

Skilled Nursing Facility Cost Report
PRESENTATION REHABILITATION & SKILLED CARE CTR
Filing Year: 2023

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SCHEDULE 1 : GENERAL INFORMATION

Facility Information		
Table 1		1
Line #	Description	
1.1	Facility Name	PRESENTATION REHABILITATION & SKILLED CARE CTR
1.2	MassHealth Provider ID	110149038A
1.3	Federal Employer Tax ID	042289744
1.4	VPN	0950733
1.5	Is the above information correct?	Yes
1.6	Facility Number	00558
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	10 Bellamy Street
1.11	City	Brighton
1.12	Zip	02145
1.13	Telephone	+1 (617) 782-8113
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 with 501c(3) exemption)
1.18	List the name of the management company as reported on the management company cost report.	Ascentria Care Alliance
1.19	List the name of the entity that holds the nursing facility license.	Emmanuel Development Corp
1.20	List realty company names as reported on each realty company cost report.	
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

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Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Jonathan Langfield
2.2	Nursing Facility or Firm Name	CliftonLarsonAllen LLP
2.3	Title	CPA
2.4	Street Address	4 Batterymarch Park, Suite 100
2.5	City	Quincy
2.6	State	MA
2.7	Zip Code	02169
2.8	Phone Number	+1 (781) 982-1001
2.9	Email Address	jonathan.langfield@claconnect.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	Jonathan Langfield
3.3	Nursing Facility or Firm Name	CliftonLarsonAllen LLP
3.4	Title	CPA
3.5	Street Address	4 Batterymarch Park, Suite 100
3.6	City	Quincy
3.7	State	MA
3.8	Zip Code	02169
3.9	Phone Number	+1 (781) 982-1001
3.10	Email Address	jonathan.langfield@claconnect.com
3.11	Type of Accounting Service Performed	Other (Explain in Footnotes)

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

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SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	935,534	883	936,417
1.2	Commercial Managed Care			0
1.3	Commercial Non-Managed Care	70,103		70,103
1.4	Medicare Fee-For-Service	2,362,394	617,633	2,980,027
1.5	Medicare Managed Care (Part C)	571,335		571,335
1.6	MassHealth Fee-for-Service	8,250,541		8,250,541
1.7	MassHealth Managed Care			0
1.8	Senior Care Options	82,468		82,468
1.9	OneCare	687,268		687,268
1.10	PACE	142,017		142,017
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount	1,027,722		1,027,722
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public	912,354		912,354
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	15,041,736	618,516	15,660,252

Detail of Ancillary Revenue

Table 2		1	2
Line #	Description	Type	Ancillary Revenue
2.1	Revenue from Prescription Drugs		
2.2	Revenue from Direct Therapy Services		
2.3	Other Ancillary Revenue: (Enter Description)		
2.4	Other Ancillary Revenue: (Enter Description)		
2.5	Other Ancillary Revenue		
200	Total Ancillary Revenue		

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Other Nursing Facility Revenue		
Table 3		1
Line #	Description	Revenue
3.1	Total Other Business Revenue	0
3.2	Endowment and Other Non-Recoverable Revenue	292,344
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	(51,454)
3.7	Interest Income	(134,547)
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	16,931
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	31,105
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	154,379

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)	Covid Testing	67,344
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Equity Transfer	225,000
4.3	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.4	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.5	Other Endowment and Non-Recoverable Revenue		
400	Total Endowment and Non-Recoverable Revenue		292,344

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	15,814,631

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SCHEDULE 3 : EXPENSES

Nursing Expenses

Table 1		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
1.1	Director of Nurses: Salaries	160,629		160,629
1.2	Director of Nurses: Employee Benefits	10,303		10,303
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	13,954		13,954
1.4	Director of Nurses Purchased Service: Per Diem			0
1.5	Director of Nurses Purchased Service: Temporary Agency Staff	0	0	0
1.6	Director of Nurses Add-back (MGT-CR Sch 6)			0
1.100	Subtotal: Director of Nurses Expenses	184,886		184,886
1.7	Registered Nurses: Salaries	659,803		659,803
1.8	Registered Nurses: Employee Benefits	42,323		42,323
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	57,319		57,319
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	579,940	198,742	381,198
1.200	Subtotal: Registered Nurses Expenses	1,339,385		1,140,643
1.12	Licensed Practical Nurses: Salaries	1,937,731		1,937,731
1.13	Licensed Practical Nurses: Employee Benefits	124,295		124,295
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	168,337		168,337
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	401,331	205,691	195,640
1.300	Subtotal: Licensed Practical Nurses Expenses	2,631,694		2,426,003
1.17	Certified Nurse Aides: Salaries	2,628,149		2,628,149
1.18	Certified Nurse Aides: Employee Benefits	168,578		168,578
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	228,317		228,317
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	363,840	51,333	312,507
1.400	Subtotal: Certified Nurse Aides Expenses	3,388,884		3,337,551

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1.22	Nurse's Aide Training Administration		0	0
1.23	Nursing Education and Training			0
1.24	This line description is intentionally left blank			0
1.25	This line description is intentionally left blank			0
1.500	Subtotal: Other Nursing Expenses	0		0
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	7,544,849		7,089,083

Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		0	
1.27	Nurses' Aide Training Recoverable Income		0	
1.700	Subtotal: Nursing & Director of Nursing Recoverable Income	0		0
100	Total: Net Nursing Expenses Including Recoverable Income	7,544,849		7,089,083

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	129,364		129,364
2.2	Administration: Employee Benefits	8,299		8,299
2.3	Administration: Payroll Taxes incl Workers Comp.	11,238		11,238
2.4	Administration: Purchased Service			0
2.5	Officers: Total Compensation		0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	148,901		148,901
2.7	Clerical Staff: Salaries	482,755		482,755
2.8	Clerical Staff: Employee Benefits	30,966		30,966
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	41,938		41,938
2.10	Clerical Staff: Purchased Service			0
2.200	Subtotal: Clerical Staff Expenses	555,659		555,659
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	127,193		127,193
2.12	Office Supplies	34,976		34,976
2.13	Telecommunications (e.g. Internet, Phone)	32,827		32,827

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	2,769		2,769
2.16	Advertising: Help Wanted	82,549		82,549
2.17	Licenses and Dues: Patient Care Related Portion	12,007		12,007
2.18	Continuing Professional Education / Training and Development	12,065		12,065
2.19	Accounting Services (Not related to appeals)	40,251		40,251
2.20	Insurance: Malpractice & General Liability	97,740		97,740
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion	2,178		2,178
2.22	Other A & G Expenses	322,332	310,813	11,519
2.23	Non-Allowable A & G Expenses	2,079,762	2,079,762	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)			0
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		2,664,984	2,664,984
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		58,689	58,689
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	2,846,649		3,179,747
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	3,551,209		3,884,307
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		16,931	16,931
2.500	Subtotal: Administrative & General Recoverable Income	0		16,931
200	Total: Net Administrative & General Expenses After Recoverable Income	3,551,209		3,867,376

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Detail of Other A&G Expenses		
Table 2A	1	2
Line #	Description	Amount
2A.1	Professional Service	11,519
2A.2	Miscellaneous Expense	10,813
2A.3	Amort of Goodwill	300,000
2A.100	Subtotal: Other A&G Expenses	322,332

Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	9,826
2B.2	Licenses and Dues: Not Related to Resident Care	10,663
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	
2B.5	Legal: Resident Care	14,069
2B.6	Legal: Other	37,514
2B.7	Key Person Insurance	
2B.8	Management Company Fees	999,480
2B.9	Management Consultants	
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	3,290
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	75,000
2B.15	User Fee Assessment	929,920
2B.16	Other Non-Allowable A&G Expenses	
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
2B.100	Total Non-Allowable A&G Expenses	2,079,762

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	86,749		86,749

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3.2	Staff Dev. Coord.: Employee Benefits	5,565		5,565
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	7,536		7,536
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	99,850		99,850
3.5	Plant Operation: Salaries	141,109		141,109
3.6	Plant Operation: Employee Benefits	9,052		9,052
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	12,258		12,258
3.8	Plant Operation: Purchased Service	201,949		201,949
3.9	Plant Operation: Supplies and Expenses	38,126		38,126
3.10	Plant Operation: Utilities	225,287		225,287
3.11	Plant Operation: Repairs			0
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	627,781		627,781
3.13	Dietician: Salaries	34,721		34,721
3.14	Dietician: Employee Benefits	2,228		2,228
3.15	Dietician: Payroll Taxes incl Workers Comp.	3,016		3,016
3.16	Dietician: Purchased Service	1,224		1,224
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	41,189		41,189
3.18	Dietary: Salaries	507,645		507,645
3.19	Dietary: Employee Benefits	32,563		32,563
3.20	Dietary: Payroll Taxes incl Workers Comp.	44,101		44,101
3.21	Dietary: Food	339,448		339,448
3.22	Dietary: Purchased Service			0
3.23	Dietary: Supplies and Expenses	52,240		52,240
3.400	Subtotal: Dietary Expenses	975,997		975,997
3.24	Housekeeping/Laundry: Salaries	431,042		431,042
3.25	Housekeeping/Laundry: Employee Benefits	27,649		27,649
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	37,446		37,446
3.27	Housekeeping/Laundry: Purchased Service			0
3.28	Housekeeping/Laundry: Supplies and Expenses	43,684		43,684
3.29	Housekeeping/Laundry: Linen and Bedding	6,725		6,725
3.30	Housekeeping/Laundry: Special Cleaning			0

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3.500	Subtotal: Housekeeping/Laundry Expenses	546,546		546,546
3.31	Quality Assurance (QA) Professional: Salaries	111,116		111,116
3.32	QA Professional: Employee Benefits	7,128		7,128
3.33	QA Professional: Payroll Taxes incl Workers Comp.	9,653		9,653
3.34	QA Professional: Purchased Service			0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
3.600	Subtotal: QA Professional Expenses	127,897		127,897
3.36	Unit Clerk & Medical Records: Salaries	124,278		124,278
3.37	Unit Clerk & Medical Records: Employee Benefits	7,972		7,972
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	10,796		10,796
3.39	Unit Clerk & Medical Records: Purchased Service	1,464		1,464
3.700	Subtotal: Unit Clerk and Medical Record Expenses	144,510		144,510
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	183,351		183,351
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	9,812		9,812
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	13,288		13,288
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	101,270		101,270
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	307,721		307,721
3.44	Behavioral Health Specialist: Salaries			0
3.45	Behavioral Health Specialist: Employee Benefits			0
3.46	Behavioral Health Specialist: Payroll Taxes incl Workers Comp.			0
3.47	Behavioral Health Specialist: Purchased Service			0
3.900	Subtotal: Behavioral Health Specialist Expenses	0		0
3.48	Social Service Worker: Salaries	42,940		42,940
3.49	Social Service Worker: Employee Benefits	2,754		2,754
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	3,731		3,731
3.51	Social Service Worker: Purchased Service			0
3.1000	Subtotal: Social Service Worker Expenses	49,425		49,425
3.52	Interpreters: Salaries			0
3.53	Interpreters: Employee Benefits			0
3.54	Interpreters: Payroll Taxes incl Workers Comp.			0

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3.55	Interpreters: Purchased Service			0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries			0
3.57	Indirect Restorative Therapy: Employee Benefits			0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.			0
3.59	Indirect Restorative Therapy: Consultants			0
3.60	Direct Restorative Therapy: Salaries	546,303	546,303	0
3.61	Direct Restorative Therapy: Benefits	82,501	82,501	0
3.62	Direct Restorative Therapy: Consultants	33,793	33,793	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	662,597		0
3.64	Recreational Therapy/Activities: Salaries	96,900		96,900
3.65	Recreational Therapy/Activities: Employee Benefits	6,216		6,216
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	8,418		8,418
3.67	Recreational Therapy/Activities: Purchased Service	20,672		20,672
3.68	Recreational Therapy/Activities: Supplies and Expenses	1,302		1,302
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	133,508		133,508
3.70	Resident Care Assistant: Salaries			0
3.71	Resident Care Assistant: Employee Benefits			0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.			0
3.73	Resident Care Assistant: Purchased Service			0
3.1400	Subtotal: Resident Care Assistant Expenses	0		0
3.74	Security: Salaries			0
3.75	Security: Employee Benefits			0
3.76	Security: Payroll Taxes including Workers Comp.			0
3.77	Security: Purchased Service			0
3.1500	Subtotal: Security Expenses	0		0
3.78	Travel: Motor Vehicle Expense	9,449		9,449
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education			0
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0

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3.82	Physician Services: Medical Director	40,500		40,500
3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals	5,840		5,840
3.86	Physician Services: Other			0
3.87	Legend Drugs	427,008	427,008	0
3.88	Personal Protective Equipment			0
3.89	House Supplies Not Resold	340,255		340,255
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents		0	0
3.92	Pharmacy Consultant	3,048		3,048
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	826,100		399,092
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	4,543,121		3,453,516
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		31,105	31,105
3.1800	Subtotal: Variable Recoverable Income	0		31,105
300	Total: Net Variable Expenses Including Recoverable Income	4,543,121		3,422,411

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Capital & Fixed Cost Expenses				
Table 4		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add-backs	Total Allowable Expenses
4.1	Depreciation Expense	619,945	64,188	555,757
4.2	Long-Term Interest Expense SNF-CR	689,791		689,791
4.3	Long-Term Interest Expense REA-CR			0
4.4	MA Corp. Excise Tax - Non-Income Portion SNF-CR			0
4.5	MA Corp. Excise Tax - Non-Income Portion REA-CR			0
4.6	Building Insurance Expense SNF-CR	17,821		17,821
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR			0
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR			0
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	9,789		9,789
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR		0	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	1,337,346		1,273,158
Less: Capital & Fixed Cost Expense Recoverable Income				
4.17	Fixed Cost Recoverable Income SNF-CR		0	0
4.18	Fixed Cost Recoverable Income REA-CR			0
4.200	Subtotal: Capital & Fixed Cost Recoverable Income	0		0
400	Total: Net Capital & Fixed Cost Expenses Including Recoverable Income	1,337,346		1,273,158

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Total Combined Expenses Before Recoverable Income				
Table 5		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add-backs	Total Allowable Expenses
500	Total Combined Expenses Before Recoverable Income	16,976,525		15,700,064
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	16,976,525		15,652,028

SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES

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

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

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

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

Financial Statement of Operations

Table 1		
Table 1B		
Not-For-Profit		
Line #	Description	Reported
1B.1	Net Patient Service Revenue	15,660,252
1B.2	Other Revenue	(3,418)
1B.3	Net Assets Released from Restriction	
1B.100	Total Operating Revenue	15,656,834
1B.4	Salaries and Wages	8,304,585
1B.5	Employee Benefits	1,249,550
1B.6	Supplies and Other (including Payroll Taxes)	6,037,654
1B.7	Interest Expense	689,791
1B.8	Provision for Bad Debt	75,000
1B.9	Depreciation and Amortization Expenses	619,945
1B.200	Total Operating Expenses	16,976,525
1B.300	Income(Loss) from Operations	(1,319,691)
	Non-Operating Income and Expenses	
1B.10	Interest Income	(134,547)
1B.11	Investment Income	
1B.12	Realized Gain(Loss) from Investments	
1B.13	Realized Gain(Loss) from Sale or Disposal of Equipment	
1B.14	Other Non-Operating Income(Expense)	292,344
	Other Changes in Net Assets Without Donor Restrictions	
1B.15	Contributions, Gifts, and Other	
1B.16	Extraordinary Items	0
1B.17	Cumulative Effect of Changes in Accounting Principles	0
1B.18	Change in Beneficial Interest in Net Assets Without Donor Restrictions	
1B.19	Unrealized Gain(Loss) on Investments from Net Assets Without Donor Restrictions	
1B.20	Other Changes in Net Assets Without Donor Restrictions	
1B.400	Financial Statement Excess (Deficiency) of Revenues over Expenses	(1,161,894)

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<i>Detail of Extraordinary Items</i>		
Table 1C	1	2
Line #	Description	Amount
1C.1		
1C.100	Subtotal: Cumulative Extraordinary Items	0

<i>Detail of Changes in Accounting Principles</i>		
Table 1D	1	2
Line #	Description	Amount
1D.1		
1D.100	Subtotal: Cumulative Changes in Accounting Principles	0

<i>Cost Reported Statement of Operations</i>		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	15,814,631
2.2	Total Nursing Expenses (Schedule 3)	7,544,849
2.3	Total Administrative and General Expenses (Schedule 3)	3,551,209
2.4	Total Variable Expenses (Schedule 3)	4,543,121
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	1,337,346
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	16,976,525
200	Cost Reported Net Income(Loss)	(1,161,894)

Reconciliation Between Financial Statement and Cost Report Net Income			
Table 3		1	2
Line #	Description	Describe Reconciling Item	Amount
3.1	Net Income(Loss) on Financial Statement of Operations (Table 1)		(1,161,894)
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)		(1,161,894)

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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	870,994
1.2	Short-Term Investments	
1.3	Current Portion Assets Whose Use is Limited	
1.4	Other Cash and Equivalents	
1.5	Payer Accounts Receivable	2,079,890
1.6	Less Reserve for Bad Debt	(50,106)
1.100	Subtotal: Net Patient Accounts Receivable	2,029,784
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	
1.9	Interest Receivable	
1.10	Supply Inventory	11,665
1.11	Other Receivables	128
1.12	Prepaid Interest	
1.13	Prepaid Insurance	34,945
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	15,585
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
100	Total Current Assets	2,963,101

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

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Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	500,000
2.2	Buildings	17,500,000
2.3	Improvements	526,379
2.4	Equipment	480,343
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	30,805
200	Total Non-Current Fixed Assets	19,037,527

Other Non-Current Assets		
Table 3		1
Line #	Description	Account Balance
3.1	Long-Term Investments	
3.2	Non-Current Assets Whose Use is Limited	
3.3	Other Deferred Charges and Non-Current Assets	1,500,000
3.4	Construction in Progress	3,624
3.5	Mortgage Acquisition Costs	250,700
3.6	Accumulated Amortization of Mortgage Acquisition Costs	
3.100	Net Mortgage Acquisition Costs	250,700
300	Total Non-Current Assets	1,754,324

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	Purchased Goodwill	1,500,000
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	1,500,000

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Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	23,754,952

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	918,492
5.2	Accrued Expenses	348,058
5.3	Due to Insurance Payers	80,949
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	244,987
5.7	Accrued Salaries and Payroll Liabilities	544,416
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	78,753
5.10	Other Current Liabilities	(378,624)
500	Total Current Liabilities	1,837,031

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Fair Value of Int Swap	(378,624)
5A.100	Subtotal: Other Current Liabilities	(378,624)

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Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	14,369,103
6.2	Due to Related Parties, Subsidiaries, and Affiliates	1,170,743
6.3	Other Long-Term Debt	
600	Total Non-Current Liabilities	15,539,846

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	17,376,877

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

Table 8				
Table 8A		1	2	3
Not-for-Profits				
Line #	Description	Net Assets Without Donor Restrictions	Net Assets With Donor Restrictions	Total Net Assets
8A.1	Net Assets Balance: Prior Year	5,054,159	2,485,804	7,539,963
8A.2	Prior Period Adjustment(s)	6		6
8A.3	SNF-CR Excess (Deficiency) of Revenues Over Expenses	(1,161,894)		(1,161,894)
8A.4	Gain/(Loss) Realized on Investments			0
8A.5	Contributions, Gifts and Other			0
8A.6	Change in Unrealized Gains/(Losses) on Investments			0
8A.7	Net Assets Released from Donor Restriction			0
8A.8	Net Assets - Other			0
8A.100	Net Assets Balance: Current Year	3,892,271	2,485,804	6,378,075

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Prior Period Adjustments		
NOTE: Disclose all facts relative to adjustments and explain any impact on reimbursable costs as reported in prior year(s) cost report identifying the specific cost centers affected.		
Table 8D	1	2
Line #	Description	Amount
8D.1	Rounding	6
8D.100	Subtotal: Prior Period Adjustments	6
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)	23,754,952

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	500,000			500,000				500,000
1.2	Building	20,000,000			20,000,000	(2,000,000)	(500,000)	(2,500,000)	17,500,000
1.3	Improvements	491,713	90,780		582,493	(27,944)	(28,170)	(56,114)	526,379
1.4	Equipment	789,239	48,054		837,293	(265,301)	(91,649)	(356,950)	480,343
1.5	Software/Limited Life Assets	8,145			8,145	(8,019)	(126)	(8,145)	0
1.6	Motor Vehicles	45,551	6,090		51,641	(20,836)		(20,836)	30,805
100	Total	21,834,648	144,924	0	21,979,572	(2,322,100)	(619,945)	(2,942,045)	19,037,527

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	500,000					500,000				
2.2	Land REA-CR						0				
2.3	Building SNF-CR	20,000,000					20,000,000		500,000	(135,228)	364,772
2.4	Building REA-CR						0				0
2.5	Improvements SNF-CR	491,713		90,780			582,493	5.00%	28,170	955	29,125
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	789,238		48,054			837,292	10.00%	91,649	70,085	161,734

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2.8	Equipment REA-CR					0	10.00%			0
2.9	Software/Limited Life Assets SNF-CR	8,145				8,145	33.33%	126		126
2.10	Software/Limited Life Assets REA-CR					0	33.33%			0
200	Total Claimed Fixed Assets	21,789,096	0	138,834	0	0	21,927,930	619,945	(64,188)	555,757

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1968
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2021
3.3	What was the value from the most recent municipal property assessment for this facility?	15,000,000
3.4	Was there a change of ownership of this facility during the reporting period?	No
3.5	Was there a change of ownership of company that owns the real assets of the facility (realty company) during the reporting period?	No
3.6	What is the number of nursing facility resident rooms?	122
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	29,772
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	19,137
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	
3.10	What is the total acreage of the facility site?	1.4
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					

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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)	980,585

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(1,161,894)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	619,945
2.3	Increases (Decreases) to Cash Provided by Operating Activities	571,192
200	Net Cash from Operating Activities	29,243

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(138,834)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(138,834)

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	(109,591)
500	Cash and Cash Equivalents (End of Year)	870,994

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SCHEDULE 9 : LICENSURE & PATIENT STATISTICS

Bed Licensure						
Table 1	1	2	3	4	5	6
Line #	DPH Licensure Issue Date	Skilled Nursing (Level I,II, & III)	Residential Care (Level IV)	Pediatric	Total Licensed Beds	Constructed Capacity
1.1	01/02/2021	122			122	122
1.2					0	
1.3					0	
1.4					0	
1.5					0	
1.6	List the number of certified Medicare beds at the close of this reporting period.	122				
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	1,716		160	3,249	1,304	27,945
2.2	Residential Care						
2.3	Pediatrics						
2.4	Ventilator Unit						
2.5	Head Trauma/ABI						
2.6	Amyotrophic Lateral Sclerosis (ALS)						
2.7	Multiple Sclerosis (MS)						
2.8	Other Medicaid Special Contract						
2.9	Nursing Leave of Absence (Paid)	4					721
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	1,720	0	160	3,249	1,304	28,666

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7	8	9	10	11	12	13	14	15
MassHealth Managed Care	Senior Care Options	OneCare	PACE	Out-of-State Medicaid	Veteran's Affairs & Other Public	DTA & EAEDC	Other	Total
	252	2,091	433		3,006			40,156
								0
								0
								0
								0
								0
								0
								0
	8	99	21		85			938
								0
								0
								0
0	260	2,190	454	0	3,091	0	0	41,094

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Patient Statistics - Summary			
Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	143
3.2	0140.1	Number of MassHealth Admissions During Year	27
3.3	0150.0	Number of Discharges During Year	179
3.4	0190.0	Average Length of Stay	230
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	

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SCHEDULE 10 : DETAIL OF FACILITY COMPENSATION AND PURCHASED NURSING SERVICES

<i>Detail of Staff Nursing Services Wages and Hours</i>							
Table 1		1	2	3	4	5	6
Line #	Description	RN Wages	RN Hours	LPN Wages	LPN Hours	CNA Wages	CNA Hours
1.1	Total Base Wages	962,559	16,126.0	1,563,232	41,291.0	2,187,581	111,005.0
1.2	Total Overtime Wages	12,236	158.0	351,826	5,836.0	375,320	10,387.0
1.3	Total Shift Differential	2,878		22,674		55,829	
1.4	Total Other Differentials					9,419	
100	Total	977,673	16,284.0	1,937,732	47,127.0	2,628,149	121,392.0

<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	0.75	0.75	1.25	2.75	3.25
2.2	Licensed Practical Nurses	0.75	0.75	1.25	2.75	3.25
2.3	Certified Nurse Aides	0.75	0.75	0.75	1.50	1.50

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Detail of Staff and Hours by Position				
Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development	1	0.6	1,200.0
3.2	Plant Operations	5	2.7	5,593.5
3.3	Dietary Staff	19	10.8	22,383.6
3.4	Dietician	1	0.1	280.7
3.5	Housekeeping/Laundry Staff	14	12.5	25,927.4
3.6	Unit Clerk & Medical Records Staff	1	1.0	2,080.0
3.7	Quality Assurance	1	1.0	2,062.0
3.8	MMQ Nurses and MDS Coordinator	6	1.9	4,030.8
3.9	Social Services Staff	2	0.4	795.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff	32	7.0	14,662.2
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	8	2.4	4,912.8
3.14	Administration and Officers	4	0.8	1,687.6
3.15	Security Staff			
3.16	Clerical Staff	11	6.9	14,292.7
3.17	Director of Nurses	1	1.0	2,080.0
3.18	Registered Nurses	9	7.8	16,284.0
3.19	Licensed Practical Nurses	27	22.7	47,127.0
3.20	Certified Nurse Aides	70	58.4	121,392.0
3.21	Resident Care Assistants			
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	212	138.0	286,791.3

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Detail of Purchased Nursing Services										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges
Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies		2,526.4	198,742	3,065.1	205,691	1,188.1	51,333		
Registered Temporary Nursing Service Agencies										
4.2	CONNECTRN INC	TGKV	42.8	3,579	103.0	7,179				
4.3	Intelycare, Inc.	TM7F	709.8	55,968	331.8	23,942	45.1	2,062		
4.4	Other		1,968.3	172,342	219.1	16,433	5,493.1	259,722		
4.5	Dignity Medical Staffing.	TGMN	1,762.3	149,309	2,072.1	148,086	1,080.5	50,723		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		4,483.2	381,198	2,726.0	195,640	6,618.7	312,507	0.0	0
400	Total Temporary Nursing Service Agency Expenses		7,009.6	579,940	5,791.1	401,331	7,806.8	363,840	0.0	0
Five Highest Paid Salaries (including salaries, payroll taxes, workers' compensation, all fringe benefits, and draws)										
	NOTE: List the names and compensation of the <u>five</u> persons who have the highest compensation paid by this facility.									
Table 5	1	2	3	4	5	6	7	8		
Line #	Last Name	First Name	Title	Primary Expense Category	Salary & Benefits	Dividends/ Draws	Other	TOTAL		
5.1	Pauls	Edith	RN		316,742			316,742		
5.2	Nyenti	Benen	LPN		223,355			223,355		
5.3	Yawye	Catherine	LPN		191,580			191,580		
5.4	Oyedeki	Tina	LPN		167,386			167,386		
5.5	Guyton	Hope	LPN		162,034			162,034		

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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 6C	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
Corporation									
6C.1									0
6C.2									0
6C.3									0
									0

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SCHEDULE 11 : NOTES PAYABLE AND WORKING CAPITAL DEBT

Mortgages and Notes Supporting Fixed Assets

Table 1	1	2	3	4	5	6	7	8	9	10
Line / Column #	Type of Notes Payable	Lender Name	Related Party	Date Mortgage Acquired	Due Date	Number of Months Amortized	Monthly Payments	Original Loan Amount	Mortgage Acquisition Costs	Amortization of Mortgage Acquisition Costs
1.1	1st Mortgage	MDFA Bonds 2019A	No	01/02/2019	12/01/2029	120		16,304,000	250,700	38,690
1.2	1st Mortgage	MDFA Bonds 2019B	No	01/02/2019	01/01/2026	72		16,304,000		
100	TOTALS								250,700	38,690

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11	12	13	14	15	16	17	18	19	20
Beginning Loan Balance: Jan 1	Beginning Balance - New Loans	Principal Payments	Pay Off Amount	Pay Off Date	Ending Loan Balance: Dec 31	Interest Rate %	Interest Expense	Period Expenses	Total Amortization, Interest and Period Expenses
14,798,074					14,798,074	4.280%	650,851		689,541
100,059					100,059	5.010%	250		250
					14,898,133		651,101	0	689,791

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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	Capital Project Loan	No		244,987			244,987		
200	Total Working Capital Interest						244,987		0

SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

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

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

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

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

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
05/14/2024 8:28AM	(1) Footnotes and Explanations	SNF-CR Footnotes.pdf	application/pdf	Jonathan Langfield
05/14/2024 8:28AM	(2) Ownership and Facility Information	Ownership and Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Jonathan Langfield
05/14/2024 8:29AM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Jonathan Langfield
05/14/2024 8:30AM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Jonathan Langfield

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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	Jonathan Langfield
1.2	Nursing Facility or Firm Name	CliftonLarsonAllen LLP
1.3	Title	CPA
1.4	Street Address	4 Batterymarch Park, Suite 100
1.5	City	Quincy
1.6	State	MA
1.7	Zip Code	02169
1.8	Phone Number	+1 (781) 982-1001
1.9	Email Address	jonathan.langfield@claconnect.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:	05/14/2024

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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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	05/14/2024
2.3	Last Name	Hanscom
2.4	First Name	Kristine
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 along with the following information:

a) User Name

b) User E-Mail Address

c) Organization Name

d) Applicable Filing Year

e) Reason for request