

Skilled Nursing Facility Cost Report**BLUEBERRY HILL REHAB & HEALTHC**

Filing Year: 2022

Date: 10/09/2024

Time: 1:49 PM

SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	BLUEBERRY HILL REHAB & HEALTHCARE CTR
1.2	MassHealth Provider ID	110099362A
1.3	Federal Employer Tax ID	464793488
1.4	VPN	0950307
1.5	Is the above information correct?	Yes
1.6	Facility Number	00454
1.7	This line is intentionally left blank	
1.8	Reporting Period From	01/01/2022
1.9	Reporting Period To	12/31/2022
1.10	Street Address	75 Brimbal Avenue
1.11	City	Beverly
1.12	Zip	01915
1.13	Telephone	+1 (978) 927-2020
1.14	Is this a hospital-based nursing facility?	No
1.15	Does the provider have pediatric beds?	No
1.16	Does the provider have an executed special contract with MassHealth (e.g. ventilator unit, acquired brain injury, etc.)?	No
1.17	Legal Status	Partnership/Limited Liability Partnership (LLP)
1.18	List the name of the management company as reported on the management company cost report.	
1.19	List the name of the entity that holds the nursing facility license.	Cedarbridge Financial Services
1.20	List realty company names as reported on each realty company cost report.	CCP Blueberry Hill 0581 LLC
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

Skilled Nursing Facility Cost Report
BLUEBERRY HILL REHAB & HEALTHC
Filing Year: 2022

Date: 10/09/2024
Time: 1:49 PM

Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Matthew S. Bovolack
2.2	Nursing Facility or Firm Name	Marcum LLP
2.3	Title	Principal
2.4	Street Address	555 Long Wharf Drive
2.5	City	New Haven
2.6	State	Connecticut
2.7	Zip Code	06511
2.8	Phone Number	+1 (203) 781-9680
2.9	Email Address	Matthew.Bovolack@marcumllp.com

Preparer Information		
Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.		
Table 3		1
Line #	Description	
3.1	<input type="checkbox"/> I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer Name	Matthew S. Bovolack
3.3	Nursing Facility or Firm Name	Marcum LLP
3.4	Title	Principal
3.5	Street Address	555 Long Wharf Drive
3.6	City	New Haven
3.7	State	Connecticut
3.8	Zip Code	06511
3.9	Phone Number	+1 (203) 781-9680
3.10	Email Address	Matthew.Bovolack@marcumllp.com
3.11	Type of Accounting Service Performed	Other (Explain in Footnotes)

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

Skilled Nursing Facility Cost Report
BLUEBERRY HILL REHAB & HEALTHC
Filing Year: 2022

Date: 10/09/2024
Time: 1:49 PM

SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	1,217,362	3,465	1,220,827
1.2	Commercial Managed Care	98,548	(1,010)	97,538
1.3	Commercial Non-Managed Care	0	0	0
1.4	Medicare Fee-For-Service	4,201,298	116,329	4,317,627
1.5	Medicare Managed Care (Part C)	622,092	37,602	659,694
1.6	MassHealth Fee-for-Service	5,417,640	(11,832)	5,405,808
1.7	MassHealth Managed Care	1,045,937	(6,689)	1,039,248
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	951,238	0	951,238
1.13	DTA & EAEDC	0	0	0
1.14	Veteran's Affairs & Other Public	575,158	0	575,158
1.15	Other Payer Revenue	511,437	41	511,478
100	Total Nursing Facility Revenue	14,640,710	137,906	14,778,616

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
BLUEBERRY HILL REHAB & HEALTHC
Filing Year: 2022

Date: 10/09/2024
Time: 1:49 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	808,754
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	671
3.8	Nurses' Aide Training Revenue	0
3.9	Administrative and General Recoverable Revenue	24,000
3.10	Nursing Recoverable Revenue	0
3.11	Variable Recoverable Revenue	114
3.12	Fixed Cost Recoverable Revenue	0
300	Total Other Nursing Facility Revenue	833,539

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)	Rev>Medicaid>COVID Stimulus	621,587
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Rev>Medicaid>COVID	167,090
4.3	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Rev>Medicaid>COVID Sick Pay Reimbursement	20,077
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		808,754

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	15,612,155

Skilled Nursing Facility Cost Report
BLUEBERRY HILL REHAB & HEALTHC
Filing Year: 2022

Date: 10/09/2024
Time: 1:49 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	110,862		110,862
1.2	Director of Nurses: Employee Benefits	6,492	991	5,501
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	13,564		13,564
1.4	Director of Nurses Purchased Service: Per Diem	0		0
1.5	Director of Nurses Purchased Service: Temporary Agency Staff	0		0
1.6	Director of Nurses Add-back (MGT-CR Sch 6)			0
1.100	Subtotal: Director of Nurses Expenses	130,918		129,927
1.7	Registered Nurses: Salaries	414,860		414,860
1.8	Registered Nurses: Employee Benefits	24,292	3,708	20,584
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	50,760		50,760
1.10	Registered Nurses Purchased Service: Per Diem	0		0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	1,132,088		1,132,088
1.200	Subtotal: Registered Nurses Expenses	1,622,000		1,618,292
1.12	Licensed Practical Nurses: Salaries	645,101		645,101
1.13	Licensed Practical Nurses: Employee Benefits	37,774	5,766	32,008
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	78,931		78,931
1.15	Licensed Practical Nurses Purchased Service: Per Diem	0		0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	1,080,684		1,080,684
1.300	Subtotal: Licensed Practical Nurses Expenses	1,842,490		1,836,724
1.17	Certified Nurse Aides: Salaries	818,767		818,767
1.18	Certified Nurse Aides: Employee Benefits	47,943	7,319	40,624
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	100,181		100,181
1.20	Certified Nurse Aides Purchased Service: Per Diem	0		0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	1,589,746		1,589,746
1.400	Subtotal: Certified Nurse Aides Expenses	2,556,637		2,549,318

Skilled Nursing Facility Cost Report

BLUEBERRY HILL REHAB & HEALTHC

Filing Year: 2022

Date: 10/09/2024

Time: 1:49 PM

1.22	Nurse's Aide Training Administration	0	0	0
1.23	Nursing Education and Training	5,860		5,860
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	5,860		5,860
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	6,157,905		6,140,121

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	6,157,905		6,140,121

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	134,039		134,039
2.2	Administration: Employee Benefits	7,849	1,198	6,651
2.3	Administration: Payroll Taxes incl Workers Comp.	16,400		16,400
2.4	Administration: Purchased Service	789,498		789,498
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	947,786		946,588
2.7	Clerical Staff: Salaries	297,308		297,308
2.8	Clerical Staff: Employee Benefits	17,409	2,657	14,752
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	36,377		36,377
2.10	Clerical Staff: Purchased Service	0		0
2.200	Subtotal: Clerical Staff Expenses	351,094		348,437
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	144,395		144,395
2.12	Office Supplies	35,456		35,456
2.13	Telecommunications (e.g. Internet, Phone)	16,610		16,610

Skilled Nursing Facility Cost Report
BLUEBERRY HILL REHAB & HEALTHC
Filing Year: 2022

Date: 10/09/2024
Time: 1:49 PM

2.14	Other Telecommunications (e.g. tablets to support family and resident communications)	0		0
2.15	Travel: Conventions & Meetings	6,291		6,291
2.16	Advertising: Help Wanted	47,477		47,477
2.17	Licenses and Dues: Patient Care Related Portion	17,489	3,034	14,455
2.18	Continuing Professional Education / Training and Development	0		0
2.19	Accounting Services (Not related to appeals)	20,885		20,885
2.20	Insurance: Malpractice & General Liability	228,266		228,266
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion	0		0
2.22	Other A & G Expenses	24,201		24,201
2.23	Non-Allowable A & G Expenses	1,303,456	1,303,456	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		0	0
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)			0
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)			0
2.27	This line description is intentionally left blank			0
2.28	This line description is intentionally left blank			0
2.300	Subtotal: Other Administrative and General Expenses	1,844,526		538,036
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	3,143,406		1,833,061
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		24,000	24,000
2.500	Subtotal: Administrative & General Recoverable Income	0		24,000
200	Total: Net Administrative & General Expenses After Recoverable Income	3,143,406		1,809,061

Skilled Nursing Facility Cost Report
BLUEBERRY HILL REHAB & HEALTHC
Filing Year: 2022

Date: 10/09/2024
Time: 1:49 PM

<i>Detail of Other A&G Expenses</i>		
Table 2A	1	2
Line #	Description	Amount
2A.1	Admin Expense>Bank Fees	15,443
2A.2	Admissions Expense>SEO & Collateral Contract	8,450
2A.3	Admin Expense>Background Checks	308
2A.4		
2A.5		
2A.6		
2A.7		
2A.8		
2A.9		
2A.100	Subtotal: Other A&G Expenses	24,201

Skilled Nursing Facility Cost Report
BLUEBERRY HILL REHAB & HEALTHC
Filing Year: 2022

Date: 10/09/2024
Time: 1:49 PM

Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	2,806
2B.2	Licenses and Dues: Not Related to Resident Care	
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	41,625
2B.7	Key Person Insurance	0
2B.8	Management Company Fees	0
2B.9	Management Consultants	0
2B.10	Interest on Working Capital	0
2B.11	Fines, Late Fees, Penalties, including Interest	1,290
2B.12	State and Federal Income Taxes	0
2B.13	Pre-Opening Expenses	0
2B.14	Bad Debt Expense	242,819
2B.15	User Fee Assessment	836,539
2B.16	Other Non-Allowable A&G Expenses	178,377
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	1,303,456

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	77,868		77,868
3.2	Staff Dev. Coord.: Employee Benefits	4,560	696	3,864
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	9,527		9,527
3.4	Staff Dev. Coord.: Purchased Service	0		0
3.100	Subtotal: Staff Development Coordinator Expenses	91,955		91,259
3.5	Plant Operation: Salaries	97,908		97,908
3.6	Plant Operation: Employee Benefits	5,733	875	4,858
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	11,979		11,979

Skilled Nursing Facility Cost Report**BLUEBERRY HILL REHAB & HEALTHC**

Filing Year: 2022

Date: 10/09/2024

Time: 1:49 PM

3.8	Plant Operation: Purchased Service	114,680		114,680
3.9	Plant Operation: Supplies and Expenses	71,556		71,556
3.10	Plant Operation: Utilities	389,351		389,351
3.11	Plant Operation: Repairs	48,903		48,903
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	740,110		739,235
3.13	Dietician: Salaries	0		0
3.14	Dietician: Employee Benefits	0		0
3.15	Dietician: Payroll Taxes incl Workers Comp.	0		0
3.16	Dietician: Purchased Service	42,159		42,159
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	42,159		42,159
3.18	Dietary: Salaries	0		0
3.19	Dietary: Employee Benefits	0		0
3.20	Dietary: Payroll Taxes incl Workers Comp.	0		0
3.21	Dietary: Food	61		61
3.22	Dietary: Purchased Service	937,770		937,770
3.23	Dietary: Supplies and Expenses	8,155		8,155
3.400	Subtotal: Dietary Expenses	945,986		945,986
3.24	Housekeeping/Laundry: Salaries	0		0
3.25	Housekeeping/Laundry: Employee Benefits	0		0
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	0		0
3.27	Housekeeping/Laundry: Purchased Service	472,223		472,223
3.28	Housekeeping/Laundry: Supplies and Expenses	23,058		23,058
3.29	Housekeeping/Laundry: Linen and Bedding	3,643		3,643
3.30	Housekeeping/Laundry: Special Cleaning	0		0
3.500	Subtotal: Housekeeping/Laundry Expenses	498,924		498,924
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	320,536		320,536

Skilled Nursing Facility Cost Report**BLUEBERRY HILL REHAB & HEALTHC**

Filing Year: 2022

Date: 10/09/2024

Time: 1:49 PM

3.37	Unit Clerk & Medical Records: Employee Benefits	18,769	2,865	15,904
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	39,219		39,219
3.39	Unit Clerk & Medical Records: Purchased Service	0		0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	378,524		375,659
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	155,437		155,437
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	9,102	1,389	7,713
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	19,018		19,018
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	0		0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	183,557		182,168
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	122,574		122,574
3.49	Social Service Worker: Employee Benefits	7,177	1,096	6,081
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	14,997		14,997
3.51	Social Service Worker: Purchased Service	40,919		40,919
3.1000	Subtotal: Social Service Worker Expenses	185,667		184,571
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	4,645		4,645
3.57	Indirect Restorative Therapy: Employee Benefits	272	42	230
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.	568		568
3.59	Indirect Restorative Therapy: Consultants	0		0
3.60	Direct Restorative Therapy: Salaries	51,673	51,673	0

Skilled Nursing Facility Cost Report**BLUEBERRY HILL REHAB & HEALTHC**

Filing Year: 2022

Date: 10/09/2024

Time: 1:49 PM

3.61	Direct Restorative Therapy: Benefits	9,348	9,348	0
3.62	Direct Restorative Therapy: Consultants	0	0	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	66,506		5,443
3.64	Recreational Therapy/Activities: Salaries	167,004		167,004
3.65	Recreational Therapy/Activities: Employee Benefits	9,779		9,779
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	20,434	1,493	18,941
3.67	Recreational Therapy/Activities: Purchased Service	3,980		3,980
3.68	Recreational Therapy/Activities: Supplies and Expenses	29,916		29,916
3.69	Recreational Therapy/Activities: Transportation	0	0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	231,113		229,620
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	27,548		27,548
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	66,000		66,000
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	569,318		569,318
3.87	Legend Drugs	644,595	644,595	0
3.88	Personal Protective Equipment	228,915		228,915

Skilled Nursing Facility Cost Report
BLUEBERRY HILL REHAB & HEALTHC
Filing Year: 2022

Date: 10/09/2024
Time: 1:49 PM

3.89	House Supplies Not Resold	192,638		192,638
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	17,006		17,006
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	1,746,020		1,101,425
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	5,110,521		4,396,449
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		114	114
3.1800	Subtotal: Variable Recoverable Income	0		114
300	Total: Net Variable Expenses Including Recoverable Income	5,110,521		4,396,335

Skilled Nursing Facility Cost Report
BLUEBERRY HILL REHAB & HEALTHC
Filing Year: 2022

Date: 10/09/2024
Time: 1:49 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	678,350	354,550	323,800
4.2	Long-Term Interest Expense SNF-CR			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	43,405		43,405
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	122,730		122,730
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR	2,755		2,755
4.11	Personal Property Tax Expense REA-CR		157,485	157,485
4.12	Other Fixed Cost Expenses SNF-CR	0		0
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	391,027	391,027	0
4.15	This line description is intentionally left blank			0
4.16	This line description is intentionally left blank			0
4.100	Subtotal: Total Capital & Fixed Cost Expenses Before Recoverable Income	1,238,267		650,175
Less: Capital & Fixed Cost Expense Recoverable Income				
4.17	Fixed Cost Recoverable Income SNF-CR		0	0
4.18	Fixed Cost Recoverable Income REA-CR		0	0
4.200	Subtotal: Capital & Fixed Cost Recoverable Income	0		0
400	Total: Net Capital & Fixed Cost Expenses Including Recoverable Income	1,238,267		650,175

Skilled Nursing Facility Cost Report**BLUEBERRY HILL REHAB & HEALTHC**

Filing Year: 2022

Date: 10/09/2024

Time: 1:49 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	15,650,099		13,019,806
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	15,650,099		12,995,692

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:	N/A

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**BLUEBERRY HILL REHAB & HEALTHC**

Filing Year: 2022

Date: 10/09/2024

Time: 1:49 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	

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	14,778,616
1A.2	Other Revenue	665,778
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	15,444,394
1A.4	Salaries and Wages	3,366,909
1A.5	Employee Benefits	197,151
1A.6	Supplies and Other (including Payroll Taxes)	10,218,789
1A.7	Interest Expense	946,081
1A.8	Provision for Bad Debt	242,819
1A.9	Depreciation and Amortization Expenses	678,350
1A.200	Total Operating Expenses	15,650,099
1A.300	Income(Loss) from Operations	(205,705)
	Non-Operating Income and Expenses	
1A.10	Interest Income	671
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)	167,090
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	(37,944)
1A.15	Provision for Income Tax	
1A.16	Extraordinary Items	0
1A.17	Cumulative Change in Accounting Principles	0
1A.500	Financial Statement Net Income(Loss)	(37,944)

Skilled Nursing Facility Cost Report
BLUEBERRY HILL REHAB & HEALTHC
Filing Year: 2022

Date: 10/09/2024
Time: 1:49 PM

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

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

Skilled Nursing Facility Cost Report
BLUEBERRY HILL REHAB & HEALTHC
Filing Year: 2022

Date: 10/09/2024
Time: 1:49 PM

Cost Reported Statement of Operations		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	15,612,155
2.2	Total Nursing Expenses (Schedule 3)	6,157,905
2.3	Total Administrative and General Expenses (Schedule 3)	3,143,406
2.4	Total Variable Expenses (Schedule 3)	5,110,521
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	1,238,267
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	15,650,099
200	Cost Reported Net Income(Loss)	(37,944)

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)		(37,944)
3.2	Reconciling Item		
3.3	Reconciling Item		
3.4	Reconciling Item		
3.5	Reconciling Item		
3.6	Net Income(Loss) on Cost Report Statement of Operations (Table 2)		(37,944)

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	194,728
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	2,881,528
1.6	Less Reserve for Bad Debt	(529,430)
1.100	Subtotal: Net Patient Accounts Receivable	2,352,098
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	0
1.11	Other Receivables	34
1.12	Prepaid Interest	0
1.13	Prepaid Insurance	10,076
1.14	Prepaid Taxes	492
1.15	Other Prepaid Expenses	10,934
1.16	Capitalized Pre-Opening Costs	0
1.17	Other Current Assets	979,484
100	Total Current Assets	3,547,846

Skilled Nursing Facility Cost Report
BLUEBERRY HILL REHAB & HEALTHC
Filing Year: 2022

Date: 10/09/2024
Time: 1:49 PM

Detail of Other Current Assets		
Table 1A	1	2
Line #	Description	Account Balance
1A.1	Third Party Settl>Medicare A	52,504
1A.2	Current Receivables>Electric>Security Deposit	686
1A.3	Current Receivables>Ventas>Security Deposit	576,559
1A.4	Current Assets>Internal Replacement Reserve Fund	349,735
1A.5		
1A.6		
1A.7		
1A.8		
1A.9		
1A.10		
1A.100	Subtotal: Other Current Assets	979,484
Non-Current Fixed Assets		
Table 2	1	
Line #	Description	Account Balance
2.1	Land	0
2.2	Buildings	4,258,151
2.3	Improvements	120,433
2.4	Equipment	7,065
2.5	Software/Limited Life Assets	0
2.6	Motor Vehicles	0
200	Total Non-Current Fixed Assets	4,385,649

Skilled Nursing Facility Cost Report
BLUEBERRY HILL REHAB & HEALTHC
Filing Year: 2022

Date: 10/09/2024
Time: 1:49 PM

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

Detail of Other Deferred Charges and Non-Current Assets

Table 3A	1	2
Line #	Description	Account Balance
3A.1		
3A.2		
3A.3		
3A.4		
3A.5		
3A.6		
3A.7		
3A.8		
3A.9		
3A.10		
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	0

Total Assets

Table 4		1
Line #	Description	Account Balance
400	Total Assets	7,933,495

Skilled Nursing Facility Cost Report
BLUEBERRY HILL REHAB & HEALTHC
Filing Year: 2022

Date: 10/09/2024
Time: 1:49 PM

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	4,643,457
5.2	Accrued Expenses	73,594
5.3	Due to Insurance Payers	(13,850)
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	0
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	0
5.7	Accrued Salaries and Payroll Liabilities	272,587
5.8	State and Federal Taxes Payable	0
5.9	Accrued Interest Payable	0
5.10	Other Current Liabilities	43,458
500	Total Current Liabilities	5,019,246

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Current Payables>Medicaid>MA Assessment	18
5A.2	Current Payables>Resident Funds	78,547
5A.3	Current Payables>Resident Security Deposits	12,386
5A.4	Current Payables>Resident Refunds	(8,344)
5A.5	Current Payables>Resident Council	85
5A.6	Current Payables>401k Employer Match	6,862
5A.7	Current Payables>Misc. PR Deduction	(1,652)
5A.8	Current Payables>Garnishments W/H	(808)
5A.9	Current Payables>Employee>	(1,642)
5A.10	Due To/(From)>Bank Fees / Vendor	(41,994)
5A.100	Subtotal: Other Current Liabilities	43,458

Skilled Nursing Facility Cost Report
BLUEBERRY HILL REHAB & HEALTHC
Filing Year: 2022

Date: 10/09/2024
Time: 1:49 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	376,203
6.3	Other Long-Term Debt	7,312,259
600	Total Non-Current Liabilities	7,688,462

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	12,707,708

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

Table 8		
Table 8B		1
Proprietorship, Partnership, or Limited Liability Company (LLC)		
Line #	Description	Amount
8B.1	Owner's Equity Balance: Prior Year	(3,345,077)
8B.2	Prior Period Adjustment(s)	(1,391,192)
8B.3	Capital Contributions During the Year	0
8B.4	SNF-CR Net Income/(Loss)	(37,944)
8B.5	Proprietor/Partner Drawings	0
8B.100	Owner's Equity Balance: Current Year	(4,774,213)

Skilled Nursing Facility Cost Report
BLUEBERRY HILL REHAB & HEALTHC
Filing Year: 2022

Date: 10/09/2024
Time: 1:49 PM

Prior Period Adjustments		
NOTE: Disclose all facts relative to adjustments and explain any impact on reimbursable costs as reported in prior year(s) cost report identifying the specific cost centers affected.		
Table 8D	1	2
Line #	Description	Amount
8D.1	Prior Period Adjustments	(1,391,192)
8D.2		
8D.3		
8D.4		
8D.5		
8D.6		
8D.7		
8D.8		
8D.9		
8D.10		
8D.100	Subtotal: Prior Period Adjustments	(1,391,192)
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)	7,933,495

Skilled Nursing Facility Cost Report

BLUEBERRY HILL REHAB & HEALTHC

Filing Year: 2022

Date: 10/09/2024

Time: 1:49 PM

SCHEDULE 7 : DETAIL OF FIXED ASSETS AND DEPRECIATION

Financial Statement Fixed Assets									
Table 1		1	2	3	4	5	6	7	8
Line #	Description	Fixed Asset Cost Beginning Balance	Current Year Additions	Current Year Deletions	Fixed Asset Cost Ending Balance	Accumulated Depreciation Beginning Balance	Current Year Depreciation	Accumulated Depreciation Ending Balance	Financial Statement Net Book Value
1.1	Land				0				0
1.2	Building	9,954,038			9,954,038	(5,032,284)	(663,603)	(5,695,887)	4,258,151
1.3	Improvements	134,892	36,171		171,063	(37,949)	(12,681)	(50,630)	120,433
1.4	Equipment	33,111			33,111	(23,980)	(2,066)	(26,046)	7,065
1.5	Software/Limited Life Assets	9,500			9,500	(9,500)	0	(9,500)	0
1.6	Motor Vehicles				0		0	0	0
100	Total	10,131,541	36,171	0	10,167,712	(5,103,713)	(678,350)	(5,782,063)	4,385,649

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 Expense and Add-backs	Claimed Net Depreciation Expense
2.1	Land SNF-CR						0				
2.2	Land REA-CR	20,900					20,900				
2.3	Building SNF-CR	9,954,038					9,954,038		663,603	(663,603)	0
2.4	Building REA-CR	3,103,505					3,103,505	2.50%		251,911	251,911
2.5	Improvements SNF-CR	134,891		36,171			171,062	5.00%	12,681	0	12,681
2.6	Improvements REA-CR	1					1	5.00%			0
2.7	Equipment SNF-CR	33,111		0			33,111	10.00%	2,066	0	2,066

Skilled Nursing Facility Cost Report

BLUEBERRY HILL REHAB & HEALTHC

Filing Year: 2022

Date: 10/09/2024

Time: 1:49 PM

2.8	Equipment REA-CR	270,190					270,190	10.00%		57,142	57,142
2.9	Software/Limited Life Assets SNF-CR	9,500					9,500	33.33%	0	0	0
2.10	Software/Limited Life Assets REA-CR						0	33.33%		0	0
200	Total Claimed Fixed Assets	13,526,136	0	36,171	0	0	13,562,307		678,350	(354,550)	323,800

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?	01/01/2013
3.3	What was the value from the most recent municipal property assessment for this facility?	4,743,400
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?	75
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	54,837
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	25,878
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?	#Error
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?	No

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

SCHEDULE 8 : STATEMENT OF CASH FLOWS

Beginning Cash and Cash Equivalents Balance

Table 1		1
Line #	Description	Reported
1.1	Cash and Cash Equivalents (Beginning of Year)	1,289,456

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(37,944)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	0
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(1,020,613)
200	Net Cash from Operating Activities	(1,058,557)

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(36,171)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(36,171)

Cash Flows from Financing Activities

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

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(1,094,728)
500	Cash and Cash Equivalents (End of Year)	194,728

Skilled Nursing Facility Cost Report
BLUEBERRY HILL REHAB & HEALTHC
Filing Year: 2022

Date: 10/09/2024
Time: 1:49 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	06/01/2018	132			132	146
1.2	06/01/2020	132			132	146
1.3					0	
1.4					0	
1.5					0	
1.6	List the number of certified Medicare beds at the close of this reporting period.	132				
1.7	Is above listed bed licensure information correct?	Yes				

Patient Statistics - Days

Table 2		1	2	3	4	5	6
Line #	Description	Private Pay	Commercial Managed Care	Commercial Non-Managed Care	Medicare Fee-For-Service	Medicare Managed Care (Part C)	MassHealth Fee-for-Service
2.1	Nursing	3,141	257		5,990	1,337	24,602
2.2	Residential Care						
2.3	Pediatrics						
2.4	Ventilator Unit						
2.5	Head Trauma/ABI						
2.6	Amyotrophic Lateral Sclerosis (ALS)						
2.7	Multiple Sclerosis (MS)						
2.8	Other Medicaid Special Contract						
2.9	Nursing Leave of Absence (Paid)	36					611
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	3,177	257	0	5,990	1,337	25,213

Skilled Nursing Facility Cost Report
BLUEBERRY HILL REHAB & HEALTHC
Filing Year: 2022

Date: 10/09/2024
Time: 1:49 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
4,262					1,745		1,915	43,249
								0
								0
								0
								0
								0
								0
								0
129					60		2	838
								0
								0
								0
4,391	0	0	0	0	1,805	0	1,917	44,087

Skilled Nursing Facility Cost Report**BLUEBERRY HILL REHAB & HEALTHC**

Filing Year: 2022

Date: 10/09/2024

Time: 1:49 PM

Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	507
3.2	0140.1	Number of MassHealth Admissions During Year	166
3.3	0150.0	Number of Discharges During Year	508
3.4	0190.0	Average Length of Stay	87
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	135
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	248

Skilled Nursing Facility Cost Report
BLUEBERRY HILL REHAB & HEALTHC
Filing Year: 2022

Date: 10/09/2024
Time: 1:49 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	393,074	4,785.0	567,015	14,503.0	690,167	26,994.0
1.2	Total Overtime Wages	21,786	415.0	78,086	1,495.0	128,600	4,248.0
1.3	Total Shift Differential	9,145		24,372		24,954	
1.4	Total Other Differentials						
100	Total	424,005	5,200.0	669,473	15,998.0	843,721	31,242.0

<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	1.50	1.75	2.00	3.80	3.80
2.2	Licensed Practical Nurses	1.65	2.00	2.00	3.50	3.50
2.3	Certified Nurse Aides	1.00	1.00	1.00	1.50	1.50

Skilled Nursing Facility Cost Report
BLUEBERRY HILL REHAB & HEALTHC
Filing Year: 2022

Date: 10/09/2024

Time: 1:49 PM

Detail of Staff and Hours by Position

Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development	6	0.9	1,945.0
3.2	Plant Operations	4	1.5	3,184.0
3.3	Dietary Staff			
3.4	Dietician			
3.5	Housekeeping/Laundry Staff			
3.6	Unit Clerk & Medical Records Staff	14	4.9	10,169.0
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	4	0.8	1,568.0
3.9	Social Services Staff	3	1.4	2,987.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff	1	0.1	113.0
3.12	Restorative Therapy - Indirect Staff	3	0.7	1,471.0
3.13	Recreational Staff	9	3.6	7,525.0
3.14	Administration and Officers	2	0.8	1,712.0
3.15	Security Staff			
3.16	Clerical Staff	17	3.8	7,876.0
3.17	Director of Nurses	4	0.6	1,304.0
3.18	Registered Nurses	11	2.5	5,200.0
3.19	Licensed Practical Nurses	23	7.7	15,998.0
3.20	Certified Nurse Aides	39	15.0	31,242.0
3.21	Resident Care Assistants			
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	140	44.4	92,294.0

Skilled Nursing Facility Cost Report
BLUEBERRY HILL REHAB & HEALTHC
Filing Year: 2022

Date: 10/09/2024
Time: 1:49 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		25.5							
Registered Temporary Nursing Service Agencies										
4.2	All American Healthcare Services, Inc.	TOIY					8.4	303		
4.3	Amazing Love Senior Services LLC	TZ1Z					1,084.3	39,034		
4.4	Bridgewell Healthcare Solutions LLC	THUW	104.2	8,025	136.7	9,160	1,022.0	36,792		
4.5	Caring Staffing Solutions, LLC	TNQY	2,259.0	173,941	6,405.8	429,185	9,696.1	349,059		
4.6	CONNECTRN INC	TGKV	22.6	1,739	185.0	12,397	328.0	11,809		
4.7	Fireside Staffing, Inc.	TWG5	4,366.9	336,253	2,512.7	168,354	110.6	3,980		
4.8	Grace Healthcare Services Inc	T98U	82.9	6,380			791.8	28,506		
4.9	Intelycare, Inc.	TM7F			11.6	777				
4.10	Kavida Healthcare, Inc	TVTE			1,885.3	126,314	4,651.3	167,446		
4.11	MAS Medical Staffing (Worcester, MA)	TKYS	8.8	676	7.8	520	39.7	1,430		
4.12	Med Staff Solutions Inc	TTOF	890.2	68,544	155.6	10,423	82.3	2,964		
4.13	Mercy Human Services and Home Health Care	TQVA			318.3	21,329	20,276.6	729,958		
4.14	On Call Staffing Inc				16.6	1,113				
4.15	Paramount Healthcare Services	TNVC	4,126.2	317,713			204.2	7,352		
4.16	Private Health Hub LLC		760.6	58,568	878.8	58,876	251.8	9,063		
4.17	Other		2,081.1	160,249	3,615.5	242,236	5,612.5	202,050		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		14,702.5	1,132,088	16,129.7	1,080,684	44,159.6	1,589,746	0.0	0
400	Total Temporary Nursing Service Agency Expenses		14,728.0	1,132,088	16,129.7	1,080,684	44,159.6	1,589,746	0.0	0

Skilled Nursing Facility Cost Report**BLUEBERRY HILL REHAB & HEALTHC**

Filing Year: 2022

Date: 10/09/2024

Time: 1:49 PM

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

	NOTE: List the names and compensation of the <u>five</u> persons who have the highest compensation paid by this facility.							
Table 5	1	2	3	4	5	6	7	8
Line #	Last Name	First Name	Title	Primary Expense Category	Salary & Benefits	Dividends/ Draws	Other	TOTAL
5.1	Bollen	Jennifer	LPN	Nursing	107,507	0	0	107,507
5.2	Isiguzo	Edith	RN	Nursing	119,366	0	0	119,366
5.3	Turco	Laura	Case Manager / Clinical Liason	Other	111,649	0	0	111,649
5.4	Westfall	Katelyn	Case Manager / Clinical Liason	Other	152,873	0	0	152,873
5.5	Haibon	Laura	Social Service Director	Other	109,090	0	0	109,090

Earnings and Compensation Disclosures

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

Partnership, Limited Liability Company (LLC)

6B.1									0
6B.2									0
6B.3									0
6B.4									0
6B.5									0
6B.6									0
									0

Skilled Nursing Facility Cost Report**BLUEBERRY HILL REHAB & HEALTHC**

Filing Year: 2022

Date: 10/09/2024

Time: 1:49 PM

SCHEDULE 11 : NOTES PAYABLE AND WORKING CAPITAL DEBT**Mortgages and Notes Supporting Fixed Assets**

Table 1	1	2	3	4	5	6	7	8	9	10
Line / Column #	Type of Notes Payable	Lender Name	Related Party	Date Mortgag e Acquired	Due Date	Number of Months Amortize d	Monthly Payment s	Original Loan Amount	Mortgag e Acquisiti on Costs	Amortiza tion of Mortgag e Acquisiti on Costs
1.1										
100	TOTALS								0	0

Skilled Nursing Facility Cost Report
BLUEBERRY HILL REHAB & HEALTHC
 Filing Year: 2022

Date: 10/09/2024
 Time: 1:49 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**BLUEBERRY HILL REHAB & HEALTHC**

Filing Year: 2022

Date: 10/09/2024

Time: 1:49 PM

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

Skilled Nursing Facility Cost Report

BLUEBERRY HILL REHAB & HEALTHC

Filing Year: 2022

Date: 10/09/2024

Time: 1:49 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 MUST 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 MUST 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
BLUEBERRY HILL REHAB & HEALTHC
Filing Year: 2022

Date: 10/09/2024
Time: 1:49 PM

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

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

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

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
08/01/2023 5:04PM	(1) Footnotes and Explanations	FootnotesandExplanations.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	James DErrico
08/01/2023 5:04PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	James DErrico
08/01/2023 5:04PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	James DErrico
08/01/2023 5:04PM	(4) Related Party Transactions	RelatedPartyTransactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	James DErrico

SCHEDULE 13 : SUBMISSION AND ATTESTATION

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

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

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

1.1	Preparer Name	Matthew S. Bavalack
1.2	Nursing Facility or Firm Name	Marcum LLP
1.3	Title	Principal
1.4	Street Address	555 Long Wharf Drive
1.5	City	New Haven
1.6	State	Connecticut
1.7	Zip Code	06511
1.8	Phone Number	+1 (203) 781-9680
1.9	Email Address	Matthew.Bavalack@marcumllp.com
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	08/23/2023

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

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Skilled Nursing Facility Cost Report

BLUEBERRY HILL REHAB & HEALTHC

Filing Year: 2022

Date: 10/09/2024

Time: 1:49 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	09/01/2023
2.3	Last Name	Posen
2.4	First Name	Mindee
2.5	Middle Name	
2.6	Title	Authorized Representative
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