

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

SCHEDULE 1 : GENERAL INFORMATION

Facility Information		
Table 1		1
Line #	Description	
1.1	Facility Name	NORTHWOOD REHAB & HLTH CARE CTR
1.2	MassHealth Provider ID	110094540A
1.3	Federal Employer Tax ID	454628230
1.4	VPN	0950172
1.5	Is the above information correct?	Yes
1.6	Facility Number	00386
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	1010 VARNUM AVENUE
1.11	City	Lowell
1.12	Zip	01854
1.13	Telephone	+1 (978) 458-8773
1.14	Is this a hospital-based nursing facility?	No
1.15	Does the provider have pediatric beds?	No
1.16	Does the provider have an executed special contract with MassHealth (e.g. ventilator unit, acquired brain injury, etc.)?	No
1.17	Legal Status	Partnership/Limited Liability Partnership (LLP)
1.18	List the name of the management company as reported on the management company cost report.	Athena Health Care Associates INC.
1.19	List the name of the entity that holds the nursing facility license.	Athena Health Care Associates INC.
1.20	List realty company names as reported on each realty company cost report.	RIMA IDCo I, LLC, a DE LLC
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Matthew S. Bovolack
2.2	Nursing Facility or Firm Name	Marcum LLP
2.3	Title	Principal
2.4	Street Address	555 Long Wharf Drive
2.5	City	New Haven
2.6	State	CT
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	CT
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)

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
 Filing Year: 2023

Date: 09/19/2024
 Time: 3:37 PM

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

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024

Time: 3:37 PM

SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	470,029	15	470,044
1.2	Commercial Managed Care	140,406	13,868	154,274
1.3	Commercial Non-Managed Care	0	0	0
1.4	Medicare Fee-For-Service	2,297,262	1,097,507	3,394,769
1.5	Medicare Managed Care (Part C)	934,786	0	934,786
1.6	MassHealth Fee-for-Service	8,625,252	175,585	8,800,837
1.7	MassHealth Managed Care	0	0	0
1.8	Senior Care Options	0	0	0
1.9	OneCare	0	0	0
1.10	PACE	0	0	0
1.11	Medicaid Out-of-State	0	0	0
1.12	Medicaid Patient Paid Amount	1,326,627	0	1,326,627
1.13	DTA & EAEDC	0	0	0
1.14	Veteran's Affairs & Other Public	0	0	0
1.15	Other Payer Revenue	0	0	0
100	Total Nursing Facility Revenue	13,794,362	1,286,975	15,081,337

Detail of Ancillary Revenue

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

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

Other Nursing Facility Revenue		
Table 3		1
Line #	Description	Revenue
3.1	Total Other Business Revenue	0
3.2	Endowment and Other Non-Recoverable Revenue	0
3.3	Laundry Revenue	0
3.4	Vending Machine Revenue	0
3.5	Recovery of Bad Debts	4,380
3.6	Prior Year Retroactive Revenue	3,094
3.7	Interest Income	293
3.8	Nurses' Aide Training Revenue	0
3.9	Administrative and General Recoverable Revenue	15,452
3.10	Nursing Recoverable Revenue	0
3.11	Variable Recoverable Revenue	340,112
3.12	Fixed Cost Recoverable Revenue	0
300	Total Other Nursing Facility Revenue	363,331

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)		
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		0

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	15,444,668

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

SCHEDULE 3 : EXPENSES

Nursing Expenses

Table 1		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
1.1	Director of Nurses: Salaries	125,245		125,245
1.2	Director of Nurses: Employee Benefits	8,942	291	8,651
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	12,981		12,981
1.4	Director of Nurses Purchased Service: Per Diem	0		0
1.5	Director of Nurses Purchased Service: Temporary Agency Staff	0		0
1.6	Director of Nurses Add-back (MGT-CR Sch 6)			0
1.100	Subtotal: Director of Nurses Expenses	147,168		146,877
1.7	Registered Nurses: Salaries	1,058,818		1,058,818
1.8	Registered Nurses: Employee Benefits	75,595	2,457	73,138
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	109,738		109,738
1.10	Registered Nurses Purchased Service: Per Diem	0		0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	0	#Error	0
1.200	Subtotal: Registered Nurses Expenses	1,244,151		1,241,694
1.12	Licensed Practical Nurses: Salaries	1,653,703		1,653,703
1.13	Licensed Practical Nurses: Employee Benefits	118,067	3,837	114,230
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	171,394		171,394
1.15	Licensed Practical Nurses Purchased Service: Per Diem	0		0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	0		0
1.300	Subtotal: Licensed Practical Nurses Expenses	1,943,164		1,939,327
1.17	Certified Nurse Aides: Salaries	2,498,882		2,498,882
1.18	Certified Nurse Aides: Employee Benefits	178,409	5,798	172,611
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	258,990		258,990
1.20	Certified Nurse Aides Purchased Service: Per Diem	0		0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	0		0
1.400	Subtotal: Certified Nurse Aides Expenses	2,936,281		2,930,483

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

1.22	Nurse's Aide Training Administration	0	0	0
1.23	Nursing Education and Training	0		0
1.24	This line description is intentionally left blank			0
1.25	This line description is intentionally left blank			0
1.500	Subtotal: Other Nursing Expenses	0		0
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	6,270,764		6,258,381

Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		0	0
1.27	Nurses' Aide Training Recoverable Income		0	0
1.700	Subtotal: Nursing & Director of Nursing Recoverable Income	0		0
100	Total: Net Nursing Expenses Including Recoverable Income	6,270,764		6,258,381

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	135,452		135,452
2.2	Administration: Employee Benefits	9,671	314	9,357
2.3	Administration: Payroll Taxes incl Workers Comp.	14,039		14,039
2.4	Administration: Purchased Service	0		0
2.5	Officers: Total Compensation	0	0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	159,162		158,848
2.7	Clerical Staff: Salaries	319,593		319,593
2.8	Clerical Staff: Employee Benefits	22,817	741	22,076
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	33,123		33,123
2.10	Clerical Staff: Purchased Service	16,564		16,564
2.200	Subtotal: Clerical Staff Expenses	392,097		391,356
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	87,191		87,191
2.12	Office Supplies	49,314		49,314
2.13	Telecommunications (e.g. Internet, Phone)	69,013		69,013

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

2.14	Other Telecommunications (e.g. tablets to support family and resident communications)	0		0
2.15	Travel: Conventions & Meetings	3,073	3,073	0
2.16	Advertising: Help Wanted	9,552		9,552
2.17	Licenses and Dues: Patient Care Related Portion	13,001	2,734	10,267
2.18	Continuing Professional Education / Training and Development	2,363		2,363
2.19	Accounting Services (Not related to appeals)	25,382		25,382
2.20	Insurance: Malpractice & General Liability	105,948		105,948
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion	0		0
2.22	Other A & G Expenses	42,543		42,543
2.23	Non-Allowable A & G Expenses	1,506,161	1,506,161	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		76,737	76,737
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		308,003	308,003
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		9,812	9,812
2.27	This line description is intentionally left blank			0
2.28	This line description is intentionally left blank			0
2.300	Subtotal: Other Administrative and General Expenses	1,913,541		796,125
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	2,464,800		1,346,329
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		15,452	15,452
2.500	Subtotal: Administrative & General Recoverable Income	0		15,452
200	Total: Net Administrative & General Expenses After Recoverable Income	2,464,800		1,330,877

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
 Filing Year: 2023

Date: 09/19/2024
 Time: 3:37 PM

Detail of Other A&G Expenses		
Table 2A	1	2
Line #	Description	Amount
2A.1	Bank Charges	42,543
2A.2		
2A.3		
2A.4		
2A.5		
2A.6		
2A.7		
2A.8		
2A.9		
2A.10		
2A.100	Subtotal: Other A&G Expenses	42,543

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	7,902
2B.2	Licenses and Dues: Not Related to Resident Care	0
2B.3	Accounting: Appeal Service	0
2B.4	Legal: Appeal Service and DALA Filing Fees	0
2B.5	Legal: Resident Care	0
2B.6	Legal: Other	72,164
2B.7	Key Person Insurance	0
2B.8	Management Company Fees	0
2B.9	Management Consultants	0
2B.10	Interest on Working Capital	128,653
2B.11	Fines, Late Fees, Penalties, including Interest	150,167
2B.12	State and Federal Income Taxes	0
2B.13	Pre-Opening Expenses	0
2B.14	Bad Debt Expense	240,029
2B.15	User Fee Assessment	904,179
2B.16	Other Non-Allowable A&G Expenses	3,067
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	1,506,161

Variable Expenses				
Table 3		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add-backs	Total Allowable Expenses
3.1	Staff Development Coordinator: Salaries	0		0
3.2	Staff Dev. Coord.: Employee Benefits	0		0
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	0		0
3.4	Staff Dev. Coord.: Purchased Service	0		0
3.100	Subtotal: Staff Development Coordinator Expenses	0		0
3.5	Plant Operation: Salaries	157,932		157,932
3.6	Plant Operation: Employee Benefits	11,276	366	10,910
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	16,368		16,368

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

3.8	Plant Operation: Purchased Service	52,339		52,339
3.9	Plant Operation: Supplies and Expenses	20,878		20,878
3.10	Plant Operation: Utilities	263,447		263,447
3.11	Plant Operation: Repairs	83,329		83,329
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	605,569		605,203
3.13	Dietician: Salaries	61,746		61,746
3.14	Dietician: Employee Benefits	4,408	143	4,265
3.15	Dietician: Payroll Taxes incl Workers Comp.	6,399		6,399
3.16	Dietician: Purchased Service	8,590		8,590
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	81,143		81,000
3.18	Dietary: Salaries	592,745		592,745
3.19	Dietary: Employee Benefits	42,319	1,375	40,944
3.20	Dietary: Payroll Taxes incl Workers Comp.	61,433		61,433
3.21	Dietary: Food	382,073		382,073
3.22	Dietary: Purchased Service	0		0
3.23	Dietary: Supplies and Expenses	60,178		60,178
3.400	Subtotal: Dietary Expenses	1,138,748		1,137,373
3.24	Housekeeping/Laundry: Salaries	459,314		459,314
3.25	Housekeeping/Laundry: Employee Benefits	32,793	1,066	31,727
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	47,604		47,604
3.27	Housekeeping/Laundry: Purchased Service	0		0
3.28	Housekeeping/Laundry: Supplies and Expenses	56,701		56,701
3.29	Housekeeping/Laundry: Linen and Bedding	6,979		6,979
3.30	Housekeeping/Laundry: Special Cleaning	0		0
3.500	Subtotal: Housekeeping/Laundry Expenses	603,391		602,325
3.31	Quality Assurance (QA) Professional: Salaries	0		0
3.32	QA Professional: Employee Benefits	0		0
3.33	QA Professional: Payroll Taxes incl Workers Comp.	0		0
3.34	QA Professional: Purchased Service	0		0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
3.600	Subtotal: QA Professional Expenses	0		0
3.36	Unit Clerk & Medical Records: Salaries	0		0

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

3.37	Unit Clerk & Medical Records: Employee Benefits	0		0
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	0		0
3.39	Unit Clerk & Medical Records: Purchased Service	0		0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	0		0
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	785,701		785,701
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	56,095	1,823	54,272
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	81,432		81,432
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	0		0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	923,228		921,405
3.44	Behavioral Health Specialist: Salaries	0		0
3.45	Behavioral Health Specialist: Employee Benefits	0		0
3.46	Behavioral Health Specialist: Payroll Taxes incl Workers Comp.	0		0
3.47	Behavioral Health Specialist: Purchased Service	0		0
3.900	Subtotal: Behavioral Health Specialist Expenses	0		0
3.48	Social Service Worker: Salaries	206,851		206,851
3.49	Social Service Worker: Employee Benefits	14,768	480	14,288
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	21,439		21,439
3.51	Social Service Worker: Purchased Service	40,023		40,023
3.1000	Subtotal: Social Service Worker Expenses	283,081		282,601
3.52	Interpreters: Salaries	0		0
3.53	Interpreters: Employee Benefits	0		0
3.54	Interpreters: Payroll Taxes incl Workers Comp.	0		0
3.55	Interpreters: Purchased Service	0		0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries	94,873		94,873
3.57	Indirect Restorative Therapy: Employee Benefits	6,773	220	6,553
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.	9,833		9,833
3.59	Indirect Restorative Therapy: Consultants	0		0
3.60	Direct Restorative Therapy: Salaries	1,087,564	1,087,564	0

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

3.61	Direct Restorative Therapy: Benefits	190,365	190,365	0
3.62	Direct Restorative Therapy: Consultants	395	395	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	1,389,803		111,259
3.64	Recreational Therapy/Activities: Salaries	253,092		253,092
3.65	Recreational Therapy/Activities: Employee Benefits	18,070	587	17,483
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	26,231		26,231
3.67	Recreational Therapy/Activities: Purchased Service	0		0
3.68	Recreational Therapy/Activities: Supplies and Expenses	90,790		90,790
3.69	Recreational Therapy/Activities: Transportation	0	0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	388,183		387,596
3.70	Resident Care Assistant: Salaries	0		0
3.71	Resident Care Assistant: Employee Benefits	0		0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.	0		0
3.73	Resident Care Assistant: Purchased Service	0		0
3.1400	Subtotal: Resident Care Assistant Expenses	0		0
3.74	Security: Salaries	0		0
3.75	Security: Employee Benefits	0		0
3.76	Security: Payroll Taxes including Workers Comp.	0		0
3.77	Security: Purchased Service	0		0
3.1500	Subtotal: Security Expenses	0		0
3.78	Travel: Motor Vehicle Expense	0		0
3.79	Variable Other Required Education	0		0
3.80	Variable Job Related Education	0		0
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion	0		0
3.82	Physician Services: Medical Director	24,200		24,200
3.83	Physician Services: Advisory Physician	0		0
3.84	Physician Services: Utilization Review Committee	0		0
3.85	Physician Services: Employee Physicals	1,581		1,581
3.86	Physician Services: Other	124	124	0
3.87	Legend Drugs	460,080	460,080	0
3.88	Personal Protective Equipment	0		0

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

3.89	House Supplies Not Resold	215,841		215,841
3.90	House Supplies Resold to Private Residents	0	0	0
3.91	House Supplies Resold to Public Residents	0	0	0
3.92	Pharmacy Consultant	10,615		10,615
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	712,441		252,237
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	6,125,587		4,380,999
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		340,112	340,112
3.1800	Subtotal: Variable Recoverable Income	0		340,112
300	Total: Net Variable Expenses Including Recoverable Income	6,125,587		4,040,887

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

Capital & Fixed Cost Expenses				
Table 4		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add-backs	Total Allowable Expenses
4.1	Depreciation Expense	94,207	(242,220)	336,427
4.2	Long-Term Interest Expense SNF-CR	13,989		13,989
4.3	Long-Term Interest Expense REA-CR		1,067,027	1,067,027
4.4	MA Corp. Excise Tax - Non-Income Portion SNF-CR	0		0
4.5	MA Corp. Excise Tax - Non-Income Portion REA-CR			0
4.6	Building Insurance Expense SNF-CR	0		0
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	0		0
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR	102,188		102,188
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	18,851		18,851
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	999,900	999,900	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	1,229,135		1,538,482
Less: Capital & Fixed Cost Expense Recoverable Income				
4.17	Fixed Cost Recoverable Income SNF-CR		0	0
4.18	Fixed Cost Recoverable Income REA-CR		0	0
4.200	Subtotal: Capital & Fixed Cost Recoverable Income	0		0
400	Total: Net Capital & Fixed Cost Expenses Including Recoverable Income	1,229,135		1,538,482

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

<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	16,090,286		13,524,191
<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	16,090,286		13,168,627

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES

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

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

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

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

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

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

Financial Statement of Operations

Table 1		
Table 1A		1
For Profit		
Line #	Description	Reported
1A.1	Net Patient Service Revenue	15,081,337
1A.2	Other Revenue	363,038
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	15,444,375
1A.4	Salaries and Wages	9,491,511
1A.5	Employee Benefits	600,003
1A.6	Supplies and Other (including Payroll Taxes)	5,650,547
1A.7	Interest Expense	13,989
1A.8	Provision for Bad Debt	240,029
1A.9	Depreciation and Amortization Expenses	94,207
1A.200	Total Operating Expenses	16,090,286
1A.300	Income(Loss) from Operations	(645,911)
	Non-Operating Income and Expenses	
1A.10	Interest Income	293
1A.11	Investment Income	0
1A.12	Realized Gain(Loss) from Investments	0
1A.13	Realized Gain(Loss) from Sale or Disposal of Equipment	0
1A.14	Other Non-Operating Income(Expense)	0
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	(645,618)
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)	(645,618)

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

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

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

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

Cost Reported Statement of Operations		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	15,444,668
2.2	Total Nursing Expenses (Schedule 3)	6,270,764
2.3	Total Administrative and General Expenses (Schedule 3)	2,464,800
2.4	Total Variable Expenses (Schedule 3)	6,125,587
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	1,229,135
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	16,090,286
200	Cost Reported Net Income(Loss)	(645,618)

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)		(645,618)
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)		(645,618)

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

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

Current Assets		
Table 1		1
Line #	Description	Account Balance
1.1	Cash and Cash Equivalents	16,558
1.2	Short-Term Investments	0
1.3	Current Portion Assets Whose Use is Limited	0
1.4	Other Cash and Equivalents	0
1.5	Payer Accounts Receivable	277,747
1.6	Less Reserve for Bad Debt	(39,412)
1.100	Subtotal: Net Patient Accounts Receivable	238,335
1.7	Receivable from Officers/Owners/Employees	0
1.8	Receivable from Affiliates/Related Parties	17,486
1.9	Interest Receivable	0
1.10	Supply Inventory	22,572
1.11	Other Receivables	0
1.12	Prepaid Interest	0
1.13	Prepaid Insurance	78,027
1.14	Prepaid Taxes	(11,220)
1.15	Other Prepaid Expenses	200,412
1.16	Capitalized Pre-Opening Costs	0
1.17	Other Current Assets	5,998,935
100	Total Current Assets	6,561,105

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

Detail of Other Current Assets		
Table 1A	1	2
Line #	Description	Account Balance
1A.1	MEDICAID COST SETTLEMENT	(82,831)
1A.2	LINE OF CREDIT	6,081,766
1A.3		
1A.4		
1A.5		
1A.6		
1A.7		
1A.8		
1A.9		
1A.10		
1A.100	Subtotal: Other Current Assets	5,998,935
Non-Current Fixed Assets		
Table 2	1	2
Line #	Description	Account Balance
2.1	Land	0
2.2	Buildings	0
2.3	Improvements	392,959
2.4	Equipment	144,682
2.5	Software/Limited Life Assets	0
2.6	Motor Vehicles	0
200	Total Non-Current Fixed Assets	537,641

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

Other Non-Current Assets		
Table 3		1
Line #	Description	Account Balance
3.1	Long-Term Investments	0
3.2	Non-Current Assets Whose Use is Limited	0
3.3	Other Deferred Charges and Non-Current Assets	1,855,589
3.4	Construction in Progress	331,136
3.5	Mortgage Acquisition Costs	126,230
3.6	Accumulated Amortization of Mortgage Acquisition Costs	(120,189)
3.100	Net Mortgage Acquisition Costs	6,041
300	Total Non-Current Assets	2,192,766

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	Intangible Assets	1,586,174
3A.2	Deposits	246,549
3A.3	Debt Service Reserve Fund	22,866
3A.4		
3A.5		
3A.6		
3A.7		
3A.8		
3A.9		
3A.10		
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	1,855,589

Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	9,291,512

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	5,879,339
5.2	Accrued Expenses	197,140
5.3	Due to Insurance Payers	0
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	0
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	0
5.7	Accrued Salaries and Payroll Liabilities	358,258
5.8	State and Federal Taxes Payable	0
5.9	Accrued Interest Payable	0
5.10	Other Current Liabilities	0
500	Total Current Liabilities	6,434,737

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1		
5A.2		
5A.3		
5A.4		
5A.5		
5A.6		
5A.7		
5A.8		
5A.9		
5A.10		
5A.100	Subtotal: Other Current Liabilities	0

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	645,646
6.2	Due to Related Parties, Subsidiaries, and Affiliates	2,976,152
6.3	Other Long-Term Debt	642,309
600	Total Non-Current Liabilities	4,264,107

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	10,698,844

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

Table 8		
Table 8B		1
Proprietorship, Partnership, or Limited Liability Company (LLC)		
Line #	Description	Amount
8B.1	Owner's Equity Balance: Prior Year	(756,858)
8B.2	Prior Period Adjustment(s)	(4,856)
8B.3	Capital Contributions During the Year	0
8B.4	SNF-CR Net Income/(Loss)	(645,618)
8B.5	Proprietor/Partner Drawings	0
8B.100	Owner's Equity Balance: Current Year	(1,407,332)

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

Prior Period Adjustments		
NOTE: Disclose all facts relative to adjustments and explain any impact on reimbursable costs as reported in prior year(s) cost report identifying the specific cost centers affected.		
Table 8D	1	2
Line #	Description	Amount
8D.1	Prior Period Adjustment	(4,856)
8D.2		
8D.3		
8D.4		
8D.5		
8D.6		
8D.7		
8D.8		
8D.9		
8D.10		
8D.100	Subtotal: Prior Period Adjustments	(4,856)
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)	9,291,512

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

SCHEDULE 7 : DETAIL OF FIXED ASSETS AND DEPRECIATION

Financial Statement Fixed Assets									
Table 1		1	2	3	4	5	6	7	8
Line #	Description	Fixed Asset Cost Beginning Balance	Current Year Additions	Current Year Deletions	Fixed Asset Cost Ending Balance	Accumulated Depreciation Beginning Balance	Current Year Depreciation	Accumulated Depreciation Ending Balance	Financial Statement Net Book Value
1.1	Land				0				0
1.2	Building				0		0	0	0
1.3	Improvements	805,991	76,286		882,277	(430,274)	(59,044)	(489,318)	392,959
1.4	Equipment	454,236	22,116		476,352	(296,507)	(35,163)	(331,670)	144,682
1.5	Software/Limited Life Assets				0		0	0	0
1.6	Motor Vehicles				0		0	0	0
100	Total	1,260,227	98,402	0	1,358,629	(726,781)	(94,207)	(820,988)	537,641

Claimed Fixed Assets

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

Table 2		1	2	3	4	5	6	7	8	9	10
Line #	Description	Allowable Cost Basis Beginning Balance	Claimed Additions From Renovations (DON)	Claimed Other Additions	Claimed Deletions From Renovations (DON)	Claimed Other Deletions	Allowable Cost Basis Ending Balance	Depreciation %	Financial Statement Depreciation Expense	Non-Allowable Expenses and Add-backs	Claimed Net Depreciation Expense
2.1	Land SNF-CR						0				
2.2	Land REA-CR	1,076,535					1,076,535				
2.3	Building SNF-CR						0		0	0	0
2.4	Building REA-CR	9,688,817					9,688,817	2.50%		242,220	242,220
2.5	Improvements SNF-CR	805,992		76,286			882,278	5.00%	59,044	0	59,044
2.6	Improvements REA-CR						0	5.00%		0	0
2.7	Equipment SNF-CR	442,695		22,116			464,811	10.00%	35,163	0	35,163

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

2.8	Equipment REA- CR					0	10.00%		0	0	
2.9	Software/Limited Life Assets SNF- CR	11,662				11,662	33.33%	0	0	0	
2.10	Software/Limited Life Assets REA- CR					0	33.33%		0	0	
200	Total Claimed Fixed Assets	12,025,701	0	98,402	0	0	12,124,103		94,207	242,220	336,427

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1977
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2019
3.3	What was the value from the most recent municipal property assessment for this facility?	3,200,000
3.4	Was there a change of ownership of this facility during the reporting period?	No
3.5	Was there a change of ownership of company that owns the real assets of the facility (realty company) during the reporting period?	No
3.6	What is the number of nursing facility resident rooms?	62
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	9,499
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	21,062
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	0
3.10	What is the total acreage of the facility site?	3.4
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					

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)	99,888

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(645,618)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	0
2.3	Increases (Decreases) to Cash Provided by Operating Activities	693,766
200	Net Cash from Operating Activities	48,148

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(98,402)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(98,402)

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	(33,076)
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	(33,076)

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(83,330)
500	Cash and Cash Equivalents (End of Year)	16,558

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

SCHEDULE 9 : LICENSURE & PATIENT STATISTICS

Bed Licensure						
Table 1	1	2	3	4	5	6
Line #	DPH Licensure Issue Date	Skilled Nursing (Level I,II, & III)	Residential Care (Level IV)	Pediatric	Total Licensed Beds	Constructed Capacity
1.1	09/25/2020	123			123	123
1.2	09/25/2022	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.	121				
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	871	455		3,071	2,171	34,235
2.2	Residential Care						
2.3	Pediatrics						
2.4	Ventilator Unit						
2.5	Head Trauma/ABI						
2.6	Amyotrophic Lateral Sclerosis (ALS)						
2.7	Multiple Sclerosis (MS)						
2.8	Other Medicaid Special Contract						
2.9	Nursing Leave of Absence (Paid)						
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	871	455	0	3,071	2,171	34,235

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
 Filing Year: 2023

Date: 09/19/2024
 Time: 3:37 PM

7	8	9	10	11	12	13	14	15
MassHealth Managed Care	Senior Care Options	OneCare	PACE	Out-of-State Medicaid	Veteran's Affairs & Other Public	DTA & EAEDC	Other	Total
								40,803
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
0	0	0	0	0	0	0	0	40,803

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

Patient Statistics - Summary			
Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	200
3.2	0140.1	Number of MassHealth Admissions During Year	23
3.3	0150.0	Number of Discharges During Year	208
3.4	0190.0	Average Length of Stay	196
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	172
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	114

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

SCHEDULE 10 : DETAIL OF FACILITY COMPENSATION AND PURCHASED NURSING SERVICES

<i>Detail of Staff Nursing Services Wages and Hours</i>							
Table 1		1	2	3	4	5	6
Line #	Description	RN Wages	RN Hours	LPN Wages	LPN Hours	CNA Wages	CNA Hours
1.1	Total Base Wages	955,861	20,152.0	1,420,235	34,587.0	2,155,342	91,819.0
1.2	Total Overtime Wages	102,957	1,529.0	233,468	4,132.0	343,540	1,985.0
1.3	Total Shift Differential	47,043		110,431		278,546	
1.4	Total Other Differentials						
100	Total	1,105,861	21,681.0	1,764,134	38,719.0	2,777,428	93,804.0

<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	8.00	5.00	6.00	12.00	8.00
2.2	Licensed Practical Nurses	8.00	5.00	6.00	12.00	8.00
2.3	Certified Nurse Aides	8.00	5.00	6.00	12.00	8.00

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024

Time: 3:37 PM

Detail of Staff and Hours by Position

Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development			
3.2	Plant Operations	2	2.0	4,186.0
3.3	Dietary Staff	13	12.8	26,579.0
3.4	Dietician	1	0.6	1,274.0
3.5	Housekeeping/Laundry Staff	12	11.9	24,846.0
3.6	Unit Clerk & Medical Records Staff			
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	10	10.1	21,053.0
3.9	Social Services Staff	3	3.0	6,225.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff	13	12.7	26,461.0
3.12	Restorative Therapy - Indirect Staff	1	1.1	2,360.0
3.13	Recreational Staff	6	5.6	11,626.0
3.14	Administration and Officers	1	1.0	2,080.0
3.15	Security Staff			
3.16	Clerical Staff	6	5.6	11,548.0
3.17	Director of Nurses	1	0.8	1,596.0
3.18	Registered Nurses	10	10.4	21,681.0
3.19	Licensed Practical Nurses	19	18.6	38,719.0
3.20	Certified Nurse Aides	45	45.1	93,804.0
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	143	141.3	294,038.0

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

Detail of Purchased Nursing Services										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges
Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies			#Error						
Registered Temporary Nursing Service Agencies										
4.2										
4.3										
4.4										
4.200	Subtotal: Registered Temporary Nursing Service Agencies		0.0	0	0.0	0	0.0	0	0.0	0
400	Total Temporary Nursing Service Agency Expenses		0.0	0	0.0	0	0.0	0	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	Caruso	Lisa	RN	Nursing	166,173	0	0	166,173		
5.2	Dillon	James	Administrator	Administrative & General	154,383	0	0	154,383		
5.3	Koroma	Zainab	RN	Nursing	148,848	0	0	148,848		
5.4	Njoroge	Charles	RN	Nursing	142,997	0	0	142,997		
5.5	Wangu	Susan	RN	Nursing	132,400	0	0	132,400		

Earnings and Compensation Disclosures									
Table 6	NOTE: This schedule is used to report the name(s) of the Owner, Partner, or Officer and disclose all salary and benefits, drawings and dividends, and other compensation as well as the accounts that were charged.								
Table 6B	1	2	3	4	5	6	7	8	9
Line #	Last Name	First Name	Title	Primary Expense Category	Total Hours	Salary & Benefits	Draw / Dividends	Other Compensation	TOTAL
Partnership, Limited Liability Company (LLC)									
6B.1									0
6B.2									0
6B.3									0
6B.4									0
6B.5									0
6B.6									0
									0

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

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	HJSI Athena Portfolio Finance	No	12/02/2015	03/01/2026	124	0	731,704	126,230	13,656
1.2	Other	ProCare MA	Yes	12/15/2022	01/15/2024	24	17,511	39,107	0	
1.3	Other	ProCare Investment	Yes	12/15/2022					0	
1.4										
1.5										
100	TOTALS								126,230	13,656

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

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
645,646	0	0	0		645,646	12.500%	0	0	13,656
220,500		33,076			187,424				0
437,199					437,199				0
					0				0
					0				0
					1,270,269		0	0	13,656

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
 Filing Year: 2023

Date: 09/19/2024
 Time: 3:37 PM

Working Capital Debt									
Table 2	1	2	3	4	5	6	7	8	9
Line / Column #	Lender Name	Related Party	Beginnin g Balance: Jan 1	Amount	Start Date	Principal Payment	Ending Balance: Dec 31	Interest Rate %	Interest Expense
2.1							0		
2.2							0		
2.3							0		
2.4							0		
2.5							0		
200	Total Working Capital Interest						0		0

SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

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

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

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

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

C) Financial Statements Unavailable: The facility was not required to obtain audited, reviewed, or compiled financial statements for purposes other than 957 CMR 7.00.

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
04/26/2024 2:16PM	(1) Footnotes and Explanations	FootnotesandExplanations.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
04/26/2024 2:16PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
04/26/2024 2:16PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
04/26/2024 2:16PM	(4) Related Party Transactions	RelatedPartyTransactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore

Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

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	CT
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:	04/26/2024

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

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Skilled Nursing Facility Cost Report
NORTHWOOD REHAB & HLTH CARE CT
Filing Year: 2023

Date: 09/19/2024
Time: 3:37 PM

Section B - Certification by Owner, Partner, or Officer

A) ACCURACY OF REPORTED COSTS: I declare and affirm under the penalties of perjury that this cost report and supporting schedules have been examined by me and, to the best of my knowledge and belief, are a true and correct statement of total operating expenditures, balance sheet, earnings and expenses, and other required information. Further, I declare that the report and supplemental information were prepared from the books and records of the provider, unless otherwise noted, in accordance with applicable federal and state laws, regulations and instructions. I understand that any payment resulting from this report will be from state and federal funds and that any false statements or documents, or the concealment of a material fact, may be prosecuted under applicable federal and state laws. I also understand that this report and supporting schedules are subject to audit and verification by the Center for Health Information and Analysis or any other state or federal agency or their subcontractors. I will keep all records, books, and other information pertaining to this cost report for a period of five years. If there is an unresolved audit exception, I will keep these records until all issues are resolved.

B) USE OF PUBLIC FUNDS: Section 681 of Chapter 26 of the Acts of 2003 requires that a nursing home or health care facility receiving public funds must certify that these funds shall not be used directly or indirectly for political contributions, lobbying activities, entertainment expenses or efforts to assist, promote, deter or discourage union organizing. In accordance with Section 681, I hereby certify to the best of my knowledge, by said signature, that from and after the date of this certification, the facility shall not use public funds received from the Commonwealth of Massachusetts, directly or indirectly, for purposes of political contributions, lobbying activities, entertainment expenses or efforts to assist, promote, deter or discourage union organizing.

This certification is signed under pains and penalties of perjury.

2.1	[x] By checking this box, I hereby certify that under pains and penalties of perjury, that the above statements entitled A) Accuracy of Reported Costs and B) Use of Public Funds are correct and true, to the best of my knowledge and belief. This report is subject to audit and verification by the Center for Health Information and Analysis.	
2.2	Date of Authorization	04/30/2024
2.3	Last Name	Mosier
2.4	First Name	Michael
2.5	Middle Name	E.
2.6	Title	Chief Financial Officer
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