

Skilled Nursing Facility Cost Report**QUEEN ANNE NURSING HOME**

Filing Year: 2023

Date: 09/19/2024

Time: 2:15 PM

SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	QUEEN ANNE NURSING HOME
1.2	MassHealth Provider ID	110026254A
1.3	Federal Employer Tax ID	042892030
1.4	VPN	0917605
1.5	Is the above information correct?	Yes
1.6	Facility Number	00516
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	50 Recreation Park Drive
1.11	City	Hingham
1.12	Zip	02043
1.13	Telephone	+1 (781) 749-4982
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.	Starr Healthcare Group LLC
1.19	List the name of the entity that holds the nursing facility license.	Queen Anne Nursing Home
1.20	List realty company names as reported on each realty company cost report.	
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

Skilled Nursing Facility Cost Report
QUEEN ANNE NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:15 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
QUEEN ANNE NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:15 PM

SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	1,383,425	0	1,383,425
1.2	Commercial Managed Care	0	0	0
1.3	Commercial Non-Managed Care	0	0	0
1.4	Medicare Fee-For-Service	7,630,957	96,942	7,727,899
1.5	Medicare Managed Care (Part C)	0	0	0
1.6	MassHealth Fee-for-Service	3,814,732	0	3,814,732
1.7	MassHealth Managed Care	0	0	0
1.8	Senior Care Options	0	0	0
1.9	OneCare	0	0	0
1.10	PACE	0	0	0
1.11	Medicaid Out-of-State	0	0	0
1.12	Medicaid Patient Paid Amount	1,465,050	0	1,465,050
1.13	DTA & EAEDC	0	0	0
1.14	Veteran's Affairs & Other Public	0	0	0
1.15	Other Payer Revenue	0	0	0
100	Total Nursing Facility Revenue	14,294,164	96,942	14,391,106

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
QUEEN ANNE NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:15 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	57,456
3.3	Laundry Revenue	0
3.4	Vending Machine Revenue	0
3.5	Recovery of Bad Debts	0
3.6	Prior Year Retroactive Revenue	0
3.7	Interest Income	559
3.8	Nurses' Aide Training Revenue	0
3.9	Administrative and General Recoverable Revenue	73,377
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	131,392

Detail of Endowment and Non-Recoverable Revenue			
Table 4		1	2
Line #	Description	Type	Revenue
4.1	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Covid Relief	57,456
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		57,456

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	14,522,498

Skilled Nursing Facility Cost Report
QUEEN ANNE NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:15 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	171,559		171,559
1.2	Director of Nurses: Employee Benefits	8,432		8,432
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	16,998		16,998
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	196,989		196,989
1.7	Registered Nurses: Salaries	667,779		667,779
1.8	Registered Nurses: Employee Benefits	32,823		32,823
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	66,167		66,167
1.10	Registered Nurses Purchased Service: Per Diem	0		0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	416,194		416,194
1.200	Subtotal: Registered Nurses Expenses	1,182,963		1,182,963
1.12	Licensed Practical Nurses: Salaries	1,480,588		1,480,588
1.13	Licensed Practical Nurses: Employee Benefits	72,775		72,775
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	146,704		146,704
1.15	Licensed Practical Nurses Purchased Service: Per Diem	0		0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	207,117		207,117
1.300	Subtotal: Licensed Practical Nurses Expenses	1,907,184		1,907,184
1.17	Certified Nurse Aides: Salaries	2,403,265		2,403,265
1.18	Certified Nurse Aides: Employee Benefits	118,125		118,125
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	238,132		238,132
1.20	Certified Nurse Aides Purchased Service: Per Diem	0		0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	22,347		22,347
1.400	Subtotal: Certified Nurse Aides Expenses	2,781,869		2,781,869

Skilled Nursing Facility Cost Report

QUEEN ANNE NURSING HOME

Filing Year: 2023

Date: 09/19/2024

Time: 2:15 PM

1.22	Nurse's Aide Training Administration	0	0	0
1.23	Nursing Education and Training	0		0
1.24	This line description is intentionally left blank			0
1.25	This line description is intentionally left blank			0
1.500	Subtotal: Other Nursing Expenses	0		0
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	6,069,005		6,069,005

Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		0	0
1.27	Nurses' Aide Training Recoverable Income		0	0
1.700	Subtotal: Nursing & Director of Nursing Recoverable Income	0		0
100	Total: Net Nursing Expenses Including Recoverable Income	6,069,005		6,069,005

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	168,074		168,074
2.2	Administration: Employee Benefits	8,262		8,262
2.3	Administration: Payroll Taxes incl Workers Comp.	16,653		16,653
2.4	Administration: Purchased Service	0		0
2.5	Officers: Total Compensation	0	0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	192,989		192,989
2.7	Clerical Staff: Salaries	423,447		423,447
2.8	Clerical Staff: Employee Benefits	20,814		20,814
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	41,957		41,957
2.10	Clerical Staff: Purchased Service	0		0
2.200	Subtotal: Clerical Staff Expenses	486,218		486,218
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	29,881		29,881
2.12	Office Supplies	239,717		239,717
2.13	Telecommunications (e.g. Internet, Phone)	33,364		33,364

Skilled Nursing Facility Cost Report

QUEEN ANNE NURSING HOME

Filing Year: 2023

Date: 09/19/2024

Time: 2:15 PM

2.14	Other Telecommunications (e.g. tablets to support family and resident communications)	0		0
2.15	Travel: Conventions & Meetings	0		0
2.16	Advertising: Help Wanted	95,124		95,124
2.17	Licenses and Dues: Patient Care Related Portion	16,409		16,409
2.18	Continuing Professional Education / Training and Development	0		0
2.19	Accounting Services (Not related to appeals)	45,556		45,556
2.20	Insurance: Malpractice & General Liability	289,846		289,846
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion	0		0
2.22	Other A & G Expenses	44,139	9,315	34,824
2.23	Non-Allowable A & G Expenses	1,530,770	1,530,770	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)			0
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		80,081	80,081
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	2,324,806		864,802
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	3,004,013		1,544,009
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		73,377	73,377
2.500	Subtotal: Administrative & General Recoverable Income	0		73,377
200	Total: Net Administrative & General Expenses After Recoverable Income	3,004,013		1,470,632

Skilled Nursing Facility Cost Report
QUEEN ANNE NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:15 PM

Detail of Other A&G Expenses		
Table 2A	1	2
Line #	Description	Amount
2A.1	Professional Services	34,272
2A.2	Sales Tax	552
2A.3	Miscellaneous	4,544
2A.4	Resident Lost Items	4,771
2A.100	Subtotal: Other A&G Expenses	44,139

Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	27,947
2B.2	Licenses and Dues: Not Related to Resident Care	1,527
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	53,199
2B.7	Key Person Insurance	0
2B.8	Management Company Fees	709,969
2B.9	Management Consultants	0
2B.10	Interest on Working Capital	0
2B.11	Fines, Late Fees, Penalties, including Interest	32,214
2B.12	State and Federal Income Taxes	14,858
2B.13	Pre-Opening Expenses	0
2B.14	Bad Debt Expense	119,286
2B.15	User Fee Assessment	571,770
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	1,530,770

Variable Expenses				
Table 3		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add-backs	Total Allowable Expenses

Skilled Nursing Facility Cost Report

QUEEN ANNE NURSING HOME

Filing Year: 2023

Date: 09/19/2024

Time: 2:15 PM

3.1	Staff Development Coordinator: Salaries	9,764		9,764
3.2	Staff Dev. Coord.: Employee Benefits	480		480
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	967		967
3.4	Staff Dev. Coord.: Purchased Service	0		0
3.100	Subtotal: Staff Development Coordinator Expenses	11,211		11,211
3.5	Plant Operation: Salaries	207,343		207,343
3.6	Plant Operation: Employee Benefits	10,192		10,192
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	20,544		20,544
3.8	Plant Operation: Purchased Service	223,865		223,865
3.9	Plant Operation: Supplies and Expenses	144,236		144,236
3.10	Plant Operation: Utilities	245,872		245,872
3.11	Plant Operation: Repairs	0		0
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	852,052		852,052
3.13	Dietician: Salaries	104,164		104,164
3.14	Dietician: Employee Benefits	5,120		5,120
3.15	Dietician: Payroll Taxes incl Workers Comp.	10,321		10,321
3.16	Dietician: Purchased Service	165		165
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	119,770		119,770
3.18	Dietary: Salaries	653,831		653,831
3.19	Dietary: Employee Benefits	32,137		32,137
3.20	Dietary: Payroll Taxes incl Workers Comp.	64,785		64,785
3.21	Dietary: Food	348,800		348,800
3.22	Dietary: Purchased Service	10,547		10,547
3.23	Dietary: Supplies and Expenses	32,581		32,581
3.400	Subtotal: Dietary Expenses	1,142,681		1,142,681
3.24	Housekeeping/Laundry: Salaries	317,957		317,957
3.25	Housekeeping/Laundry: Employee Benefits	15,630		15,630
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	31,504		31,504
3.27	Housekeeping/Laundry: Purchased Service	2,094		2,094
3.28	Housekeeping/Laundry: Supplies and Expenses	17,017		17,017
3.29	Housekeeping/Laundry: Linen and Bedding	4,424		4,424

Skilled Nursing Facility Cost Report

QUEEN ANNE NURSING HOME

Filing Year: 2023

Date: 09/19/2024

Time: 2:15 PM

3.30	Housekeeping/Laundry: Special Cleaning	0		0
3.500	Subtotal: Housekeeping/Laundry Expenses	388,626		388,626
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	107,804		107,804
3.37	Unit Clerk & Medical Records: Employee Benefits	5,299		5,299
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	10,682		10,682
3.39	Unit Clerk & Medical Records: Purchased Service	0		0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	123,785		123,785
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	195,263		195,263
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	7,521		7,521
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	15,162		15,162
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	0		0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	217,946		217,946
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	150,519		150,519
3.49	Social Service Worker: Employee Benefits	7,398		7,398
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	14,915		14,915
3.51	Social Service Worker: Purchased Service	27,590		27,590
3.1000	Subtotal: Social Service Worker Expenses	200,422		200,422
3.52	Interpreters: Salaries	0		0
3.53	Interpreters: Employee Benefits	0		0

Skilled Nursing Facility Cost Report

QUEEN ANNE NURSING HOME

Filing Year: 2023

Date: 09/19/2024

Time: 2:15 PM

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
3.61	Direct Restorative Therapy: Benefits	0	0	0
3.62	Direct Restorative Therapy: Consultants	931,552	931,552	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	931,552		0
3.64	Recreational Therapy/Activities: Salaries	184,126		184,126
3.65	Recreational Therapy/Activities: Employee Benefits	9,050		9,050
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	18,244		18,244
3.67	Recreational Therapy/Activities: Purchased Service	23,311		23,311
3.68	Recreational Therapy/Activities: Supplies and Expenses	13,467		13,467
3.69	Recreational Therapy/Activities: Transportation	0	0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	248,198		248,198
3.70	Resident Care Assistant: Salaries	0		0
3.71	Resident Care Assistant: Employee Benefits	0		0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.	0		0
3.73	Resident Care Assistant: Purchased Service	0		0
3.1400	Subtotal: Resident Care Assistant Expenses	0		0
3.74	Security: Salaries	0		0
3.75	Security: Employee Benefits	0		0
3.76	Security: Payroll Taxes including Workers Comp.	0		0
3.77	Security: Purchased Service	0		0
3.1500	Subtotal: Security Expenses	0		0
3.78	Travel: Motor Vehicle Expense	0		0
3.79	Variable Other Required Education	0		0
3.80	Variable Job Related Education	15,428		15,428

Skilled Nursing Facility Cost Report

QUEEN ANNE NURSING HOME

Filing Year: 2023

Date: 09/19/2024

Time: 2:15 PM

3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion	0		0
3.82	Physician Services: Medical Director	16,800		16,800
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	451,983	451,983	0
3.88	Personal Protective Equipment	0		0
3.89	House Supplies Not Resold	317,231		317,231
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	0		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	801,442		349,459
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	5,037,685		3,654,150
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	5,037,685		3,654,150

Skilled Nursing Facility Cost Report
QUEEN ANNE NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:15 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	248,866	0	248,866
4.2	Long-Term Interest Expense SNF-CR	175,934		175,934
4.3	Long-Term Interest Expense REA-CR			0
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	14,704		14,704
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	45,072		45,072
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR	829		829
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	38,122		38,122
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	0	0	0
4.15	This line description is intentionally left blank			0
4.16	This line description is intentionally left blank			0
4.100	Subtotal: Total Capital & Fixed Cost Expenses Before Recoverable Income	523,527		523,527
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	523,527		523,527

Skilled Nursing Facility Cost Report**QUEEN ANNE NURSING HOME**

Filing Year: 2023

Date: 09/19/2024

Time: 2:15 PM

<i>Total Combined Expenses Before Recoverable Income</i>				
Table 5		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add-backs	Total Allowable Expenses
500	Total Combined Expenses Before Recoverable Income	14,634,230		11,790,691
<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	14,634,230		11,717,314

Skilled Nursing Facility Cost Report
QUEEN ANNE NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:15 PM

SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES

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

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

Skilled Nursing Facility Cost Report
QUEEN ANNE NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:15 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
QUEEN ANNE NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:15 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	14,391,106
1A.2	Other Revenue	73,377
1A.3	Net Assets Released from Restriction	0
1A.100	Total Operating Revenue	14,464,483
1A.4	Salaries and Wages	7,245,483
1A.5	Employee Benefits	1,067,793
1A.6	Supplies and Other (including Payroll Taxes)	5,776,868
1A.7	Interest Expense	175,934
1A.8	Provision for Bad Debt	119,286
1A.9	Depreciation and Amortization Expenses	248,866
1A.200	Total Operating Expenses	14,634,230
1A.300	Income(Loss) from Operations	(169,747)
	Non-Operating Income and Expenses	
1A.10	Interest Income	559
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)	57,456
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	(111,732)
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)	(111,732)

Skilled Nursing Facility Cost Report
QUEEN ANNE NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:15 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)	14,522,498
2.2	Total Nursing Expenses (Schedule 3)	6,069,005
2.3	Total Administrative and General Expenses (Schedule 3)	3,004,013
2.4	Total Variable Expenses (Schedule 3)	5,037,685
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	523,527
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	14,634,230
200	Cost Reported Net Income(Loss)	(111,732)

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)		(111,732)
3.2	Reconciling Item	0	0
3.3	Reconciling Item	0	0
3.4	Reconciling Item	0	0
3.5	Reconciling Item	0	0
3.6	Net Income(Loss) on Cost Report Statement of Operations (Table 2)		(111,732)

Skilled Nursing Facility Cost Report
QUEEN ANNE NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:15 PM

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

Current Assets		
Table 1		1
Line #	Description	Account Balance
1.1	Cash and Cash Equivalents	538,752
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	1,827,455
1.6	Less Reserve for Bad Debt	(110,000)
1.100	Subtotal: Net Patient Accounts Receivable	1,717,455
1.7	Receivable from Officers/Owners/Employees	0
1.8	Receivable from Affiliates/Related Parties	128,313
1.9	Interest Receivable	0
1.10	Supply Inventory	0
1.11	Other Receivables	2,485
1.12	Prepaid Interest	0
1.13	Prepaid Insurance	36,352
1.14	Prepaid Taxes	0
1.15	Other Prepaid Expenses	45,669
1.16	Capitalized Pre-Opening Costs	0
1.17	Other Current Assets	627,079
100	Total Current Assets	3,096,105

Detail of Other Current Assets		
Table 1A	1	2
Line #	Description	Account Balance
1A.1	escrows	586,352
1A.2	right of use asset	40,727
1A.100	Subtotal: Other Current Assets	627,079

Skilled Nursing Facility Cost Report
QUEEN ANNE NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:15 PM

Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	150,000
2.2	Buildings	1,977,844
2.3	Improvements	758,730
2.4	Equipment	454,324
2.5	Software/Limited Life Assets	0
2.6	Motor Vehicles	0
200	Total Non-Current Fixed Assets	3,340,898

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	24,000
3.4	Construction in Progress	0
3.5	Mortgage Acquisition Costs	65,350
3.6	Accumulated Amortization of Mortgage Acquisition Costs	(22,462)
3.100	Net Mortgage Acquisition Costs	42,888
300	Total Non-Current Assets	66,888

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	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	24,000
3A.5	Cash Surrender Value of Officer Life Insurance	0
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	24,000

Skilled Nursing Facility Cost Report
QUEEN ANNE NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:15 PM

Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	6,503,891

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	447,893
5.2	Accrued Expenses	296,080
5.3	Due to Insurance Payers	136,253
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	189,022
5.7	Accrued Salaries and Payroll Liabilities	478,435
5.8	State and Federal Taxes Payable	456
5.9	Accrued Interest Payable	12,103
5.10	Other Current Liabilities	75,282
500	Total Current Liabilities	1,635,524

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	right of use liability	40,727
5A.2	other current liabilities	34,555
5A.100	Subtotal: Other Current Liabilities	75,282

Skilled Nursing Facility Cost Report
QUEEN ANNE NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:15 PM

Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	4,998,085
6.2	Due to Related Parties, Subsidiaries, and Affiliates	0
6.3	Other Long-Term Debt	0
600	Total Non-Current Liabilities	4,998,085

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	6,633,609

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	282,259	0	(216,396)	(83,849)	(17,986)
8C.2	Prior Period Adjustment(s)				0	0
8C.3	Sale of Capital Stock	0				0
8C.4	Purchase or Sale Treasury Stock		0			0
8C.5	Additional Paid-in Capital			0		0
8C.6	SNF-CR Net Income/(Loss)				(111,732)	(111,732)
8C.7	Dividends Paid				0	0
8C.100	Owner's Equity Balance: Current Year	282,259	0	(216,396)	(195,581)	(129,718)

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)	6,503,891

Skilled Nursing Facility Cost Report
QUEEN ANNE NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:15 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	150,000	0	0	150,000				150,000
1.2	Building	5,862,222	0	0	5,862,222	(3,787,898)	(96,480)	(3,884,378)	1,977,844
1.3	Improvements	3,608,645	3,272	0	3,611,917	(2,782,539)	(70,648)	(2,853,187)	758,730
1.4	Equipment	2,949,083	109,632	0	3,058,715	(2,522,653)	(81,738)	(2,604,391)	454,324
1.5	Software/Limited Life Assets	2,087	0	0	2,087	(2,087)	0	(2,087)	0
1.6	Motor Vehicles	0	0	0	0	0	0	0	0
100	Total	12,572,037	112,904	0	12,684,941	(9,095,177)	(248,866)	(9,344,043)	3,340,898

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	150,000	0	0	0	0	150,000				
2.2	Land REA-CR	0	0	0	0	0	0				
2.3	Building SNF-CR	5,862,222	0	0	0	0	5,862,222	0.00%	96,480	0	96,480
2.4	Building REA-CR	0	0	0	0	0	0	3.05%		0	0
2.5	Improvements SNF-CR	3,644,101	0	3,272	0	0	3,647,373	5.00%	70,648	0	70,648
2.6	Improvements REA-CR	0	0	0	0	0	0	5.00%		0	0
2.7	Equipment SNF-CR	2,949,083	0	109,632	0	0	3,058,715	10.00%	81,738	0	81,738

Skilled Nursing Facility Cost Report

QUEEN ANNE NURSING HOME

Filing Year: 2023

Date: 09/19/2024

Time: 2:15 PM

2.8	Equipment REA-CR	0	0	0	0	0	0	10.00%		0	0
2.9	Software/Limited Life Assets SNF-CR	2,087	0	0	0	0	2,087	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	12,607,493	0	112,904	0	0	12,720,397		248,866	0	248,866

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?	01/01/2021
3.3	What was the value from the most recent municipal property assessment for this facility?	4,309,100
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?	106
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	32,714
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	21,939
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?	14.5
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

Skilled Nursing Facility Cost Report
QUEEN ANNE NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:15 PM

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)	927,467

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(111,732)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	248,866
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(229,136)
200	Net Cash from Operating Activities	(92,002)

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(112,904)
3.2	Cash Flows from Other Investing Activities	0
300	Net Cash from Investing Activities	(112,904)

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	(183,809)
4.3	Cash Flows from Other Financing Activities	0
400	Net Cash from Financing Activities	(183,809)

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(388,715)
500	Cash and Cash Equivalents (End of Year)	538,752

Skilled Nursing Facility Cost Report
QUEEN ANNE NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:15 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	01/08/2021	106			106	106
1.2	01/08/2023	106	0		106	106
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.	106				
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	2,513	0	0	11,010	0	20,045
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)	0	0	0	0	0	0
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	2,513	0	0	11,010	0	20,045

Skilled Nursing Facility Cost Report
QUEEN ANNE NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:15 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
0	0	0	0	0	0	0	0	33,568
				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
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	33,568

Skilled Nursing Facility Cost Report**QUEEN ANNE NURSING HOME**

Filing Year: 2023

Date: 09/19/2024

Time: 2:15 PM

Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	549
3.2	0140.1	Number of MassHealth Admissions During Year	0
3.3	0150.0	Number of Discharges During Year	556
3.4	0190.0	Average Length of Stay	60
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
QUEEN ANNE NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:15 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	532,595	8,415.9	1,183,358	27,743.1	2,011,615	73,006.2
1.2	Total Overtime Wages	79,103	1,078.1	219,775	3,529.8	240,803	6,369.5
1.3	Total Shift Differential	26,225		50,179		106,871	
1.4	Total Other Differentials	29,856		27,276		43,976	
100	Total	667,779	9,494.0	1,480,588	31,272.9	2,403,265	79,375.7

<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	3.00	4.00	1.00	4.25	5.50
2.2	Licensed Practical Nurses	3.00	4.00	1.00	4.25	5.50
2.3	Certified Nurse Aides	2.00	2.50	1.00	3.25	4.00

Skilled Nursing Facility Cost Report
QUEEN ANNE NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:15 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	1	0.1	200.0
3.2	Plant Operations	3	3.2	6,606.9
3.3	Dietary Staff	23	13.8	28,671.9
3.4	Dietician	1	1.1	2,185.0
3.5	Housekeeping/Laundry Staff	12	8.3	17,348.9
3.6	Unit Clerk & Medical Records Staff	2	1.9	3,895.1
3.7	Quality Assurance	0	0.0	0.0
3.8	MMQ Nurses and MDS Coordinator	3	0.0	3,914.0
3.9	Social Services Staff	4	1.6	3,256.1
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	12	3.6	7,542.3
3.14	Administration and Officers	1	1.0	2,080.0
3.15	Security Staff	0	0.0	0.0
3.16	Clerical Staff	15	6.3	13,081.4
3.17	Director of Nurses	4	1.1	2,295.0
3.18	Registered Nurses	22	4.2	9,494.0
3.19	Licensed Practical Nurses	46	13.4	31,272.9
3.20	Certified Nurse Aides	78	38.2	79,375.7
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	227	97.7	211,219.3

Skilled Nursing Facility Cost Report
QUEEN ANNE NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:15 PM

Detail of Purchased Nursing Services										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges
Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies									0
Registered Temporary Nursing Service Agencies										
4.2	Intelycare, Inc.	TM7F	4,539.5	333,275	2,339.0	151,760	495.2	17,077	0.0	0
4.3	CONNECTRN INC	TGKV	1,079.8	82,919	787.5	55,357	140.0	5,270		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		5,619.3	416,194	3,126.5	207,117	635.2	22,347	0.0	0
400	Total Temporary Nursing Service Agency Expenses		5,619.3	416,194	3,126.5	207,117	635.2	22,347	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	Hilchey	Christine	LPN	Nursing	196,075	0	0	196,075		
5.2	McDonall	Evelynne	RN	Nursing	192,363	0	0	192,363		
5.3	Waddell	Robert	Administrator	Administrative & General	188,558	0	0	188,558		
5.4	Mbugua	Ruth	RN	Nursing	178,857	0	0	178,857		
5.5	Dillan	Robert	Controller	Administrative & General	157,724	0	0	157,724		

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	0	0	0	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	1st Mortgage	Walker & Dunlop	No	12/13/2012	07/01/2044	378	27,654	6,940,600	65,350	2,042
100	TOTALS								65,350	2,042

Skilled Nursing Facility Cost Report**QUEEN ANNE NURSING HOME**

Filing Year: 2023

Date: 09/19/2024

Time: 2:15 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
5,370,916		183,809			5,187,107	2.800%	147,610	26,282	175,934
					5,187,107		147,610	26,282	175,934

Skilled Nursing Facility Cost Report
QUEEN ANNE NURSING HOME
 Filing Year: 2023

Date: 09/19/2024
 Time: 2:15 PM

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

Skilled Nursing Facility Cost Report

QUEEN ANNE NURSING HOME

Filing Year: 2023

Date: 09/19/2024

Time: 2:15 PM

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

QUEEN ANNE NURSING HOME

Filing Year: 2023

Date: 09/19/2024

Time: 2:15 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
04/30/2024 11:08AM	(1) Footnotes and Explanations	SNF Footnotes.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Jonathan Langfield
04/30/2024 11:08AM	(2) Ownership and Facility Information	Ownership and Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Jonathan Langfield
04/30/2024 11:08AM	(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:	04/30/2024

*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.*

--	--	--

Skilled Nursing Facility Cost Report

QUEEN ANNE NURSING HOME

Filing Year: 2023

Date: 09/19/2024

Time: 2:15 PM

Section B - Certification by Owner, Partner, or Officer

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

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

This certification is signed under pains and penalties of perjury.

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