

Skilled Nursing Facility Cost Report**BEAUMONT REHAB & SKD NATICK**

Filing Year: 2023

Date: 12/19/2024

Time: 12:05 PM

SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	BEAUMONT REHAB & SKD NATICK
1.2	MassHealth Provider ID	110026512A
1.3	Federal Employer Tax ID	043275745
1.4	VPN	0923702
1.5	Is the above information correct?	Yes
1.6	Facility Number	01134
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	3 Vision Drive
1.11	City	Natick
1.12	Zip	01760
1.13	Telephone	+1 (508) 898-3490
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.	Continuing Care Management, LLC
1.19	List the name of the entity that holds the nursing facility license.	Whitney Place at Natick
1.20	List realty company names as reported on each realty company cost report.	BWP Natick Realty, 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
BEAUMONT REHAB & SKD NATICK
Filing Year: 2023

Date: 12/19/2024
Time: 12:05 PM

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

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

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

Skilled Nursing Facility Cost Report
BEAUMONT REHAB & SKD NATICK
Filing Year: 2023

Date: 12/19/2024
Time: 12:05 PM

SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	3,015,115	(4,243)	3,010,872
1.2	Commercial Managed Care	37,189	0	37,189
1.3	Commercial Non-Managed Care	528	0	528
1.4	Medicare Fee-For-Service	1,145,822	149,051	1,294,873
1.5	Medicare Managed Care (Part C)	59,757	27,779	87,536
1.6	MassHealth Fee-for-Service	1,658,500	0	1,658,500
1.7	MassHealth Managed Care	0	0	0
1.8	Senior Care Options	425,103	15,428	440,531
1.9	OneCare	0	0	0
1.10	PACE	0	0	0
1.11	Medicaid Out-of-State	0	0	0
1.12	Medicaid Patient Paid Amount	680,097	0	680,097
1.13	DTA & EAEDC	0	0	0
1.14	Veteran's Affairs & Other Public	0	0	0
1.15	Other Payer Revenue	0	0	0
100	Total Nursing Facility Revenue	7,022,111	188,015	7,210,126

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**BEAUMONT REHAB & SKD NATICK**

Filing Year: 2023

Date: 12/19/2024

Time: 12:05 PM

Other Nursing Facility Revenue

Table 3		1
Line #	Description	Revenue
3.1	Total Other Business Revenue	7,449,970
3.2	Endowment and Other Non-Recoverable Revenue	133,091
3.3	Laundry Revenue	0
3.4	Vending Machine Revenue	0
3.5	Recovery of Bad Debts	0
3.6	Prior Year Retroactive Revenue	0
3.7	Interest Income	(118)
3.8	Nurses' Aide Training Revenue	0
3.9	Administrative and General Recoverable Revenue	0
3.10	Nursing Recoverable Revenue	0
3.11	Variable Recoverable Revenue	(6,106)
3.12	Fixed Cost Recoverable Revenue	0
300	Total Other Nursing Facility Revenue	7,576,837

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)	Income - Exchange/Refund	57,936
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Income Salon	(3,894)
4.3	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Income - Rent-Non Residents	83,015
4.4	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Interest Income	(221)
4.5	Other Endowment and Non-Recoverable Revenue		(3,745)
400	Total Endowment and Non-Recoverable Revenue		133,091

Total Revenue

Table 5		1
Line #	Description	Total
500	Total Revenue	14,786,963

Skilled Nursing Facility Cost Report
BEAUMONT REHAB & SKD NATICK
Filing Year: 2023

Date: 12/19/2024
Time: 12:05 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	113,772		113,772
1.2	Director of Nurses: Employee Benefits	6,988	666	6,322
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	10,539		10,539
1.4	Director of Nurses Purchased Service: Per Diem	0		0
1.5	Director of Nurses Purchased Service: Temporary Agency Staff	0		0
1.6	Director of Nurses Add-back (MGT-CR Sch 6)			0
1.100	Subtotal: Director of Nurses Expenses	131,299		130,633
1.7	Registered Nurses: Salaries	322,927		322,927
1.8	Registered Nurses: Employee Benefits	19,833	1,890	17,943
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	29,915		29,915
1.10	Registered Nurses Purchased Service: Per Diem	0		0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	182,425	#Error	182,425
1.200	Subtotal: Registered Nurses Expenses	555,100		553,210
1.12	Licensed Practical Nurses: Salaries	1,172,108		1,172,108
1.13	Licensed Practical Nurses: Employee Benefits	71,988	6,860	65,128
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	108,580		108,580
1.15	Licensed Practical Nurses Purchased Service: Per Diem	0		0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	215,439		215,439
1.300	Subtotal: Licensed Practical Nurses Expenses	1,568,115		1,561,255
1.17	Certified Nurse Aides: Salaries	1,175,472		1,175,472
1.18	Certified Nurse Aides: Employee Benefits	72,195	6,879	65,316
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	108,893		108,893
1.20	Certified Nurse Aides Purchased Service: Per Diem	0		0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	79,575		79,575
1.400	Subtotal: Certified Nurse Aides Expenses	1,436,135		1,429,256

Skilled Nursing Facility Cost Report

BEAUMONT REHAB & SKD NATICK

Filing Year: 2023

Date: 12/19/2024

Time: 12:05 PM

1.22	Nurse's Aide Training Administration	0	0	0
1.23	Nursing Education and Training	0		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	3,690,649		3,674,354

Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		0	0
1.27	Nurses' Aide Training Recoverable Income		0	0
1.700	Subtotal: Nursing & Director of Nursing Recoverable Income	0		0
100	Total: Net Nursing Expenses Including Recoverable Income	3,690,649		3,674,354

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	192,374		192,374
2.2	Administration: Employee Benefits	11,815	1,126	10,689
2.3	Administration: Payroll Taxes incl Workers Comp.	17,821		17,821
2.4	Administration: Purchased Service	0		0
2.5	Officers: Total Compensation	0	0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	222,010		220,884
2.7	Clerical Staff: Salaries	122,964		122,964
2.8	Clerical Staff: Employee Benefits	7,552	720	6,832
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	11,391		11,391
2.10	Clerical Staff: Purchased Service	0		0
2.200	Subtotal: Clerical Staff Expenses	141,907		141,187
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	115,669		115,669
2.12	Office Supplies	49,911		49,911
2.13	Telecommunications (e.g. Internet, Phone)	3,902		3,902

Skilled Nursing Facility Cost Report
BEAUMONT REHAB & SKD NATICK
Filing Year: 2023

Date: 12/19/2024
Time: 12:05 PM

2.14	Other Telecommunications (e.g. tablets to support family and resident communications)	0		0
2.15	Travel: Conventions & Meetings	4,193		4,193
2.16	Advertising: Help Wanted	22,667		22,667
2.17	Licenses and Dues: Patient Care Related Portion	12,532	615	11,917
2.18	Continuing Professional Education / Training and Development	3,350		3,350
2.19	Accounting Services (Not related to appeals)	44,083		44,083
2.20	Insurance: Malpractice & General Liability	14,133		14,133
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion	0		0
2.22	Other A & G Expenses	27,216	17,469	9,747
2.23	Non-Allowable A & G Expenses	957,939	957,939	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		58,947	58,947
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		354,965	354,965
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		3,650	3,650
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	1,255,595		697,134
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	1,619,512		1,059,205
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		0	0
2.500	Subtotal: Administrative & General Recoverable Income	0		0
200	Total: Net Administrative & General Expenses After Recoverable Income	1,619,512		1,059,205

Skilled Nursing Facility Cost Report
BEAUMONT REHAB & SKD NATICK
 Filing Year: 2023

Date: 12/19/2024
 Time: 12:05 PM

Detail of Other A&G Expenses		
Table 2A	1	2
Line #	Description	Amount
2A.1	Bank Service Charges	17,011
2A.2	Bank Service Charges	8,535
2A.3	Admin Expense - Misc.	1,610
2A.4	Admin - Meals Tax	60
2A.5		
2A.6		
2A.7		
2A.8		
2A.9		
2A.10		
2A.100	Subtotal: Other A&G Expenses	27,216

Skilled Nursing Facility Cost Report
BEAUMONT REHAB & SKD NATICK
Filing Year: 2023

Date: 12/19/2024
Time: 12:05 PM

Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	115,686
2B.2	Licenses and Dues: Not Related to Resident Care	0
2B.3	Accounting: Appeal Service	0
2B.4	Legal: Appeal Service and DALA Filing Fees	0
2B.5	Legal: Resident Care	0
2B.6	Legal: Other	11,181
2B.7	Key Person Insurance	0
2B.8	Management Company Fees	341,155
2B.9	Management Consultants	0
2B.10	Interest on Working Capital	0
2B.11	Fines, Late Fees, Penalties, including Interest	10,067
2B.12	State and Federal Income Taxes	0
2B.13	Pre-Opening Expenses	0
2B.14	Bad Debt Expense	94,052
2B.15	User Fee Assessment	385,798
2B.16	Other Non-Allowable A&G Expenses	0
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	957,939

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	0		0
3.2	Staff Dev. Coord.: Employee Benefits	0		0
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	0		0
3.4	Staff Dev. Coord.: Purchased Service	0		0
3.100	Subtotal: Staff Development Coordinator Expenses	0		0
3.5	Plant Operation: Salaries	148,589		148,589
3.6	Plant Operation: Employee Benefits	9,126	870	8,256
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	13,765		13,765

Skilled Nursing Facility Cost Report
BEAUMONT REHAB & SKD NATICK
Filing Year: 2023

Date: 12/19/2024
Time: 12:05 PM

3.8	Plant Operation: Purchased Service	44,286		44,286
3.9	Plant Operation: Supplies and Expenses	20,627		20,627
3.10	Plant Operation: Utilities	194,664		194,664
3.11	Plant Operation: Repairs	47,530		47,530
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	478,587		477,717
3.13	Dietician: Salaries	0		0
3.14	Dietician: Employee Benefits	0		0
3.15	Dietician: Payroll Taxes incl Workers Comp.	0		0
3.16	Dietician: Purchased Service	78		78
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)		1,184	1,184
3.300	Subtotal: Dietician Expenses	78		1,262
3.18	Dietary: Salaries	901,228		901,228
3.19	Dietary: Employee Benefits	55,351	5,275	50,076
3.20	Dietary: Payroll Taxes incl Workers Comp.	83,487		83,487
3.21	Dietary: Food	150,905		150,905
3.22	Dietary: Purchased Service	0		0
3.23	Dietary: Supplies and Expenses	35,738		35,738
3.400	Subtotal: Dietary Expenses	1,226,709		1,221,434
3.24	Housekeeping/Laundry: Salaries	0		0
3.25	Housekeeping/Laundry: Employee Benefits	0		0
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	0		0
3.27	Housekeeping/Laundry: Purchased Service	146,174		146,174
3.28	Housekeeping/Laundry: Supplies and Expenses	22,987		22,987
3.29	Housekeeping/Laundry: Linen and Bedding	0		0
3.30	Housekeeping/Laundry: Special Cleaning	0		0
3.500	Subtotal: Housekeeping/Laundry Expenses	169,161		169,161
3.31	Quality Assurance (QA) Professional: Salaries	0		0
3.32	QA Professional: Employee Benefits	0		0
3.33	QA Professional: Payroll Taxes incl Workers Comp.	0		0
3.34	QA Professional: Purchased Service	0		0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)		13,627	13,627
3.600	Subtotal: QA Professional Expenses	0		13,627
3.36	Unit Clerk & Medical Records: Salaries	0		0

Skilled Nursing Facility Cost Report

BEAUMONT REHAB & SKD NATICK

Filing Year: 2023

Date: 12/19/2024

Time: 12:05 PM

3.37	Unit Clerk & Medical Records: Employee Benefits	0		0
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	0		0
3.39	Unit Clerk & Medical Records: Purchased Service	0		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	166,924		166,924
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	10,252	977	9,275
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	15,463		15,463
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	8,325		8,325
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	200,964		199,987
3.44	Behavioral Health Specialist: Salaries	0		0
3.45	Behavioral Health Specialist: Employee Benefits	0		0
3.46	Behavioral Health Specialist: Payroll Taxes incl Workers Comp.	0		0
3.47	Behavioral Health Specialist: Purchased Service	0		0
3.900	Subtotal: Behavioral Health Specialist Expenses	0		0
3.48	Social Service Worker: Salaries	137,478		137,478
3.49	Social Service Worker: Employee Benefits	8,444	805	7,639
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	12,736		12,736
3.51	Social Service Worker: Purchased Service	7,536		7,536
3.1000	Subtotal: Social Service Worker Expenses	166,194		165,389
3.52	Interpreters: Salaries	0		0
3.53	Interpreters: Employee Benefits	0		0
3.54	Interpreters: Payroll Taxes incl Workers Comp.	0		0
3.55	Interpreters: Purchased Service	0		0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries	0		0
3.57	Indirect Restorative Therapy: Employee Benefits	0		0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.	0		0
3.59	Indirect Restorative Therapy: Consultants	101,568		101,568
3.60	Direct Restorative Therapy: Salaries	0	0	0

Skilled Nursing Facility Cost Report
BEAUMONT REHAB & SKD NATICK
Filing Year: 2023

Date: 12/19/2024
Time: 12:05 PM

3.61	Direct Restorative Therapy: Benefits	0	0	0
3.62	Direct Restorative Therapy: Consultants	251,831	251,831	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)		14,448	14,448
3.1200	Subtotal: Restorative Therapy Expenses	353,399		116,016
3.64	Recreational Therapy/Activities: Salaries	347,101		347,101
3.65	Recreational Therapy/Activities: Employee Benefits	21,318	2,032	19,286
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	32,154		32,154
3.67	Recreational Therapy/Activities: Purchased Service	22,260		22,260
3.68	Recreational Therapy/Activities: Supplies and Expenses	12,068		12,068
3.69	Recreational Therapy/Activities: Transportation	0	0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	434,901		432,869
3.70	Resident Care Assistant: Salaries	0		0
3.71	Resident Care Assistant: Employee Benefits	0		0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.	0		0
3.73	Resident Care Assistant: Purchased Service	0		0
3.1400	Subtotal: Resident Care Assistant Expenses	0		0
3.74	Security: Salaries	0		0
3.75	Security: Employee Benefits	0		0
3.76	Security: Payroll Taxes including Workers Comp.	0		0
3.77	Security: Purchased Service	0		0
3.1500	Subtotal: Security Expenses	0		0
3.78	Travel: Motor Vehicle Expense	12,610		12,610
3.79	Variable Other Required Education	0		0
3.80	Variable Job Related Education	0		0
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion	0		0
3.82	Physician Services: Medical Director	36,962		36,962
3.83	Physician Services: Advisory Physician	0		0
3.84	Physician Services: Utilization Review Committee	0		0
3.85	Physician Services: Employee Physicals	0		0
3.86	Physician Services: Other	0		0
3.87	Legend Drugs	79,394	79,394	0
3.88	Personal Protective Equipment	188		188

Skilled Nursing Facility Cost Report
BEAUMONT REHAB & SKD NATICK
Filing Year: 2023

Date: 12/19/2024
Time: 12:05 PM

3.89	House Supplies Not Resold	221,176		221,176
3.90	House Supplies Resold to Private Residents	0	0	0
3.91	House Supplies Resold to Public Residents	0	0	0
3.92	Pharmacy Consultant	4,850		4,850
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	355,180		275,786
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	3,385,173		3,073,248
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		(6,106)	(6,106)
3.1800	Subtotal: Variable Recoverable Income	0		(6,106)
300	Total: Net Variable Expenses Including Recoverable Income	3,385,173		3,079,354

Skilled Nursing Facility Cost Report
BEAUMONT REHAB & SKD NATICK
Filing Year: 2023

Date: 12/19/2024
Time: 12:05 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	113,332	(196,276)	309,608
4.2	Long-Term Interest Expense SNF-CR	0		0
4.3	Long-Term Interest Expense REA-CR		251,065	251,065
4.4	MA Corp. Excise Tax - Non-Income Portion SNF-CR	0		0
4.5	MA Corp. Excise Tax - Non-Income Portion REA-CR			0
4.6	Building Insurance Expense SNF-CR	0		0
4.7	Building Insurance Expense REA-CR		20,615	20,615
4.8	Real Estate Tax Expense SNF-CR	0		0
4.9	Real Estate Tax Expense REA-CR		77,357	77,357
4.10	Personal Property Tax Expense SNF-CR	2,551		2,551
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	0		0
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	724,603	724,603	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	840,486		661,196
Less: Capital & Fixed Cost Expense Recoverable Income				
4.17	Fixed Cost Recoverable Income SNF-CR		0	0
4.18	Fixed Cost Recoverable Income REA-CR		0	0
4.200	Subtotal: Capital & Fixed Cost Recoverable Income	0		0
400	Total: Net Capital & Fixed Cost Expenses Including Recoverable Income	840,486		661,196

Skilled Nursing Facility Cost Report**BEAUMONT REHAB & SKD NATICK**

Filing Year: 2023

Date: 12/19/2024

Time: 12:05 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	9,535,820		8,468,003
Total Combined Expenses Net of Recoverable Income				
Table 6		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
600	Total Combined Expenses Net of Recoverable Income	9,535,820		8,474,109

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	Yes
1.3	Assisted Living	Yes
1.4	Outpatient Services	No
1.5	Chapter 766 Education Program	No
1.6	Ventilator Program	No
1.7	Acquired Brain Injury Unit	No
1.8	MS/ALS Program	No
1.9	Other Special Program	No
1.10	Hospital – Other Business	No
1.11	Residential Care	No
1.12	Does the nursing facility have other business activities not listed above?	No
1.13	Describe the other business activities:	N/A

Other Business Revenue			
Table 2			1
Line / Column #	Account	Description	Reported
2.1	3025.3	Adult Day Health Revenue	0
2.2	3025.6	Child Day Care Revenue	1,050,378
2.3	3025.4	Assisted Living Revenue	6,399,592
2.4	3025.5	Outpatient Services Revenue	0
2.5	3025.7	Other Special Program Revenue	0
2.6	3026.1	Hospital Revenue – Other Business	0
2.7	3026.3	Residential Care Revenue	0
2.8	3026.2	Other	0
200	3026.0	TOTAL OTHER BUSINESS REVENUE	7,449,970

Skilled Nursing Facility Cost Report
BEAUMONT REHAB & SKD NATICK
Filing Year: 2023

Date: 12/19/2024
Time: 12:05 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	0	
3.2	8041.0	Child Day Care Expenses	880,090	880,090	
3.3	8045.0	Assisted Living Expenses	4,669,083	4,669,083	
3.4	8046.0	Outpatient Service Expenses	0	0	
3.5	8047.0	Chapter 766 Education Program Expenses	0	0	
3.6	8048.0	Ventilator Program Expenses	0	0	
3.7	8049.0	Acquired Brain Injury Unit Expenses	0	0	
3.8	8042.0	MS/ALS Program Expenses	0	0	
3.9	8050.0	Other Special Program Expenses	0	0	
3.10	8060.0	Hospital Expenses - Other Business	0	0	
3.11	8065.0	Other	0	0	
300	8070.0	TOTAL OTHER BUSINESS EXPENSES	5,549,173	5,549,173	

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	14,660,096
1A.2	Other Revenue	126,867
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	14,786,963
1A.4	Salaries and Wages	4,800,937
1A.5	Employee Benefits	294,862
1A.6	Supplies and Other (including Payroll Taxes)	9,781,810
1A.7	Interest Expense	0
1A.8	Provision for Bad Debt	94,052
1A.9	Depreciation and Amortization Expenses	113,332
1A.200	Total Operating Expenses	15,084,993
1A.300	Income(Loss) from Operations	(298,030)
	Non-Operating Income and Expenses	
1A.10	Interest Income	
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	(298,030)
1A.15	Provision for Income Tax	
1A.16	Extraordinary Items	0
1A.17	Cumulative Change in Accounting Principles	
1A.500	Financial Statement Net Income(Loss)	(298,030)

Skilled Nursing Facility Cost Report
BEAUMONT REHAB & SKD NATICK
Filing Year: 2023

Date: 12/19/2024
Time: 12:05 PM

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

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

Skilled Nursing Facility Cost Report
BEAUMONT REHAB & SKD NATICK
Filing Year: 2023

Date: 12/19/2024
Time: 12:05 PM

Cost Reported Statement of Operations		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	14,786,963
2.2	Total Nursing Expenses (Schedule 3)	3,690,649
2.3	Total Administrative and General Expenses (Schedule 3)	1,619,512
2.4	Total Variable Expenses (Schedule 3)	3,385,173
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	840,486
2.6	Total Other Business Expenses (Schedule 4)	5,549,173
2.100	Subtotal: Total Facility Expenses	15,084,993
200	Cost Reported Net Income(Loss)	(298,030)

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)		(298,030)
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)		(298,030)

Skilled Nursing Facility Cost Report
BEAUMONT REHAB & SKD NATICK
Filing Year: 2023

Date: 12/19/2024
Time: 12:05 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	326,634
1.2	Short-Term Investments	0
1.3	Current Portion Assets Whose Use is Limited	0
1.4	Other Cash and Equivalents	0
1.5	Payer Accounts Receivable	880,735
1.6	Less Reserve for Bad Debt	(126,794)
1.100	Subtotal: Net Patient Accounts Receivable	753,941
1.7	Receivable from Officers/Owners/Employees	0
1.8	Receivable from Affiliates/Related Parties	371,519
1.9	Interest Receivable	0
1.10	Supply Inventory	0
1.11	Other Receivables	0
1.12	Prepaid Interest	0
1.13	Prepaid Insurance	30,157
1.14	Prepaid Taxes	2,610
1.15	Other Prepaid Expenses	33,115
1.16	Capitalized Pre-Opening Costs	0
1.17	Other Current Assets	0
100	Total Current Assets	1,517,976

Skilled Nursing Facility Cost Report
BEAUMONT REHAB & SKD NATICK
Filing Year: 2023

Date: 12/19/2024
Time: 12:05 PM

<i>Detail of Other Current Assets</i>		
Table 1A	1	2
Line #	Description	Account Balance
1A.1		
1A.2		
1A.3		
1A.4		
1A.5		
1A.6		
1A.7		
1A.8		
1A.9		
1A.10		
1A.100	Subtotal: Other Current Assets	0
<i>Non-Current Fixed Assets</i>		
Table 2	1	
Line #	Description	Account Balance
2.1	Land	0
2.2	Buildings	0
2.3	Improvements	0
2.4	Equipment	324,849
2.5	Software/Limited Life Assets	5,016
2.6	Motor Vehicles	0
200	Total Non-Current Fixed Assets	329,865

Skilled Nursing Facility Cost Report
BEAUMONT REHAB & SKD NATICK
Filing Year: 2023

Date: 12/19/2024
Time: 12:05 PM

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

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

Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	1,847,841

Skilled Nursing Facility Cost Report
BEAUMONT REHAB & SKD NATICK
Filing Year: 2023

Date: 12/19/2024
Time: 12:05 PM

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	1,945,464
5.2	Accrued Expenses	228,766
5.3	Due to Insurance Payers	0
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	0
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	0
5.7	Accrued Salaries and Payroll Liabilities	566,872
5.8	State and Federal Taxes Payable	59,758
5.9	Accrued Interest Payable	0
5.10	Other Current Liabilities	406,790
500	Total Current Liabilities	3,207,650

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Exchange Refund	50
5A.2	Deferred Revenue	(3,128)
5A.3	Deferred Compensation	245,857
5A.4	Last Months Monthly Service Fe	164,011
5A.5		
5A.6		
5A.7		
5A.8		
5A.9		
5A.10		
5A.100	Subtotal: Other Current Liabilities	406,790

Skilled Nursing Facility Cost Report
BEAUMONT REHAB & SKD NATICK
Filing Year: 2023

Date: 12/19/2024
Time: 12:05 PM

Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	0
6.2	Due to Related Parties, Subsidiaries, and Affiliates	0
6.3	Other Long-Term Debt	0
600	Total Non-Current Liabilities	0

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	3,207,650

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	(1,349,543)
8B.2	Prior Period Adjustment(s)	287,764
8B.3	Capital Contributions During the Year	0
8B.4	SNF-CR Net Income/(Loss)	(298,030)
8B.5	Proprietor/Partner Drawings	0
8B.100	Owner's Equity Balance: Current Year	(1,359,809)

Skilled Nursing Facility Cost Report
BEAUMONT REHAB & SKD NATICK
Filing Year: 2023

Date: 12/19/2024
Time: 12:05 PM

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	287,764
8D.2		
8D.3		
8D.4		
8D.5		
8D.6		
8D.7		
8D.8		
8D.9		
8D.10		
8D.100	Subtotal: Prior Period Adjustments	287,764
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)	1,847,841

Skilled Nursing Facility Cost Report

BEAUMONT REHAB & SKD NATICK

Filing Year: 2023

Date: 12/19/2024

Time: 12:05 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				0
1.2	Building		0		0		0	0	0
1.3	Improvements		0		0		0	0	0
1.4	Equipment	3,352,968	41,570		3,394,538	(2,966,387)	(103,302)	(3,069,689)	324,849
1.5	Software/Limited Life Assets	62,285	0		62,285	(47,239)	(10,030)	(57,269)	5,016
1.6	Motor Vehicles		0		0		0	0	0
100	Total	3,415,253	41,570	0	3,456,823	(3,013,626)	(113,332)	(3,126,958)	329,865

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	746,249					746,249				
2.3	Building SNF-CR						0	0.00%	0		0
2.4	Building REA-CR	6,013,768					6,013,768	0.00%		150,344	150,344
2.5	Improvements SNF-CR						0	5.00%	0		0
2.6	Improvements REA-CR	677,016		98,363			775,379	5.00%		38,769	38,769
2.7	Equipment SNF-CR	1,425,839		41,570			1,467,409	10.00%	103,302		103,302

Skilled Nursing Facility Cost Report

BEAUMONT REHAB & SKD NATICK

Filing Year: 2023

Date: 12/19/2024

Time: 12:05 PM

2.8	Equipment REA-CR	3,061		68,568			71,629	10.00%		7,163	7,163
2.9	Software/Limited Life Assets SNF-CR	60,171					60,171	33.33%	10,030		10,030
2.10	Software/Limited Life Assets REA-CR						0	33.33%			0
200	Total Claimed Fixed Assets	8,926,104	0	208,501	0	0	9,134,605		113,332	196,276	309,608

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1997
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?	14,987,200
3.4	Was there a change of ownership of this facility during the reporting period?	No
3.5	Was there a change of ownership of company that owns the real assets of the facility (realty company) during the reporting period?	No
3.6	What is the number of nursing facility resident rooms?	53
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	36,727
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	12,677
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	10,000
3.10	What is the total acreage of the facility site?	4.0
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	Yes

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)	291,410

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(298,030)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	
2.3	Increases (Decreases) to Cash Provided by Operating Activities	374,824
200	Net Cash from Operating Activities	76,794

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(41,570)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(41,570)

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

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	35,224
500	Cash and Cash Equivalents (End of Year)	326,634

Skilled Nursing Facility Cost Report
BEAUMONT REHAB & SKD NATICK
Filing Year: 2023

Date: 12/19/2024
Time: 12:05 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	06/06/2021	53			53	53
1.2	06/06/2023	53	0		53	53
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.	53				
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	5,741	28	3	1,787	166	7,528
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)						
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	5,741	28	3	1,787	166	7,528

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
	1,432						440	17,125
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
0	1,432	0	0	0	0	0	440	17,125

Skilled Nursing Facility Cost Report**BEAUMONT REHAB & SKD NATICK**

Filing Year: 2023

Date: 12/19/2024

Time: 12:05 PM

Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	112
3.2	0140.1	Number of MassHealth Admissions During Year	4
3.3	0150.0	Number of Discharges During Year	123
3.4	0190.0	Average Length of Stay	139
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	101
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	51

Skilled Nursing Facility Cost Report
BEAUMONT REHAB & SKD NATICK
Filing Year: 2023

Date: 12/19/2024
Time: 12:05 PM

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	257,228	5,162.0	893,804	21,413.0	814,968	36,740.0
1.2	Total Overtime Wages	29,617	439.0	249,006	3,961.0	311,658	9,368.0
1.3	Total Shift Differential	36,004		25,608		48,537	
1.4	Total Other Differentials	78		3,690		309	
100	Total	322,927	5,601.0	1,172,108	25,374.0	1,175,472	46,108.0

<i>Detail of Nursing Services Shift Differentials</i>						
Table 2		1	2	3	4	5
Line #	Description	Median Hourly Shift Differential: Weekday Evening	Median Hourly Shift Differential: Weekday Night	Median Hourly Shift Differential: Weekend Day	Median Hourly Shift Differential: Weekend Evening	Median Hourly Shift Differential: Weekend Night
2.1	Registered Nurses	1.00	2.00	1.00	2.00	3.00
2.2	Licensed Practical Nurses	1.00	1.50	2.00	3.00	3.50
2.3	Certified Nurse Aides	1.00	1.50	1.00	2.00	2.50

Skilled Nursing Facility Cost Report
BEAUMONT REHAB & SKD NATICK
Filing Year: 2023

Date: 12/19/2024
Time: 12:05 PM

<i>Detail of Staff and Hours by Position</i>				
Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development	0		
3.2	Plant Operations	2	2.1	4,378.0
3.3	Dietary Staff	20	20.4	42,452.0
3.4	Dietician	0		
3.5	Housekeeping/Laundry Staff	0		
3.6	Unit Clerk & Medical Records Staff	0		
3.7	Quality Assurance	0		
3.8	MMQ Nurses and MDS Coordinator	1	1.4	2,984.0
3.9	Social Services Staff	1	1.5	3,077.0
3.10	Interpreters	0		
3.11	Restorative Therapy - Direct Staff	0		
3.12	Restorative Therapy - Indirect Staff	0		
3.13	Recreational Staff	7	7.0	14,650.0
3.14	Administration and Officers	1	0.9	1,888.0
3.15	Security Staff	0		
3.16	Clerical Staff	3	2.8	5,784.0
3.17	Director of Nurses	1	0.7	1,504.0
3.18	Registered Nurses	3	2.7	5,601.0
3.19	Licensed Practical Nurses	12	12.2	25,374.0
3.20	Certified Nurse Aides	22	22.2	46,108.0
3.21	Resident Care Assistants	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	73	73.9	153,800.0

Skilled Nursing Facility Cost Report
BEAUMONT REHAB & SKD NATICK
Filing Year: 2023

Date: 12/19/2024
Time: 12:05 PM

<i>Detail of Purchased Nursing Services</i>										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges
Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies			#Error						
Registered Temporary Nursing Service Agencies										
4.2	Other		91.5	18,313	77.8	10,538				
4.3	Elite Care Agency Inc	T032	805.5	66,461	139.7	10,107	442.2	16,743		
4.4	EXPRESS HEALTHCARE GROUP INC	TQAG	667.7	51,365	1,121.6	83,413	625.0	23,612		
4.5	Intelycare, Inc.	TM7F	147.7	11,552	255.2	17,822	116.3	4,535		
4.6	Other		194.0	18,476	303.4	22,167				
4.7	P & N Vision Home Health Care Services Inc	T010	16.0	1,240			209.5	8,310		
4.8	Other		154.3	11,422	826.0	62,350	555.4	20,635		
4.9			4.0	428	62.8	4,276				
4.10	Unicorn Healthcare Services	TKFO	43.2	3,168	32.0	2,414				
4.11	Other				39.0	2,352				
4.12	Other						114.0	5,740		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		2,123.9	182,425	2,857.5	215,439	2,062.4	79,575	0.0	0
400	Total Temporary Nursing Service Agency Expenses		2,123.9	182,425	2,857.5	215,439	2,062.4	79,575	0.0	0

Skilled Nursing Facility Cost Report**BEAUMONT REHAB & SKD NATICK**

Filing Year: 2023

Date: 12/19/2024

Time: 12:05 PM

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	Genece Sylvestre	Lourcie	LPN	Nursing	190,190			190,190
5.2	Baker	Nicholas	Executive Director	Administrative & General	190,297			190,297
5.3	Mugera	Jackie	LPN	Nursing	163,700			163,700
5.4	Prophete	Carline	DNS	Nursing	160,673			160,673
5.5	Wamushiya	Christine	LPN	Nursing	156,700			156,700

Earnings and Compensation Disclosures

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

Partnership, Limited Liability Company (LLC)

6B.1									0
6B.2									0
6B.3									0
6B.4									0
6B.5									0
6B.6									0
									0

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										
1.2										
1.3										
1.4										
1.5										
100	TOTALS								0	0

Skilled Nursing Facility Cost Report
BEAUMONT REHAB & SKD NATICK
Filing Year: 2023

Date: 12/19/2024
Time: 12:05 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
					0				0
					0				0
					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		
2.2							0		
2.3							0		
2.4							0		
2.5							0		
200	Total Working Capital Interest						0		0

SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

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

Skilled Nursing Facility Cost Report

BEAUMONT REHAB & SKD NATICK

Filing Year: 2023

Date: 12/19/2024

Time: 12:05 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
05/16/2024 4:57PM	(1) Footnotes and Explanations	Footnotes and Explanations.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Timothy Mikita
05/16/2024 4:57PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Timothy Mikita
05/16/2024 4:57PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Timothy Mikita
05/16/2024 4:57PM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Timothy Mikita

SCHEDULE 13 : SUBMISSION AND ATTESTATION

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

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

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

1.1	Preparer Name	Matthew S. Bovolack
1.2	Nursing Facility or Firm Name	Marcum LLP
1.3	Title	Principal
1.4	Street Address	555 Long Wharf Drive
1.5	City	New Haven
1.6	State	Connecticut
1.7	Zip Code	06511
1.8	Phone Number	+1 (203) 781-9680
1.9	Email Address	Matthew.Bovolack@marcumllp.com
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	11/20/2024

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.

--	--	--

Skilled Nursing Facility Cost Report

BEAUMONT REHAB & SKD NATICK

Filing Year: 2023

Date: 12/19/2024

Time: 12:05 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	11/22/2024
2.3	Last Name	Salmon
2.4	First Name	Daniel
2.5	Middle Name	J.
2.6	Title	Chairman
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