

Skilled Nursing Facility Cost Report
BLACKSTONE VALLEY HEALTH & REHABILITATION
Filing Year: 2023

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SCHEDULE 1 : GENERAL INFORMATION

Facility Information		
Table 1		1
Line #	Description	
1.1	Facility Name	BLACKSTONE VALLEY HEALTH & REHABILITATION
1.2	MassHealth Provider ID	110167908A
1.3	Federal Employer Tax ID	845171974
1.4	VPN	0950859
1.5	Is the above information correct?	Yes
1.6	Facility Number	01012
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	447 Hill Street
1.11	City	Whitinsville
1.12	Zip	01588
1.13	Telephone	+1 (508) 234-7306
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.	Bluepoint Global Management LLC
1.19	List the name of the entity that holds the nursing facility license.	Bluepoint Global Management LLC
1.20	List realty company names as reported on each realty company cost report.	Bluepoint Healthcare Realty II, LLC
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

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

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

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

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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	2,174,338		2,174,338
1.2	Commercial Managed Care	539,400		539,400
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	2,239,534	230,951	2,470,485
1.5	Medicare Managed Care (Part C)	1,328,674		1,328,674
1.6	MassHealth Fee-for-Service	6,242,745		6,242,745
1.7	MassHealth Managed Care			0
1.8	Senior Care Options	2,530,837		2,530,837
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount			0
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	15,055,528	230,951	15,286,479

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	53,040
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	(8,744)
3.7	Interest Income	299
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	488,621
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	533,216

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)	MassHealth Workforce Retention	53,040
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.3	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.4	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.5	Other Endowment and Non-Recoverable Revenue		
400	Total Endowment and Non-Recoverable Revenue		53,040

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	15,819,695

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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	207,186		207,186
1.2	Director of Nurses: Employee Benefits	12,257	59	12,198
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	25,491		25,491
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	244,934		244,875
1.7	Registered Nurses: Salaries	874,515		874,515
1.8	Registered Nurses: Employee Benefits	51,735	249	51,486
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	107,596		107,596
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	219,873	0	219,873
1.200	Subtotal: Registered Nurses Expenses	1,253,719		1,253,470
1.12	Licensed Practical Nurses: Salaries	2,089,879		2,089,879
1.13	Licensed Practical Nurses: Employee Benefits	123,634	595	123,039
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	257,129		257,129
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	363,313	0	363,313
1.300	Subtotal: Licensed Practical Nurses Expenses	2,833,955		2,833,360
1.17	Certified Nurse Aides: Salaries	2,089,369		2,089,369
1.18	Certified Nurse Aides: Employee Benefits	123,603	595	123,008
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	257,067		257,067
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	321,409	0	321,409
1.400	Subtotal: Certified Nurse Aides Expenses	2,791,448		2,790,853

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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	7,124,056		7,122,558

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	7,124,056		7,122,558

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	187,687		187,687
2.2	Administration: Employee Benefits	11,103	53	11,050
2.3	Administration: Payroll Taxes incl Workers Comp.	23,092		23,092
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	221,882		221,829
2.7	Clerical Staff: Salaries	535,829		535,829
2.8	Clerical Staff: Employee Benefits	31,699	153	31,546
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	65,926		65,926
2.10	Clerical Staff: Purchased Service			0
2.200	Subtotal: Clerical Staff Expenses	633,454		633,301
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	65,951		65,951
2.12	Office Supplies	212,429		212,429
2.13	Telecommunications (e.g. Internet, Phone)	14,908		14,908

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	493		493
2.16	Advertising: Help Wanted	44,258		44,258
2.17	Licenses and Dues: Patient Care Related Portion	7,298	2,312	4,986
2.18	Continuing Professional Education / Training and Development	429		429
2.19	Accounting Services (Not related to appeals)	52,940		52,940
2.20	Insurance: Malpractice & General Liability	209,298		209,298
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	110,468	76,475	33,993
2.23	Non-Allowable A & G Expenses	1,633,354	1,633,354	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		54,051	54,051
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		779,197	779,197
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		36,062	36,062
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	2,351,826		1,508,995
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	3,207,162		2,364,125
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		488,621	488,621
2.500	Subtotal: Administrative & General Recoverable Income	0		488,621
200	Total: Net Administrative & General Expenses After Recoverable Income	3,207,162		1,875,504

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<i>Detail of Other A&G Expenses</i>		
Table 2A	1	2
Line #	Description	Amount
2A.1	Office Exp. - Bank Fees	11,208
2A.2	Professional Service	21,800
2A.3	Taxes	918
2A.4	Financing Fee - Loan Payments	29,457
2A.5	Misc. Expense	757
2A.6	Staff Development Sup & Exp	2,430
2A.7	Staff Appreciation	6,227
2A.8	Consulting Fees	9,680
2A.9	Amortization Expense	2,011
2A.10	Social Serv - Sup & Exp	980
2A.11	Prior Year Expense	25,000
2A.100	Subtotal: Other A&G Expenses	110,468

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Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	12,873
2B.2	Licenses and Dues: Not Related to Resident Care	5,396
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	
2B.5	Legal: Resident Care	
2B.6	Legal: Other	
2B.7	Key Person Insurance	
2B.8	Management Company Fees	350,852
2B.9	Management Consultants	
2B.10	Interest on Working Capital	77
2B.11	Fines, Late Fees, Penalties, including Interest	114,263
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	210,511
2B.15	User Fee Assessment	939,382
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	1,633,354

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	36,192		36,192
3.2	Staff Dev. Coord.: Employee Benefits	2,141	10	2,131
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	4,453		4,453
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	42,786		42,776
3.5	Plant Operation: Salaries	136,270		136,270
3.6	Plant Operation: Employee Benefits	8,062	39	8,023
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	16,766		16,766

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3.8	Plant Operation: Purchased Service	49,296		49,296
3.9	Plant Operation: Supplies and Expenses	94,146		94,146
3.10	Plant Operation: Utilities	258,474		258,474
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	563,014		562,975
3.13	Dietician: Salaries	1,536		1,536
3.14	Dietician: Employee Benefits	91		91
3.15	Dietician: Payroll Taxes incl Workers Comp.	189		189
3.16	Dietician: Purchased Service	2,475		2,475
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	4,291		4,291
3.18	Dietary: Salaries	583,822		583,822
3.19	Dietary: Employee Benefits	34,538	166	34,372
3.20	Dietary: Payroll Taxes incl Workers Comp.	71,831		71,831
3.21	Dietary: Food	302,404		302,404
3.22	Dietary: Purchased Service			0
3.23	Dietary: Supplies and Expenses	23,539		23,539
3.400	Subtotal: Dietary Expenses	1,016,134		1,015,968
3.24	Housekeeping/Laundry: Salaries			0
3.25	Housekeeping/Laundry: Employee Benefits			0
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.			0
3.27	Housekeeping/Laundry: Purchased Service	467,237		467,237
3.28	Housekeeping/Laundry: Supplies and Expenses	1,436		1,436
3.29	Housekeeping/Laundry: Linen and Bedding	2,028		2,028
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	470,701		470,701
3.31	Quality Assurance (QA) Professional: Salaries			0
3.32	QA Professional: Employee Benefits			0
3.33	QA Professional: Payroll Taxes incl Workers Comp.			0
3.34	QA Professional: Purchased Service	900		900
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
3.600	Subtotal: QA Professional Expenses	900		900
3.36	Unit Clerk & Medical Records: Salaries	50,989		50,989

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3.37	Unit Clerk & Medical Records: Employee Benefits	3,016	15	3,001
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	6,273		6,273
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	60,278		60,263
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	70,925		70,925
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	4,196	20	4,176
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	8,726		8,726
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	83,847		83,827
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	167,662		167,662
3.49	Social Service Worker: Employee Benefits	9,919	48	9,871
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	20,628		20,628
3.51	Social Service Worker: Purchased Service	3,900		3,900
3.1000	Subtotal: Social Service Worker Expenses	202,109		202,061
3.52	Interpreters: Salaries			0
3.53	Interpreters: Employee Benefits			0
3.54	Interpreters: Payroll Taxes incl Workers Comp.			0
3.55	Interpreters: Purchased Service			0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries	109,227		109,227
3.57	Indirect Restorative Therapy: Employee Benefits	6,462	31	6,431
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.	13,439		13,439
3.59	Indirect Restorative Therapy: Consultants	32,478		32,478
3.60	Direct Restorative Therapy: Salaries	592,864	592,864	0

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3.61	Direct Restorative Therapy: Benefits	108,016	108,016	0
3.62	Direct Restorative Therapy: Consultants	141,355	141,355	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	1,003,841		161,575
3.64	Recreational Therapy/Activities: Salaries	222,446		222,446
3.65	Recreational Therapy/Activities: Employee Benefits	13,160	63	13,097
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	27,369		27,369
3.67	Recreational Therapy/Activities: Purchased Service			0
3.68	Recreational Therapy/Activities: Supplies and Expenses	28,994		28,994
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	291,969		291,906
3.70	Resident Care Assistant: Salaries	93,520		93,520
3.71	Resident Care Assistant: Employee Benefits	5,533	27	5,506
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.	11,506		11,506
3.73	Resident Care Assistant: Purchased Service			0
3.1400	Subtotal: Resident Care Assistant Expenses	110,559		110,532
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	6,717		6,717
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education			0
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	60,900		60,900
3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals			0
3.86	Physician Services: Other			0
3.87	Legend Drugs	433,416	433,416	0
3.88	Personal Protective Equipment			0

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3.89	House Supplies Not Resold	262,699		262,699
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents		0	0
3.92	Pharmacy Consultant			0
3.93	This line description is intentionally left blank			0
3.94	This line description is intentionally left blank			0
3.95	This line description is intentionally left blank			0
3.1600	Subtotal: Other Variable Expenses	763,732		330,316
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	4,614,161		3,338,091
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		0	0
3.1800	Subtotal: Variable Recoverable Income	0		0
300	Total: Net Variable Expenses Including Recoverable Income	4,614,161		3,338,091

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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	113,695	(371,427)	485,122
4.2	Long-Term Interest Expense SNF-CR			0
4.3	Long-Term Interest Expense REA-CR		602,430	602,430
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	31,053		31,053
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	1,821		1,821
4.9	Real Estate Tax Expense REA-CR		110,359	110,359
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			0
4.13	Other Fixed Cost Expenses REA-CR		255,649	255,649
4.14	Real Property Rent Expense SNF-CR	696,888	696,888	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	843,457		1,486,434
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	843,457		1,486,434

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<i>Total Combined Expenses Before Recoverable Income</i>				
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	15,788,836		14,311,208
<i>Total Combined Expenses Net of Recoverable Income</i>				
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	15,788,836		13,822,587

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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 1A		1
For Profit		
Line #	Description	Reported
1A.1	Net Patient Service Revenue	15,286,479
1A.2	Other Revenue	532,917
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	15,819,396
1A.4	Salaries and Wages	7,457,054
1A.5	Employee Benefits	441,149
1A.6	Supplies and Other (including Payroll Taxes)	7,566,427
1A.7	Interest Expense	
1A.8	Provision for Bad Debt	210,511
1A.9	Depreciation and Amortization Expenses	113,695
1A.200	Total Operating Expenses	15,788,836
1A.300	Income(Loss) from Operations	30,560
	Non-Operating Income and Expenses	
1A.10	Interest Income	299
1A.11	Investment Income	
1A.12	Realized Gain(Loss) from Investments	
1A.13	Realized Gain(Loss) from Sale or Disposal of Equipment	
1A.14	Other Non-Operating Income(Expense)	
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	30,859
1A.15	Provision for Income Tax	
1A.16	Extraordinary Items	0
1A.17	Cumulative Change in Accounting Principles	0
1A.500	Financial Statement Net Income(Loss)	30,859

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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)	15,819,695
2.2	Total Nursing Expenses (Schedule 3)	7,124,056
2.3	Total Administrative and General Expenses (Schedule 3)	3,207,162
2.4	Total Variable Expenses (Schedule 3)	4,614,161
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	843,457
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	15,788,836
200	Cost Reported Net Income(Loss)	30,859

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)		30,859
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)		30,859

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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	(281,364)
1.2	Short-Term Investments	
1.3	Current Portion Assets Whose Use is Limited	
1.4	Other Cash and Equivalents	495
1.5	Payer Accounts Receivable	3,933,198
1.6	Less Reserve for Bad Debt	(294,482)
1.100	Subtotal: Net Patient Accounts Receivable	3,638,716
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	4,354,960
1.9	Interest Receivable	
1.10	Supply Inventory	
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	96,680
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	9,852
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	20,791
100	Total Current Assets	7,840,130

Detail of Other Current Assets		
Table 1A	1	2
Line #	Description	Account Balance
1A.1	A/R Refund Account	17,890
1A.2	Refundable Deposits	2,901
1A.100	Subtotal: Other Current Assets	20,791

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Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	
2.2	Buildings	
2.3	Improvements	354,762
2.4	Equipment	307,578
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	662,340

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	23,119
3.4	Construction in Progress	545,005
3.5	Mortgage Acquisition Costs	
3.6	Accumulated Amortization of Mortgage Acquisition Costs	
3.100	Net Mortgage Acquisition Costs	0
300	Total Non-Current Assets	568,124

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	Start Up Costs	30,156
3A.2	Start Up Costs - A/A	(7,037)
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	23,119

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Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	9,070,594

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	3,810,334
5.2	Accrued Expenses	39,655
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	890,336
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	525,000
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	
5.7	Accrued Salaries and Payroll Liabilities	422,656
5.8	State and Federal Taxes Payable	26,843
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	512,834
500	Total Current Liabilities	6,227,658

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	American Express	395,350
5A.2	AP/Operating/Suspense	1,683
5A.3	Roth IRA	62
5A.4	Resident Refunds	(5,385)
5A.5	Refunds Due HMO's	104,234
5A.6	Refund Trust	(1,569)
5A.7	Capital Lease Obligation	18,459
5A.100	Subtotal: Other Current Liabilities	512,834

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Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	
6.2	Due to Related Parties, Subsidiaries, and Affiliates	6,662,479
6.3	Other Long-Term Debt	
600	Total Non-Current Liabilities	6,662,479

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	12,890,137

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

Table 8						
Table 8C		1	2	3	4	5
Corporation						
Line #	Description	Capital Stock	Treasury Stock	Additional Paid-in	Retained Earnings	Total
8C.1	Owner's Equity Balance: Prior Year				(3,850,407)	(3,850,407)
8C.2	Prior Period Adjustment(s)				5	5
8C.3	Sale of Capital Stock					0
8C.4	Purchase or Sale Treasury Stock					0
8C.5	Additional Paid-in Capital					0
8C.6	SNF-CR Net Income/(Loss)				30,859	30,859
8C.7	Dividends Paid					0
8C.100	Owner's Equity Balance: Current Year	0	0	0	(3,819,543)	(3,819,543)

Prior Period Adjustments

NOTE: Disclose all facts relative to adjustments and explain any impact on reimbursable costs as reported in prior year(s) cost report identifying the specific cost centers affected.

Table 8D	1	2
Line #	Description	Amount
8D.1	Prior Period Adjustment	5
8D.100	Subtotal: Prior Period Adjustments	5

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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)	9,070,594

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SCHEDULE 7 : DETAIL OF FIXED ASSETS AND DEPRECIATION

Financial Statement Fixed Assets									
Table 1		1	2	3	4	5	6	7	8
Line #	Description	Fixed Asset Cost Beginning Balance	Current Year Additions	Current Year Deletions	Fixed Asset Cost Ending Balance	Accumulated Depreciation Beginning Balance	Current Year Depreciation	Accumulated Depreciation Ending Balance	Financial Statement Net Book Value
1.1	Land				0				0
1.2	Building				0			0	0
1.3	Improvements	623,414		(109,541)	513,873	(106,118)	(52,993)	(159,111)	354,762
1.4	Equipment	417,900	57,150		475,050	(108,508)	(58,964)	(167,472)	307,578
1.5	Software/Limited Life Assets	27,219	2		27,221	(25,483)	(1,738)	(27,221)	0
1.6	Motor Vehicles				0			0	0
100	Total	1,068,533	57,152	(109,541)	1,016,144	(240,109)	(113,695)	(353,804)	662,340

Claimed Fixed Assets

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

Table 2		1	2	3	4	5	6	7	8	9	10
Line #	Description	Allowable Cost Basis Beginning Balance	Claimed Additions From Renovations (DON)	Claimed Other Additions	Claimed Deletions From Renovations (DON)	Claimed Other Deletions	Allowable Cost Basis Ending Balance	Depreciation %	Financial Statement Depreciation Expense	Non-Allowable Expenses and Add-backs	Claimed Net Depreciation Expense
2.1	Land SNF-CR						0				
2.2	Land REA-CR	135,915					135,915				
2.3	Building SNF-CR						0		0		0
2.4	Building REA-CR	4,464,682					4,464,682			98,374	98,374
2.5	Improvements SNF-CR	446,886				(109,541)	337,345	5.00%	52,993		52,993
2.6	Improvements REA-CR	4,912,123					4,912,123	5.00%		227,198	227,198
2.7	Equipment SNF-CR	393,166		57,150			450,316	10.00%	58,964		58,964

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2.8	Equipment REA- CR	469,757					469,757	10.00%		45,855	45,855
2.9	Software/Limited Life Assets SNF- CR	27,219		2			27,221	33.33%	1,738		1,738
2.10	Software/Limited Life Assets REA- CR						0	33.33%			0
200	Total Claimed Fixed Assets	10,849,748	0	57,152	0	(109,541)	10,797,359		113,695	371,427	485,122

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1967
3.2	What was the date of the most recent assessed property value of this facility?	10/01/2020
3.3	What was the value from the most recent municipal property assessment for this facility?	9,000,000
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?	63
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	43,294
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	20,762
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?	6.2
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)	65,429

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	30,859
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(309,165)
200	Net Cash from Operating Activities	(278,306)

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(57,152)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(57,152)

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	(10,840)
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	(10,840)

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(346,298)
500	Cash and Cash Equivalents (End of Year)	(280,869)

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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	11/13/2020	123			123	123
1.2	11/13/2022	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

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	2,676	1,436		3,084	1,805	24,775
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)						597
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	2,676	1,436	0	3,084	1,805	25,372

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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
2,137	6,071							41,984
								0
								0
								0
								0
								0
								0
								0
								0
90	69							756
								0
								0
								0
2,227	6,140	0	0	0	0	0	0	42,740

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<i>Patient Statistics - Summary</i>			
Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	
3.2	0140.1	Number of MassHealth Admissions During Year	
3.3	0150.0	Number of Discharges During Year	
3.4	0190.0	Average Length of Stay	
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	808,574	15,082.0	1,925,706	45,787.0	1,731,345	63,730.0
1.2	Total Overtime Wages	49,866	689.0	106,278	1,730.0	261,868	7,284.0
1.3	Total Shift Differential	13,492		55,682		96,156	
1.4	Total Other Differentials	2,583		2,213			
100	Total	874,515	15,771.0	2,089,879	47,517.0	2,089,369	71,014.0

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

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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	0.3	559.0
3.2	Plant Operations	4	4.3	9,005.0
3.3	Dietary Staff	15	14.8	30,683.0
3.4	Dietician	1	0.0	40.0
3.5	Housekeeping/Laundry Staff			
3.6	Unit Clerk & Medical Records Staff	1	1.0	2,034.0
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	1	0.8	1,558.0
3.9	Social Services Staff	2	1.8	3,654.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff	5	5.3	11,020.0
3.12	Restorative Therapy - Indirect Staff	1	1.2	2,504.0
3.13	Recreational Staff	5	5.1	10,630.0
3.14	Administration and Officers	1	1.0	2,080.0
3.15	Security Staff			
3.16	Clerical Staff	5	5.3	11,072.0
3.17	Director of Nurses	1	1.0	2,086.0
3.18	Registered Nurses	8	7.6	15,771.0
3.19	Licensed Practical Nurses	23	22.8	47,517.0
3.20	Certified Nurse Aides	34	34.1	71,014.0
3.21	Resident Care Assistants	2	1.8	3,806.0
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	110	108.2	225,033.0

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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									
Registered Temporary Nursing Service Agencies										
4.2	Other		235.6	15,087	2,586.6	59,332	3,330.0	105,320		
4.3	CONNECTRN INC	TGKV	8.0	2,241	713.9	1,233				
4.4	Intelycare, Inc.	TM7F	3,084.4	202,545	6,212.9	289,471	6,198.0	216,089		
4.5	Staffing Experts, LLC (1)	TAMP			840.0	13,277				
4.200	Subtotal: Registered Temporary Nursing Service Agencies		3,328.0	219,873	10,353.4	363,313	9,528.0	321,409	0.0	0
400	Total Temporary Nursing Service Agency Expenses		3,328.0	219,873	10,353.4	363,313	9,528.0	321,409	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	Yedinak	Deborah	DON	Nursing	237,149			237,149		
5.2	Leger	Gary	Administrator	Administrative & General	196,710			196,710		
5.3	Hanus	Ursula	Director of Admissions	Administrative & General	170,460			170,460		
5.4	Morse	Robert	RN	Nursing	164,522			164,522		
5.5	Bisceglia	Ashley	Nursing Supervisor	Nursing	153,299			153,299		

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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	Capital Lease	Newburyport Bank	No	08/01/2023						
1.2	Capital Lease	NECFIN	No	02/01/2019		60	831	38,212		
1.3	Capital Lease	NECFIN	No	04/01/2019		60	143	6,652		
1.4	Capital Lease	US Bank	No	03/01/2018		60	1,198			
1.5	Capital Lease	Direct Capital	No	07/13/2019		60	553	15,380		
100	TOTALS								0	0

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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
					0	9.250%	29,457		29,457
9,904		9,270			634	11.010%	717		717
2,144		1,570			574	10.650%	152		152
15,655					15,655	8.220%			0
1,597					1,597	13.350%			0
					18,460		30,326	0	30,326

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

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:

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
06/03/2024 4:35PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
06/03/2024 4:35PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
06/03/2024 4:35PM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
06/03/2024 4:35PM	(1) Footnotes and Explanations	Footnotes and Explanations.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore

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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	Matthew S. Bovolack
1.2	Nursing Facility or Firm Name	Marcum LLP
1.3	Title	Principal
1.4	Street Address	555 Long Wharf Drive
1.5	City	New Haven
1.6	State	Connecticut
1.7	Zip Code	06511
1.8	Phone Number	+1 (203) 781-9680
1.9	Email Address	Matthew.Bovolack@marcumllp.com
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	06/03/2024

Please note this button does not submit the Cost Report for CHIA review, and is solely for your internal review purposes.
If the report needs to be unlocked by the Preparer, uncheck the attestation box on Line 1.11 and click the Save and Validate button.

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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	06/03/2024
2.3	Last Name	Wheeler
2.4	First Name	Scott
2.5	Middle Name	
2.6	Title	Administrator
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