

**Skilled Nursing Facility Cost Report****OAK KNOLL HEALTHCARE CENTER**

Filing Year: 2023

Date: 09/19/2024

Time: 3:24 PM

**SCHEDULE 1 : GENERAL INFORMATION****Facility Information**

<b>Table 1</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	
1.1	Facility Name	OAK KNOLL HEALTHCARE CENTER
1.2	MassHealth Provider ID	110026457B
1.3	Federal Employer Tax ID	043273421
1.4	VPN	0950022
1.5	Is the above information correct?	Yes
1.6	Facility Number	01123
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	9 Arbetter Drive
1.11	City	Framingham
1.12	Zip	01701
1.13	Telephone	+1 (508) 877-3300
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	MA Corp (Chapter 156B)
1.18	List the name of the management company as reported on the management company cost report.	Greenleaf VI II, Inc.
1.19	List the name of the entity that holds the nursing facility license.	Oak Knoll Healthcare Center
1.20	List realty company names as reported on each realty company cost report.	Arbetter Associates Limited Partnership
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**  
**OAK KNOLL HEALTHCARE CENTER**  
Filing Year: 2023

Date: 09/19/2024  
Time: 3:24 PM

<b>Contact Information</b>		
<b>Table 2</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	
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) 781-9600
2.9	Email Address	Matthew.Bovolack@marcumllp.com

<b>Preparer Information</b>		
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.		
<b>Table 3</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	
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) 781-9600
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**  
**OAK KNOLL HEALTHCARE CENTER**  
Filing Year: 2023

Date: 09/19/2024  
Time: 3:24 PM

**SCHEDULE 2 : REVENUE**

<b>Nursing Facility Revenue</b>				
<b>Table 1</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Payer</b>	<b>Routine Revenue</b>	<b>Ancillary Revenue</b>	<b>Total Revenue</b>
1.1	Private Pay	2,253,700	1,262	2,254,962
1.2	Commercial Managed Care	188,172	0	188,172
1.3	Commercial Non-Managed Care	0	0	0
1.4	Medicare Fee-For-Service	2,990,000	183,707	3,173,707
1.5	Medicare Managed Care (Part C)	1,150,793	115,908	1,266,701
1.6	MassHealth Fee-for-Service	5,289,204	0	5,289,204
1.7	MassHealth Managed Care	0	0	0
1.8	Senior Care Options	754,056	0	754,056
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	1,020,945	0	1,020,945
1.13	DTA & EAEDC	0	0	0
1.14	Veteran's Affairs & Other Public	0	0	0
1.15	Other Payer Revenue	260,752	0	260,752
<b>100</b>	<b>Total Nursing Facility Revenue</b>	<b>13,907,622</b>	<b>300,877</b>	<b>14,208,499</b>

<b>Detail of Ancillary Revenue</b>			
<b>Table 2</b>		<b>1</b>	<b>2</b>
<b>Line #</b>	<b>Description</b>	<b>Type</b>	<b>Ancillary Revenue</b>
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		
<b>200</b>	<b>Total Ancillary Revenue</b>		

**Skilled Nursing Facility Cost Report**  
**OAK KNOLL HEALTHCARE CENTER**  
Filing Year: 2023

Date: 09/19/2024  
Time: 3:24 PM

<b>Other Nursing Facility Revenue</b>		
<b>Table 3</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Revenue</b>
3.1	Total Other Business Revenue	0
3.2	Endowment and Other Non-Recoverable Revenue	49,776
3.3	Laundry Revenue	0
3.4	Vending Machine Revenue	0
3.5	Recovery of Bad Debts	14,860
3.6	Prior Year Retroactive Revenue	107,539
3.7	Interest Income	(7)
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	266,427
3.12	Fixed Cost Recoverable Revenue	0
<b>300</b>	<b>Total Other Nursing Facility Revenue</b>	<b>438,595</b>

<b>Detail of Endowment and Non-Recoverable Revenue</b>			
<b>Table 4</b>		<b>1</b>	<b>2</b>
<b>Line #</b>	<b>Description</b>	<b>Type</b>	<b>Revenue</b>
4.1	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Covid Lab Testing - Employee	49,776
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		
<b>400</b>	<b>Total Endowment and Non-Recoverable Revenue</b>		<b>49,776</b>

<b>Total Revenue</b>		
<b>Table 5</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Total</b>
<b>500</b>	<b>Total Revenue</b>	<b>14,647,094</b>

**Skilled Nursing Facility Cost Report**  
**OAK KNOLL HEALTHCARE CENTER**  
Filing Year: 2023

Date: 09/19/2024  
Time: 3:24 PM

**SCHEDULE 3 : EXPENSES**

**Nursing Expenses**

<b>Table 1</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>	<b>Non-Allowable Expenses and Add -backs</b>	<b>Total Allowable Expenses</b>
1.1	Director of Nurses: Salaries	140,087		140,087
1.2	Director of Nurses: Employee Benefits	7,154	164	6,990
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	13,455		13,455
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
<b>1.100</b>	<b>Subtotal: Director of Nurses Expenses</b>	<b>160,696</b>		<b>160,532</b>
1.7	Registered Nurses: Salaries	677,825		677,825
1.8	Registered Nurses: Employee Benefits	34,614	791	33,823
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	65,105		65,105
1.10	Registered Nurses Purchased Service: Per Diem	25,336		25,336
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	499,280	#Error	499,280
<b>1.200</b>	<b>Subtotal: Registered Nurses Expenses</b>	<b>1,302,160</b>		<b>1,301,369</b>
1.12	Licensed Practical Nurses: Salaries	1,172,779		1,172,779
1.13	Licensed Practical Nurses: Employee Benefits	59,890	1,369	58,521
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	112,645		112,645
1.15	Licensed Practical Nurses Purchased Service: Per Diem	0		0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	1,655,665		1,655,665
<b>1.300</b>	<b>Subtotal: Licensed Practical Nurses Expenses</b>	<b>3,000,979</b>		<b>2,999,610</b>
1.17	Certified Nurse Aides: Salaries	2,366,263		2,366,263
1.18	Certified Nurse Aides: Employee Benefits	120,836	2,763	118,073
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	227,278		227,278
1.20	Certified Nurse Aides Purchased Service: Per Diem	300		300
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	251,879		251,879
<b>1.400</b>	<b>Subtotal: Certified Nurse Aides Expenses</b>	<b>2,966,556</b>		<b>2,963,793</b>

# Skilled Nursing Facility Cost Report

OAK KNOLL HEALTHCARE CENTER

Filing Year: 2023

Date: 09/19/2024

Time: 3:24 PM

1.22	Nurse's Aide Training Administration	0	0	0
1.23	Nursing Education and Training	3,192		3,192
1.24	This line description is intentionally left blank			0
1.25	This line description is intentionally left blank			0
<b>1.500</b>	<b>Subtotal: Other Nursing Expenses</b>	<b>3,192</b>		<b>3,192</b>
<b>1.600</b>	<b>Subtotal: Total Nursing Expenses Before Recoverable Income</b>	<b>7,433,583</b>		<b>7,428,496</b>

## Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		0	0
1.27	Nurses' Aide Training Recoverable Income		0	0
<b>1.700</b>	<b>Subtotal: Nursing &amp; Director of Nursing Recoverable Income</b>	<b>0</b>		<b>0</b>
<b>100</b>	<b>Total: Net Nursing Expenses Including Recoverable Income</b>	<b>7,433,583</b>		<b>7,428,496</b>

## 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	117,188		117,188
2.2	Administration: Employee Benefits	5,984	137	5,847
2.3	Administration: Payroll Taxes incl Workers Comp.	11,256		11,256
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
<b>2.100</b>	<b>Subtotal: Administration &amp; Officers Expenses</b>	<b>134,428</b>		<b>134,291</b>
2.7	Clerical Staff: Salaries	212,392		212,392
2.8	Clerical Staff: Employee Benefits	10,846	248	10,598
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	20,400		20,400
2.10	Clerical Staff: Purchased Service	0		0
<b>2.200</b>	<b>Subtotal: Clerical Staff Expenses</b>	<b>243,638</b>		<b>243,390</b>
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	285,419		285,419
2.12	Office Supplies	160,339		160,339
2.13	Telecommunications (e.g. Internet, Phone)	9,009		9,009

**Skilled Nursing Facility Cost Report**  
**OAK KNOLL HEALTHCARE CENTER**  
Filing Year: 2023

Date: 09/19/2024  
Time: 3:24 PM

2.14	Other Telecommunications (e.g. tablets to support family and resident communications)	0		0
2.15	Travel: Conventions & Meetings	9,231	9,231	0
2.16	Advertising: Help Wanted	45,041		45,041
2.17	Licenses and Dues: Patient Care Related Portion	26,353	2,025	24,328
2.18	Continuing Professional Education / Training and Development	1,066		1,066
2.19	Accounting Services (Not related to appeals)	12,490		12,490
2.20	Insurance: Malpractice & General Liability	211,253		211,253
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion	0		0
2.22	Other A & G Expenses	4,813		4,813
2.23	Non-Allowable A & G Expenses	2,042,408	2,042,408	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		10,516	10,516
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		265,914	265,914
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		8,616	8,616
2.27	This line description is intentionally left blank			0
2.28	This line description is intentionally left blank			0
<b>2.300</b>	<b>Subtotal: Other Administrative and General Expenses</b>	<b>2,807,422</b>		<b>1,038,804</b>
<b>2.400</b>	<b>Subtotal: Total Administrative and General Expenses Before Recoverable Income</b>	<b>3,185,488</b>		<b>1,416,485</b>
<b>Less: Administrative &amp; General Recoverable Income</b>				
2.29	A & G Recoverable Income		0	0
<b>2.500</b>	<b>Subtotal: Administrative &amp; General Recoverable Income</b>	<b>0</b>		<b>0</b>
<b>200</b>	<b>Total: Net Administrative &amp; General Expenses After Recoverable Income</b>	<b>3,185,488</b>		<b>1,416,485</b>



Skilled Nursing Facility Cost Report  
OAK KNOLL HEALTHCARE CENTER  
Filing Year: 2023

Date: 09/19/2024  
Time: 3:24 PM

Detail of Other A&G Expenses		
Table 2A	1	2
Line #	Description	Amount
2A.1	Consulting Fees - Corp Compliance	4,813
2A.2		
2A.3		
2A.4		
2A.5		
2A.6		
2A.7		
2A.8		
2A.9		
2A.10		
2A.100	Subtotal: Other A&G Expenses	4,813

**Skilled Nursing Facility Cost Report**  
**OAK KNOLL HEALTHCARE CENTER**  
Filing Year: 2023

Date: 09/19/2024  
Time: 3:24 PM

<b>Detail of Non-Allowable A &amp; G Expenses</b>		
<b>Table 2B</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>
2B.1	Advertising: Marketing	15,554
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	108,711
2B.7	Key Person Insurance	0
2B.8	Management Company Fees	876,010
2B.9	Management Consultants	0
2B.10	Interest on Working Capital	0
2B.11	Fines, Late Fees, Penalties, including Interest	6,184
2B.12	State and Federal Income Taxes	0
2B.13	Pre-Opening Expenses	0
2B.14	Bad Debt Expense	160,180
2B.15	User Fee Assessment	861,651
2B.16	Other Non-Allowable A&G Expenses	14,118
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
<b>2B.100</b>	<b>Total Non-Allowable A&amp;G Expenses</b>	<b>2,042,408</b>

<b>Variable Expenses</b>				
<b>Table 3</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>	<b>Non-Allowable Expenses and Add-backs</b>	<b>Total Allowable Expenses</b>
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
<b>3.100</b>	<b>Subtotal: Staff Development Coordinator Expenses</b>	<b>0</b>		<b>0</b>
3.5	Plant Operation: Salaries	99,640		99,640
3.6	Plant Operation: Employee Benefits	5,088	116	4,972
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	9,570		9,570

**Skilled Nursing Facility Cost Report**  
**OAK KNOLL HEALTHCARE CENTER**  
Filing Year: 2023

Date: 09/19/2024  
Time: 3:24 PM

3.8	Plant Operation: Purchased Service	128,760		128,760
3.9	Plant Operation: Supplies and Expenses	40,526		40,526
3.10	Plant Operation: Utilities	291,338		291,338
3.11	Plant Operation: Repairs	41,795		41,795
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
<b>3.200</b>	<b>Subtotal: Plant Operation Expenses</b>	<b>616,717</b>		<b>616,601</b>
3.13	Dietician: Salaries	33,304		33,304
3.14	Dietician: Employee Benefits	1,701	39	1,662
3.15	Dietician: Payroll Taxes incl Workers Comp.	3,199		3,199
3.16	Dietician: Purchased Service	10,378		10,378
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
<b>3.300</b>	<b>Subtotal: Dietician Expenses</b>	<b>48,582</b>		<b>48,543</b>
3.18	Dietary: Salaries	583,969		583,969
3.19	Dietary: Employee Benefits	29,821	682	29,139
3.20	Dietary: Payroll Taxes incl Workers Comp.	56,090		56,090
3.21	Dietary: Food	467,956		467,956
3.22	Dietary: Purchased Service	6,981		6,981
3.23	Dietary: Supplies and Expenses	64,345		64,345
<b>3.400</b>	<b>Subtotal: Dietary Expenses</b>	<b>1,209,162</b>		<b>1,208,480</b>
3.24	Housekeeping/Laundry: Salaries	591,390		591,390
3.25	Housekeeping/Laundry: Employee Benefits	30,200	690	29,510
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	56,803		56,803
3.27	Housekeeping/Laundry: Purchased Service	53,600		53,600
3.28	Housekeeping/Laundry: Supplies and Expenses	82,567		82,567
3.29	Housekeeping/Laundry: Linen and Bedding	55,238		55,238
3.30	Housekeeping/Laundry: Special Cleaning	0		0
<b>3.500</b>	<b>Subtotal: Housekeeping/Laundry Expenses</b>	<b>869,798</b>		<b>869,108</b>
3.31	Quality Assurance (QA) Professional: Salaries	0		0
3.32	QA Professional: Employee Benefits	0		0
3.33	QA Professional: Payroll Taxes incl Workers Comp.	0		0
3.34	QA Professional: Purchased Service	0		0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
<b>3.600</b>	<b>Subtotal: QA Professional Expenses</b>	<b>0</b>		<b>0</b>
3.36	Unit Clerk & Medical Records: Salaries	133,370		133,370

# Skilled Nursing Facility Cost Report

## OAK KNOLL HEALTHCARE CENTER

Filing Year: 2023

Date: 09/19/2024

Time: 3:24 PM

3.37	Unit Clerk & Medical Records: Employee Benefits	6,811	156	6,655
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	12,810		12,810
3.39	Unit Clerk & Medical Records: Purchased Service	114		114
<b>3.700</b>	<b>Subtotal: Unit Clerk and Medical Record Expenses</b>	<b>153,105</b>		<b>152,949</b>
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	42,868		42,868
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	2,189	50	2,139
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	4,117		4,117
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	181,726		181,726
<b>3.800</b>	<b>Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses</b>	<b>230,900</b>		<b>230,850</b>
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
<b>3.900</b>	<b>Subtotal: Behavioral Health Specialist Expenses</b>	<b>0</b>		<b>0</b>
3.48	Social Service Worker: Salaries	328,662		328,662
3.49	Social Service Worker: Employee Benefits	16,784	384	16,400
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	31,568		31,568
3.51	Social Service Worker: Purchased Service	5,588		5,588
<b>3.1000</b>	<b>Subtotal: Social Service Worker Expenses</b>	<b>382,602</b>		<b>382,218</b>
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
<b>3.1100</b>	<b>Subtotal: Interpreters Expenses</b>	<b>0</b>		<b>0</b>
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	144,891		144,891
3.60	Direct Restorative Therapy: Salaries	0	0	0

# Skilled Nursing Facility Cost Report

## OAK KNOLL HEALTHCARE CENTER

Filing Year: 2023

Date: 09/19/2024

Time: 3:24 PM

3.61	Direct Restorative Therapy: Benefits	0	0	0
3.62	Direct Restorative Therapy: Consultants	585,075	585,075	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
<b>3.1200</b>	<b>Subtotal: Restorative Therapy Expenses</b>	<b>729,966</b>		<b>144,891</b>
3.64	Recreational Therapy/Activities: Salaries	116,510		116,510
3.65	Recreational Therapy/Activities: Employee Benefits	5,950	136	5,814
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	11,191		11,191
3.67	Recreational Therapy/Activities: Purchased Service	5,554		5,554
3.68	Recreational Therapy/Activities: Supplies and Expenses	18,690		18,690
3.69	Recreational Therapy/Activities: Transportation	0	0	0
<b>3.1300</b>	<b>Subtotal: Recreational Therapy/Activities Expenses</b>	<b>157,895</b>		<b>157,759</b>
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
<b>3.1400</b>	<b>Subtotal: Resident Care Assistant Expenses</b>	<b>0</b>		<b>0</b>
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
<b>3.1500</b>	<b>Subtotal: Security Expenses</b>	<b>0</b>		<b>0</b>
3.78	Travel: Motor Vehicle Expense	0		0
3.79	Variable Other Required Education	0		0
3.80	Variable Job Related Education	0		0
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion	0		0
3.82	Physician Services: Medical Director	72,000		72,000
3.83	Physician Services: Advisory Physician	0		0
3.84	Physician Services: Utilization Review Committee	0		0
3.85	Physician Services: Employee Physicals	1,204		1,204
3.86	Physician Services: Other	0		0
3.87	Legend Drugs	346,413	346,413	0
3.88	Personal Protective Equipment	0		0

**Skilled Nursing Facility Cost Report**  
**OAK KNOLL HEALTHCARE CENTER**  
Filing Year: 2023

Date: 09/19/2024  
Time: 3:24 PM

3.89	House Supplies Not Resold	166,832		166,832
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	7,656		7,656
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
<b>3.1600</b>	<b>Subtotal: Other Variable Expenses</b>	<b>594,105</b>		<b>247,692</b>
<b>3.1700</b>	<b>Subtotal: Total Variable Expenses Before Recoverable Income</b>	<b>4,992,832</b>		<b>4,059,091</b>
<b>Less: Variable Recoverable Income</b>				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		266,427	266,427
<b>3.1800</b>	<b>Subtotal: Variable Recoverable Income</b>	<b>0</b>		<b>266,427</b>
<b>300</b>	<b>Total: Net Variable Expenses Including Recoverable Income</b>	<b>4,992,832</b>		<b>3,792,664</b>

**Skilled Nursing Facility Cost Report**  
**OAK KNOLL HEALTHCARE CENTER**  
Filing Year: 2023

Date: 09/19/2024  
Time: 3:24 PM

<b>Capital &amp; Fixed Cost Expenses</b>				
<b>Table 4</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>	<b>Non-Allowable Expenses and Add-backs</b>	<b>Total Allowable Expenses</b>
4.1	Depreciation Expense	129,374	(185,578)	314,952
4.2	Long-Term Interest Expense SNF-CR	0		0
4.3	Long-Term Interest Expense REA-CR		183,123	183,123
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	765		765
4.7	Building Insurance Expense REA-CR		7,417	7,417
4.8	Real Estate Tax Expense SNF-CR	0		0
4.9	Real Estate Tax Expense REA-CR		179,891	179,891
4.10	Personal Property Tax Expense SNF-CR	7,881		7,881
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	599,180	599,180	0
4.15	This line description is intentionally left blank			0
4.16	This line description is intentionally left blank			0
<b>4.100</b>	<b>Subtotal: Total Capital &amp; Fixed Cost Expenses Before Recoverable Income</b>	<b>737,200</b>		<b>694,029</b>
<b>Less: Capital &amp; Fixed Cost Expense Recoverable Income</b>				
4.17	Fixed Cost Recoverable Income SNF-CR		0	0
4.18	Fixed Cost Recoverable Income REA-CR		0	0
<b>4.200</b>	<b>Subtotal: Capital &amp; Fixed Cost Recoverable Income</b>	<b>0</b>		<b>0</b>
<b>400</b>	<b>Total: Net Capital &amp; Fixed Cost Expenses Including Recoverable Income</b>	<b>737,200</b>		<b>694,029</b>

**Skilled Nursing Facility Cost Report****OAK KNOLL HEALTHCARE CENTER**

Filing Year: 2023

Date: 09/19/2024

Time: 3:24 PM

<b>Total Combined Expenses Before Recoverable Income</b>				
<b>Table 5</b>		<b>1</b>	<b>2</b>	<b>3</b>
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add-backs	Total Allowable Expenses
<b>500</b>	<b>Total Combined Expenses Before Recoverable Income</b>	<b>16,349,103</b>		<b>13,598,101</b>
<b>Total Combined Expenses Net of Recoverable Income</b>				
<b>Table 6</b>		<b>1</b>	<b>2</b>	<b>3</b>
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add-backs	Total Allowable Expenses
<b>600</b>	<b>Total Combined Expenses Net of Recoverable Income</b>	<b>16,349,103</b>		<b>13,331,674</b>



**SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES**

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

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

**Skilled Nursing Facility Cost Report**  
**OAK KNOLL HEALTHCARE CENTER**  
Filing Year: 2023

Date: 09/19/2024  
Time: 3:24 PM

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

**Skilled Nursing Facility Cost Report**  
**OAK KNOLL HEALTHCARE CENTER**  
Filing Year: 2023

Date: 09/19/2024  
Time: 3:24 PM

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

**Financial Statement of Operations**

<b>Table 1</b>		
<b>Table 1A</b>		1
<b>For Profit</b>		
Line #	Description	Reported
1A.1	Net Patient Service Revenue	14,208,499
1A.2	Other Revenue	438,602
1A.3	Net Assets Released from Restriction	0
<b>1A.100</b>	<b>Total Operating Revenue</b>	<b>14,647,101</b>
1A.4	Salaries and Wages	6,616,247
1A.5	Employee Benefits	337,868
1A.6	Supplies and Other (including Payroll Taxes)	9,105,434
1A.7	Interest Expense	0
1A.8	Provision for Bad Debt	160,180
1A.9	Depreciation and Amortization Expenses	129,374
<b>1A.200</b>	<b>Total Operating Expenses</b>	<b>16,349,103</b>
<b>1A.300</b>	<b>Income(Loss) from Operations</b>	<b>(1,702,002)</b>
	<b>Non-Operating Income and Expenses</b>	
1A.10	Interest Income	(7)
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)	
<b>1A.400</b>	<b>Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles</b>	<b>(1,702,009)</b>
1A.15	Provision for Income Tax	
1A.16	Extraordinary Items	0
1A.17	Cumulative Change in Accounting Principles	0
<b>1A.500</b>	<b>Financial Statement Net Income(Loss)</b>	<b>(1,702,009)</b>

**Skilled Nursing Facility Cost Report**  
**OAK KNOLL HEALTHCARE CENTER**  
Filing Year: 2023

Date: 09/19/2024  
Time: 3:24 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		
<b>1C.100</b>	<b>Subtotal: Cumulative Extraordinary Items</b>	<b>0</b>

<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		
<b>1D.100</b>	<b>Subtotal: Cumulative Changes in Accounting Principles</b>	<b>0</b>

**Skilled Nursing Facility Cost Report**  
**OAK KNOLL HEALTHCARE CENTER**  
Filing Year: 2023

Date: 09/19/2024  
Time: 3:24 PM

<b>Cost Reported Statement of Operations</b>		
<b>Table 2</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Reported</b>
2.1	Total Revenues (Schedule 2)	14,647,094
2.2	Total Nursing Expenses (Schedule 3)	7,433,583
2.3	Total Administrative and General Expenses (Schedule 3)	3,185,488
2.4	Total Variable Expenses (Schedule 3)	4,992,832
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	737,200
2.6	Total Other Business Expenses (Schedule 4)	0
<b>2.100</b>	<b>Subtotal: Total Facility Expenses</b>	<b>16,349,103</b>
<b>200</b>	<b>Cost Reported Net Income(Loss)</b>	<b>(1,702,009)</b>

**Reconciliation Between Financial Statement and Cost Report Net Income**

<b>Table 3</b>		<b>1</b>	<b>2</b>
<b>Line #</b>	<b>Description</b>	<b>Describe Reconciling Item</b>	<b>Amount</b>
3.1	Net Income(Loss) on Financial Statement of Operations (Table 1)		(1,702,009)
3.2	Reconciling Item		
3.3	Reconciling Item		
3.4	Reconciling Item		
3.5	Reconciling Item		
3.6	Net Income(Loss) on Cost Report Statement of Operations (Table 2)		(1,702,009)

**Skilled Nursing Facility Cost Report**  
**OAK KNOLL HEALTHCARE CENTER**  
Filing Year: 2023

Date: 09/19/2024  
Time: 3:24 PM

**SCHEDULE 6 : BALANCE SHEET AND RECONCILIATION OF OWNER'S EQUITY**

<b>Current Assets</b>		
<b>Table 1</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Account Balance</b>
1.1	Cash and Cash Equivalents	493,162
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	2,269,264
1.6	Less Reserve for Bad Debt	(138,663)
<b>1.100</b>	<b>Subtotal: Net Patient Accounts Receivable</b>	<b>2,130,601</b>
1.7	Receivable from Officers/Owners/Employees	0
1.8	Receivable from Affiliates/Related Parties	16,473
1.9	Interest Receivable	0
1.10	Supply Inventory	0
1.11	Other Receivables	0
1.12	Prepaid Interest	0
1.13	Prepaid Insurance	158,507
1.14	Prepaid Taxes	0
1.15	Other Prepaid Expenses	28,058
1.16	Capitalized Pre-Opening Costs	0
1.17	Other Current Assets	0
<b>100</b>	<b>Total Current Assets</b>	<b>2,826,801</b>

**Skilled Nursing Facility Cost Report**  
**OAK KNOLL HEALTHCARE CENTER**  
Filing Year: 2023

Date: 09/19/2024  
Time: 3:24 PM

<b>Detail of Other Current Assets</b>		
<b>Table 1A</b>	<b>1</b>	<b>2</b>
Line #	Description	Account Balance
1A.1		
1A.2		
1A.3		
1A.4		
1A.5		
1A.6		
1A.7		
1A.8		
1A.9		
1A.10		
<b>1A.100</b>	<b>Subtotal: Other Current Assets</b>	<b>0</b>
<b>Non-Current Fixed Assets</b>		
<b>Table 2</b>	<b>1</b>	<b>2</b>
Line #	Description	Account Balance
2.1	Land	0
2.2	Buildings	0
2.3	Improvements	707,487
2.4	Equipment	347,727
2.5	Software/Limited Life Assets	0
2.6	Motor Vehicles	0
<b>200</b>	<b>Total Non-Current Fixed Assets</b>	<b>1,055,214</b>

**Skilled Nursing Facility Cost Report**  
**OAK KNOLL HEALTHCARE CENTER**  
Filing Year: 2023

Date: 09/19/2024  
Time: 3:24 PM

<b>Other Non-Current Assets</b>		
<b>Table 3</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Account Balance</b>
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
<b>3.100</b>	<b>Net Mortgage Acquisition Costs</b>	0
<b>300</b>	<b>Total Non-Current Assets</b>	0

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

<b>Total Assets</b>		
<b>Table 4</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Account Balance</b>
<b>400</b>	<b>Total Assets</b>	3,882,015



**Skilled Nursing Facility Cost Report**  
**OAK KNOLL HEALTHCARE CENTER**  
Filing Year: 2023

Date: 09/19/2024  
Time: 3:24 PM

<b>Current Liabilities</b>		
<b>Table 5</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Account Balance</b>
5.1	Trade Payables	578,203
5.2	Accrued Expenses	600,248
5.3	Due to Insurance Payers	173,467
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	596,493
5.8	State and Federal Taxes Payable	92,347
5.9	Accrued Interest Payable	0
5.10	Other Current Liabilities	(4,076)
<b>500</b>	<b>Total Current Liabilities</b>	<b>2,036,682</b>

<b>Detail of Other Current Liabilities</b>		
<b>Table 5A</b>	<b>1</b>	<b>2</b>
<b>Line #</b>	<b>Description</b>	<b>Account Balance</b>
5A.1	Medicaid Case Audit 2017-80	(7,226)
5A.2	Deferred Revenue	3,150
5A.3		
5A.4		
5A.5		
5A.6		
5A.7		
5A.8		
5A.9		
5A.10		
<b>5A.100</b>	<b>Subtotal: Other Current Liabilities</b>	<b>(4,076)</b>

**Skilled Nursing Facility Cost Report**  
**OAK KNOLL HEALTHCARE CENTER**  
Filing Year: 2023

Date: 09/19/2024  
Time: 3:24 PM

<b>Non-Current Liabilities</b>		
<b>Table 6</b>		<b>1</b>
Line #	Description	Account Balance
6.1	Mortgages Payable	0
6.2	Due to Related Parties, Subsidiaries, and Affiliates	8,226,729
6.3	Other Long-Term Debt	0
<b>600</b>	<b>Total Non-Current Liabilities</b>	<b>8,226,729</b>

<b>Total Liabilities</b>		
<b>Table 7</b>		<b>1</b>
Line #	Description	Account Balance
<b>700</b>	<b>Total Liabilities</b>	<b>10,263,411</b>

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

<b>Table 8</b>						
<b>Table 8C</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Corporation</b>						
Line #	Description	Capital Stock	Treasury Stock	Additional Paid-in	Retained Earnings	Total
8C.1	Owner's Equity Balance: Prior Year	0	0	1,158,756	(5,838,143)	(4,679,387)
8C.2	Prior Period Adjustment(s)					0
8C.3	Sale of Capital Stock	0				0
8C.4	Purchase or Sale Treasury Stock		0			0
8C.5	Additional Paid-in Capital			0		0
8C.6	SNF-CR Net Income/(Loss)				(1,702,009)	(1,702,009)
8C.7	Dividends Paid					0
<b>8C.100</b>	<b>Owner's Equity Balance: Current Year</b>	<b>0</b>	<b>0</b>	<b>1,158,756</b>	<b>(7,540,152)</b>	<b>(6,381,396)</b>

**Skilled Nursing Facility Cost Report**  
**OAK KNOLL HEALTHCARE CENTER**  
Filing Year: 2023

Date: 09/19/2024  
Time: 3:24 PM

<b>Prior Period Adjustments</b>		
<b>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.</b>		
<b>Table 8D</b>	<b>1</b>	<b>2</b>
Line #	Description	Amount
8D.1		
8D.2		
8D.3		
8D.4		
8D.5		
8D.6		
8D.7		
8D.8		
8D.9		
8D.10		
<b>8D.100</b>	<b>Subtotal: Prior Period Adjustments</b>	<b>0</b>
<b>Total Liabilities and Owner's Equity (or Net Assets for Not-for-Profits)</b>		
<b>Table 9</b>		<b>1</b>
Line #	Description	Account Balance
<b>900</b>	<b>Total Liabilities and Owner's Equity (or Net Assets for Not-For-Profit)</b>	<b>3,882,015</b>

# Skilled Nursing Facility Cost Report

## OAK KNOLL HEALTHCARE CENTER

Filing Year: 2023

Date: 09/19/2024

Time: 3:24 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	0				0
1.2	Building	0	0	0	0	0	0	0	0
1.3	Improvements	1,067,331	74,816	0	1,142,147	(370,188)	(64,472)	(434,660)	707,487
1.4	Equipment	1,340,002	50,103	0	1,390,105	(977,476)	(64,902)	(1,042,378)	347,727
1.5	Software/Limited Life Assets	34,551	0	0	34,551	(34,551)	0	(34,551)	0
1.6	Motor Vehicles	0	0	0	0	0	0	0	0
100	<b>Total</b>	<b>2,441,884</b>	<b>124,919</b>	<b>0</b>	<b>2,566,803</b>	<b>(1,382,215 )</b>	<b>(129,374)</b>	<b>(1,511,589 )</b>	<b>1,055,214</b>

#### 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	0	0	0	0	0				
2.2	Land REA-CR	374,855	0	0	0	0	374,855				
2.3	Building SNF-CR	0	0	0	0	0	0		0	0	0
2.4	Building REA-CR	6,913,202	0	0	0	0	6,913,202			172,830	172,830
2.5	Improvements SNF-CR	1,067,331	0	74,816	0	0	1,142,147	5.00%	64,472	0	64,472
2.6	Improvements REA-CR	254,958	0	0	0	0	254,958	5.00%		12,748	12,748
2.7	Equipment SNF-CR	1,211,916	0	50,103	0	0	1,262,019	10.00%	64,902	0	64,902

# Skilled Nursing Facility Cost Report

## OAK KNOLL HEALTHCARE CENTER

Filing Year: 2023

Date: 09/19/2024

Time: 3:24 PM

2.8	Equipment REA-CR	492,795	0	0	0	0	492,795	10.00%		0	0
2.9	Software/Limited Life Assets SNF-CR	34,550	0	0	0	0	34,550	33.33%	0	0	0
2.10	Software/Limited Life Assets REA-CR	0	0	0	0	0	0	33.33%		0	0
<b>200</b>	<b>Total Claimed Fixed Assets</b>	<b>10,349,607</b>	<b>0</b>	<b>124,919</b>	<b>0</b>	<b>0</b>	<b>10,474,526</b>		<b>129,374</b>	<b>185,578</b>	<b>314,952</b>

### General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1994
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2024
3.3	What was the value from the most recent municipal property assessment for this facility?	6,458,100
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?	66
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	32,935
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	32,460
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	0
3.10	What is the total acreage of the facility site?	4.9
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**

<b>Table 1</b>		<b>1</b>
Line #	Description	Reported
1.1	Cash and Cash Equivalents (Beginning of Year)	296,071

**Cash Flows from Operating Activities**

<b>Table 2</b>		<b>1</b>
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(1,702,009)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	0
2.3	Increases (Decreases) to Cash Provided by Operating Activities	2,024,019
<b>200</b>	<b>Net Cash from Operating Activities</b>	<b>322,010</b>

**Cash Flows from Investing Activities**

<b>Table 3</b>		<b>1</b>
Line #	Description	Reported
3.1	Capital Expenditures	(124,919)
3.2	Cash Flows from Other Investing Activities	
<b>300</b>	<b>Net Cash from Investing Activities</b>	<b>(124,919)</b>

**Cash Flows from Financing Activities**

<b>Table 4</b>		<b>1</b>
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	
<b>400</b>	<b>Net Cash from Financing Activities</b>	<b>0</b>

**Net Increase (Decrease) in Cash and Cash Equivalents**

<b>Table 5</b>		<b>1</b>
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	197,091
<b>500</b>	<b>Cash and Cash Equivalents (End of Year)</b>	<b>493,162</b>

**Skilled Nursing Facility Cost Report****OAK KNOLL HEALTHCARE CENTER**

Filing Year: 2023

Date: 09/19/2024

Time: 3:24 PM

**SCHEDULE 9 : LICENSURE & PATIENT STATISTICS****Bed Licensure**

<b>Table 1</b>	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	08/01/2021	123			123	123
1.2	08/01/2023	123	0		123	123
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.	123				
1.7	Is above listed bed licensure information correct?	Yes				

**Patient Statistics - Days**

<b>Table 2</b>		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	5,466	460		4,359	2,212	23,408
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)	83					498
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
<b>200</b>	<b>Total</b>	<b>5,549</b>	<b>460</b>	<b>0</b>	<b>4,359</b>	<b>2,212</b>	<b>23,906</b>



**Skilled Nursing Facility Cost Report**  
**OAK KNOLL HEALTHCARE CENTER**  
Filing Year: 2023

Date: 09/19/2024  
Time: 3:24 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
	2,820						955	39,680
								0
								0
								0
								0
								0
								0
								0
	55						10	646
								0
								0
								0
0	2,875	0	0	0	0	0	965	40,326

**Skilled Nursing Facility Cost Report****OAK KNOLL HEALTHCARE CENTER**

Filing Year: 2023

Date: 09/19/2024

Time: 3:24 PM

<b>Patient Statistics - Summary</b>			
<b>Table 3</b>			<b>1</b>
<b>Line #</b>	<b>Account</b>	<b>Description</b>	<b>Reported</b>
3.1	0140.0	Number of Admissions During Year	435
3.2	0140.1	Number of MassHealth Admissions During Year	63
3.3	0150.0	Number of Discharges During Year	281
3.4	0190.0	Average Length of Stay	144
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	202
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	132

**Skilled Nursing Facility Cost Report**  
**OAK KNOLL HEALTHCARE CENTER**  
Filing Year: 2023

Date: 09/19/2024  
Time: 3:24 PM

**SCHEDULE 10 : DETAIL OF FACILITY COMPENSATION AND PURCHASED NURSING SERVICES**

<i>Detail of Staff Nursing Services Wages and Hours</i>							
<b>Table 1</b>		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	660,999	13,446.0	998,650	24,316.0	1,821,512	76,621.0
1.2	Total Overtime Wages	8,736	121.0	122,378	1,964.0	397,765	11,245.0
1.3	Total Shift Differential	8,090		51,751		146,986	
1.4	Total Other Differentials						
<b>100</b>	<b>Total</b>	<b>677,825</b>	<b>13,567.0</b>	<b>1,172,779</b>	<b>26,280.0</b>	<b>2,366,263</b>	<b>87,866.0</b>

<i>Detail of Nursing Services Shift Differentials</i>						
<b>Table 2</b>		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	2.50	2.50	2.00	3.80	3.80
2.2	Licensed Practical Nurses	2.50	2.50	2.00	3.80	3.80
2.3	Certified Nurse Aides	2.50	2.00	2.00	3.50	3.50

**Skilled Nursing Facility Cost Report**  
**OAK KNOLL HEALTHCARE CENTER**  
Filing Year: 2023

Date: 09/19/2024  
Time: 3:24 PM

<b>Detail of Staff and Hours by Position</b>				
<b>Table 3</b>		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development		0.0	
3.2	Plant Operations	2	1.9	3,843.0
3.3	Dietary Staff	40	13.2	27,450.0
3.4	Dietician	1	0.5	941.0
3.5	Housekeeping/Laundry Staff	18	13.7	28,578.0
3.6	Unit Clerk & Medical Records Staff	8	3.1	6,481.0
3.7	Quality Assurance		0.0	
3.8	MMQ Nurses and MDS Coordinator	1	0.5	964.0
3.9	Social Services Staff	7	3.6	7,382.0
3.10	Interpreters		0.0	
3.11	Restorative Therapy - Direct Staff		0.0	
3.12	Restorative Therapy - Indirect Staff		0.0	
3.13	Recreational Staff	10	3.3	6,931.0
3.14	Administration and Officers	2	1.0	2,040.0
3.15	Security Staff		0.0	
3.16	Clerical Staff	10	4.2	8,751.0
3.17	Director of Nurses	2	1.0	2,074.0
3.18	Registered Nurses	25	6.5	13,567.0
3.19	Licensed Practical Nurses	22	12.6	26,280.0
3.20	Certified Nurse Aides	69	42.2	87,866.0
3.21	Resident Care Assistants		0.0	
3.22	Behavioral Health Specialist Staff		0.0	
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
<b>300</b>	<b>Total</b>	<b>217</b>	<b>107.3</b>	<b>223,148.0</b>

<b>Detail of Purchased Nursing Services</b>										
<b>Table 4</b>	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

# Skilled Nursing Facility Cost Report

## OAK KNOLL HEALTHCARE CENTER

Filing Year: 2023

Date: 09/19/2024

Time: 3:24 PM

Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies			#Error						
Registered Temporary Nursing Service Agencies										
4.2	Other		27.0	1,755						
4.3	Other		65.5	3,275						
4.4	Gentle Care Solutions Inc	TH39	840.8	68,848	417.8	27,636				
4.5	M and R Dependable Health Care Services	T625	801.5	59,602	4,514.2	306,408	113.0	4,220		
4.6	All American Healthcare Services, Inc.	TOIY	144.3	13,223	186.0	11,530	18.0	689		
4.7	Health Resource Management, Inc	043259587	674.5	47,679	1,591.6	95,262	1,866.0	31,262		
4.8	Other		70.8	6,175	3,290.6	229,587	337.8	11,373		
4.9	Chronicles Caregivers Inc		48.3	3,667	131.0	70,794				
4.10	CONNECTRN INC	TGKV	3.3	285	73.0	5,320	37.5	1,484		
4.11	Care Plus Healthcare Staffing Inc	TGV8	1,277.5	99,955	4,114.0	300,827	113.8	4,413		
4.12	Kavida Healthcare, Inc	TVTE	147.5	11,444	21.5	1,451	14.8	508		
4.13	Blooming Staffing Agency Inc	TOUF	44.0	3,308	1,778.0	135,034	2,458.6	98,165		
4.14	Maxim Healthcare Services - TNS Tauton	T48J	258.0	21,340	1,201.2	104,670				
4.15	Lydia Angels At Home LLC	TLQ2	403.3	34,207	2,359.5	183,881				
4.16	Paramount Healthcare Services	TNVC	1,621.5	124,517	1,255.3	94,553	205.5	9,910		
4.17	Omni Healthcare Staffing INC	T6MI			420.0	29,210				
4.18	AYA Healthcare	TFG4			507.3	38,203				
4.19	Care With Care Homehealthcare LLC	T2OJ			300.3	21,299	2,441.6	89,855		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		6,427.8	499,280	22,161.3	1,655,665	7,606.6	251,879	0.0	0
400	Total Temporary Nursing Service Agency Expenses		6,427.8	499,280	22,161.3	1,655,665	7,606.6	251,879	0.0	0

# Skilled Nursing Facility Cost Report

**OAK KNOLL HEALTHCARE CENTER**

Filing Year: 2023

Date: 09/19/2024

Time: 3:24 PM

<b>Five Highest Paid Salaries (including salaries, payroll taxes, workers' compensation, all fringe benefits, and draws)</b>								
	<b>NOTE: List the names and compensation of the <u>five</u> persons who have the highest compensation paid by this facility.</b>							
<b>Table 5</b>	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	Marshall	Naomi	LPN	Nursing	153,295	0	0	<b>153,295</b>
5.2	Miranda	Erika	MDS Coord	Other	133,676	0	0	<b>133,676</b>
5.3	Barnaby	Shahidah	LPN	Nursing	130,797	0	0	<b>130,797</b>
5.4	Oriakhi	Angela	DON	Nursing	129,649	0	0	<b>129,649</b>
5.5	Ferreira	Maria	Aide	Nursing	116,972	0	0	<b>116,972</b>

<b>Earnings and Compensation Disclosures</b>									
<b>Table 6</b>	<b>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.</b>								
<b>Table 6C</b>	1	2	3	4	5	6	7	8	9
Line #	Last Name	First Name	Title	Primary Expense Category	Total Hours	Salary & Benefits	Dividends	Other Compensation	TOTAL
<b>Corporation</b>									
6C.1	Arcidi	Philip							<b>0</b>
6C.2	Arcidi	Alfred							<b>0</b>
6C.3	Arcidi	Michael							<b>0</b>
6C.4									<b>0</b>
6C.5									<b>0</b>
6C.6									<b>0</b>
									<b>0</b>

**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**  
**OAK KNOLL HEALTHCARE CENTER**  
 Filing Year: 2023

Date: 09/19/2024  
 Time: 3:24 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



**Skilled Nursing Facility Cost Report**  
**OAK KNOLL HEALTHCARE CENTER**  
 Filing Year: 2023

Date: 09/19/2024  
 Time: 3:24 PM

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

# Skilled Nursing Facility Cost Report

## OAK KNOLL HEALTHCARE CENTER

Filing Year: 2023

Date: 09/19/2024

Time: 3:24 PM

### SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

UPLOADS REQUIRED
<b>(1) Footnotes and Explanations</b>
<i>Upload Type: Excel, Word, or PDF</i>
This section is used to provide detail to any of the information included in this report.
<b>(2) Ownership and Facility Information</b>
<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. <b>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".</b>
<b>(3) Related Party Debt</b>
<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'. <b>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".</b>
<b>(4) Related Party Transactions</b>
<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.) <b>Note: This information must be submitted in the format of the template provided.</b>
<b>(5) Financial Statements</b>
<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**  
**OAK KNOLL HEALTHCARE CENTER**  
Filing Year: 2023

Date: 09/19/2024  
Time: 3:24 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
04/10/2024 5:56PM	(1) Footnotes and Explanations	FootnotesandExplanations.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
04/10/2024 5:56PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
04/10/2024 5:57PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
04/10/2024 5:57PM	(4) Related Party Transactions	RelatedPartyTransactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore

**SCHEDULE 13 : SUBMISSION AND ATTESTATION**

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

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

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

1.1	Preparer Name	Matthew S. Bovolack
1.2	Nursing Facility or Firm Name	Marcum LLP
1.3	Title	Principal
1.4	Street Address	555 Long Wharf Drive
1.5	City	New Haven
1.6	State	Connecticut
1.7	Zip Code	06511
1.8	Phone Number	+1 (203) 781-9600
1.9	Email Address	Matthew.Bovolack@marcumllp.com
1.10	Is this information correct?	Yes
1.11	<b>[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.</b>	
1.12	Date of Authorization:	04/10/2024

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

## OAK KNOLL HEALTHCARE CENTER

Filing Year: 2023

Date: 09/19/2024

Time: 3:24 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	<b>[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.</b>	
2.2	Date of Authorization	04/17/2024
2.3	Last Name	Arcidi
2.4	First Name	Philip
2.5	Middle Name	M.
2.6	Title	Vice President of Finance
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](mailto: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