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	0
6.2	Due to Related Parties, Subsidiaries, and Affiliates	(387,358)
6.3	Other Long-Term Debt	3,427,881
600	Total Non-Current Liabilities	3,040,523

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	4,959,022

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	232,395
8B.2	Prior Period Adjustment(s)	(2,165,509)
8B.3	Capital Contributions During the Year	0
8B.4	SNF-CR Net Income/(Loss)	1,169,609
8B.5	Proprietor/Partner Drawings	0
8B.100	Owner's Equity Balance: Current Year	(763,505)

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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	Prior Period Adjustments	(2,165,509)
8D.2		
8D.3		
8D.4		
8D.5		
8D.6		
8D.7		
8D.8		
8D.9		
8D.10		
8D.100	Subtotal: Prior Period Adjustments	(2,165,509)

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)	4,195,517

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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	4,666,310			4,666,310	(2,359,066)	(311,087)	(2,670,153)	1,996,157
1.3	Improvements	187,665	25,285		212,950	(75,453)	(18,402)	(93,855)	119,095
1.4	Equipment	21,943			21,943	(5,639)	(2,195)	(7,834)	14,109
1.5	Software/Limited Life Assets	9,500			9,500	(9,500)	0	(9,500)	0
1.6	Motor Vehicles				0		0	0	0
100	Total	4,885,418	25,285	0	4,910,703	(2,449,658)	(331,684)	(2,781,342)	2,129,361

Claimed Fixed Assets

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

Table 2		1	2	3	4	5	6	7	8	9	10
Line #	Description	Allowable Cost Basis Beginning Balance	Claimed Additions From Renovations (DON)	Claimed Other Additions	Claimed Deletions From Renovations (DON)	Claimed Other Deletions	Allowable Cost Basis Ending Balance	Depreciation %	Financial Statement Depreciation Expense	Non-Allowable Expense and Add-backs	Claimed Net Depreciation Expense
2.1	Land SNF-CR						0				
2.2	Land REA-CR	42,117					42,117				
2.3	Building SNF-CR	4,666,310					4,666,310		311,087	0	311,087
2.4	Building REA-CR	832,953					832,953	2.50%		20,824	20,824
2.5	Improvements SNF-CR	188,665		25,285			213,950	5.00%	18,402	0	18,402
2.6	Improvements REA-CR						0	5.00%		0	0
2.7	Equipment SNF-CR	21,942					21,942	10.00%	2,195	0	2,195

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2.8	Equipment REA-CR	122,661					122,661	10.00%		12,266	12,266
2.9	Software/Limited Life Assets SNF-CR	9,500					9,500	33.33%	0	0	0
2.10	Software/Limited Life Assets REA-CR						0	33.33%		0	0
200	Total Claimed Fixed Assets	5,884,148	0	25,285	0	0	5,909,433		331,684	33,090	364,774

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?	01/01/2013
3.3	What was the value from the most recent municipal property assessment for this facility?	1,752,300
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?	33
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	21,474
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	10,341
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	0
3.10	What is the total acreage of the facility site?	2.0
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

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)	1,542,724

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	1,169,609
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	0
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(2,020,336)
200	Net Cash from Operating Activities	(850,727)

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(25,285)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(25,285)

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	0
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	0

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(876,012)
500	Cash and Cash Equivalents (End of Year)	666,712

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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	06/01/2018	82			82	82
1.2	06/01/2020	82			82	82
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.	82				
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	2,502	213		4,018	937	15,799
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)	16					262
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	2,518	213	0	4,018	937	16,061

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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
3,176							1,199	27,844
								0
								0
								0
								0
								0
								0
								0
63								341
								0
								0
								0
3,239	0	0	0	0	0	0	1,199	28,185

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Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	304
3.2	0140.1	Number of MassHealth Admissions During Year	99
3.3	0150.0	Number of Discharges During Year	303
3.4	0190.0	Average Length of Stay	93
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	80
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	172

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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	579,043	9,323.0	522,435	14,892.0	964,499	40,349.0
1.2	Total Overtime Wages	90,279	1,735.0	39,074	902.0	178,642	5,953.0
1.3	Total Shift Differential	12,313		19,798		41,183	
1.4	Total Other Differentials						
100	Total	681,635	11,058.0	581,307	15,794.0	1,184,324	46,302.0

<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	1.63	2.00	2.00	2.88	3.13
2.2	Licensed Practical Nurses	1.50	2.00	1.75	3.00	3.00
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	4	0.9	1,823.0
3.2	Plant Operations	1	0.9	1,855.0
3.3	Dietary Staff			
3.4	Dietician			
3.5	Housekeeping/Laundry Staff			
3.6	Unit Clerk & Medical Records Staff	7	1.6	3,335.0
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	3	1.5	3,046.0
3.9	Social Services Staff	1	1.0	1,981.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff	1	0.0	6.0
3.12	Restorative Therapy - Indirect Staff	1	0.2	438.0
3.13	Recreational Staff	7	2.4	5,080.0
3.14	Administration and Officers	1	1.0	2,040.0
3.15	Security Staff			
3.16	Clerical Staff	9	4.0	8,230.0
3.17	Director of Nurses	1	0.9	1,945.0
3.18	Registered Nurses	15	5.3	11,058.0
3.19	Licensed Practical Nurses	27	7.6	15,794.0
3.20	Certified Nurse Aides	59	22.3	46,302.0
3.21	Resident Care Assistants			
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	137	49.5	102,933.0

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Detail of Purchased Nursing Services

Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges

Unregistered Temporary Nursing Service Agencies

4.1	Total Unregistered Temporary Nursing Service Agencies			#Error						
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Registered Temporary Nursing Service Agencies

4.2	Best Choice Agency	TPCF	38.7	2,979	118.6	7,943	5,231.2	188,324		
4.3	Caring Staffing Solutions, LLC	TNQY	151.1	11,637	1,461.4	97,915				
4.4	CONNECTRN INC	TGKV	455.8	35,093	990.5	66,363				
4.5	Intelycare, Inc.	TM7F	212.4	16,356	854.7	57,264	1.0	34		
4.6	Providence Nursing Agency	TSUC			13.9	930				
4.7					7.0	466				
4.8	Kavida Healthcare, Inc	TVTE					514.7	18,531		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		858.0	66,065	3,446.1	230,881	5,746.9	206,889	0.0	0
400	Total Temporary Nursing Service Agency Expenses		858.0	66,065	3,446.1	230,881	5,746.9	206,889	0.0	0

Five Highest Paid Salaries (including salaries, payroll taxes, workers' compensation, all fringe benefits, and draws)

	NOTE: List the names and compensation of the <u>five</u> persons who have the highest compensation paid by this facility.									
Table 5	1	2	3	4	5	6	7	8		
Line #	Last Name	First Name	Title	Primary Expense Category	Salary & Benefits	Dividends/ Draws	Other	TOTAL		
5.1	Girmay	Samson	Administrator	Administrative & General	243,139	0	0	243,139		
5.2	Robin	Robinson	RN	Nursing	156,159	0	0	156,159		
5.3	Siawor	Samuel	LPN Supervisor	Nursing	104,156	0	0	104,156		
5.4	Spencer	Simone	DON	Nursing	187,792	0	0	187,792		
5.5	Relos	Rizza	MDS / RNAC	Other	114,682	0	0	114,682		

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

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SCHEDULE 11 : NOTES PAYABLE AND WORKING CAPITAL DEBT**Mortgages and Notes Supporting Fixed Assets**

Table 1	1	2	3	4	5	6	7	8	9	10
Line / Column #	Type of Notes Payable	Lender Name	Related Party	Date Mortgag e Acquired	Due Date	Number of Months Amortize d	Monthly Payment s	Original Loan Amount	Mortgag e Acquisiti on Costs	Amortiza tion of Mortgag e Acquisiti on Costs
1.1										
1.2										
1.3										
1.4										
1.5										
100	TOTALS								0	0

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11	12	13	14	15	16	17	18	19	20
Beginnin g Loan Balance: Jan 1	Beginnin g Balance - New Loans	Principal Payment s	Pay Off Amount	Pay Off Date	Ending Loan Balance: Dec 31	Interest Rate %	Interest Expense	Period Expense s	Total Amortiza tion, Interest and Period Expense s
					0				0
					0				0
					0				0
					0				0
					0				0
					0				0
					0		0	0	0

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Working Capital Debt									
Table 2	1	2	3	4	5	6	7	8	9
Line / Column #	Lender Name	Related Party	Beginnin g Balance: Jan 1	Amount	Start Date	Principal Payment	Ending Balance: Dec 31	Interest Rate %	Interest Expense
2.1							0		
2.2							0		
2.3							0		
2.4							0		
2.5							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 <i>MUST</i> 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 <i>MUST</i> use the file name "Related Party Debt".
(4) Related Party Transactions
<i>Upload Type: Excel Template</i>
Indicate any entity or person as defined as a "related party" in 101 CMR 206.00 and that (a) provides services, facilities, goods and/or supplies to this company; or (b) receives any salary, fee or other compensation from this company. Indicate the amount paid by this company for this reporting year. (Attach addendum if necessary.) Note: This information must be submitted in the format of the template provided.
(5) Financial Statements
<i>Upload Type: Excel, PDF</i>
Providers must upload financial statements (audited, unaudited, reviewed, or compiled financial statements). As noted below, preparing financial statements is not intended to be an additional requirement for the sole purposes of complying with CHIA's reporting requirements in Section 7.03 (d) of Title 957 of the Code of Massachusetts Regulations (CMR):

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

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

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

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
08/24/2023 11:53AM	(1) Footnotes and Explanations	FootnotesandExplanations.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
08/24/2023 11:53AM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
08/24/2023 11:53AM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
08/24/2023 11:53AM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore

SCHEDULE 13 : SUBMISSION AND ATTESTATION

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

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

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

1.1	Preparer Name	Matthew S. Bovolack
1.2	Nursing Facility or Firm Name	Marcum LLP
1.3	Title	Principal
1.4	Street Address	555 Long Wharf Drive
1.5	City	New Haven
1.6	State	Connecticut
1.7	Zip Code	06511
1.8	Phone Number	+1 (203) 781-9680
1.9	Email Address	Matthew.Bovolack@marcumllp.com
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	08/24/2023

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	09/01/2023
2.3	Last Name	Posen
2.4	First Name	Mindee
2.5	Middle Name	
2.6	Title	Authorized Representative
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