

Skilled Nursing Facility Cost Report**WESTBOROUGH HEALTHCARE**

Filing Year: 2022

Date: 01/11/2024

Time: 12:17 PM

SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	WESTBOROUGH HEALTHCARE
1.2	MassHealth Provider ID	110130927A
1.3	Federal Employer Tax ID	322600866
1.4	VPN	0950682
1.5	Is the above information correct?	Yes
1.6	Facility Number	00213
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	8 Colonial Drive
1.11	City	Westborough
1.12	Zip	01581
1.13	Telephone	+1 (508) 366-9131
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.	NextStep HealthCare
1.19	List the name of the entity that holds the nursing facility license.	8 Colonial Drive Westborough, LLC
1.20	List realty company names as reported on each realty company cost report.	GPH Taunton, 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

Skilled Nursing Facility Cost Report
WESTBOROUGH HEALTHCARE
Filing Year: 2022

Date: 01/11/2024
Time: 12:17 PM

Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Denise Leonard
2.2	Nursing Facility or Firm Name	Plante Moran, PLLC
2.3	Title	Partner
2.4	Street Address	1111 Superior Ave #1250
2.5	City	Cleveland
2.6	State	OH
2.7	Zip Code	44144
2.8	Phone Number	+1 (216) 274-6514
2.9	Email Address	Denise.Leonard@plantemoran.com

Preparer Information		
Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.		
Table 3		1
Line #	Description	
3.1	<input type="checkbox"/> I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer Name	Denise Leonard
3.3	Nursing Facility or Firm Name	Plante Moran, PLLC
3.4	Title	Partner
3.5	Street Address	1111 Superior Ave #1250
3.6	City	Cleveland
3.7	State	OH
3.8	Zip Code	44144
3.9	Phone Number	+1 (216) 274-6514
3.10	Email Address	Denise.Leonard@plantemoran.com
3.11	Type of Accounting Service Performed	Other (Explain in Footnotes)

Skilled Nursing Facility Cost Report**WESTBOROUGH HEALTHCARE**

Filing Year: 2022

Date: 01/11/2024

Time: 12:17 PM

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	Group Adult Foster Care	The Landing at Laurel Lake	110136581A	Next Step Healthcare LLC	Damian Dell'Anno & William Stephan	Next Step Healthcare
4.2						
4.3						
4.4						
4.5						
4.6						
4.7						
4.8						

Skilled Nursing Facility Cost Report
WESTBOROUGH HEALTHCARE
Filing Year: 2022

Date: 01/11/2024
Time: 12:17 PM

SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	386,171	715	386,886
1.2	Commercial Managed Care			0
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	1,825,688	227,283	2,052,971
1.5	Medicare Managed Care (Part C)	315,544	342,606	658,150
1.6	MassHealth Fee-for-Service	3,809,456		3,809,456
1.7	MassHealth Managed Care	394,470		394,470
1.8	Senior Care Options	3,055,533		3,055,533
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount			0
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue	201,494		201,494
100	Total Nursing Facility Revenue	9,988,356	570,604	10,558,960

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		

Skilled Nursing Facility Cost Report
WESTBOROUGH HEALTHCARE
Filing Year: 2022

Date: 01/11/2024
Time: 12:17 PM

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	427,442
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	226
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	
3.7	Interest Income	14
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	427,682

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)	Total Covid-19 Receipts	427,442
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		427,442

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	10,986,642

Skilled Nursing Facility Cost Report
WESTBOROUGH HEALTHCARE
Filing Year: 2022

Date: 01/11/2024
Time: 12:17 PM

SCHEDULE 3 : EXPENSES

Nursing Expenses

Table 1		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
1.1	Director of Nurses: Salaries	120,824		120,824
1.2	Director of Nurses: Employee Benefits	5,431		5,431
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	13,390		13,390
1.4	Director of Nurses Purchased Service: Per Diem			0
1.5	Director of Nurses Purchased Service: Temporary Agency Staff	30,094	0	30,094
1.6	Director of Nurses Add-back (MGT-CR Sch 6)			0
1.100	Subtotal: Director of Nurses Expenses	169,739		169,739
1.7	Registered Nurses: Salaries	169,822		169,822
1.8	Registered Nurses: Employee Benefits	7,633		7,633
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	18,819		18,819
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	421,853	0	421,853
1.200	Subtotal: Registered Nurses Expenses	618,127		618,127
1.12	Licensed Practical Nurses: Salaries	875,103		875,103
1.13	Licensed Practical Nurses: Employee Benefits	39,334		39,334
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	96,979		96,979
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	1,078,989	0	1,078,989
1.300	Subtotal: Licensed Practical Nurses Expenses	2,090,405		2,090,405
1.17	Certified Nurse Aides: Salaries	1,049,589		1,049,589
1.18	Certified Nurse Aides: Employee Benefits	47,176		47,176
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	116,314		116,314
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	842,459	0	842,459
1.400	Subtotal: Certified Nurse Aides Expenses	2,055,538		2,055,538

Skilled Nursing Facility Cost Report

WESTBOROUGH HEALTHCARE

Filing Year: 2022

Date: 01/11/2024

Time: 12:17 PM

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	4,933,809		4,933,809

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	4,933,809		4,933,809

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	161,588		161,588
2.2	Administration: Employee Benefits	7,263		7,263
2.3	Administration: Payroll Taxes incl Workers Comp.	17,907		17,907
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	186,758		186,758
2.7	Clerical Staff: Salaries	112,788		112,788
2.8	Clerical Staff: Employee Benefits	5,070		5,070
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	12,501		12,501
2.10	Clerical Staff: Purchased Service	377		377
2.200	Subtotal: Clerical Staff Expenses	130,736		130,736
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	49,738		49,738
2.12	Office Supplies	20,993		20,993
2.13	Telecommunications (e.g. Internet, Phone)	18,056		18,056

Skilled Nursing Facility Cost Report

WESTBOROUGH HEALTHCARE

Filing Year: 2022

Date: 01/11/2024

Time: 12:17 PM

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	26,355		26,355
2.18	Continuing Professional Education / Training and Development			0
2.19	Accounting Services (Not related to appeals)	6,067		6,067
2.20	Insurance: Malpractice & General Liability	96,670		96,670
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	56,165		56,165
2.23	Non-Allowable A & G Expenses	1,555,617	1,555,617	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		135,092	135,092
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		629,350	629,350
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		24,400	24,400
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	1,829,661		1,062,886
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	2,147,155		1,380,380
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income			
2.500	Subtotal: Administrative & General Recoverable Income	0		
200	Total: Net Administrative & General Expenses After Recoverable Income	2,147,155		1,380,380

Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	Other A & G Expenses	56,165
2A.100	Subtotal: Other A&G Expenses	56,165

Skilled Nursing Facility Cost Report
WESTBOROUGH HEALTHCARE
Filing Year: 2022

Date: 01/11/2024
Time: 12:17 PM

Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	3,596
2B.2	Licenses and Dues: Not Related to Resident Care	1,380
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	
2B.5	Legal: Resident Care	
2B.6	Legal: Other	13,403
2B.7	Key Person Insurance	
2B.8	Management Company Fees	550,079
2B.9	Management Consultants	
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	11,509
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	219,623
2B.15	User Fee Assessment	717,091
2B.16	Other Non-Allowable A&G Expenses	38,936
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
2B.100	Total Non-Allowable A&G Expenses	1,555,617

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	69,753		69,753
3.2	Staff Dev. Coord.: Employee Benefits	3,135		3,135
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	7,729		7,729
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	80,617		80,617
3.5	Plant Operation: Salaries	64,118		64,118
3.6	Plant Operation: Employee Benefits	2,882		2,882
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	7,106		7,106

Skilled Nursing Facility Cost Report
WESTBOROUGH HEALTHCARE
Filing Year: 2022

Date: 01/11/2024
Time: 12:17 PM

3.8	Plant Operation: Purchased Service	143,458		143,458
3.9	Plant Operation: Supplies and Expenses	13,747		13,747
3.10	Plant Operation: Utilities	176,110		176,110
3.11	Plant Operation: Repairs	13,713		13,713
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	421,134		421,134
3.13	Dietician: Salaries	34,481		34,481
3.14	Dietician: Employee Benefits	1,550		1,550
3.15	Dietician: Payroll Taxes incl Workers Comp.	3,822		3,822
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	39,853		39,853
3.18	Dietary: Salaries	448,255		448,255
3.19	Dietary: Employee Benefits	20,148		20,148
3.20	Dietary: Payroll Taxes incl Workers Comp.	49,676		49,676
3.21	Dietary: Food	267,874		267,874
3.22	Dietary: Purchased Service	3,383		3,383
3.23	Dietary: Supplies and Expenses	53,334		53,334
3.400	Subtotal: Dietary Expenses	842,670		842,670
3.24	Housekeeping/Laundry: Salaries			0
3.25	Housekeeping/Laundry: Employee Benefits			0
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.			0
3.27	Housekeeping/Laundry: Purchased Service	332,303		332,303
3.28	Housekeeping/Laundry: Supplies and Expenses	1,279		1,279
3.29	Housekeeping/Laundry: Linen and Bedding	660		660
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	334,242		334,242
3.31	Quality Assurance (QA) Professional: Salaries			0
3.32	QA Professional: Employee Benefits			0
3.33	QA Professional: Payroll Taxes incl Workers Comp.			0
3.34	QA Professional: Purchased Service	8,385		8,385
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
3.600	Subtotal: QA Professional Expenses	8,385		8,385
3.36	Unit Clerk & Medical Records: Salaries			0

Skilled Nursing Facility Cost Report

WESTBOROUGH HEALTHCARE

Filing Year: 2022

Date: 01/11/2024

Time: 12:17 PM

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	116,287		116,287
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	5,227		5,227
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	12,887		12,887
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	134,401		134,401
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	5,039		5,039
3.49	Social Service Worker: Employee Benefits	226		226
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	557		557
3.51	Social Service Worker: Purchased Service	89,302		89,302
3.1000	Subtotal: Social Service Worker Expenses	95,124		95,124
3.52	Interpreters: Salaries			0
3.53	Interpreters: Employee Benefits			0
3.54	Interpreters: Payroll Taxes incl Workers Comp.			0
3.55	Interpreters: Purchased Service			0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries			0
3.57	Indirect Restorative Therapy: Employee Benefits			0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.			0
3.59	Indirect Restorative Therapy: Consultants			0
3.60	Direct Restorative Therapy: Salaries		0	0

Skilled Nursing Facility Cost Report

WESTBOROUGH HEALTHCARE

Filing Year: 2022

Date: 01/11/2024

Time: 12:17 PM

3.61	Direct Restorative Therapy: Benefits		0	0
3.62	Direct Restorative Therapy: Consultants	805,537	805,537	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	805,537		0
3.64	Recreational Therapy/Activities: Salaries	100,586		100,586
3.65	Recreational Therapy/Activities: Employee Benefits	4,521		4,521
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	11,147		11,147
3.67	Recreational Therapy/Activities: Purchased Service			0
3.68	Recreational Therapy/Activities: Supplies and Expenses	6,699		6,699
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	122,953		122,953
3.70	Resident Care Assistant: Salaries			0
3.71	Resident Care Assistant: Employee Benefits			0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.			0
3.73	Resident Care Assistant: Purchased Service			0
3.1400	Subtotal: Resident Care Assistant Expenses	0		0
3.74	Security: Salaries			0
3.75	Security: Employee Benefits			0
3.76	Security: Payroll Taxes including Workers Comp.			0
3.77	Security: Purchased Service			0
3.1500	Subtotal: Security Expenses	0		0
3.78	Travel: Motor Vehicle Expense	1,325		1,325
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education			0
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	30,600		30,600
3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals			0
3.86	Physician Services: Other			0
3.87	Legend Drugs	169,263	169,263	0
3.88	Personal Protective Equipment	116,559		116,559

Skilled Nursing Facility Cost Report
WESTBOROUGH HEALTHCARE
Filing Year: 2022

Date: 01/11/2024
Time: 12:17 PM

3.89	House Supplies Not Resold	129,568		129,568
3.90	House Supplies Resold to Private Residents	94,640	94,640	0
3.91	House Supplies Resold to Public Residents		0	0
3.92	Pharmacy Consultant	11,142		11,142
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	553,097		289,194
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	3,438,013		2,368,573
Less: Variable Recoverable Income				
3.96	Vending Machine Income		226	226
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		0	0
3.1800	Subtotal: Variable Recoverable Income	0		226
300	Total: Net Variable Expenses Including Recoverable Income	3,438,013		2,368,347

Skilled Nursing Facility Cost Report
WESTBOROUGH HEALTHCARE
Filing Year: 2022

Date: 01/11/2024
Time: 12:17 PM

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	30,592	(118,740)	149,332
4.2	Long-Term Interest Expense SNF-CR	26,151		26,151
4.3	Long-Term Interest Expense REA-CR		283,687	283,687
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	18,671		18,671
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	34,449		34,449
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR	6,994		6,994
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR			0
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	877,601	877,601	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	994,458		519,284
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	994,458		519,284

Skilled Nursing Facility Cost Report**WESTBOROUGH HEALTHCARE**

Filing Year: 2022

Date: 01/11/2024

Time: 12:17 PM

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	11,513,435		9,202,046
Total Combined Expenses Net of Recoverable Income				
Table 6		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
600	Total Combined Expenses Net of Recoverable Income	11,513,435		9,201,820

SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES

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

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

Skilled Nursing Facility Cost Report**WESTBOROUGH HEALTHCARE**

Filing Year: 2022

Date: 01/11/2024

Time: 12:17 PM

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

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	10,558,960
1A.2	Other Revenue	427,668
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	10,986,628
1A.4	Salaries and Wages	3,328,233
1A.5	Employee Benefits	149,596
1A.6	Supplies and Other (including Payroll Taxes)	7,759,240
1A.7	Interest Expense	26,151
1A.8	Provision for Bad Debt	219,623
1A.9	Depreciation and Amortization Expenses	30,592
1A.200	Total Operating Expenses	11,513,435
1A.300	Income(Loss) from Operations	(526,807)
	Non-Operating Income and Expenses	
1A.10	Interest Income	14
1A.11	Investment Income	
1A.12	Realized Gain(Loss) from Investments	
1A.13	Realized Gain(Loss) from Sale or Disposal of Equipment	
1A.14	Other Non-Operating Income(Expense)	
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	(526,793)
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)	(526,793)

Skilled Nursing Facility Cost Report
WESTBOROUGH HEALTHCARE
Filing Year: 2022

Date: 01/11/2024
Time: 12:17 PM

<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)	10,986,642
2.2	Total Nursing Expenses (Schedule 3)	4,933,809
2.3	Total Administrative and General Expenses (Schedule 3)	2,147,155
2.4	Total Variable Expenses (Schedule 3)	3,438,013
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	994,458
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	11,513,435
200	Cost Reported Net Income(Loss)	(526,793)

Skilled Nursing Facility Cost Report
WESTBOROUGH HEALTHCARE
Filing Year: 2022

Date: 01/11/2024
Time: 12:17 PM

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)		(526,793)
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)		(526,793)

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	(80,425)
1.2	Short-Term Investments	
1.3	Current Portion Assets Whose Use is Limited	
1.4	Other Cash and Equivalents	
1.5	Payer Accounts Receivable	1,777,485
1.6	Less Reserve for Bad Debt	(326,152)
1.100	Subtotal: Net Patient Accounts Receivable	1,451,333
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	4,124,009
1.9	Interest Receivable	
1.10	Supply Inventory	
1.11	Other Receivables	8,644
1.12	Prepaid Interest	
1.13	Prepaid Insurance	
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	22,060
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
100	Total Current Assets	5,525,621

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

Skilled Nursing Facility Cost Report
WESTBOROUGH HEALTHCARE
Filing Year: 2022

Date: 01/11/2024
Time: 12:17 PM

Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	
2.2	Buildings	
2.3	Improvements	123,106
2.4	Equipment	92,161
2.5	Software/Limited Life Assets	278
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	215,545

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	304,979
3.3	Other Deferred Charges and Non-Current Assets	0
3.4	Construction in Progress	
3.5	Mortgage Acquisition Costs	
3.6	Accumulated Amortization of Mortgage Acquisition Costs	(12,850)
3.100	Net Mortgage Acquisition Costs	(12,850)
300	Total Non-Current Assets	292,129

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

Skilled Nursing Facility Cost Report
WESTBOROUGH HEALTHCARE
Filing Year: 2022

Date: 01/11/2024
Time: 12:17 PM

Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	6,033,295

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	1,629,629
5.2	Accrued Expenses	302,625
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	102,598
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	
5.7	Accrued Salaries and Payroll Liabilities	179,646
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	340,729
500	Total Current Liabilities	2,555,227

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Other Current Liabilities	340,729
5A.100	Subtotal: Other Current Liabilities	340,729

Skilled Nursing Facility Cost Report
WESTBOROUGH HEALTHCARE
Filing Year: 2022

Date: 01/11/2024
Time: 12:17 PM

Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	
6.2	Due to Related Parties, Subsidiaries, and Affiliates	1,742,059
6.3	Other Long-Term Debt	
600	Total Non-Current Liabilities	1,742,059

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	4,297,286

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

Table 8		
Table 8B		1
Proprietorship, Partnership, or Limited Liability Company (LLC)		
Line #	Description	Amount
8B.1	Owner's Equity Balance: Prior Year	1,988,071
8B.2	Prior Period Adjustment(s)	274,731
8B.3	Capital Contributions During the Year	
8B.4	SNF-CR Net Income/(Loss)	(526,793)
8B.5	Proprietor/Partner Drawings	
8B.100	Owner's Equity Balance: Current Year	1,736,009

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 Adjustment(s)	274,731
8D.100	Subtotal: Prior Period Adjustments	274,731

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)	6,033,295

Skilled Nursing Facility Cost Report

WESTBOROUGH HEALTHCARE

Filing Year: 2022

Date: 01/11/2024

Time: 12:17 PM

SCHEDULE 7 : DETAIL OF FIXED ASSETS AND DEPRECIATION

Financial Statement Fixed Assets									
Table 1		1	2	3	4	5	6	7	8
Line #	Description	Fixed Asset Cost Beginning Balance	Current Year Additions	Current Year Deletions	Fixed Asset Cost Ending Balance	Accumulated Depreciation Beginning Balance	Current Year Depreciation	Accumulated Depreciation Ending Balance	Financial Statement Net Book Value
1.1	Land				0				0
1.2	Building				0			0	0
1.3	Improvements	130,852	20,814		151,666	(17,137)	(11,423)	(28,560)	123,106
1.4	Equipment	137,882	8,150		146,032	(35,736)	(18,135)	(53,871)	92,161
1.5	Software/Limited Life Assets	29,828			29,828	(28,516)	(1,034)	(29,550)	278
1.6	Motor Vehicles				0			0	0
100	Total	298,562	28,964	0	327,526	(81,389)	(30,592)	(111,981)	215,545

Claimed Fixed Assets

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

Table 2		1	2	3	4	5	6	7	8	9	10
Line #	Description	Allowable Cost Basis Beginning Balance	Claimed Additions From Renovations (DON)	Claimed Other Additions	Claimed Deletions From Renovations (DON)	Claimed Other Deletions	Allowable Cost Basis Ending Balance	Depreciation %	Financial Statement Depreciation Expense	Non-Allowable Expenses and Add-backs	Claimed Net Depreciation Expense
2.1	Land SNF-CR						0				
2.2	Land REA-CR	982,297					982,297				
2.3	Building SNF-CR						0		0		0
2.4	Building REA-CR	2,338,887					2,338,887			58,472	58,472
2.5	Improvements SNF-CR	130,852		20,814			151,666	5.00%	11,423	(3,840)	7,583
2.6	Improvements REA-CR	172,486					172,486	5.00%		8,624	8,624
2.7	Equipment SNF-CR	137,882		8,150			146,032	10.00%	18,135	(3,532)	14,603

Skilled Nursing Facility Cost Report

WESTBOROUGH HEALTHCARE

Filing Year: 2022

Date: 01/11/2024

Time: 12:17 PM

2.8	Equipment REA-CR	501,080					501,080	10.00%		50,108	50,108
2.9	Software/Limited Life Assets SNF-CR	29,828					29,828	33.33%	1,034	8,908	9,942
2.10	Software/Limited Life Assets REA-CR						0	33.33%			0
200	Total Claimed Fixed Assets	4,293,312	0	28,964	0	0	4,322,276		30,592	118,740	149,332

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?	01/01/2023
3.3	What was the value from the most recent municipal property assessment for this facility?	2,447,800
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?	42
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	26,009
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	18,803
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	
3.10	What is the total acreage of the facility site?	5.0
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)	34,375

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(526,794)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	
2.3	Increases (Decreases) to Cash Provided by Operating Activities	466,149
200	Net Cash from Operating Activities	(60,645)

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(28,964)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(28,964)

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	(25,191)
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	(25,191)

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(114,800)
500	Cash and Cash Equivalents (End of Year)	(80,425)

Skilled Nursing Facility Cost Report
WESTBOROUGH HEALTHCARE
Filing Year: 2022

Date: 01/11/2024
Time: 12:17 PM

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	12/01/2021	117			117	123
1.2					0	
1.3					0	
1.4					0	
1.5					0	
1.6	List the number of certified Medicare beds at the close of this reporting period.	117				
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	914			2,847	688	14,838
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)	4					403
2.10	Nursing Leave of Absence (Unpaid)				6		
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	918	0	0	2,853	688	15,241

Skilled Nursing Facility Cost Report
WESTBOROUGH HEALTHCARE
Filing Year: 2022

Date: 01/11/2024
Time: 12:17 PM

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
99	13,493						735	33,614
								0
								0
								0
								0
								0
								0
								0
	186							593
								6
								0
								0
99	13,679	0	0	0	0	0	735	34,213

Skilled Nursing Facility Cost Report**WESTBOROUGH HEALTHCARE**

Filing Year: 2022

Date: 01/11/2024

Time: 12:17 PM

Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	366
3.2	0140.1	Number of MassHealth Admissions During Year	119
3.3	0150.0	Number of Discharges During Year	360
3.4	0190.0	Average Length of Stay	93
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	120
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	99

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	148,767	3,756.0	637,338	17,742.0	783,359	37,255.0
1.2	Total Overtime Wages	8,264	192.0	178,094	4,533.0	237,671	10,906.0
1.3	Total Shift Differential	12,791		59,671		28,559	
1.4	Total Other Differentials						
100	Total	169,822	3,948.0	875,103	22,275.0	1,049,589	48,161.0

<i>Detail of Nursing Services Shift Differentials</i>						
Table 2		1	2	3	4	5
Line #	Description	Median Hourly Shift Differential: Weekday Evening	Median Hourly Shift Differential: Weekday Night	Median Hourly Shift Differential: Weekend Day	Median Hourly Shift Differential: Weekend Evening	Median Hourly Shift Differential: Weekend Night
2.1	Registered Nurses	2.00	3.00	4.00	6.00	7.00
2.2	Licensed Practical Nurses	2.00	3.00	4.00	6.00	7.00
2.3	Certified Nurse Aides	1.00	1.50	1.00	2.00	2.50

Skilled Nursing Facility Cost Report
WESTBOROUGH HEALTHCARE
Filing Year: 2022

Date: 01/11/2024
Time: 12:17 PM

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	0.8	1,618.0
3.2	Plant Operations	1	1.0	2,127.0
3.3	Dietary Staff	11	11.0	22,858.0
3.4	Dietician	1	0.4	734.0
3.5	Housekeeping/Laundry Staff			
3.6	Unit Clerk & Medical Records Staff			
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	2	1.3	2,740.0
3.9	Social Services Staff	1	0.1	121.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	3	2.7	5,564.0
3.14	Administration and Officers	1	0.9	1,958.0
3.15	Security Staff			
3.16	Clerical Staff	3	2.1	4,292.0
3.17	Director of Nurses	2	1.2	2,424.0
3.18	Registered Nurses	2	1.9	3,948.0
3.19	Licensed Practical Nurses	11	10.7	22,275.0
3.20	Certified Nurse Aides	24	23.2	48,161.0
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	63	57.3	118,820.0

Skilled Nursing Facility Cost Report

WESTBOROUGH HEALTHCARE

Filing Year: 2022

Date: 01/11/2024

Time: 12:17 PM

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	Blooming Staffing Agency Inc	TOUF	387.0	29,410	30.9	2,039	5,388.5	199,374		
4.3			340.6	25,882	950.3	62,717	959.6	35,504		
4.4	CONNECTRN INC	TGKV	2,349.0	178,528	2,743.2	181,050	601.0	22,236		
4.5	Intelycare, Inc.	TM7F	2,093.0	159,066	7,516.1	496,064	8,005.5	296,202		
4.6	Omni Healthcare Staffing INC	T6MI	209.9	15,949	3,252.1	214,640	2,822.2	104,422		
4.7			171.3	13,018	1,119.9	73,912	3,340.2	123,586		
4.8	Medical Solutions, LLC	TM49							300.9	30,094
4.9		TDAA			735.9	48,567	1,652.3	61,135		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		5,550.8	421,853	16,348.4	1,078,989	22,769.3	842,459	300.9	30,094
400	Total Temporary Nursing Service Agency Expenses		5,550.8	421,853	16,348.4	1,078,989	22,769.3	842,459	300.9	30,094

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	Asiamah	Andrew	LPN	Nursing	211,510			211,510
5.2	Sullivan	Thomas	Administrator	Administrative & General	161,588			161,588
5.3	Mbugua	Anne	LPN	Nursing	101,620			101,620
5.4	Gachau	Dennis	CNA	Nursing	85,131			85,131
5.5	Kelliher	Audra	DON	Nursing	81,943			81,943

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
									0

Skilled Nursing Facility Cost Report**WESTBOROUGH HEALTHCARE**

Filing Year: 2022

Date: 01/11/2024

Time: 12:17 PM

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	Other									
100	TOTALS								0	0

Skilled Nursing Facility Cost Report
WESTBOROUGH HEALTHCARE
 Filing Year: 2022

Date: 01/11/2024
 Time: 12:17 PM

11	12	13	14	15	16	17	18	19	20
Beginning Loan Balance: Jan 1	Beginning Balance - New Loans	Principal Payments	Pay Off Amount	Pay Off Date	Ending Loan Balance: Dec 31	Interest Rate %	Interest Expense	Period Expenses	Total Amortization, Interest and Period Expenses
					0		26,151		26,151
					0		26,151	0	26,151

Skilled Nursing Facility Cost Report**WESTBOROUGH HEALTHCARE**

Filing Year: 2022

Date: 01/11/2024

Time: 12:17 PM

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 <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):

Skilled Nursing Facility Cost Report

WESTBOROUGH HEALTHCARE

Filing Year: 2022

Date: 01/11/2024

Time: 12:17 PM

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
09/19/2023 3:57PM	(1) Footnotes and Explanations	Westborough shift differentials footnote.docx	application/vnd.openxmlformats-officedocument.wordprocessingml.document	Denise Leonard
09/19/2023 3:57PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Denise Leonard
09/19/2023 3:57PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Denise Leonard

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	Denise Leonard
1.2	Nursing Facility or Firm Name	Plante Moran, PLLC
1.3	Title	Partner
1.4	Street Address	1111 Superior Ave #1250
1.5	City	Cleveland
1.6	State	OH
1.7	Zip Code	44144
1.8	Phone Number	+1 (216) 274-6514
1.9	Email Address	Denise.Leonard@plantemoran.com
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	09/19/2023

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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Skilled Nursing Facility Cost Report

WESTBOROUGH HEALTHCARE

Filing Year: 2022

Date: 01/11/2024

Time: 12:17 PM

Section B - Certification by Owner, Partner, or Officer

A) ACCURACY OF REPORTED COSTS: I declare and affirm under the penalties of perjury that this cost report and supporting schedules have been examined by me and, to the best of my knowledge and belief, are a true and correct statement of total operating expenditures, balance sheet, earnings and expenses, and other required information. Further, I declare that the report and supplemental information were prepared from the books and records of the provider, unless otherwise noted, in accordance with applicable federal and state laws, regulations and instructions. I understand that any payment resulting from this report will be from state and federal funds and that any false statements or documents, or the concealment of a material fact, may be prosecuted under applicable federal and state laws. I also understand that this report and supporting schedules are subject to audit and verification by the Center for Health Information and Analysis or any other state or federal agency or their subcontractors. I will keep all records, books, and other information pertaining to this cost report for a period of five years. If there is an unresolved audit exception, I will keep these records until all issues are resolved.

B) USE OF PUBLIC FUNDS: Section 681 of Chapter 26 of the Acts of 2003 requires that a nursing home or health care facility receiving public funds must certify that these funds shall not be used directly or indirectly for political contributions, lobbying activities, entertainment expenses or efforts to assist, promote, deter or discourage union organizing. In accordance with Section 681, I hereby certify to the best of my knowledge, by said signature, that from and after the date of this certification, the facility shall not use public funds received from the Commonwealth of Massachusetts, directly or indirectly, for purposes of political contributions, lobbying activities, entertainment expenses or efforts to assist, promote, deter or discourage union organizing.

This certification is signed under pains and penalties of perjury.

2.1	[x] By checking this box, I hereby certify that under pains and penalties of perjury, that the above statements entitled A) Accuracy of Reported Costs and B) Use of Public Funds are correct and true, to the best of my knowledge and belief. This report is subject to audit and verification by the Center for Health Information and Analysis.	
2.2	Date of Authorization	09/21/2023
2.3	Last Name	Stephan
2.4	First Name	William
2.5	Middle Name	H.
2.6	Title	CFO
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