

Skilled Nursing Facility Cost Report**OCEANSIDE NURSING AND REHAB**

Filing Year: 2023

Date: 09/19/2024

Time: 4:47 PM

SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	OCEANSIDE NURSING AND REHAB
1.2	MassHealth Provider ID	110177136A
1.3	Federal Employer Tax ID	
1.4	VPN	0950913
1.5	Is the above information correct?	Yes
1.6	Facility Number	00493
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	44 South Street
1.11	City	Rockport
1.12	Zip	01906
1.13	Telephone	+1 (978) 546-6311
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	Limited Liability Corporation (LLC)
1.18	List the name of the management company as reported on the management company cost report.	
1.19	List the name of the entity that holds the nursing facility license.	Oceanside Nursing & Rehabilitation
1.20	List realty company names as reported on each realty company cost report.	44 South Street Propco
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
OCEANSIDE NURSING AND REHAB
Filing Year: 2023

Date: 09/19/2024
Time: 4:47 PM

Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Jonathan Langfield
2.2	Nursing Facility or Firm Name	CliftonLarsonAllen LLP
2.3	Title	CPA
2.4	Street Address	4 Batterymarch Park, Suite 100
2.5	City	Quincy
2.6	State	MA
2.7	Zip Code	02169
2.8	Phone Number	+1 (781) 982-1001
2.9	Email Address	jonathan.langfield@claconnect.com

Preparer Information		
Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.		
Table 3		1
Line #	Description	
3.1	☐ I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer Name	Jonathan Langfield
3.3	Nursing Facility or Firm Name	CliftonLarsonAllen LLP
3.4	Title	CPA
3.5	Street Address	4 Batterymarch Park, Suite 100
3.6	City	Quincy
3.7	State	MA
3.8	Zip Code	02169
3.9	Phone Number	+1 (781) 982-1001
3.10	Email Address	jonathan.langfield@claconnect.com
3.11	Type of Accounting Service Performed	Other (Explain in Footnotes)

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

Skilled Nursing Facility Cost Report
OCEANSIDE NURSING AND REHAB
Filing Year: 2023

Date: 09/19/2024
Time: 4:47 PM

SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	341,831	0	341,831
1.2	Commercial Managed Care	0	0	0
1.3	Commercial Non-Managed Care	0	0	0
1.4	Medicare Fee-For-Service	610,570	56,566	667,136
1.5	Medicare Managed Care (Part C)	91,255	0	91,255
1.6	MassHealth Fee-for-Service	2,091,971	0	2,091,971
1.7	MassHealth Managed Care	124,546	0	124,546
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	0	0	0
1.13	DTA & EAEDC	0	0	0
1.14	Veteran's Affairs & Other Public	80,768	0	80,768
1.15	Other Payer Revenue	0	0	0
100	Total Nursing Facility Revenue	3,340,941	56,566	3,397,507

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
OCEANSIDE NURSING AND REHAB
Filing Year: 2023

Date: 09/19/2024
Time: 4:47 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	2,152,288
3.3	Laundry Revenue	0
3.4	Vending Machine Revenue	0
3.5	Recovery of Bad Debts	0
3.6	Prior Year Retroactive Revenue	8,184
3.7	Interest Income	926
3.8	Nurses' Aide Training Revenue	0
3.9	Administrative and General Recoverable Revenue	0
3.10	Nursing Recoverable Revenue	0
3.11	Variable Recoverable Revenue	0
3.12	Fixed Cost Recoverable Revenue	0
300	Total Other Nursing Facility Revenue	2,161,398

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)	Flood Ins	1,802,611
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Covid Relief	349,677
4.3	Other Endowment and Non-Recoverable Revenue: (Enter Description)	1	
4.4	Other Endowment and Non-Recoverable Revenue: (Enter Description)	1	
4.5	Other Endowment and Non-Recoverable Revenue		
400	Total Endowment and Non-Recoverable Revenue		2,152,288

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	5,558,905

Skilled Nursing Facility Cost Report
OCEANSIDE NURSING AND REHAB
Filing Year: 2023

Date: 09/19/2024
Time: 4:47 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	60,646		60,646
1.2	Director of Nurses: Employee Benefits	3,332		3,332
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	5,424		5,424
1.4	Director of Nurses Purchased Service: Per Diem	0		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	69,402		69,402
1.7	Registered Nurses: Salaries	595,224		595,224
1.8	Registered Nurses: Employee Benefits	32,700		32,700
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	53,235		53,235
1.10	Registered Nurses Purchased Service: Per Diem	0		0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	186,194	7,736	178,458
1.200	Subtotal: Registered Nurses Expenses	867,353		859,617
1.12	Licensed Practical Nurses: Salaries	208,339		208,339
1.13	Licensed Practical Nurses: Employee Benefits	11,446		11,446
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	18,633		18,633
1.15	Licensed Practical Nurses Purchased Service: Per Diem	0		0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	58,145	6,595	51,550
1.300	Subtotal: Licensed Practical Nurses Expenses	296,563		289,968
1.17	Certified Nurse Aides: Salaries	387,554		387,554
1.18	Certified Nurse Aides: Employee Benefits	21,291		21,291
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	34,661		34,661
1.20	Certified Nurse Aides Purchased Service: Per Diem	0		0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	296,960	4,759	292,201
1.400	Subtotal: Certified Nurse Aides Expenses	740,466		735,707

Skilled Nursing Facility Cost Report

OCEANSIDE NURSING AND REHAB

Filing Year: 2023

Date: 09/19/2024

Time: 4:47 PM

1.22	Nurse's Aide Training Administration	0	0	0
1.23	Nursing Education and Training	1,680		1,680
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	1,680		1,680
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	1,975,464		1,956,374

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	1,975,464		1,956,374

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	138,980		138,980
2.2	Administration: Employee Benefits	7,635		7,635
2.3	Administration: Payroll Taxes incl Workers Comp.	12,430		12,430
2.4	Administration: Purchased Service	98,039		98,039
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	257,084		257,084
2.7	Clerical Staff: Salaries	152,428		152,428
2.8	Clerical Staff: Employee Benefits	8,374		8,374
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	13,633		13,633
2.10	Clerical Staff: Purchased Service	0		0
2.200	Subtotal: Clerical Staff Expenses	174,435		174,435
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	145,801		145,801
2.12	Office Supplies	101,264		101,264
2.13	Telecommunications (e.g. Internet, Phone)	33,978		33,978

Skilled Nursing Facility Cost Report

OCEANSIDE NURSING AND REHAB

Filing Year: 2023

Date: 09/19/2024

Time: 4:47 PM

2.14	Other Telecommunications (e.g. tablets to support family and resident communications)	0		0
2.15	Travel: Conventions & Meetings	7,905		7,905
2.16	Advertising: Help Wanted	9,322		9,322
2.17	Licenses and Dues: Patient Care Related Portion	12,804		12,804
2.18	Continuing Professional Education / Training and Development	0		0
2.19	Accounting Services (Not related to appeals)	16,660		16,660
2.20	Insurance: Malpractice & General Liability	62,459		62,459
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion	0		0
2.22	Other A & G Expenses	117,399	117,399	0
2.23	Non-Allowable A & G Expenses	390,748	390,748	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		579	579
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)			0
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)			0
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	898,340		390,772
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	1,329,859		822,291
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		0	0
2.500	Subtotal: Administrative & General Recoverable Income	0		0
200	Total: Net Administrative & General Expenses After Recoverable Income	1,329,859		822,291

Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	Other Expenses	117,399
2A.100	Subtotal: Other A&G Expenses	117,399

Skilled Nursing Facility Cost Report
OCEANSIDE NURSING AND REHAB
Filing Year: 2023

Date: 09/19/2024
Time: 4:47 PM

Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	4,198
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	10,686
2B.7	Key Person Insurance	0
2B.8	Management Company Fees	0
2B.9	Management Consultants	0
2B.10	Interest on Working Capital	11,237
2B.11	Fines, Late Fees, Penalties, including Interest	128
2B.12	State and Federal Income Taxes	0
2B.13	Pre-Opening Expenses	0
2B.14	Bad Debt Expense	111,176
2B.15	User Fee Assessment	253,323
2B.16	Other Non-Allowable A&G Expenses	0
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
2B.100	Total Non-Allowable A&G Expenses	390,748

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	54,407		54,407
3.6	Plant Operation: Employee Benefits	2,989		2,989
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	4,866		4,866

Skilled Nursing Facility Cost Report**OCEANSIDE NURSING AND REHAB**

Filing Year: 2023

Date: 09/19/2024

Time: 4:47 PM

3.8	Plant Operation: Purchased Service	40,672		40,672
3.9	Plant Operation: Supplies and Expenses	12,988		12,988
3.10	Plant Operation: Utilities	144,332		144,332
3.11	Plant Operation: Repairs	36,832		36,832
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	297,086		297,086
3.13	Dietician: Salaries	0		0
3.14	Dietician: Employee Benefits	0		0
3.15	Dietician: Payroll Taxes incl Workers Comp.	0		0
3.16	Dietician: Purchased Service	15,868		15,868
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	15,868		15,868
3.18	Dietary: Salaries	199,026		199,026
3.19	Dietary: Employee Benefits	10,934		10,934
3.20	Dietary: Payroll Taxes incl Workers Comp.	17,800		17,800
3.21	Dietary: Food	87,035		87,035
3.22	Dietary: Purchased Service	969		969
3.23	Dietary: Supplies and Expenses	21,244		21,244
3.400	Subtotal: Dietary Expenses	337,008		337,008
3.24	Housekeeping/Laundry: Salaries	0		0
3.25	Housekeeping/Laundry: Employee Benefits	0		0
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	0		0
3.27	Housekeeping/Laundry: Purchased Service	310,240		310,240
3.28	Housekeeping/Laundry: Supplies and Expenses	9,475		9,475
3.29	Housekeeping/Laundry: Linen and Bedding	4,698		4,698
3.30	Housekeeping/Laundry: Special Cleaning	0		0
3.500	Subtotal: Housekeeping/Laundry Expenses	324,413		324,413
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	69,574		69,574

Skilled Nursing Facility Cost Report**OCEANSIDE NURSING AND REHAB**

Filing Year: 2023

Date: 09/19/2024

Time: 4:47 PM

3.37	Unit Clerk & Medical Records: Employee Benefits	3,823		3,823
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	6,223		6,223
3.39	Unit Clerk & Medical Records: Purchased Service	3,233		3,233
3.700	Subtotal: Unit Clerk and Medical Record Expenses	82,853		82,853
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	39,963		39,963
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	2,195		2,195
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	3,574		3,574
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	0		0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	45,732		45,732
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	63,064		63,064
3.49	Social Service Worker: Employee Benefits	3,465		3,465
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	5,641		5,641
3.51	Social Service Worker: Purchased Service	3,000		3,000
3.1000	Subtotal: Social Service Worker Expenses	75,170		75,170
3.52	Interpreters: Salaries	0		0
3.53	Interpreters: Employee Benefits	0		0
3.54	Interpreters: Payroll Taxes incl Workers Comp.	0		0
3.55	Interpreters: Purchased Service	0		0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries	0		0
3.57	Indirect Restorative Therapy: Employee Benefits	0		0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.	0		0
3.59	Indirect Restorative Therapy: Consultants	0		0
3.60	Direct Restorative Therapy: Salaries	0	0	0

Skilled Nursing Facility Cost Report
OCEANSIDE NURSING AND REHAB
Filing Year: 2023

Date: 09/19/2024
Time: 4:47 PM

3.61	Direct Restorative Therapy: Benefits	0	0	0
3.62	Direct Restorative Therapy: Consultants	120,577	120,577	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	120,577		0
3.64	Recreational Therapy/Activities: Salaries	62,855		62,855
3.65	Recreational Therapy/Activities: Employee Benefits	3,453		3,453
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	5,621		5,621
3.67	Recreational Therapy/Activities: Purchased Service	950		950
3.68	Recreational Therapy/Activities: Supplies and Expenses	2,376		2,376
3.69	Recreational Therapy/Activities: Transportation	0	0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	75,255		75,255
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	7,651		7,651
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	14,400		14,400
3.83	Physician Services: Advisory Physician	0		0
3.84	Physician Services: Utilization Review Committee	0		0
3.85	Physician Services: Employee Physicals	0		0
3.86	Physician Services: Other	0		0
3.87	Legend Drugs	100,227	100,227	0
3.88	Personal Protective Equipment	0		0

Skilled Nursing Facility Cost Report**OCEANSIDE NURSING AND REHAB**

Filing Year: 2023

Date: 09/19/2024

Time: 4:47 PM

3.89	House Supplies Not Resold	54,334		54,334
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	10,249		10,249
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	186,861		86,634
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	1,560,823		1,340,019
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	1,560,823		1,340,019

Skilled Nursing Facility Cost Report
OCEANSIDE NURSING AND REHAB
Filing Year: 2023

Date: 09/19/2024
Time: 4:47 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	17,731	(42,833)	60,564
4.2	Long-Term Interest Expense SNF-CR	1,338		1,338
4.3	Long-Term Interest Expense REA-CR		73,039	73,039
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	64,487		64,487
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	22,985		22,985
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR	0		0
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	22,134		22,134
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	400,000	400,000	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	528,675		244,547
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	528,675		244,547

Skilled Nursing Facility Cost Report**OCEANSIDE NURSING AND REHAB**

Filing Year: 2023

Date: 09/19/2024

Time: 4:47 PM

Total Combined Expenses Before Recoverable Income				
Table 5		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add-backs	Total Allowable Expenses
500	Total Combined Expenses Before Recoverable Income	5,394,821		4,363,231
Total Combined Expenses Net of Recoverable Income				
Table 6		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add-backs	Total Allowable Expenses
600	Total Combined Expenses Net of Recoverable Income	5,394,821		4,363,231

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**OCEANSIDE NURSING AND REHAB**

Filing Year: 2023

Date: 09/19/2024

Time: 4:47 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
OCEANSIDE NURSING AND REHAB
Filing Year: 2023

Date: 09/19/2024
Time: 4:47 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	3,397,507
1A.2	Other Revenue	8,184
1A.3	Net Assets Released from Restriction	0
1A.100	Total Operating Revenue	3,405,691
1A.4	Salaries and Wages	2,032,060
1A.5	Employee Benefits	293,378
1A.6	Supplies and Other (including Payroll Taxes)	2,927,900
1A.7	Interest Expense	12,575
1A.8	Provision for Bad Debt	111,176
1A.9	Depreciation and Amortization Expenses	17,732
1A.200	Total Operating Expenses	5,394,821
1A.300	Income(Loss) from Operations	(1,989,130)
	Non-Operating Income and Expenses	
1A.10	Interest Income	926
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)	2,152,288
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	164,084
1A.15	Provision for Income Tax	0
1A.16	Extraordinary Items	0
1A.17	Cumulative Change in Accounting Principles	0
1A.500	Financial Statement Net Income(Loss)	164,084

Skilled Nursing Facility Cost Report
OCEANSIDE NURSING AND REHAB
Filing Year: 2023

Date: 09/19/2024
Time: 4:47 PM

<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)	5,558,905
2.2	Total Nursing Expenses (Schedule 3)	1,975,464
2.3	Total Administrative and General Expenses (Schedule 3)	1,329,859
2.4	Total Variable Expenses (Schedule 3)	1,560,823
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	528,675
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	5,394,821
200	Cost Reported Net Income(Loss)	164,084

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)		164,084
3.2	Reconciling Item	1	
3.3	Reconciling Item	1	
3.4	Reconciling Item	1	
3.5	Reconciling Item	1	0
3.6	Net Income(Loss) on Cost Report Statement of Operations (Table 2)		164,084

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	93,524
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	1,110,897
1.6	Less Reserve for Bad Debt	(230,454)
1.100	Subtotal: Net Patient Accounts Receivable	880,443
1.7	Receivable from Officers/Owners/Employees	0
1.8	Receivable from Affiliates/Related Parties	85,637
1.9	Interest Receivable	0
1.10	Supply Inventory	0
1.11	Other Receivables	1,119,017
1.12	Prepaid Interest	0
1.13	Prepaid Insurance	23,495
1.14	Prepaid Taxes	0
1.15	Other Prepaid Expenses	7,270
1.16	Capitalized Pre-Opening Costs	0
1.17	Other Current Assets	0
100	Total Current Assets	2,209,386

Detail of Other Current Assets

Table 1A	1	2
Line #	Description	Account Balance
3A.1	Organization Expense	0
3A.2	Purchased Goodwill	0
3A.3	Leasehold Deposits	0
3A.4	Utility Deposits	0
3A.5	Cash Surrender Value of Officer Life Insurance	0
1A.100	Subtotal: Other Current Assets	0

Skilled Nursing Facility Cost Report
OCEANSIDE NURSING AND REHAB
Filing Year: 2023

Date: 09/19/2024
Time: 4:47 PM

Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	0
2.2	Buildings	0
2.3	Improvements	28,125
2.4	Equipment	77,844
2.5	Software/Limited Life Assets	0
2.6	Motor Vehicles	0
200	Total Non-Current Fixed Assets	105,969

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

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
8D.1		
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	0

Skilled Nursing Facility Cost Report
OCEANSIDE NURSING AND REHAB
Filing Year: 2023

Date: 09/19/2024
Time: 4:47 PM

Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	2,315,355

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	712,988
5.2	Accrued Expenses	259,200
5.3	Due to Insurance Payers	0
5.4	Patient Funds Due	0
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	0
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	144,805
5.7	Accrued Salaries and Payroll Liabilities	40,302
5.8	State and Federal Taxes Payable	0
5.9	Accrued Interest Payable	0
5.10	Other Current Liabilities	0
500	Total Current Liabilities	1,157,295

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1		
5A.100	Subtotal: Other Current Liabilities	0

Skilled Nursing Facility Cost Report
OCEANSIDE NURSING AND REHAB
Filing Year: 2023

Date: 09/19/2024
Time: 4:47 PM

Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	0
6.2	Due to Related Parties, Subsidiaries, and Affiliates	1,450,771
6.3	Other Long-Term Debt	0
600	Total Non-Current Liabilities	1,450,771

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	2,608,066

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	(456,798)
8B.2	Prior Period Adjustment(s)	3
8B.3	Capital Contributions During the Year	0
8B.4	SNF-CR Net Income/(Loss)	164,084
8B.5	Proprietor/Partner Drawings	0
8B.100	Owner's Equity Balance: Current Year	(292,711)

Prior Period Adjustments

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

Table 8D	1	2
Line #	Description	Amount
8D.1	Rounding	3
8D.100	Subtotal: Prior Period Adjustments	3

Skilled Nursing Facility Cost Report
OCEANSIDE NURSING AND REHAB
 Filing Year: 2023

Date: 09/19/2024
 Time: 4:47 PM

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)	2,315,355

Skilled Nursing Facility Cost Report

OCEANSIDE NURSING AND REHAB

Filing Year: 2023

Date: 09/19/2024

Time: 4:47 PM

SCHEDULE 7 : DETAIL OF FIXED ASSETS AND DEPRECIATION

Financial Statement Fixed Assets									
Table 1		1	2	3	4	5	6	7	8
Line #	Description	Fixed Asset Cost Beginning Balance	Current Year Additions	Current Year Deletions	Fixed Asset Cost Ending Balance	Accumulated Depreciation Beginning Balance	Current Year Depreciation	Accumulated Depreciation Ending Balance	Financial Statement Net Book Value
1.1	Land	0	0	0	0				0
1.2	Building	0	0	0	0	0	0	0	0
1.3	Improvements	6,155	26,206	0	32,361	(1,165)	(3,071)	(4,236)	28,125
1.4	Equipment	79,400	25,758	0	105,158	(12,654)	(14,660)	(27,314)	77,844
1.5	Software/Limited Life Assets	0	0	0	0	0	0	0	0
1.6	Motor Vehicles	0	0	0	0	0	0	0	0
100	Total	85,555	51,964	0	137,519	(13,819)	(17,731)	(31,550)	105,969

Claimed Fixed Assets

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

Table 2		1	2	3	4	5	6	7	8	9	10
Line #	Description	Allowable Cost Basis Beginning Balance	Claimed Additions From Renovations (DON)	Claimed Other Additions	Claimed Deletions From Renovations (DON)	Claimed Other Deletions	Allowable Cost Basis Ending Balance	Depreciation %	Financial Statement Depreciation Expense	Non-Allowable Expenses and Add-backs	Claimed Net Depreciation Expense
2.1	Land SNF-CR	0	0	0	0	0	0				
2.2	Land REA-CR	215,000	0	0	0	0	215,000				
2.3	Building SNF-CR	0	0	0	0	0	0	0.00%	0	0	0
2.4	Building REA-CR	2,050,000	0	0	0	0	2,050,000	3.05%		42,833	42,833
2.5	Improvements SNF-CR	6,155	0	26,206	0	0	32,361	5.00%	3,071	0	3,071
2.6	Improvements REA-CR	0	0	0	0	0	0	5.00%		0	0
2.7	Equipment SNF-CR	79,400	0	25,758	0	0	105,158	10.00%	14,660	0	14,660

Skilled Nursing Facility Cost Report

OCEANSIDE NURSING AND REHAB

Filing Year: 2023

Date: 09/19/2024

Time: 4:47 PM

2.8	Equipment REA-CR	60,000	0	0	0	0	60,000	10.00%		0	0
2.9	Software/Limited Life Assets SNF-CR	0	0	0	0	0	0	33.33%	0	0	0
2.10	Software/Limited Life Assets REA-CR	0	0	0	0	0	0	33.33%		0	0
200	Total Claimed Fixed Assets	2,410,555	0	51,964	0	0	2,462,519		17,731	42,833	60,564

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1975
3.2	What was the date of the most recent assessed property value of this facility?	01/19/2021
3.3	What was the value from the most recent municipal property assessment for this facility?	2,524,600
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?	32
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	20,831
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	20,404
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?	2.0
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	Yes

Changes in Facility or Realty Company Ownership					
Table 4	1	2	3	4	5
Line #	Type of Ownership Change	Transaction Date	Purchased From	Purchased By	Sale Price
4.1					0
4.2					0
4.3					0

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)	298,786

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	164,084
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	17,731
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(330,932)
200	Net Cash from Operating Activities	(149,117)

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(51,964)
3.2	Cash Flows from Other Investing Activities	0
300	Net Cash from Investing Activities	(51,964)

Cash Flows from Financing Activities

Table 4		1
Line #	Description	Reported
4.1	Proceeds from Issuance of Long-Term Debt	0
4.2	Payments on Long-Term Debt and Capital Lease Expenditures	(4,181)
4.3	Cash Flows from Other Financing Activities	0
400	Net Cash from Financing Activities	(4,181)

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(205,262)
500	Cash and Cash Equivalents (End of Year)	93,524

Skilled Nursing Facility Cost Report
OCEANSIDE NURSING AND REHAB
Filing Year: 2023

Date: 09/19/2024
Time: 4:47 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	10/01/2021	76			76	80
1.2	04/01/2021	76	0		76	80
1.3	10/01/2023	76	0		76	80
1.4					0	
1.5					0	
1.6	List the number of certified Medicare beds at the close of this reporting period.	76				
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	734	0	0	917	219	8,125
2.2	Residential Care	0	0	0			
2.3	Pediatrics	0	0	0	0	0	0
2.4	Ventilator Unit	0	0	0	0	0	0
2.5	Head Trauma/ABI	0	0	0	0	0	0
2.6	Amyotrophic Lateral Sclerosis (ALS)	0	0	0	0	0	0
2.7	Multiple Sclerosis (MS)	0	0	0	0	0	0
2.8	Other Medicaid Special Contract	0	0	0	0	0	0
2.9	Nursing Leave of Absence (Paid)	4	0	0	0	0	53
2.10	Nursing Leave of Absence (Unpaid)	0	0	0	0	0	0
2.11	Residential Leave of Absence (Paid)	0	0	0			
2.12	Residential Leave of Absence (Unpaid)	0	0	0			
200	Total	738	0	0	917	219	8,178

Skilled Nursing Facility Cost Report
OCEANSIDE NURSING AND REHAB
Filing Year: 2023

Date: 09/19/2024
Time: 4:47 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
591	0	0	0	0	243	0	0	10,829
				0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0		0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	62
0	0	0	0	0	0	0	0	0
				0	0	0	0	0
				0	0	0	0	0
596	0	0	0	0	243	0	0	10,891

Skilled Nursing Facility Cost Report**OCEANSIDE NURSING AND REHAB**

Filing Year: 2023

Date: 09/19/2024

Time: 4:47 PM

Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	53
3.2	0140.1	Number of MassHealth Admissions During Year	8
3.3	0150.0	Number of Discharges During Year	99
3.4	0190.0	Average Length of Stay	110
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	0
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	0

Skilled Nursing Facility Cost Report
OCEANSIDE NURSING AND REHAB
Filing Year: 2023

Date: 09/19/2024
Time: 4:47 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	436,059	7,891.0	153,369	6,355.0	332,917	13,850.0
1.2	Total Overtime Wages	141,165	2,270.0	40,295	634.0	25,405	698.0
1.3	Total Shift Differential	18,000		14,675		29,232	
1.4	Total Other Differentials						
100	Total	595,224	10,161.0	208,339	6,989.0	387,554	14,548.0

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

Skilled Nursing Facility Cost Report
OCEANSIDE NURSING AND REHAB
Filing Year: 2023

Date: 09/19/2024
Time: 4:47 PM

<i>Detail of Staff and Hours by Position</i>				
Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development	0	0.0	0.0
3.2	Plant Operations	3	0.7	1,558.8
3.3	Dietary Staff	14	4.7	9,686.9
3.4	Dietician	0	0.0	0.0
3.5	Housekeeping/Laundry Staff	0	0.0	0.0
3.6	Unit Clerk & Medical Records Staff	2	1.4	2,913.8
3.7	Quality Assurance	0	0.0	0.0
3.8	MMQ Nurses and MDS Coordinator	1	0.4	805.8
3.9	Social Services Staff	1	0.8	1,654.3
3.10	Interpreters	0	0.0	0.0
3.11	Restorative Therapy - Direct Staff	0	0.0	0.0
3.12	Restorative Therapy - Indirect Staff	0	0.0	0.0
3.13	Recreational Staff	5	1.3	2,669.8
3.14	Administration and Officers	3	1.0	2,080.0
3.15	Security Staff	0	0.0	0.0
3.16	Clerical Staff	5	2.1	4,465.6
3.17	Director of Nurses	2	0.5	1,014.5
3.18	Registered Nurses	6	4.9	10,161.0
3.19	Licensed Practical Nurses	6	3.4	6,989.0
3.20	Certified Nurse Aides	23	7.0	14,548.0
3.21	Resident Care Assistants	0	0.0	0.0
3.22	Behavioral Health Specialist Staff	0	0.0	0.0
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	71	28.1	58,547.2

Skilled Nursing Facility Cost Report
OCEANSIDE NURSING AND REHAB
Filing Year: 2023

Date: 09/19/2024
Time: 4:47 PM

<i>Detail of Purchased Nursing Services</i>										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges
Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies		90.3	7,736	78.4	6,595	123.9	4,759	0.0	0
Registered Temporary Nursing Service Agencies										
4.2	FH Staffing Solutions LLC	TY0N	22.5	1,930	0.0	0	10.2	391	0.0	0
4.3	Intelycare, Inc.	TM7F	28.8	2,469	0.0	0	1,521.6	58,438	0.0	0
4.4	Paramount Healthcare Services	TNVC	137.8	11,806	0.0	0	256.2	9,839	0.0	0
4.5	Other		1,876.3	160,695	612.6	51,550	4,554.0	174,904	0.0	0
4.6	Affordable Nursing Solutions, LLC.	TMY9	18.2	1,558	0.0	0	810.1	31,113	0.0	0
4.7	P & N Vision Home Health Care Services Inc	T010	0.0	0	0.0	0	456.1	17,516	0.0	0
4.8	Other		0.0		0.0					
4.9			0.0	0	0.0	0				
4.10			0.0	0	0.0	0				
4.200	Subtotal: Registered Temporary Nursing Service Agencies		2,083.7	178,458	612.6	51,550	7,608.1	292,201	0.0	0
400	Total Temporary Nursing Service Agency Expenses		2,174.0	186,194	691.0	58,145	7,732.0	296,960	0.0	0

Skilled Nursing Facility Cost Report**OCEANSIDE NURSING AND REHAB**

Filing Year: 2023

Date: 09/19/2024

Time: 4:47 PM

Five Highest Paid Salaries (including salaries, payroll taxes, workers' compensation, all fringe benefits, and draws)

	NOTE: List the names and compensation of the <u>five</u> persons who have the highest compensation paid by this facility.							
Table 5	1	2	3	4	5	6	7	8
Line #	Last Name	First Name	Title	Primary Expense Category	Salary & Benefits	Dividends/ Draws	Other	TOTAL
5.1	Ciervo	Jacqueline	RN	Nursing	281,591	0	0	281,591
5.2	Marek	Christine	Administrator	Administrative & General	127,312	0	0	127,312
5.3	Gorrell-Story	Marsha Lillian	ADON LPN	Nursing	123,908	0	0	123,908
5.4	Story	Kendra D	LPN Supervisor	Nursing	115,453	0	0	115,453
5.5	Quince	Casey	LPN	Nursing	114,523	0	0	114,523

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	Horowitz	Akiva	Manager		210	0	0	66,333	66,333
6B.2									0
6B.3									0
									66,333

Skilled Nursing Facility Cost Report**OCEANSIDE NURSING AND REHAB**

Filing Year: 2023

Date: 09/19/2024

Time: 4:47 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 Mortgag e Acquired	Due Date	Number of Months Amortize d	Monthly Payment s	Original Loan Amount	Mortgag e Acquisiti on Costs	Amortiza tion of Mortgag e Acquisiti on Costs
1.1	Capital Lease	Ascentium TV	No	07/22/20 22	07/22/2025	36	358	23,278		
100	TOTALS								0	0

Skilled Nursing Facility Cost Report
OCEANSIDE NURSING AND REHAB
 Filing Year: 2023

Date: 09/19/2024
 Time: 4:47 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
21,507		4,181			17,326	0.000%	1,338		1,338
					17,326		1,338	0	1,338

Skilled Nursing Facility Cost Report**OCEANSIDE NURSING AND REHAB**

Filing Year: 2023

Date: 09/19/2024

Time: 4:47 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	Peapack- Gladstone Bank	No	0	127,479	03/01/2022	0	127,479	10.000%	11,237
200	Total Working Capital Interest						127,479		11,237

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

OCEANSIDE NURSING AND REHAB

Filing Year: 2023

Date: 09/19/2024

Time: 4:47 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:

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

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
03/22/2024 1:17PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Jonathan Langfield
04/08/2024 1:27PM	(1) Footnotes and Explanations	SNF-CR Footnotes.pdf	application/pdf	Jonathan Langfield
04/08/2024 1:27PM	(2) Ownership and Facility Information	Ownership and Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Jonathan Langfield
04/08/2024 1:30PM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Jonathan Langfield

SCHEDULE 13 : SUBMISSION AND ATTESTATION

Electronic signatures are required to submit this Cost Report. There are two sections that require signature: (A) Certification by Preparer (Other than Owner, Partner, or Officer) and (B) Certifications by Owner, Partner, or Officer.		
Section A - Certification by Preparer (Other than Owner, Partner, or Officer)		
Note: The information in the table below is sourced from Schedule 1, Table 3 of this report.		
1.1	Preparer Name	Jonathan Langfield
1.2	Nursing Facility or Firm Name	CliftonLarsonAllen LLP
1.3	Title	CPA
1.4	Street Address	4 Batterymarch Park, Suite 100
1.5	City	Quincy
1.6	State	MA
1.7	Zip Code	02169
1.8	Phone Number	+1 (781) 982-1001
1.9	Email Address	jonathan.langfield@claconnect.com
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	04/08/2024

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

OCEANSIDE NURSING AND REHAB

Filing Year: 2023

Date: 09/19/2024

Time: 4:47 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	04/23/2024
2.3	Last Name	Omrod
2.4	First Name	Paul
2.5	Middle Name	
2.6	Title	Director of Reimbursement
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