

Skilled Nursing Facility Cost Report
Pioneer Valley Health and Rehabilitation
Filing Year: 2023

Date: 09/19/2024
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SCHEDULE 1 : GENERAL INFORMATION

Facility Information		
Table 1		1
Line #	Description	
1.1	Facility Name	Pioneer Valley Health and Rehabilitation
1.2	MassHealth Provider ID	110197449A
1.3	Federal Employer Tax ID	
1.4	VPN	0951006
1.5	Is the above information correct?	Yes
1.6	Facility Number	01009
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	573 Granby Road
1.11	City	South Hadley
1.12	Zip	01075
1.13	Telephone	+1 (413) 532-2200
1.14	Is this a hospital-based nursing facility?	No
1.15	Does the provider have pediatric beds?	No
1.16	Does the provider have an executed special contract with MassHealth (e.g. ventilator unit, acquired brain injury, etc.)?	No
1.17	Legal Status	MA Corp (Chapter 156B)
1.18	List the name of the management company as reported on the management company cost report.	Blupoint Global LLC
1.19	List the name of the entity that holds the nursing facility license.	Blupoint Healthcare LLC dba Pioneer Valley Health & Rehabilitation
1.20	List realty company names as reported on each realty company cost report.	South Hadley Property Holdings LLC
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

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

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

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SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	1,857,503		1,857,503
1.2	Commercial Managed Care	232,674		232,674
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	1,535,698	165,500	1,701,198
1.5	Medicare Managed Care (Part C)	251,049		251,049
1.6	MassHealth Fee-for-Service	6,303,636		6,303,636
1.7	MassHealth Managed Care			0
1.8	Senior Care Options	2,218,318		2,218,318
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount			0
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	12,398,878	165,500	12,564,378

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

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Other Nursing Facility Revenue		
Table 3		1
Line #	Description	Revenue
3.1	Total Other Business Revenue	0
3.2	Endowment and Other Non-Recoverable Revenue	0
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	
3.7	Interest Income	898
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	85
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	983

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	12,565,361

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SCHEDULE 3 : EXPENSES

Nursing Expenses

Table 1		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
1.1	Director of Nurses: Salaries	148,132		148,132
1.2	Director of Nurses: Employee Benefits	5,281	6	5,275
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	14,823		14,823
1.4	Director of Nurses Purchased Service: Per Diem			0
1.5	Director of Nurses Purchased Service: Temporary Agency Staff	0	0	0
1.6	Director of Nurses Add-back (MGT-CR Sch 6)			0
1.100	Subtotal: Director of Nurses Expenses	168,236		168,230
1.7	Registered Nurses: Salaries	1,097,183		1,097,183
1.8	Registered Nurses: Employee Benefits	39,113	47	39,066
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	109,791		109,791
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	131,635	0	131,635
1.200	Subtotal: Registered Nurses Expenses	1,377,722		1,377,675
1.12	Licensed Practical Nurses: Salaries	1,487,847		1,487,847
1.13	Licensed Practical Nurses: Employee Benefits	53,040	63	52,977
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	148,883		148,883
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	371,969	0	371,969
1.300	Subtotal: Licensed Practical Nurses Expenses	2,061,739		2,061,676
1.17	Certified Nurse Aides: Salaries	1,663,325		1,663,325
1.18	Certified Nurse Aides: Employee Benefits	59,296	71	59,225
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	166,444		166,444
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	499,511	0	499,511
1.400	Subtotal: Certified Nurse Aides Expenses	2,388,576		2,388,505

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1.22	Nurse's Aide Training Administration		0	0
1.23	Nursing Education and Training			0
1.24	This line description is intentionally left blank			0
1.25	This line description is intentionally left blank			0
1.500	Subtotal: Other Nursing Expenses	0		0
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	5,996,273		5,996,086

Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		0	
1.27	Nurses' Aide Training Recoverable Income		0	
1.700	Subtotal: Nursing & Director of Nursing Recoverable Income	0		0
100	Total: Net Nursing Expenses Including Recoverable Income	5,996,273		5,996,086

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	149,729		149,729
2.2	Administration: Employee Benefits	5,338	6	5,332
2.3	Administration: Payroll Taxes incl Workers Comp.	14,983		14,983
2.4	Administration: Purchased Service			0
2.5	Officers: Total Compensation		0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	170,050		170,044
2.7	Clerical Staff: Salaries	469,303		469,303
2.8	Clerical Staff: Employee Benefits	16,730	20	16,710
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	46,961		46,961
2.10	Clerical Staff: Purchased Service			0
2.200	Subtotal: Clerical Staff Expenses	532,994		532,974
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	94,739		94,739
2.12	Office Supplies	98,184		98,184
2.13	Telecommunications (e.g. Internet, Phone)	11,435		11,435

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	2,800		2,800
2.16	Advertising: Help Wanted	6,693		6,693
2.17	Licenses and Dues: Patient Care Related Portion	9,872	2,172	7,700
2.18	Continuing Professional Education / Training and Development	2,316	1,650	666
2.19	Accounting Services (Not related to appeals)	500		500
2.20	Insurance: Malpractice & General Liability	176,799		176,799
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	144,362	114,085	30,277
2.23	Non-Allowable A & G Expenses	1,377,897	1,377,897	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		4,901	4,901
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		713,460	713,460
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		70,061	70,061
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	1,925,597		1,218,215
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	2,628,641		1,921,233
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		85	85
2.500	Subtotal: Administrative & General Recoverable Income	0		85
200	Total: Net Administrative & General Expenses After Recoverable Income	2,628,641		1,921,148

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<i>Detail of Other A&G Expenses</i>		
Table 2A	1	2
Line #	Description	Amount
2A.1	OFFICE EXP - BANK FEES	1,026
2A.2	PROFESSIONAL SERVICE	24,570
2A.3	TAXES	2,217
2A.4	Financing Fee - Loan Payts	108,003
2A.5	Misc Expense	46
2A.6	STAFF DEVELMT SUP & EXP	323
2A.7	STAFF APPRECIATION	3,139
2A.8	CONSULTING FEES	1,450
2A.9	SOCIAL SERV-SUP & EXP	3,588
2A.100	Subtotal: Other A&G Expenses	144,362

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Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	54
2B.2	Licenses and Dues: Not Related to Resident Care	300
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	
2B.5	Legal: Resident Care	
2B.6	Legal: Other	2,960
2B.7	Key Person Insurance	
2B.8	Management Company Fees	194,799
2B.9	Management Consultants	
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	58,324
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	178,401
2B.15	User Fee Assessment	943,059
2B.16	Other Non-Allowable A&G Expenses	
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
2B.100	Total Non-Allowable A&G Expenses	1,377,897

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	206,273		206,273
3.2	Staff Dev. Coord.: Employee Benefits	7,353	9	7,344
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	20,641		20,641
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	234,267		234,258
3.5	Plant Operation: Salaries	83,537		83,537
3.6	Plant Operation: Employee Benefits	2,978	4	2,974
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	8,359		8,359

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3.8	Plant Operation: Purchased Service	35,193		35,193
3.9	Plant Operation: Supplies and Expenses	79,062		79,062
3.10	Plant Operation: Utilities	193,422		193,422
3.11	Plant Operation: Repairs			0
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	402,551		402,547
3.13	Dietician: Salaries			0
3.14	Dietician: Employee Benefits			0
3.15	Dietician: Payroll Taxes incl Workers Comp.			0
3.16	Dietician: Purchased Service	1,493		1,493
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	1,493		1,493
3.18	Dietary: Salaries			0
3.19	Dietary: Employee Benefits			0
3.20	Dietary: Payroll Taxes incl Workers Comp.			0
3.21	Dietary: Food	306,315		306,315
3.22	Dietary: Purchased Service	625,161		625,161
3.23	Dietary: Supplies and Expenses	25,543		25,543
3.400	Subtotal: Dietary Expenses	957,019		957,019
3.24	Housekeeping/Laundry: Salaries			0
3.25	Housekeeping/Laundry: Employee Benefits			0
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.			0
3.27	Housekeeping/Laundry: Purchased Service	507,582		507,582
3.28	Housekeeping/Laundry: Supplies and Expenses	3,223		3,223
3.29	Housekeeping/Laundry: Linen and Bedding			0
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	510,805		510,805
3.31	Quality Assurance (QA) Professional: Salaries			0
3.32	QA Professional: Employee Benefits			0
3.33	QA Professional: Payroll Taxes incl Workers Comp.			0
3.34	QA Professional: Purchased Service	689		689
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
3.600	Subtotal: QA Professional Expenses	689		689
3.36	Unit Clerk & Medical Records: Salaries	117,164		117,164

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3.37	Unit Clerk & Medical Records: Employee Benefits	4,177	5	4,172
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	11,724		11,724
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	133,065		133,060
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	222,152		222,152
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	7,919	9	7,910
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	22,230		22,230
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	252,301		252,292
3.44	Behavioral Health Specialist: Salaries			0
3.45	Behavioral Health Specialist: Employee Benefits			0
3.46	Behavioral Health Specialist: Payroll Taxes incl Workers Comp.			0
3.47	Behavioral Health Specialist: Purchased Service			0
3.900	Subtotal: Behavioral Health Specialist Expenses	0		0
3.48	Social Service Worker: Salaries	133,904		133,904
3.49	Social Service Worker: Employee Benefits	4,774	6	4,768
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	13,399		13,399
3.51	Social Service Worker: Purchased Service	17,044		17,044
3.1000	Subtotal: Social Service Worker Expenses	169,121		169,115
3.52	Interpreters: Salaries			0
3.53	Interpreters: Employee Benefits			0
3.54	Interpreters: Payroll Taxes incl Workers Comp.			0
3.55	Interpreters: Purchased Service			0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries	82,016		82,016
3.57	Indirect Restorative Therapy: Employee Benefits	2,924	4	2,920
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.	8,207		8,207
3.59	Indirect Restorative Therapy: Consultants	48		48
3.60	Direct Restorative Therapy: Salaries	364,284	364,284	0

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3.61	Direct Restorative Therapy: Benefits	49,438	49,438	0
3.62	Direct Restorative Therapy: Consultants	338	338	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	507,255		93,191
3.64	Recreational Therapy/Activities: Salaries	167,783		167,783
3.65	Recreational Therapy/Activities: Employee Benefits	5,981	7	5,974
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	16,789		16,789
3.67	Recreational Therapy/Activities: Purchased Service			0
3.68	Recreational Therapy/Activities: Supplies and Expenses	17,899		17,899
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	208,452		208,445
3.70	Resident Care Assistant: Salaries	42,264		42,264
3.71	Resident Care Assistant: Employee Benefits	1,507	2	1,505
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.	4,229		4,229
3.73	Resident Care Assistant: Purchased Service			0
3.1400	Subtotal: Resident Care Assistant Expenses	48,000		47,998
3.74	Security: Salaries			0
3.75	Security: Employee Benefits			0
3.76	Security: Payroll Taxes including Workers Comp.			0
3.77	Security: Purchased Service			0
3.1500	Subtotal: Security Expenses	0		0
3.78	Travel: Motor Vehicle Expense	1,296		1,296
3.79	Variable Other Required Education	299		299
3.80	Variable Job Related Education			0
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	41,250		41,250
3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals			0
3.86	Physician Services: Other			0
3.87	Legend Drugs	326,375	326,375	0
3.88	Personal Protective Equipment			0

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3.89	House Supplies Not Resold	434,713		434,713
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents		0	0
3.92	Pharmacy Consultant			0
3.93	This line description is intentionally left blank			0
3.94	This line description is intentionally left blank			0
3.95	This line description is intentionally left blank			0
3.1600	Subtotal: Other Variable Expenses	803,933		477,558
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	4,228,951		3,488,470
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		0	0
3.1800	Subtotal: Variable Recoverable Income	0		0
300	Total: Net Variable Expenses Including Recoverable Income	4,228,951		3,488,470

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Capital & Fixed Cost Expenses				
Table 4		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add-backs	Total Allowable Expenses
4.1	Depreciation Expense	2,322	(236,866)	239,188
4.2	Long-Term Interest Expense SNF-CR			0
4.3	Long-Term Interest Expense REA-CR		318,445	318,445
4.4	MA Corp. Excise Tax - Non-Income Portion SNF-CR			0
4.5	MA Corp. Excise Tax - Non-Income Portion REA-CR			0
4.6	Building Insurance Expense SNF-CR	18,057		18,057
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	69,170		69,170
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR			0
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR			0
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	980,365	980,365	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	1,069,914		644,860
Less: Capital & Fixed Cost Expense Recoverable Income				
4.17	Fixed Cost Recoverable Income SNF-CR		0	0
4.18	Fixed Cost Recoverable Income REA-CR			0
4.200	Subtotal: Capital & Fixed Cost Recoverable Income	0		0
400	Total: Net Capital & Fixed Cost Expenses Including Recoverable Income	1,069,914		644,860

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<i>Total Combined Expenses Before Recoverable Income</i>				
Table 5		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add-backs	Total Allowable Expenses
500	Total Combined Expenses Before Recoverable Income	13,923,779		12,050,649
<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	13,923,779		12,050,564

SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES

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

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

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

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

Financial Statement of Operations

Table 1		
Table 1A		1
For Profit		
Line #	Description	Reported
1A.1	Net Patient Service Revenue	12,564,378
1A.2	Other Revenue	85
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	12,564,463
1A.4	Salaries and Wages	6,070,612
1A.5	Employee Benefits	216,411
1A.6	Supplies and Other (including Payroll Taxes)	7,456,033
1A.7	Interest Expense	
1A.8	Provision for Bad Debt	178,401
1A.9	Depreciation and Amortization Expenses	2,322
1A.200	Total Operating Expenses	13,923,779
1A.300	Income(Loss) from Operations	(1,359,316)
	Non-Operating Income and Expenses	
1A.10	Interest Income	898
1A.11	Investment Income	
1A.12	Realized Gain(Loss) from Investments	
1A.13	Realized Gain(Loss) from Sale or Disposal of Equipment	
1A.14	Other Non-Operating Income(Expense)	
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	(1,358,418)
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)	(1,358,418)

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

<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	

<i>Cost Reported Statement of Operations</i>		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	12,565,361
2.2	Total Nursing Expenses (Schedule 3)	5,996,273
2.3	Total Administrative and General Expenses (Schedule 3)	2,628,641
2.4	Total Variable Expenses (Schedule 3)	4,228,951
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	1,069,914
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	13,923,779
200	Cost Reported Net Income(Loss)	(1,358,418)

Reconciliation Between Financial Statement and Cost Report Net Income			
Table 3		1	2
Line #	Description	Describe Reconciling Item	Amount
3.1	Net Income(Loss) on Financial Statement of Operations (Table 1)		(1,358,418)
3.2	Reconciling Item		
3.3	Reconciling Item		
3.4	Reconciling Item		
3.5	Reconciling Item		
3.6	Net Income(Loss) on Cost Report Statement of Operations (Table 2)		(1,358,418)

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

Current Assets		
Table 1		1
Line #	Description	Account Balance
1.1	Cash and Cash Equivalents	4,071
1.2	Short-Term Investments	
1.3	Current Portion Assets Whose Use is Limited	
1.4	Other Cash and Equivalents	500
1.5	Payer Accounts Receivable	4,754,683
1.6	Less Reserve for Bad Debt	(178,401)
1.100	Subtotal: Net Patient Accounts Receivable	4,576,282
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	(744,495)
1.9	Interest Receivable	
1.10	Supply Inventory	
1.11	Other Receivables	59,858
1.12	Prepaid Interest	
1.13	Prepaid Insurance	23,703
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	2,664
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	260
100	Total Current Assets	3,922,843

Detail of Other Current Assets

Table 1A	1	2
Line #	Description	Account Balance
1A.1	Pioneer Valley HRA/FSA	70
1A.2	Patient Exchange	250
1A.3	A/R Refund Acct	(60)
1A.100	Subtotal: Other Current Assets	260

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Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	
2.2	Buildings	
2.3	Improvements	91,865
2.4	Equipment	15,424
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	107,289

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

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

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Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	4,030,132

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	2,663,309
5.2	Accrued Expenses	34,876
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	940,574
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	
5.7	Accrued Salaries and Payroll Liabilities	155,139
5.8	State and Federal Taxes Payable	21,991
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	85,590
500	Total Current Liabilities	3,901,479

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	American Express	85,590
5A.100	Subtotal: Other Current Liabilities	85,590

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Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	
6.2	Due to Related Parties, Subsidiaries, and Affiliates	
6.3	Other Long-Term Debt	1,487,071
600	Total Non-Current Liabilities	1,487,071

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	5,388,550

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

Table 8						
Table 8C		1	2	3	4	5
Corporation						
Line #	Description	Capital Stock	Treasury Stock	Additional Paid-in	Retained Earnings	Total
8C.1	Owner's Equity Balance: Prior Year					0
8C.2	Prior Period Adjustment(s)				0	0
8C.3	Sale of Capital Stock					0
8C.4	Purchase or Sale Treasury Stock					0
8C.5	Additional Paid-in Capital					0
8C.6	SNF-CR Net Income/(Loss)				(1,358,418)	(1,358,418)
8C.7	Dividends Paid					0
8C.100	Owner's Equity Balance: Current Year	0	0	0	(1,358,418)	(1,358,418)

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		
8D.100	Subtotal: Prior Period Adjustments	0

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)	4,030,132

SCHEDULE 7 : DETAIL OF FIXED ASSETS AND DEPRECIATION

Financial Statement Fixed Assets									
Table 1		1	2	3	4	5	6	7	8
Line #	Description	Fixed Asset Cost Beginning Balance	Current Year Additions	Current Year Deletions	Fixed Asset Cost Ending Balance	Accumulated Depreciation Beginning Balance	Current Year Depreciation	Accumulated Depreciation Ending Balance	Financial Statement Net Book Value
1.1	Land				0				0
1.2	Building				0			0	0
1.3	Improvements		92,807		92,807		(942)	(942)	91,865
1.4	Equipment		16,804		16,804		(1,380)	(1,380)	15,424
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles				0			0	0
100	Total	0	109,611	0	109,611	0	(2,322)	(2,322)	107,289

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			1,000,000			1,000,000				
2.3	Building SNF-CR						0		0		0
2.4	Building REA-CR			9,474,649			9,474,649	2.50%		236,866	236,866
2.5	Improvements SNF-CR			92,807			92,807	5.00%	942		942
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR			16,804			16,804	10.00%	1,380		1,380

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2.8	Equipment REA-CR					0	10.00%			0
2.9	Software/Limited Life Assets SNF-CR					0	33.33%	0		0
2.10	Software/Limited Life Assets REA-CR					0	33.33%			0
200	Total Claimed Fixed Assets	0	0	10,584,260	0	0	10,584,260	2,322	236,866	239,188

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1987
3.2	What was the date of the most recent assessed property value of this facility?	01/16/2024
3.3	What was the value from the most recent municipal property assessment for this facility?	5,774,100
3.4	Was there a change of ownership of this facility during the reporting period?	Yes
3.5	Was there a change of ownership of company that owns the real assets of the facility (realty company) during the reporting period?	Yes
3.6	What is the number of nursing facility resident rooms?	88
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	62,366
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	26,983
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	
3.10	What is the total acreage of the facility site?	6.0
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

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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	Sale of Nursing Facility to Unrelated Third Party	02/01/2023	Vantage Care South Hadley Realty LLC	Blupoint Globak Management LLC	1
4.2	Sale of Realty Company	02/01/2023	Vantage Care South Hadley Realty LLC	South Hadley Property Holdings LLC	1
4.3	Sale of Realty Company	02/01/2023	Vantage Care South Hadley Realty LLC	South Hadley Property Holdings LLC	1

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)	

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(1,358,418)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	
2.3	Increases (Decreases) to Cash Provided by Operating Activities	1,472,600
200	Net Cash from Operating Activities	114,182

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(109,611)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(109,611)

Cash Flows from Financing Activities

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

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	4,571
500	Cash and Cash Equivalents (End of Year)	4,571

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SCHEDULE 9 : LICENSURE & PATIENT STATISTICS

Bed Licensure

Table 1	1	2	3	4	5	6
Line #	DPH Licensure Issue Date	Skilled Nursing (Level I,II, & III)	Residential Care (Level IV)	Pediatric	Total Licensed Beds	Constructed Capacity
1.1					0	
1.2					0	
1.3					0	
1.4					0	
1.5					0	
1.6	List the number of certified Medicare beds at the close of this reporting period.	132				
1.7	Is above listed bed licensure information correct?	Yes				

Patient Statistics - Days

Table 2		1	2	3	4	5	6
Line #	Description	Private Pay	Commercial Managed Care	Commercial Non-Managed Care	Medicare Fee-For-Service	Medicare Managed Care (Part C)	MassHealth Fee-for-Service
2.1	Nursing	2,457	674		2,634	348	25,358
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)						417
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	2,457	674	0	2,634	348	25,775

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7	8	9	10	11	12	13	14	15
MassHealth Managed Care	Senior Care Options	OneCare	PACE	Out-of-State Medicaid	Veteran's Affairs & Other Public	DTA & EAEDC	Other	Total
678	7,288							39,437
								0
								0
								0
								0
								0
								0
								0
								0
	178							595
								0
								0
								0
678	7,466	0	0	0	0	0	0	40,032

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<i>Patient Statistics - Summary</i>			
Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	132
3.2	0140.1	Number of MassHealth Admissions During Year	31
3.3	0150.0	Number of Discharges During Year	118
3.4	0190.0	Average Length of Stay	339
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	

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SCHEDULE 10 : DETAIL OF FACILITY COMPENSATION AND PURCHASED NURSING SERVICES

<i>Detail of Staff Nursing Services Wages and Hours</i>							
Table 1		1	2	3	4	5	6
Line #	Description	RN Wages	RN Hours	LPN Wages	LPN Hours	CNA Wages	CNA Hours
1.1	Total Base Wages	1,036,455	20,670.0	1,351,341	31,317.0	1,458,911	65,949.0
1.2	Total Overtime Wages	31,152	397.0	98,806	1,522.0	114,903	3,158.0
1.3	Total Shift Differential	29,576		37,700		89,511	
1.4	Total Other Differentials						
100	Total	1,097,183	21,067.0	1,487,847	32,839.0	1,663,325	69,107.0

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

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Detail of Staff and Hours by Position

Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development	2	2.4	4,498.0
3.2	Plant Operations	2	1.9	3,576.0
3.3	Dietary Staff			
3.4	Dietician			
3.5	Housekeeping/Laundry Staff			
3.6	Unit Clerk & Medical Records Staff	3	2.9	5,459.0
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	2	2.4	4,512.0
3.9	Social Services Staff	2	1.7	3,185.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff	4	4.0	7,567.0
3.12	Restorative Therapy - Indirect Staff	1	0.9	1,686.0
3.13	Recreational Staff	5	4.5	8,650.0
3.14	Administration and Officers	1	1.0	1,805.0
3.15	Security Staff			
3.16	Clerical Staff	8	7.5	14,328.0
3.17	Director of Nurses	1	1.0	1,880.0
3.18	Registered Nurses	11	11.0	21,067.0
3.19	Licensed Practical Nurses	17	17.3	32,839.0
3.20	Certified Nurse Aides	36	36.3	69,107.0
3.21	Resident Care Assistants	1	1.3	2,461.0
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	96	96.1	182,620.0

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<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									
Registered Temporary Nursing Service Agencies										
4.2	Other		1,964.7	119,736	6,918.5	357,752	14,932.5	454,864		
4.3	Intelycare, Inc.	TM7F	135.3	11,899	239.1	12,674	891.2	28,375		
4.4	MAS Medical Staffing (Springfield)	TTE4			29.1	1,543	511.0	16,272		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		2,100.0	131,635	7,186.7	371,969	16,334.7	499,511	0.0	0
400	Total Temporary Nursing Service Agency Expenses		2,100.0	131,635	7,186.7	371,969	16,334.7	499,511	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									0	
5.2									0	
5.3									0	
5.4									0	
5.5									0	

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

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										
100	TOTALS								0	0

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11	12	13	14	15	16	17	18	19	20
Beginnin g Loan Balance: Jan 1	Beginnin g Balance - New Loans	Principal Payment s	Pay Off Amount	Pay Off Date	Ending Loan Balance: Dec 31	Interest Rate %	Interest Expense	Period Expense s	Total Amortiza tion, Interest and Period Expense s
					0				0
					0		0	0	0

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Pioneer Valley Health and Rehabilitation
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Working Capital Debt									
Table 2	1	2	3	4	5	6	7	8	9
Line / Column #	Lender Name	Related Party	Beginning Balance: Jan 1	Amount	Start Date	Principal Payment	Ending Balance: Dec 31	Interest Rate %	Interest Expense
2.1	Newburyport Bank	No		1,487,071	02/06/2023		1,487,071	9.300%	96,272
200	Total Working Capital Interest						1,487,071		96,272

SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

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

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

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

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

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
06/03/2024 2:41PM	(1) Footnotes and Explanations	Footnotes and Explanations.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
06/03/2024 2:41PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
06/03/2024 2:41PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
06/03/2024 2:41PM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore

SCHEDULE 13 : SUBMISSION AND ATTESTATION

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

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

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

1.1	Preparer Name	Matthew S. Bovolack
1.2	Nursing Facility or Firm Name	Marcum LLP
1.3	Title	Principal
1.4	Street Address	555 Long Wharf Drive
1.5	City	New Haven
1.6	State	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:	06/03/2024

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

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Section B - Certification by Owner, Partner, or Officer

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

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

This certification is signed under pains and penalties of perjury.

2.1	[] 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	
2.3	Last Name	
2.4	First Name	
2.5	Middle Name	
2.6	Title	
2.7	Is this information correct?	

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