

Skilled Nursing Facility Cost Report**BAYPOINTE REHAB CENTER**

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 PM

SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	BAYPOINTE REHAB CENTER
1.2	MassHealth Provider ID	110120304A
1.3	Federal Employer Tax ID	811934924
1.4	VPN	0950559
1.5	Is the above information correct?	Yes
1.6	Facility Number	01121
1.7	This line is intentionally left blank	
1.8	Reporting Period From	01/01/2023
1.9	Reporting Period To	12/31/2023
1.10	Street Address	50 Christy Place
1.11	City	Brockton
1.12	Zip	02301
1.13	Telephone	+1 (508) 580-6800
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.	Pointe Groupo Care LLC
1.19	List the name of the entity that holds the nursing facility license.	Baypointe Rehab Center LLC
1.20	List realty company names as reported on each realty company cost report.	50 Christy Place 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
BAYPOINTE REHAB CENTER
Filing Year: 2023

Date: 12/19/2024
Time: 1:41 PM

Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Tamara Unger
2.2	Nursing Facility or Firm Name	Roth & Co
2.3	Title	Senior Cost Report Specialist
2.4	Street Address	1428 36th St
2.5	City	Brooklyn
2.6	State	NY
2.7	Zip Code	11218
2.8	Phone Number	+1 (248) 968-4100
2.9	Email Address	tunger@rothcocpa.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	Tamara Unger
3.3	Nursing Facility or Firm Name	Roth & Co
3.4	Title	Senior Cost Report Specialist
3.5	Street Address	1428 36th St
3.6	City	Brooklyn
3.7	State	NY
3.8	Zip Code	11230
3.9	Phone Number	+1 (248) 968-4100
3.10	Email Address	tunger@rothcocpa@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						

Skilled Nursing Facility Cost Report**BAYPOINTE REHAB CENTER**

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 PM

SCHEDULE 2 : REVENUE**Nursing Facility Revenue**

Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	2,936,560	97	2,936,657
1.2	Commercial Managed Care	630,890	576,884	1,207,774
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	2,699,965	1,018,239	3,718,204
1.5	Medicare Managed Care (Part C)			0
1.6	MassHealth Fee-for-Service	7,857,611	10,445	7,868,056
1.7	MassHealth Managed Care			0
1.8	Senior Care Options			0
1.9	OneCare			0
1.10	PACE	1,809,043	190,235	1,999,278
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		(4,702)	(4,702)
100	Total Nursing Facility Revenue	15,934,069	1,791,198	17,725,267

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**BAYPOINTE REHAB CENTER**

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 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	69,936
3.3	Laundry Revenue	20
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	
3.7	Interest Income	125
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	2,875,469
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	2,945,550

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)	Stimulus	69,936
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		69,936

Total Revenue

Table 5		1
Line #	Description	Total
500	Total Revenue	20,670,817

Skilled Nursing Facility Cost Report**BAYPOINTE REHAB CENTER**

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 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	271,494		271,494
1.2	Director of Nurses: Employee Benefits	14,007		14,007
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	26,210		26,210
1.4	Director of Nurses Purchased Service: Per Diem			0
1.5	Director of Nurses Purchased Service: Temporary Agency Staff	0	0	0
1.6	Director of Nurses Add-back (MGT-CR Sch 6)		7,389	7,389
1.100	Subtotal: Director of Nurses Expenses	311,711		319,100
1.7	Registered Nurses: Salaries	836,172		836,172
1.8	Registered Nurses: Employee Benefits	43,141		43,141
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	80,725		80,725
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	143,278	0	143,278
1.200	Subtotal: Registered Nurses Expenses	1,103,316		1,103,316
1.12	Licensed Practical Nurses: Salaries	1,349,125		1,349,125
1.13	Licensed Practical Nurses: Employee Benefits	69,605		69,605
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	130,246		130,246
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	147,520	0	147,520
1.300	Subtotal: Licensed Practical Nurses Expenses	1,696,496		1,696,496
1.17	Certified Nurse Aides: Salaries	2,346,207		2,346,207
1.18	Certified Nurse Aides: Employee Benefits	121,048		121,048
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	226,505		226,505
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	85,186	0	85,186
1.400	Subtotal: Certified Nurse Aides Expenses	2,778,946		2,778,946

Skilled Nursing Facility Cost Report

BAYPOINTE REHAB CENTER

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 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	5,890,469		5,897,858

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	5,890,469		5,897,858

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	188,940		188,940
2.2	Administration: Employee Benefits	9,748		9,748
2.3	Administration: Payroll Taxes incl Workers Comp.	18,240		18,240
2.4	Administration: Purchased Service			0
2.5	Officers: Total Compensation		0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	216,928		216,928
2.7	Clerical Staff: Salaries	487,949		487,949
2.8	Clerical Staff: Employee Benefits	25,175		25,175
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	47,107		47,107
2.10	Clerical Staff: Purchased Service	3,514		3,514
2.200	Subtotal: Clerical Staff Expenses	563,745		563,745
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	47,726	10,405	37,321
2.12	Office Supplies	52,751		52,751
2.13	Telecommunications (e.g. Internet, Phone)	31,817		31,817

Skilled Nursing Facility Cost Report

BAYPOINTE REHAB CENTER

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 PM

2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	98		98
2.16	Advertising: Help Wanted			0
2.17	Licenses and Dues: Patient Care Related Portion	22,937		22,937
2.18	Continuing Professional Education / Training and Development	5,438		5,438
2.19	Accounting Services (Not related to appeals)	11,200		11,200
2.20	Insurance: Malpractice & General Liability	251,190		251,190
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	317,578		317,578
2.23	Non-Allowable A & G Expenses	2,838,501	2,838,501	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		28,996	28,996
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		977,228	977,228
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		35,914	35,914
2.27	This line description is intentionally left blank			0
2.28	This line description is intentionally left blank			0
2.300	Subtotal: Other Administrative and General Expenses	3,579,236		1,772,468
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	4,359,909		2,553,141
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		0	0
2.500	Subtotal: Administrative & General Recoverable Income	0		
200	Total: Net Administrative & General Expenses After Recoverable Income	4,359,909		2,553,141

Skilled Nursing Facility Cost Report**BAYPOINTE REHAB CENTER**

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 PM

Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	Software Support	107,056
2A.2	Professional Services	3,179
2A.3	Equipment Rental	2,804
2A.4	Bank Charges	1,502
2A.5	CORI	306
2A.6	Filing Fees	520
2A.7	Credit Card Expense	4,871
2A.8	Interest Expense	123,886
2A.9	LOC Fees- unused line	5,714
2A.10	LOC Fees- Col Mgmt	3,922
2A.11	Finance Charge	13
2A.12	Finance Charge- IPFS Corp	(43,882)
2A.13	Miscellaneous Expenses	4,186
2A.14	Misc Exp- LOC	103,501
2A.100	Subtotal: Other A&G Expenses	317,578

Skilled Nursing Facility Cost Report

BAYPOINTE REHAB CENTER

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 PM

Detail of Non-Allowable A & G Expenses

Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	2,799
2B.2	Licenses and Dues: Not Related to Resident Care	348
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	
2B.5	Legal: Resident Care	
2B.6	Legal: Other	149,077
2B.7	Key Person Insurance	
2B.8	Management Company Fees	1,066,103
2B.9	Management Consultants	
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	53,687
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	593,981
2B.15	User Fee Assessment	972,506
2B.16	Other Non-Allowable A&G Expenses	
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
2B.100	Total Non-Allowable A&G Expenses	2,838,501

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	111,532		111,532
3.2	Staff Dev. Coord.: Employee Benefits	5,754		5,754
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	10,767		10,767
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	128,053		128,053
3.5	Plant Operation: Salaries	323,168		323,168
3.6	Plant Operation: Employee Benefits	16,673		16,673
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	31,199		31,199

Skilled Nursing Facility Cost Report**BAYPOINTE REHAB CENTER**

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 PM

3.8	Plant Operation: Purchased Service	56,295		56,295
3.9	Plant Operation: Supplies and Expenses	41,847		41,847
3.10	Plant Operation: Utilities	546,204		546,204
3.11	Plant Operation: Repairs	2,382		2,382
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	1,017,768		1,017,768
3.13	Dietician: Salaries	69,911		69,911
3.14	Dietician: Employee Benefits	3,607		3,607
3.15	Dietician: Payroll Taxes incl Workers Comp.	6,749		6,749
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	80,267		80,267
3.18	Dietary: Salaries	676,659		676,659
3.19	Dietary: Employee Benefits	34,911		34,911
3.20	Dietary: Payroll Taxes incl Workers Comp.	65,325		65,325
3.21	Dietary: Food	353,781		353,781
3.22	Dietary: Purchased Service	518		518
3.23	Dietary: Supplies and Expenses	42,745		42,745
3.400	Subtotal: Dietary Expenses	1,173,939		1,173,939
3.24	Housekeeping/Laundry: Salaries	442,483		442,483
3.25	Housekeeping/Laundry: Employee Benefits	22,829		22,829
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	42,718		42,718
3.27	Housekeeping/Laundry: Purchased Service			0
3.28	Housekeeping/Laundry: Supplies and Expenses	67,779		67,779
3.29	Housekeeping/Laundry: Linen and Bedding	15,778		15,778
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	591,587		591,587
3.31	Quality Assurance (QA) Professional: Salaries			0
3.32	QA Professional: Employee Benefits			0
3.33	QA Professional: Payroll Taxes incl Workers Comp.			0
3.34	QA Professional: Purchased Service			0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
3.600	Subtotal: QA Professional Expenses	0		0
3.36	Unit Clerk & Medical Records: Salaries	87,978		87,978

Skilled Nursing Facility Cost Report

BAYPOINTE REHAB CENTER

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 PM

3.37	Unit Clerk & Medical Records: Employee Benefits	4,539		4,539
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	8,494		8,494
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	101,011		101,011
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	275,829		275,829
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	14,231		14,231
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	26,629		26,629
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	1,500		1,500
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	318,189		318,189
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	563,283		563,283
3.49	Social Service Worker: Employee Benefits	29,061		29,061
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	54,380		54,380
3.51	Social Service Worker: Purchased Service	4,893		4,893
3.1000	Subtotal: Social Service Worker Expenses	651,617		651,617
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	160,672		160,672
3.60	Direct Restorative Therapy: Salaries	107,913	107,913	0

Skilled Nursing Facility Cost Report

BAYPOINTE REHAB CENTER

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 PM

3.61	Direct Restorative Therapy: Benefits	15,986	15,986	0
3.62	Direct Restorative Therapy: Consultants	543,168	543,168	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	827,739		160,672
3.64	Recreational Therapy/Activities: Salaries	263,623		263,623
3.65	Recreational Therapy/Activities: Employee Benefits	13,601		13,601
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	25,450		25,450
3.67	Recreational Therapy/Activities: Purchased Service	9,125		9,125
3.68	Recreational Therapy/Activities: Supplies and Expenses	10,895		10,895
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	322,694		322,694
3.70	Resident Care Assistant: Salaries	199,711		199,711
3.71	Resident Care Assistant: Employee Benefits	10,304		10,304
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.	19,280		19,280
3.73	Resident Care Assistant: Purchased Service			0
3.1400	Subtotal: Resident Care Assistant Expenses	229,295		229,295
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	15,009		15,009
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	18,000		18,000
3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals			0
3.86	Physician Services: Other			0
3.87	Legend Drugs	240,152	240,152	0
3.88	Personal Protective Equipment			0

Skilled Nursing Facility Cost Report**BAYPOINTE REHAB CENTER**

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 PM

3.89	House Supplies Not Resold	243,644		243,644
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents		0	0
3.92	Pharmacy Consultant			0
3.93	This line description is intentionally left blank			0
3.94	This line description is intentionally left blank			0
3.95	This line description is intentionally left blank			0
3.1600	Subtotal: Other Variable Expenses	516,805		276,653
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	5,958,964		5,051,745
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		20	20
3.98	Other Variable Recoverable Income		2,875,469	2,875,469
3.1800	Subtotal: Variable Recoverable Income	0		2,875,489
300	Total: Net Variable Expenses Including Recoverable Income	5,958,964		2,176,256

Skilled Nursing Facility Cost Report**BAYPOINTE REHAB CENTER**

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 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	19,384	(250,753)	270,137
4.2	Long-Term Interest Expense SNF-CR			0
4.3	Long-Term Interest Expense REA-CR			0
4.4	MA Corp. Excise Tax - Non-Income Portion SNF-CR			0
4.5	MA Corp. Excise Tax - Non-Income Portion REA-CR			0
4.6	Building Insurance Expense SNF-CR			0
4.7	Building Insurance Expense REA-CR		135,155	135,155
4.8	Real Estate Tax Expense SNF-CR			0
4.9	Real Estate Tax Expense REA-CR		129,197	129,197
4.10	Personal Property Tax Expense SNF-CR	16,378		16,378
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	958,616	948,174	10,442
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	1,578,299	1,578,299	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	2,572,677		561,309
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	2,572,677		561,309

Skilled Nursing Facility Cost Report**BAYPOINTE REHAB CENTER**

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 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	18,782,019		14,064,053
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	18,782,019		11,188,564

Skilled Nursing Facility Cost Report**BAYPOINTE REHAB CENTER**

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 PM

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**BAYPOINTE REHAB CENTER**

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 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	2,958	2,958	
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	77,967	77,967	
300	8070.0	TOTAL OTHER BUSINESS EXPENSES	80,925	80,925	

Skilled Nursing Facility Cost Report**BAYPOINTE REHAB CENTER**

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 PM

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	17,725,265
1A.2	Other Revenue	2,945,425
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	20,670,690
1A.4	Salaries and Wages	8,601,979
1A.5	Employee Benefits	443,801
1A.6	Supplies and Other (including Payroll Taxes)	9,122,876
1A.7	Interest Expense	
1A.8	Provision for Bad Debt	593,981
1A.9	Depreciation and Amortization Expenses	19,385
1A.200	Total Operating Expenses	18,782,022
1A.300	Income(Loss) from Operations	1,888,668
	Non-Operating Income and Expenses	
1A.10	Interest Income	125
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)	(80,925)
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	1,807,868
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)	1,807,868

Skilled Nursing Facility Cost Report
BAYPOINTE REHAB CENTER
Filing Year: 2023

Date: 12/19/2024
Time: 1:41 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)	20,670,817
2.2	Total Nursing Expenses (Schedule 3)	5,890,469
2.3	Total Administrative and General Expenses (Schedule 3)	4,359,909
2.4	Total Variable Expenses (Schedule 3)	5,958,964
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	2,572,677
2.6	Total Other Business Expenses (Schedule 4)	80,925
2.100	Subtotal: Total Facility Expenses	18,862,944
200	Cost Reported Net Income(Loss)	1,807,873

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)		1,807,868
3.2	Reconciling Item	Rounding	5
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)		1,807,873

Skilled Nursing Facility Cost Report**BAYPOINTE REHAB CENTER**

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 PM

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	234,022
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	1,874,802
1.6	Less Reserve for Bad Debt	
1.100	Subtotal: Net Patient Accounts Receivable	1,874,802
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	10,748,951
1.9	Interest Receivable	
1.10	Supply Inventory	
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	(6,464)
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	(61,231)
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	1,022
100	Total Current Assets	12,791,102

Detail of Other Current Assets

Table 1A	1	2
Line #	Description	Account Balance
1A.1	Net Payroll	1,022
1A.2	Capital Lease Assets	10,388
1A.3	Accum Amort - Capital Lease Assets	(10,388)
1A.100	Subtotal: Other Current Assets	1,022

Skilled Nursing Facility Cost Report
BAYPOINTE REHAB CENTER
Filing Year: 2023

Date: 12/19/2024
Time: 1:41 PM

Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	
2.2	Buildings	
2.3	Improvements	63,059
2.4	Equipment	61,461
2.5	Software/Limited Life Assets	423
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	124,943

Other Non-Current Assets		
Table 3		1
Line #	Description	Account Balance
3.1	Long-Term Investments	
3.2	Non-Current Assets Whose Use is Limited	
3.3	Other Deferred Charges and Non-Current Assets	2,756,296
3.4	Construction in Progress	
3.5	Mortgage Acquisition Costs	124,102
3.6	Accumulated Amortization of Mortgage Acquisition Costs	(124,102)
3.100	Net Mortgage Acquisition Costs	0
300	Total Non-Current Assets	2,756,296

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	Goodwill	2,756,296
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	2,756,296

Skilled Nursing Facility Cost Report
BAYPOINTE REHAB CENTER
Filing Year: 2023

Date: 12/19/2024
Time: 1:41 PM

Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	15,672,341

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	1,791,560
5.2	Accrued Expenses	280,114
5.3	Due to Insurance Payers	430,415
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	(20,000)
5.7	Accrued Salaries and Payroll Liabilities	800,468
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	51,604
500	Total Current Liabilities	3,334,161

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	PNA Checking Account - Due To Resid	11,720
5A.2	PNA Savings Account - Due To Reside	29,262
5A.3	Resident Council Account - Due To R	10,622
5A.100	Subtotal: Other Current Liabilities	51,604

Skilled Nursing Facility Cost Report**BAYPOINTE REHAB CENTER**

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 PM

Non-Current Liabilities

Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	
6.2	Due to Related Parties, Subsidiaries, and Affiliates	1,051,738
6.3	Other Long-Term Debt	499,900
600	Total Non-Current Liabilities	1,551,638

Total Liabilities

Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	4,885,799

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	8,279,433
8B.2	Prior Period Adjustment(s)	(5)
8B.3	Capital Contributions During the Year	900,000
8B.4	SNF-CR Net Income/(Loss)	1,807,873
8B.5	Proprietor/Partner Drawings	(200,759)
8B.100	Owner's Equity Balance: Current Year	10,786,542

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	Rounding	(5)
8D.100	Subtotal: Prior Period Adjustments	(5)

Skilled Nursing Facility Cost Report
BAYPOINTE REHAB CENTER
Filing Year: 2023

Date: 12/19/2024
Time: 1:41 PM

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)	15,672,341

Skilled Nursing Facility Cost Report

BAYPOINTE REHAB CENTER

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 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	131,964	1,625		133,589	(57,334)	(13,196)	(70,530)	63,059
1.4	Equipment	766,035		(47,737)	718,298	(650,649)	(6,188)	(656,837)	61,461
1.5	Software/Limited Life Assets	399	423		822	(399)		(399)	423
1.6	Motor Vehicles				0			0	0
100	Total	898,398	2,048	(47,737)	852,709	(708,382)	(19,384)	(727,766)	124,943

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	1,050,000					1,050,000				
2.3	Building SNF-CR						0		0		0
2.4	Building REA-CR	5,950,000					5,950,000			148,750	148,750
2.5	Improvements SNF-CR	131,964		1,625			133,589	5.00%	13,196	(6,517)	6,679
2.6	Improvements REA-CR	531,330		2,765			534,095	5.00%		26,705	26,705
2.7	Equipment SNF-CR	766,035				(47,737)	718,298	10.00%	6,188	65,641	71,829

Skilled Nursing Facility Cost Report

BAYPOINTE REHAB CENTER

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 PM

2.8	Equipment REA-CR	131,596		22,087			153,683	10.00%		15,368	15,368
2.9	Software/Limited Life Assets SNF-CR	399		423			822	33.33%	0	(274)	(274)
2.10	Software/Limited Life Assets REA-CR	3,241					3,241	33.33%		1,080	1,080
200	Total Claimed Fixed Assets	8,564,565	0	26,900	0	(47,737)	8,543,728		19,384	250,753	270,137

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1993
3.2	What was the date of the most recent assessed property value of this facility?	06/30/2022
3.3	What was the value from the most recent municipal property assessment for this facility?	4,200,000
3.4	Was there a change of ownership of this facility during the reporting period?	No
3.5	Was there a change of ownership of company that owns the real assets of the facility (realty company) during the reporting period?	No
3.6	What is the number of nursing facility resident rooms?	84
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	38,576
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	24,359
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)	143,086

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	1,807,868
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	846,542
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(3,216,099)
200	Net Cash from Operating Activities	(561,689)

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	
3.2	Cash Flows from Other Investing Activities	45,688
300	Net Cash from Investing Activities	45,688

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	1,306,180
4.3	Cash Flows from Other Financing Activities	(699,243)
400	Net Cash from Financing Activities	606,937

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	90,936
500	Cash and Cash Equivalents (End of Year)	234,022

Skilled Nursing Facility Cost Report**BAYPOINTE REHAB CENTER**

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 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	11/21/2020	169			169	169
1.2	11/21/2022	169	0		169	43
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.	169				
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	5,130			4,665		26,433
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)	15					41
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	5,145	0	0	4,665	0	26,474

Skilled Nursing Facility Cost Report
BAYPOINTE REHAB CENTER
Filing Year: 2023

Date: 12/19/2024
Time: 1:41 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
2,044	6,264							44,536
								0
								0
								0
								0
								0
								0
								0
							35	91
								0
								0
								0
2,044	6,264	0	0	0	0	0	35	44,627

Skilled Nursing Facility Cost Report**BAYPOINTE REHAB CENTER**

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 PM

Patient Statistics - Summary			
Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	319
3.2	0140.1	Number of MassHealth Admissions During Year	8
3.3	0150.0	Number of Discharges During Year	323
3.4	0190.0	Average Length of Stay	36
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	265
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	125

Skilled Nursing Facility Cost Report**BAYPOINTE REHAB CENTER**

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 PM

SCHEDULE 10 : DETAIL OF FACILITY COMPENSATION AND PURCHASED NURSING SERVICES***Detail of Staff Nursing Services Wages and Hours***

Table 1		1	2	3	4	5	6
Line #	Description	RN Wages	RN Hours	LPN Wages	LPN Hours	CNA Wages	CNA Hours
1.1	Total Base Wages	764,417	18,167.1	1,214,744	28,934.8	2,211,588	91,200.0
1.2	Total Overtime Wages	52,990	887.0	188,889	3,523.5	144,819	4,374.8
1.3	Total Shift Differential	66,510		83,248		204,023	
1.4	Total Other Differentials						
100	Total	883,917	19,054.1	1,486,881	32,458.3	2,560,430	95,574.8

Detail of Nursing Services Shift Differentials

Table 2		1	2	3	4	5
Line #	Description	Median Hourly Shift Differential: Weekday Evening	Median Hourly Shift Differential: Weekday Night	Median Hourly Shift Differential: Weekend Day	Median Hourly Shift Differential: Weekend Evening	Median Hourly Shift Differential: Weekend Night
2.1	Registered Nurses	2.00	2.50	1.50	2.50	3.50
2.2	Licensed Practical Nurses	2.00	2.50	1.50	2.50	3.50
2.3	Certified Nurse Aides	1.50	1.75	1.00	2.00	2.50

Skilled Nursing Facility Cost Report
BAYPOINTE REHAB CENTER
Filing Year: 2023

Date: 12/19/2024
Time: 1:41 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	2	1.0	2,164.0
3.2	Plant Operations	5	4.5	9,401.0
3.3	Dietary Staff	16	15.3	31,849.0
3.4	Dietician	1	0.8	1,707.0
3.5	Housekeeping/Laundry Staff	14	12.9	16,188.0
3.6	Unit Clerk & Medical Records Staff	2	1.9	3,976.0
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	4	2.9	1,743.0
3.9	Social Services Staff	7	6.4	13,245.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	6	5.9	12,246.0
3.14	Administration and Officers	2	1.9	3,901.0
3.15	Security Staff			
3.16	Clerical Staff	8	7.4	15,386.0
3.17	Director of Nurses	3	2.2	4,615.0
3.18	Registered Nurses	10	9.2	19,054.1
3.19	Licensed Practical Nurses	16	15.6	32,458.3
3.20	Certified Nurse Aides	46	45.9	95,574.8
3.21	Resident Care Assistants	5	4.1	8,465.0
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	147	137.9	271,973.2

Skilled Nursing Facility Cost Report

BAYPOINTE REHAB CENTER

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 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	Active Healthcare, Inc.	T4O9	635.0	39,380			1,227.0	38,649		
4.3	Other		1,574.0	103,898	2,388.0	131,311	191.0	6,396		
4.4	Bella Nursing Group Inc.	T6GV			2.0	184				
4.5	Mas Medical Staffing, Corp	TJ4S			275.0	16,025				
4.6	Aura Staffing	TKZV					1,139.0	40,141		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		2,209.0	143,278	2,665.0	147,520	2,557.0	85,186	0.0	0
400	Total Temporary Nursing Service Agency Expenses		2,209.0	143,278	2,665.0	147,520	2,557.0	85,186	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	Ethier	Kelly	Case Manager	Administrative & General	155,637			155,637
5.2	Kimball	Jane	ADON	Nursing	153,170			153,170
5.3	Corliss	John	Administrator	Administrative & General	189,957			189,957
5.4	Patenaude	Lauren	DON	Nursing	161,577			161,577
5.5	Smith	Debra	LPN	Nursing	162,595			162,595

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

SCHEDULE 11 : NOTES PAYABLE AND WORKING CAPITAL DEBT

Mortgages and Notes Supporting Fixed Assets

Table 1	1	2	3	4	5	6	7	8	9	10
Line / Column #	Type of Notes Payable	Lender Name	Related Party	Date Mortgage Acquired	Due Date	Number of Months Amortized	Monthly Payments	Original Loan Amount	Mortgage Acquisition Costs	Amortization of Mortgage Acquisition Costs
1.1										
100	TOTALS								0	0

Skilled Nursing Facility Cost Report
BAYPOINTE REHAB CENTER
 Filing Year: 2023

Date: 12/19/2024
 Time: 1:41 PM

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

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

Skilled Nursing Facility Cost Report

BAYPOINTE REHAB CENTER

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 PM

SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

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

Skilled Nursing Facility Cost Report

BAYPOINTE REHAB CENTER

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 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:

B) Unaudited Financial Statements: Unaudited financial statements for the reporting year.

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
04/15/2024 4:17PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Tamara Unger
11/03/2024 2:37PM	(1) Footnotes and Explanations	Footnotes & Explanations.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Tamara Unger
11/03/2024 2:37PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Tamara Unger
11/03/2024 2:37PM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Tamara Unger
11/03/2024 2:37PM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Tamara Unger

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	Tamara Unger
1.2	Nursing Facility or Firm Name	Roth & Co
1.3	Title	Senior Cost Report Specialist
1.4	Street Address	1428 36th St
1.5	City	Brooklyn
1.6	State	NY
1.7	Zip Code	11230
1.8	Phone Number	+1 (248) 968-4100
1.9	Email Address	tunger@rothcocpa@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:	11/03/2024

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

BAYPOINTE REHAB CENTER

Filing Year: 2023

Date: 12/19/2024

Time: 1:41 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	04/18/2024
2.3	Last Name	Berkowitz
2.4	First Name	Benjamin
2.5	Middle Name	
2.6	Title	Owner
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