

Skilled Nursing Facility Cost Report**SANCTA MARIA NURSING HOME**

Filing Year: 2023

Date: 09/19/2024

Time: 2:18 PM

SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	SANCTA MARIA NURSING HOME
1.2	MassHealth Provider ID	110026332A
1.3	Federal Employer Tax ID	042066524
1.4	VPN	0919918
1.5	Is the above information correct?	Yes
1.6	Facility Number	01036
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	799 Concord Avenue
1.11	City	Cambridge
1.12	Zip	02138
1.13	Telephone	+1 (617) 868-2200
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 Non-Profit Corp (Chapter 180)
1.18	List the name of the management company as reported on the management company cost report.	Advocate Healthcare Management LLC
1.19	List the name of the entity that holds the nursing facility license.	Sancta Maria Nursing Facility
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
SANCTA MARIA NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:18 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
SANCTA MARIA NURSING HOME
Filing Year: 2023

Date: 09/19/2024

Time: 2:18 PM

SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	2,489,665	17,596	2,507,261
1.2	Commercial Managed Care	0	0	0
1.3	Commercial Non-Managed Care	0	0	0
1.4	Medicare Fee-For-Service	3,280,333	3,232,580	6,512,913
1.5	Medicare Managed Care (Part C)	1,360,237	298,971	1,659,208
1.6	MassHealth Fee-for-Service	6,423,367	(8,624)	6,414,743
1.7	MassHealth Managed Care	0	0	0
1.8	Senior Care Options	1,686,296	0	1,686,296
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	1,069,496	0	1,069,496
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	16,309,394	3,540,523	19,849,917

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
SANCTA MARIA NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:18 PM

Other Nursing Facility Revenue		
Table 3		1
Line #	Description	Revenue
3.1	Total Other Business Revenue	1,479,939
3.2	Endowment and Other Non-Recoverable Revenue	425,733
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	214,787
3.8	Nurses' Aide Training Revenue	0
3.9	Administrative and General Recoverable Revenue	36,884
3.10	Nursing Recoverable Revenue	0
3.11	Variable Recoverable Revenue	0
3.12	Fixed Cost Recoverable Revenue	0
300	Total Other Nursing Facility Revenue	2,157,343

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)	Donations	8,600
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Realized Gain/Loss	143,986
4.3	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Unrealized Gain/Loss	305,088
4.4	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Investment Exp	(31,941)
4.5	Other Endowment and Non-Recoverable Revenue		
400	Total Endowment and Non-Recoverable Revenue		425,733

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	22,007,260

Skilled Nursing Facility Cost Report
SANCTA MARIA NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:18 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	178,288		178,288
1.2	Director of Nurses: Employee Benefits	15,107		15,107
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	16,820		16,820
1.4	Director of Nurses Purchased Service: Per Diem	0		0
1.5	Director of Nurses Purchased Service: Temporary Agency Staff	0	#Error	0
1.6	Director of Nurses Add-back (MGT-CR Sch 6)			0
1.100	Subtotal: Director of Nurses Expenses	210,215		210,215
1.7	Registered Nurses: Salaries	1,366,493		1,366,493
1.8	Registered Nurses: Employee Benefits	115,791		115,791
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	128,916		128,916
1.10	Registered Nurses Purchased Service: Per Diem	0		0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	404,567	3,815	400,752
1.200	Subtotal: Registered Nurses Expenses	2,015,767		2,011,952
1.12	Licensed Practical Nurses: Salaries	1,395,825		1,395,825
1.13	Licensed Practical Nurses: Employee Benefits	118,276		118,276
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	131,683		131,683
1.15	Licensed Practical Nurses Purchased Service: Per Diem	0		0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	451,064	0	451,064
1.300	Subtotal: Licensed Practical Nurses Expenses	2,096,848		2,096,848
1.17	Certified Nurse Aides: Salaries	3,092,719		3,092,719
1.18	Certified Nurse Aides: Employee Benefits	262,065		262,065
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	291,768		291,768
1.20	Certified Nurse Aides Purchased Service: Per Diem	0		0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	73,277	38,298	34,979
1.400	Subtotal: Certified Nurse Aides Expenses	3,719,829		3,681,531

Skilled Nursing Facility Cost Report

SANCTA MARIA NURSING HOME

Filing Year: 2023

Date: 09/19/2024

Time: 2:18 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	8,042,659		8,000,546

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	8,042,659		8,000,546

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	200,156		200,156
2.2	Administration: Employee Benefits	16,961		16,961
2.3	Administration: Payroll Taxes incl Workers Comp.	18,883		18,883
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	236,000		236,000
2.7	Clerical Staff: Salaries	643,554		643,554
2.8	Clerical Staff: Employee Benefits	54,533		54,533
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	60,713		60,713
2.10	Clerical Staff: Purchased Service	0		0
2.200	Subtotal: Clerical Staff Expenses	758,800		758,800
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	118,768		118,768
2.12	Office Supplies	155,069		155,069
2.13	Telecommunications (e.g. Internet, Phone)	69,109		69,109

Skilled Nursing Facility Cost Report

SANCTA MARIA NURSING HOME

Filing Year: 2023

Date: 09/19/2024

Time: 2:18 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	59,761		59,761
2.17	Licenses and Dues: Patient Care Related Portion	0		0
2.18	Continuing Professional Education / Training and Development	4,909		4,909
2.19	Accounting Services (Not related to appeals)	46,890		46,890
2.20	Insurance: Malpractice & General Liability	65,784		65,784
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion	0		0
2.22	Other A & G Expenses	76,741	76,741	0
2.23	Non-Allowable A & G Expenses	2,752,449	2,752,449	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)		960,797	960,797
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	3,349,480		1,481,087
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	4,344,280		2,475,887
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		36,884	36,884
2.500	Subtotal: Administrative & General Recoverable Income	0		36,884
200	Total: Net Administrative & General Expenses After Recoverable Income	4,344,280		2,439,003

Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2B.1	Other A&G Expenses	76,741
2A.100	Subtotal: Other A&G Expenses	76,741

Skilled Nursing Facility Cost Report
SANCTA MARIA NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:18 PM

Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	15,955
2B.2	Licenses and Dues: Not Related to Resident Care	18,827
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	
2B.5	Legal: Resident Care	
2B.6	Legal: Other	134,469
2B.7	Key Person Insurance	
2B.8	Management Company Fees	742,059
2B.9	Management Consultants	
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	13,000
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	917,824
2B.15	User Fee Assessment	910,315
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	2,752,449

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	73,871		73,871
3.2	Staff Dev. Coord.: Employee Benefits	6,260		6,260
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	6,969		6,969
3.4	Staff Dev. Coord.: Purchased Service	0		0
3.100	Subtotal: Staff Development Coordinator Expenses	87,100		87,100
3.5	Plant Operation: Salaries	295,708		295,708
3.6	Plant Operation: Employee Benefits	25,057		25,057
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	27,898		27,898

Skilled Nursing Facility Cost Report

SANCTA MARIA NURSING HOME

Filing Year: 2023

Date: 09/19/2024

Time: 2:18 PM

3.8	Plant Operation: Purchased Service	125,962		125,962
3.9	Plant Operation: Supplies and Expenses	29,866		29,866
3.10	Plant Operation: Utilities	506,611		506,611
3.11	Plant Operation: Repairs	56,738		56,738
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	1,067,840		1,067,840
3.13	Dietician: Salaries	55,853		55,853
3.14	Dietician: Employee Benefits	4,732		4,732
3.15	Dietician: Payroll Taxes incl Workers Comp.	5,270		5,270
3.16	Dietician: Purchased Service	480		480
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	66,335		66,335
3.18	Dietary: Salaries	680,223		680,223
3.19	Dietary: Employee Benefits	57,639		57,639
3.20	Dietary: Payroll Taxes incl Workers Comp.	64,172		64,172
3.21	Dietary: Food	353,813		353,813
3.22	Dietary: Purchased Service	0		0
3.23	Dietary: Supplies and Expenses	62,324		62,324
3.400	Subtotal: Dietary Expenses	1,218,171		1,218,171
3.24	Housekeeping/Laundry: Salaries	609,400		609,400
3.25	Housekeeping/Laundry: Employee Benefits	16,259		16,259
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	18,102		18,102
3.27	Housekeeping/Laundry: Purchased Service	7,057		7,057
3.28	Housekeeping/Laundry: Supplies and Expenses	66,150		66,150
3.29	Housekeeping/Laundry: Linen and Bedding	3,641		3,641
3.30	Housekeeping/Laundry: Special Cleaning	0		0
3.500	Subtotal: Housekeeping/Laundry Expenses	720,609		720,609
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	214,935		214,935

Skilled Nursing Facility Cost Report

SANCTA MARIA NURSING HOME

Filing Year: 2023

Date: 09/19/2024

Time: 2:18 PM

3.37	Unit Clerk & Medical Records: Employee Benefits	18,212		18,212
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	20,277		20,277
3.39	Unit Clerk & Medical Records: Purchased Service	0		0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	253,424		253,424
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	470,185		470,185
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	31,778		31,778
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	35,380		35,380
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	0		0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	537,343		537,343
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	224,323		224,323
3.49	Social Service Worker: Employee Benefits	19,009		19,009
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	21,163		21,163
3.51	Social Service Worker: Purchased Service	483		483
3.1000	Subtotal: Social Service Worker Expenses	264,978		264,978
3.52	Interpreters: Salaries	0		0
3.53	Interpreters: Employee Benefits	0		0
3.54	Interpreters: Payroll Taxes incl Workers Comp.	0		0
3.55	Interpreters: Purchased Service	0		0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries	440,757		440,757
3.57	Indirect Restorative Therapy: Employee Benefits	37,348		37,348
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.	41,581		41,581
3.59	Indirect Restorative Therapy: Consultants	8,646		8,646
3.60	Direct Restorative Therapy: Salaries	1,315,564	1,315,564	0

Skilled Nursing Facility Cost Report

SANCTA MARIA NURSING HOME

Filing Year: 2023

Date: 09/19/2024

Time: 2:18 PM

3.61	Direct Restorative Therapy: Benefits	235,588	235,588	0
3.62	Direct Restorative Therapy: Consultants	50,354	50,354	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	2,129,838		528,332
3.64	Recreational Therapy/Activities: Salaries	271,687		271,687
3.65	Recreational Therapy/Activities: Employee Benefits	23,021		23,021
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	25,631		25,631
3.67	Recreational Therapy/Activities: Purchased Service	10,377		10,377
3.68	Recreational Therapy/Activities: Supplies and Expenses	0		0
3.69	Recreational Therapy/Activities: Transportation	0	0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	330,716		330,716
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	5,753		5,753
3.79	Variable Other Required Education	0		0
3.80	Variable Job Related Education	0		0
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion	0		0
3.82	Physician Services: Medical Director	26,500		26,500
3.83	Physician Services: Advisory Physician	3,048		3,048
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	644,254	644,254	0
3.88	Personal Protective Equipment	0		0

Skilled Nursing Facility Cost Report

SANCTA MARIA NURSING HOME

Filing Year: 2023

Date: 09/19/2024

Time: 2:18 PM

3.89	House Supplies Not Resold	293,305		293,305
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	2,659		2,659
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	975,519		331,265
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	7,651,873		5,406,113
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	7,651,873		5,406,113

Skilled Nursing Facility Cost Report
SANCTA MARIA NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:18 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	408,242	17,330	390,912
4.2	Long-Term Interest Expense SNF-CR	0		0
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	48,737		48,737
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	0		0
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR	0		0
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	7,251		7,251
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	464,230		446,900
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	464,230		446,900

Skilled Nursing Facility Cost Report**SANCTA MARIA NURSING HOME**

Filing Year: 2023

Date: 09/19/2024

Time: 2:18 PM

Total Combined Expenses Before Recoverable Income				
Table 5		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add-backs	Total Allowable Expenses
500	Total Combined Expenses Before Recoverable Income	20,503,042		16,329,446
Total Combined Expenses Net of Recoverable Income				
Table 6		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add-backs	Total Allowable Expenses
600	Total Combined Expenses Net of Recoverable Income	20,503,042		16,292,562

Skilled Nursing Facility Cost Report
SANCTA MARIA NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:18 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	1,479,939
200	3026.0	TOTAL OTHER BUSINESS REVENUE	1,479,939

Skilled Nursing Facility Cost Report**SANCTA MARIA NURSING HOME**

Filing Year: 2023

Date: 09/19/2024

Time: 2:18 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	447,135	447,135	
300	8070.0	TOTAL OTHER BUSINESS EXPENSES	447,135	447,135	

Skilled Nursing Facility Cost Report**SANCTA MARIA NURSING HOME**

Filing Year: 2023

Date: 09/19/2024

Time: 2:18 PM

SCHEDULE 5 : STATEMENT OF OPERATIONS AND RECONCILIATION OF FINANCIAL TO COST REPORTED NET INCOME**Financial Statement of Operations**

Table 1		
Table 1B		
Not-For-Profit		
Line #	Description	Reported
1B.1	Net Patient Service Revenue	19,849,917
1B.2	Other Revenue	36,884
1B.3	Net Assets Released from Restriction	0
1B.100	Total Operating Revenue	19,886,801
1B.4	Salaries and Wages	11,112,020
1B.5	Employee Benefits	1,972,862
1B.6	Supplies and Other (including Payroll Taxes)	6,092,094
1B.7	Interest Expense	
1B.8	Provision for Bad Debt	917,824
1B.9	Depreciation and Amortization Expenses	408,242
1B.200	Total Operating Expenses	20,503,042
1B.300	Income(Loss) from Operations	(616,241)
	Non-Operating Income and Expenses	
1B.10	Interest Income	214,787
1B.11	Investment Income	0
1B.12	Realized Gain(Loss) from Investments	0
1B.13	Realized Gain(Loss) from Sale or Disposal of Equipment	0
1B.14	Other Non-Operating Income(Expense)	425,733
	Other Changes in Net Assets Without Donor Restrictions	
1B.15	Contributions, Gifts, and Other	
1B.16	Extraordinary Items	0
1B.17	Cumulative Effect of Changes in Accounting Principles	0
1B.18	Change in Beneficial Interest in Net Assets Without Donor Restrictions	0
1B.19	Unrealized Gain(Loss) on Investments from Net Assets Without Donor Restrictions	0
1B.20	Other Changes in Net Assets Without Donor Restrictions	0
1B.400	Financial Statement Excess (Deficiency) of Revenues over Expenses	24,279

Skilled Nursing Facility Cost Report
SANCTA MARIA NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:18 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)	22,007,260
2.2	Total Nursing Expenses (Schedule 3)	8,042,659
2.3	Total Administrative and General Expenses (Schedule 3)	4,344,280
2.4	Total Variable Expenses (Schedule 3)	7,651,873
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	464,230
2.6	Total Other Business Expenses (Schedule 4)	447,135
2.100	Subtotal: Total Facility Expenses	20,950,177
200	Cost Reported Net Income(Loss)	1,057,083

Skilled Nursing Facility Cost Report**SANCTA MARIA NURSING HOME**

Filing Year: 2023

Date: 09/19/2024

Time: 2:18 PM

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)		24,279
3.2	Reconciling Item	sched 4 OBRE	1,032,804
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)		1,057,083

Skilled Nursing Facility Cost Report
SANCTA MARIA NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:18 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	780,778
1.2	Short-Term Investments	5,273,481
1.3	Current Portion Assets Whose Use is Limited	0
1.4	Other Cash and Equivalents	0
1.5	Payer Accounts Receivable	4,633,544
1.6	Less Reserve for Bad Debt	(1,083,373)
1.100	Subtotal: Net Patient Accounts Receivable	3,550,171
1.7	Receivable from Officers/Owners/Employees	0
1.8	Receivable from Affiliates/Related Parties	0
1.9	Interest Receivable	0
1.10	Supply Inventory	59,901
1.11	Other Receivables	129,029
1.12	Prepaid Interest	0
1.13	Prepaid Insurance	97,054
1.14	Prepaid Taxes	0
1.15	Other Prepaid Expenses	24,426
1.16	Capitalized Pre-Opening Costs	0
1.17	Other Current Assets	(8,613)
100	Total Current Assets	9,906,227

Detail of Other Current Assets		
Table 1A	1	2
Line #	Description	Account Balance
3A.1	Other Current Assets	(8,613)
1A.100	Subtotal: Other Current Assets	(8,613)

Skilled Nursing Facility Cost Report
SANCTA MARIA NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:18 PM

Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	322,500
2.2	Buildings	60,830
2.3	Improvements	2,521,885
2.4	Equipment	1,363,554
2.5	Software/Limited Life Assets	92,099
2.6	Motor Vehicles	0
200	Total Non-Current Fixed Assets	4,360,868

Other Non-Current Assets		
Table 3		1
Line #	Description	Account Balance
3.1	Long-Term Investments	2,889,295
3.2	Non-Current Assets Whose Use is Limited	0
3.3	Other Deferred Charges and Non-Current Assets	0
3.4	Construction in Progress	9,236
3.5	Mortgage Acquisition Costs	4,175
3.6	Accumulated Amortization of Mortgage Acquisition Costs	(2,783)
3.100	Net Mortgage Acquisition Costs	1,392
300	Total Non-Current Assets	2,899,923

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

Skilled Nursing Facility Cost Report
SANCTA MARIA NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:18 PM

Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	17,167,018

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	337,523
5.2	Accrued Expenses	337,208
5.3	Due to Insurance Payers	0
5.4	Patient Funds Due	0
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	0
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	769,535
5.7	Accrued Salaries and Payroll Liabilities	866,246
5.8	State and Federal Taxes Payable	0
5.9	Accrued Interest Payable	0
5.10	Other Current Liabilities	1,240,025
500	Total Current Liabilities	3,550,537

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Other Current Liabilities	1,240,025
5A.100	Subtotal: Other Current Liabilities	1,240,025

Skilled Nursing Facility Cost Report
SANCTA MARIA NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:18 PM

Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	0
6.2	Due to Related Parties, Subsidiaries, and Affiliates	2,953,601
6.3	Other Long-Term Debt	0
600	Total Non-Current Liabilities	2,953,601

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	6,504,138

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

Table 8				
Table 8A		1	2	3
Not-for-Profits				
Line #	Description	Net Assets Without Donor Restrictions	Net Assets With Donor Restrictions	Total Net Assets
8A.1	Net Assets Balance: Prior Year	9,571,051	34,748	9,605,799
8A.2	Prior Period Adjustment(s)	(2)	0	(2)
8A.3	SNF-CR Excess (Deficiency) of Revenues Over Expenses	1,057,083		1,057,083
8A.4	Gain/(Loss) Realized on Investments		0	0
8A.5	Contributions, Gifts and Other		0	0
8A.6	Change in Unrealized Gains/(Losses) on Investments		0	0
8A.7	Net Assets Released from Donor Restriction	0		0
8A.8	Net Assets - Other	0	0	0
8A.100	Net Assets Balance: Current Year	10,628,132	34,748	10,662,880

Skilled Nursing Facility Cost Report**SANCTA MARIA NURSING HOME**

Filing Year: 2023

Date: 09/19/2024

Time: 2:18 PM

Prior Period Adjustments

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

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

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)	17,167,018

Skilled Nursing Facility Cost Report

SANCTA MARIA NURSING HOME

Filing Year: 2023

Date: 09/19/2024

Time: 2:18 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 on Beginning Balance	Current Year Depreciation	Accumulated Depreciation on Ending Balance	Financial Statement Net Book Value
1.1	Land	322,500	0	0	322,500				322,500
1.2	Building	3,244,497	0	0	3,244,497	(3,166,867)	(16,800)	(3,183,667)	60,830
1.3	Improvements	4,013,765	1,040,791	(686,926)	4,367,630	(1,679,330)	(166,415)	(1,845,745)	2,521,885
1.4	Equipment	4,654,425	90,675	(450,950)	4,294,150	(2,745,164)	(185,432)	(2,930,596)	1,363,554
1.5	Software/Limited Life Assets	188,853	80,793	(70,761)	198,885	(67,191)	(39,595)	(106,786)	92,099
1.6	Motor Vehicles	0	0	0	0	0	0	0	0
100	Total	12,424,040	1,212,259	(1,208,637)	12,427,662	(7,658,552)	(408,242)	(8,066,794)	4,360,868

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	295,147	0	0	0	0	295,147				
2.2	Land REA-CR	0	0	0	0	0	0				
2.3	Building SNF-CR	2,686,645	0	0	0	0	2,686,645	0.00%	16,800	(16,800)	0
2.4	Building REA-CR	0	0	0	0	0	0	3.05%		0	0
2.5	Improvements SNF-CR	3,974,350	0	1,040,791	0	(667,391)	4,347,750	5.00%	166,415	(41,527)	124,888
2.6	Improvements REA-CR	0	0	0	0	0	0	5.00%		0	0
2.7	Equipment SNF-CR	6,913,278	0	90,675	0	(4,709,335)	2,294,618	10.00%	185,432	44,030	229,462

Skilled Nursing Facility Cost Report

SANCTA MARIA NURSING HOME

Filing Year: 2023

Date: 09/19/2024

Time: 2:18 PM

2.8	Equipment REA-CR	0	0	0	0	0	0	10.00%		0	0
2.9	Software/Limited Life Assets SNF-CR	188,853	0	80,793	0	(130,909)	138,737	33.33%	39,595	(3,033)	36,562
2.10	Software/Limited Life Assets REA-CR	0	0	0	0	0	0	33.33%		0	0
200	Total Claimed Fixed Assets	14,058,273	0	1,212,259	0	(5,507,635)	9,762,897		408,242	(17,330)	390,912

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1968
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2023
3.3	What was the value from the most recent municipal property assessment for this facility?	51,575,400
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?	73
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	100,135
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	42,147
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	46,390
3.10	What is the total acreage of the facility site?	5.1
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	Yes

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

SCHEDULE 8 : STATEMENT OF CASH FLOWS

Beginning Cash and Cash Equivalents Balance

Table 1		1
Line #	Description	Reported
1.1	Cash and Cash Equivalents (Beginning of Year)	1,893,845

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	1,057,083
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	408,242
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(1,366,133)
200	Net Cash from Operating Activities	99,192

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(1,212,259)
3.2	Cash Flows from Other Investing Activities	0
300	Net Cash from Investing Activities	(1,212,259)

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	0
4.3	Cash Flows from Other Financing Activities	0
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	(1,113,067)
500	Cash and Cash Equivalents (End of Year)	780,778

Skilled Nursing Facility Cost Report**SANCTA MARIA NURSING HOME**

Filing Year: 2023

Date: 09/19/2024

Time: 2:18 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	04/10/2021	136			136	141
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.	136				
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	5,304	0	0	8,096	3,231	23,964
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	5,304	0	0	8,096	3,231	23,964

Skilled Nursing Facility Cost Report
SANCTA MARIA NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:18 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	5,956	0	0	0	0	0	0	46,551
				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	5,956	0	0	0	0	0	0	46,551

Skilled Nursing Facility Cost Report**SANCTA MARIA NURSING HOME**

Filing Year: 2023

Date: 09/19/2024

Time: 2:18 PM

Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	397
3.2	0140.1	Number of MassHealth Admissions During Year	12
3.3	0150.0	Number of Discharges During Year	416
3.4	0190.0	Average Length of Stay	112
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
SANCTA MARIA NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:18 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	1,198,245	24,649.0	1,208,313	25,409.0	2,406,871	105,781.0
1.2	Total Overtime Wages	145,506	2,161.0	158,221	2,475.0	566,926	16,715.0
1.3	Total Shift Differential	22,742		29,291		118,922	
1.4	Total Other Differentials						
100	Total	1,366,493	26,810.0	1,395,825	27,884.0	3,092,719	122,496.0

<i>Detail of Nursing Services Shift Differentials</i>						
Table 2		1	2	3	4	5
Line #	Description	Median Hourly Shift Differential: Weekday Evening	Median Hourly Shift Differential: Weekday Night	Median Hourly Shift Differential: Weekend Day	Median Hourly Shift Differential: Weekend Evening	Median Hourly Shift Differential: Weekend Night
2.1	Registered Nurses	1.00	1.50	2.00	2.00	3.00
2.2	Licensed Practical Nurses	1.00	1.50	2.00	2.00	3.00
2.3	Certified Nurse Aides	1.00	1.50	2.00	2.00	3.00

Skilled Nursing Facility Cost Report
SANCTA MARIA NURSING HOME
Filing Year: 2023

Date: 09/19/2024
Time: 2:18 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	0.6	1,243.0
3.2	Plant Operations	0	6.4	13,285.0
3.3	Dietary Staff	18	14.7	30,661.0
3.4	Dietician	1	0.7	1,386.0
3.5	Housekeeping/Laundry Staff	17	15.4	31,936.0
3.6	Unit Clerk & Medical Records Staff	3	3.2	6,695.0
3.7	Quality Assurance	0	0.0	0.0
3.8	MMQ Nurses and MDS Coordinator	4	4.0	8,318.0
3.9	Social Services Staff	2	2.2	4,538.0
3.10	Interpreters	0	0.0	0.0
3.11	Restorative Therapy - Direct Staff	15	12.2	25,318.1
3.12	Restorative Therapy - Indirect Staff	15	6.5	13,523.9
3.13	Recreational Staff	9	5.4	11,247.0
3.14	Administration and Officers	1	1.2	2,534.0
3.15	Security Staff	1	1.0	2,134.0
3.16	Clerical Staff	6	4.7	9,717.0
3.17	Director of Nurses	1	1.0	2,080.0
3.18	Registered Nurses	21	12.9	26,810.0
3.19	Licensed Practical Nurses	17	13.4	27,884.0
3.20	Certified Nurse Aides	67	58.9	122,496.0
3.21	Resident Care Assistants	0	0.0	0.0
3.22	Behavioral Health Specialist Staff	0	0.0	0.0
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	199	164.3	341,806.0

Skilled Nursing Facility Cost Report

SANCTA MARIA NURSING HOME

Filing Year: 2023

Date: 09/19/2024

Time: 2:18 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		50.4	3,815	0.0	0	1,080.0	38,298	#Error	#Error
Registered Temporary Nursing Service Agencies										
4.2	Heart to Heart	T095	26.2	1,983	0.0	0	146.1	5,179	0.0	0
4.3	Intelycare, Inc.	TM7F	867.7	66,541	111.6	7,891	114.5	4,184	0.0	0
4.4	Other		141.4	9,334	139.2	8,073	517.1	16,546	0.0	0
4.5	Other		2,234.2	168,973	1,782.7	124,128	225.6	8,240	0.0	0
4.6	Expert Staffing, LLC (Worcester)	T462	0.0	0	1,544.4	104,245	23.4	830	0.0	0
4.7	Unicorn Healthcare Services	TKFO	2,035.2	153,921	2,745.7	185,337	0.0	0	0.0	0
4.8	Other		0.0	0	316.9	21,390	0.0	0	0.0	0
4.200	Subtotal: Registered Temporary Nursing Service Agencies		5,304.7	400,752	6,640.5	451,064	1,026.7	34,979	0.0	0
400	Total Temporary Nursing Service Agency Expenses		5,355.1	404,567	6,640.5	451,064	2,106.7	73,277	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	Wayne	Georgia	DON	Nursing	189,223	0	0	189,223
5.2	Chambers	Adam	Administratr	Administrative & General	183,700	0	0	183,700
5.3	Rock	Teresa	MDS	Nursing	170,599	0	0	170,599
5.4	Jefferson	Anastasia	LPN	Nursing	177,219	0	0	177,219
5.5	Citerella	Jean	HR	Administrative & General	174,018	0	0	174,018

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										
100	TOTALS								0	0

Skilled Nursing Facility Cost Report
SANCTA MARIA NURSING HOME
 Filing Year: 2023

Date: 09/19/2024
 Time: 2:18 PM

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

Skilled Nursing Facility Cost Report**SANCTA MARIA NURSING HOME**

Filing Year: 2023

Date: 09/19/2024

Time: 2:18 PM

Working Capital Debt

Table 2	1	2	3	4	5	6	7	8	9
Line / Column #	Lender Name	Related Party	Beginnin g Balance: Jan 1	Amount	Start Date	Principal Payment	Ending Balance: Dec 31	Interest Rate %	Interest Expense
2.1	Daughters of Mary of the Immaculate	Yes	3,116,184	0	03/01/2022	162,583	2,953,601	0.000%	0
2.2	Line of Credit	No		769,535	06/15/2023		769,535		
200	Total Working Capital Interest						3,723,136		0

Skilled Nursing Facility Cost Report

SANCTA MARIA NURSING HOME

Filing Year: 2023

Date: 09/19/2024

Time: 2:18 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

SANCTA MARIA NURSING HOME

Filing Year: 2023

Date: 09/19/2024

Time: 2:18 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 1:31PM	(1) Footnotes and Explanations	SNF-CR Footnotes.pdf	application/pdf	Jonathan Langfield
04/30/2024 1:31PM	(2) Ownership and Facility Information	Ownership and Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Jonathan Langfield
04/30/2024 1:32PM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Jonathan Langfield
04/30/2024 1:34PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	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

SANCTA MARIA NURSING HOME

Filing Year: 2023

Date: 09/19/2024

Time: 2:18 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	06/13/2024
2.3	Last Name	Walsh
2.4	First Name	Michael
2.5	Middle Name	A.
2.6	Title	Manager Agent
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