

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

SCHEDULE 1 : GENERAL INFORMATION

Facility Information		
Table 1		1
Line #	Description	
1.1	Facility Name	CHRISTOPHER HOUSE OF WORCESTER
1.2	MassHealth Provider ID	110026439A
1.3	Federal Employer Tax ID	223196624
1.4	VPN	0922129
1.5	Is the above information correct?	Yes
1.6	Facility Number	00242
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	10 Mary Scano Drive
1.11	City	Worcester
1.12	Zip	01605
1.13	Telephone	+1 (508) 754-3800
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.	The Grantham Group LLC
1.19	List the name of the entity that holds the nursing facility license.	Christopher House, Inc
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
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

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)

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

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
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023

Time: 10:57 AM

SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	2,561,445		2,561,445
1.2	Commercial Managed Care	138,706	4	138,710
1.3	Commercial Non-Managed Care	85,286		85,286
1.4	Medicare Fee-For-Service	1,504,280	765,832	2,270,112
1.5	Medicare Managed Care (Part C)	1,565,779	276,174	1,841,953
1.6	MassHealth Fee-for-Service	2,640,236	212,732	2,852,968
1.7	MassHealth Managed Care	3,905,487		3,905,487
1.8	Senior Care Options			0
1.9	OneCare			0
1.10	PACE	1,446,324		1,446,324
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount	1,940,952		1,940,952
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	15,788,495	1,254,742	17,043,237

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
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

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	1,559,450
3.3	Laundry Revenue	4,874
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	159,932
3.6	Prior Year Retroactive Revenue	462,673
3.7	Interest Income	5,038
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	2,763
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	95,115
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	2,289,845

Detail of Endowment and Non-Recoverable Revenue			
Table 4		1	2
Line #	Description	Type	Revenue
4.1	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Covid Relief	1,559,450
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.3	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.4	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.5	Other Endowment and Non-Recoverable Revenue		
400	Total Endowment and Non-Recoverable Revenue		1,559,450

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	19,333,082

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023

Time: 10:57 AM

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	133,702		133,702
1.2	Director of Nurses: Employee Benefits	11,449		11,449
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	14,228		14,228
1.4	Director of Nurses Purchased Service: Per Diem			0
1.5	Director of Nurses Purchased Service: Temporary Agency Staff	0	0	0
1.6	Director of Nurses Add-back (MGT-CR Sch 6)			0
1.100	Subtotal: Director of Nurses Expenses	159,379		159,379
1.7	Registered Nurses: Salaries	950,472		950,472
1.8	Registered Nurses: Employee Benefits	81,388		81,388
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	101,141		101,141
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	402,950	0	402,950
1.200	Subtotal: Registered Nurses Expenses	1,535,951		1,535,951
1.12	Licensed Practical Nurses: Salaries	1,714,955		1,714,955
1.13	Licensed Practical Nurses: Employee Benefits	146,850		146,850
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	182,491		182,491
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	637,476	0	637,476
1.300	Subtotal: Licensed Practical Nurses Expenses	2,681,772		2,681,772
1.17	Certified Nurse Aides: Salaries	2,842,808		2,842,808
1.18	Certified Nurse Aides: Employee Benefits	243,425		243,425
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	302,507		302,507
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	364,077	0	364,077
1.400	Subtotal: Certified Nurse Aides Expenses	3,752,817		3,752,817

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023

Time: 10:57 AM

1.22	Nurse's Aide Training Administration		0	0
1.23	Nursing Education and Training			0
1.24	This line description is intentionally left blank			0
1.25	This line description is intentionally left blank			0
1.500	Subtotal: Other Nursing Expenses	0		0
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	8,129,919		8,129,919

Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		0	
1.27	Nurses' Aide Training Recoverable Income		0	
1.700	Subtotal: Nursing & Director of Nursing Recoverable Income	0		0
100	Total: Net Nursing Expenses Including Recoverable Income	8,129,919		8,129,919

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	156,500		156,500
2.2	Administration: Employee Benefits	13,401		13,401
2.3	Administration: Payroll Taxes incl Workers Comp.	16,653		16,653
2.4	Administration: Purchased Service			0
2.5	Officers: Total Compensation		0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	186,554		186,554
2.7	Clerical Staff: Salaries	462,201		462,201
2.8	Clerical Staff: Employee Benefits	39,578		39,578
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	49,183		49,183
2.10	Clerical Staff: Purchased Service	40,097		40,097
2.200	Subtotal: Clerical Staff Expenses	591,059		591,059
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	69,620		69,620
2.12	Office Supplies	160,703		160,703
2.13	Telecommunications (e.g. Internet, Phone)	71,544		71,544

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	1,939		1,939
2.16	Advertising: Help Wanted	24,019		24,019
2.17	Licenses and Dues: Patient Care Related Portion	34,288		34,288
2.18	Continuing Professional Education / Training and Development			0
2.19	Accounting Services (Not related to appeals)	57,000		57,000
2.20	Insurance: Malpractice & General Liability	98,880		98,880
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion	19,071		19,071
2.22	Other A & G Expenses	31,058	31,058	0
2.23	Non-Allowable A & G Expenses	1,603,270	1,603,270	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)		691,980	691,980
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		7,863	7,863
2.27	This line description is intentionally left blank			0
2.28	This line description is intentionally left blank			0
2.300	Subtotal: Other Administrative and General Expenses	2,171,392		1,236,907
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	2,949,005		2,014,520
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		2,763	2,763
2.500	Subtotal: Administrative & General Recoverable Income	0		2,763
200	Total: Net Administrative & General Expenses After Recoverable Income	2,949,005		2,011,757

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

Detail of Other A&G Expenses		
Table 2A	1	2
Line #	Description	Amount
2A.1	Donations	300
2A.2	Taxes General	30,758
2A.100	Subtotal: Other A&G Expenses	31,058

Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	6,786
2B.2	Licenses and Dues: Not Related to Resident Care	
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	
2B.5	Legal: Resident Care	
2B.6	Legal: Other	11,064
2B.7	Key Person Insurance	
2B.8	Management Company Fees	379,980
2B.9	Management Consultants	
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	209,336
2B.15	User Fee Assessment	996,104
2B.16	Other Non-Allowable A&G Expenses	
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
2B.100	Total Non-Allowable A&G Expenses	1,603,270

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	37,152		37,152
3.2	Staff Dev. Coord.: Employee Benefits	3,181		3,181

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	3,954		3,954
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	44,287		44,287
3.5	Plant Operation: Salaries	108,680		108,680
3.6	Plant Operation: Employee Benefits	9,306		9,306
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	11,564		11,564
3.8	Plant Operation: Purchased Service	137,769		137,769
3.9	Plant Operation: Supplies and Expenses	115,837		115,837
3.10	Plant Operation: Utilities	309,025		309,025
3.11	Plant Operation: Repairs			0
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	692,181		692,181
3.13	Dietician: Salaries	82,356		82,356
3.14	Dietician: Employee Benefits	7,052		7,052
3.15	Dietician: Payroll Taxes incl Workers Comp.	8,763		8,763
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	98,171		98,171
3.18	Dietary: Salaries	499,612		499,612
3.19	Dietary: Employee Benefits	42,781		42,781
3.20	Dietary: Payroll Taxes incl Workers Comp.	53,165		53,165
3.21	Dietary: Food	432,834		432,834
3.22	Dietary: Purchased Service	1,983		1,983
3.23	Dietary: Supplies and Expenses	39,092		39,092
3.400	Subtotal: Dietary Expenses	1,069,467		1,069,467
3.24	Housekeeping/Laundry: Salaries	439,077		439,077
3.25	Housekeeping/Laundry: Employee Benefits	37,599		37,599
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	46,723		46,723
3.27	Housekeeping/Laundry: Purchased Service	68,727		68,727
3.28	Housekeeping/Laundry: Supplies and Expenses	83,533		83,533
3.29	Housekeeping/Laundry: Linen and Bedding	15,237		15,237
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	690,896		690,896

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

3.31	Quality Assurance (QA) Professional: Salaries	71,986		71,986
3.32	QA Professional: Employee Benefits	6,165		6,165
3.33	QA Professional: Payroll Taxes incl Workers Comp.	7,661		7,661
3.34	QA Professional: Purchased Service			0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
3.600	Subtotal: QA Professional Expenses	85,812		85,812
3.36	Unit Clerk & Medical Records: Salaries	178,294		178,294
3.37	Unit Clerk & Medical Records: Employee Benefits	15,267		15,267
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	18,973		18,973
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	212,534		212,534
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	250,174		250,174
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	21,422		21,422
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	26,622		26,622
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	298,218		298,218
3.44	Behavioral Health Specialist: Salaries			0
3.45	Behavioral Health Specialist: Employee Benefits			0
3.46	Behavioral Health Specialist: Payroll Taxes incl Workers Comp.			0
3.47	Behavioral Health Specialist: Purchased Service			0
3.900	Subtotal: Behavioral Health Specialist Expenses	0		0
3.48	Social Service Worker: Salaries	368,122		368,122
3.49	Social Service Worker: Employee Benefits	31,522		31,522
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	39,172		39,172
3.51	Social Service Worker: Purchased Service	43,497		43,497
3.1000	Subtotal: Social Service Worker Expenses	482,313		482,313
3.52	Interpreters: Salaries			0
3.53	Interpreters: Employee Benefits			0
3.54	Interpreters: Payroll Taxes incl Workers Comp.			0
3.55	Interpreters: Purchased Service			0

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries			0
3.57	Indirect Restorative Therapy: Employee Benefits			0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.			0
3.59	Indirect Restorative Therapy: Consultants			0
3.60	Direct Restorative Therapy: Salaries	924,573	924,573	0
3.61	Direct Restorative Therapy: Benefits	177,555	177,555	0
3.62	Direct Restorative Therapy: Consultants	6,531	6,531	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	1,108,659		0
3.64	Recreational Therapy/Activities: Salaries	198,940		198,940
3.65	Recreational Therapy/Activities: Employee Benefits	17,035		17,035
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	21,170		21,170
3.67	Recreational Therapy/Activities: Purchased Service	2,666		2,666
3.68	Recreational Therapy/Activities: Supplies and Expenses	6,343		6,343
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	246,154		246,154
3.70	Resident Care Assistant: Salaries			0
3.71	Resident Care Assistant: Employee Benefits			0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.			0
3.73	Resident Care Assistant: Purchased Service			0
3.1400	Subtotal: Resident Care Assistant Expenses	0		0
3.74	Security: Salaries			0
3.75	Security: Employee Benefits			0
3.76	Security: Payroll Taxes including Workers Comp.			0
3.77	Security: Purchased Service			0
3.1500	Subtotal: Security Expenses	0		0
3.78	Travel: Motor Vehicle Expense	214,627		214,627
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education	2,623		2,623
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	55,500		55,500

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals	3,270		3,270
3.86	Physician Services: Other			0
3.87	Legend Drugs	387,615	387,615	0
3.88	Personal Protective Equipment			0
3.89	House Supplies Not Resold	453,925		453,925
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents		0	0
3.92	Pharmacy Consultant	3,832		3,832
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	1,121,392		733,777
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	6,150,084		4,653,810
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		4,874	4,874
3.98	Other Variable Recoverable Income		95,115	95,115
3.1800	Subtotal: Variable Recoverable Income	0		99,989
300	Total: Net Variable Expenses Including Recoverable Income	6,150,084		4,553,821

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

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	428,463	0	428,463
4.2	Long-Term Interest Expense SNF-CR	315,716		315,716
4.3	Long-Term Interest Expense REA-CR			0
4.4	MA Corp. Excise Tax - Non-Income Portion SNF-CR			0
4.5	MA Corp. Excise Tax - Non-Income Portion REA-CR			0
4.6	Building Insurance Expense SNF-CR	153,466		153,466
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	101,438		101,438
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR			0
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	29,394		29,394
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR		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	1,028,477		1,028,477
Less: Capital & Fixed Cost Expense Recoverable Income				
4.17	Fixed Cost Recoverable Income SNF-CR		0	0
4.18	Fixed Cost Recoverable Income REA-CR			0
4.200	Subtotal: Capital & Fixed Cost Recoverable Income	0		0
400	Total: Net Capital & Fixed Cost Expenses Including Recoverable Income	1,028,477		1,028,477

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

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	18,257,485		15,826,726
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	18,257,485		15,723,974

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES

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

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

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

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

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	17,043,237
1B.2	Other Revenue	725,357
1B.3	Net Assets Released from Restriction	
1B.100	Total Operating Revenue	17,768,594
1B.4	Salaries and Wages	9,419,604
1B.5	Employee Benefits	1,808,946
1B.6	Supplies and Other (including Payroll Taxes)	6,075,420
1B.7	Interest Expense	315,716
1B.8	Provision for Bad Debt	209,336
1B.9	Depreciation and Amortization Expenses	428,463
1B.200	Total Operating Expenses	18,257,485
1B.300	Income(Loss) from Operations	(488,891)
	Non-Operating Income and Expenses	
1B.10	Interest Income	5,038
1B.11	Investment Income	
1B.12	Realized Gain(Loss) from Investments	
1B.13	Realized Gain(Loss) from Sale or Disposal of Equipment	
1B.14	Other Non-Operating Income(Expense)	1,559,450
	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	
1B.19	Unrealized Gain(Loss) on Investments from Net Assets Without Donor Restrictions	
1B.20	Other Changes in Net Assets Without Donor Restrictions	
1B.400	Financial Statement Excess (Deficiency) of Revenues over Expenses	1,075,597

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

<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)	19,333,082
2.2	Total Nursing Expenses (Schedule 3)	8,129,919
2.3	Total Administrative and General Expenses (Schedule 3)	2,949,005
2.4	Total Variable Expenses (Schedule 3)	6,150,084
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	1,028,477
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	18,257,485
200	Cost Reported Net Income(Loss)	1,075,597

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

Reconciliation Between Financial Statement and Cost Report Net Income			
Table 3		1	2
Line #	Description	Describe Reconciling Item	Amount
3.1	Net Income(Loss) on Financial Statement of Operations (Table 1)		1,075,597
3.2	Reconciling Item		
3.3	Reconciling Item		
3.4	Reconciling Item		
3.5	Reconciling Item		
3.6	Net Income(Loss) on Cost Report Statement of Operations (Table 2)		1,075,597

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

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	3,978,552
1.2	Short-Term Investments	668,683
1.3	Current Portion Assets Whose Use is Limited	
1.4	Other Cash and Equivalents	
1.5	Payer Accounts Receivable	2,191,273
1.6	Less Reserve for Bad Debt	(500,000)
1.100	Subtotal: Net Patient Accounts Receivable	1,691,273
1.7	Receivable from Officers/Owners/Employees	6,450
1.8	Receivable from Affiliates/Related Parties	
1.9	Interest Receivable	
1.10	Supply Inventory	
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	19,154
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	9,565
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	457,055
100	Total Current Assets	6,830,732

Detail of Other Current Assets

Table 1A	1	2
Line #	Description	Account Balance
1A.1	Depreciation Reserve Fund	36,474
1A.2	Endowment Fund	420,581
1A.100	Subtotal: Other Current Assets	457,055

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	798,388
2.2	Buildings	2,855,831
2.3	Improvements	1,237,039
2.4	Equipment	686,737
2.5	Software/Limited Life Assets	4,815
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	5,582,810

Other Non-Current Assets		
Table 3		1
Line #	Description	Account Balance
3.1	Long-Term Investments	
3.2	Non-Current Assets Whose Use is Limited	
3.3	Other Deferred Charges and Non-Current Assets	0
3.4	Construction in Progress	
3.5	Mortgage Acquisition Costs	129,555
3.6	Accumulated Amortization of Mortgage Acquisition Costs	
3.100	Net Mortgage Acquisition Costs	129,555
300	Total Non-Current Assets	129,555

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
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	12,543,097

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	611,060
5.2	Accrued Expenses	123,547
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	123,942
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	
5.7	Accrued Salaries and Payroll Liabilities	596,509
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	243,686
500	Total Current Liabilities	1,698,744

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	User Fee Assessment	247,016
5A.2	Resident Refunds	(3,330)
5A.100	Subtotal: Other Current Liabilities	243,686

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	8,542,081
6.2	Due to Related Parties, Subsidiaries, and Affiliates	
6.3	Other Long-Term Debt	
600	Total Non-Current Liabilities	8,542,081

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	10,240,825

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	1,226,674		1,226,674
8A.2	Prior Period Adjustment(s)	1		1
8A.3	SNF-CR Excess (Deficiency) of Revenues Over Expenses	1,075,597		1,075,597
8A.4	Gain/(Loss) Realized on Investments			0
8A.5	Contributions, Gifts and Other			0
8A.6	Change in Unrealized Gains/(Losses) on Investments			0
8A.7	Net Assets Released from Donor Restriction			0
8A.8	Net Assets - Other			0
8A.100	Net Assets Balance: Current Year	2,302,272	0	2,302,272

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

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	1
8D.100	Subtotal: Prior Period Adjustments	1
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)	12,543,097

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	798,388			798,388				798,388
1.2	Building	8,491,493	112,459		8,603,952	(5,538,778)	(209,343)	(5,748,121)	2,855,831
1.3	Improvements	1,998,255	262,796		2,261,051	(929,434)	(94,578)	(1,024,012)	1,237,039
1.4	Equipment	2,875,610	192,542		3,068,152	(2,259,110)	(122,305)	(2,381,415)	686,737
1.5	Software/Limited Life Assets	108,455	2,500		110,955	(103,903)	(2,237)	(106,140)	4,815
1.6	Motor Vehicles				0			0	0
100	Total	14,272,201	570,297	0	14,842,498	(8,831,225)	(428,463)	(9,259,688)	5,582,810

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	798,388					798,388				
2.2	Land REA-CR						0				
2.3	Building SNF-CR	8,491,493	112,459				8,603,952		209,343		209,343
2.4	Building REA-CR						0				0
2.5	Improvements SNF-CR	1,998,258	262,796				2,261,054	5.00%	94,578		94,578
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	2,875,609	192,542				3,068,151	10.00%	122,305		122,305

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

2.8	Equipment REA-CR					0	10.00%			0
2.9	Software/Limited Life Assets SNF-CR	108,455	2,500			110,955	33.33%	2,237		2,237
2.10	Software/Limited Life Assets REA-CR					0	33.33%			0
200	Total Claimed Fixed Assets	14,272,203	570,297	0	0	0	14,842,500	428,463	0	428,463

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1996
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2020
3.3	What was the value from the most recent municipal property assessment for this facility?	16,500,000
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?	150
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	45,809
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	33,695
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	
3.10	What is the total acreage of the facility site?	4.5
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	Yes
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	No

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

<i>Changes in Facility or Realty Company Ownership</i>					
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					

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

Determination of Need Projects Detail

Table 5		1	2
Line #	Description	DON Project #1	DON Project #2
5.1	List the DON project #.	2-1598	
5.2	Please briefly describe the DON project.	Renovations and upgrades/replacement of fire, plumbing, electrical and mechanical systems.	
5.3	What is the date of the original DON approval?	01/12/2016	
5.4	What is the approved Maximum Capital Expenditure of the original DON?	2,147,332	
5.5	Has this facility received a letter from the DPH Office of Determination of Need approving any significant change in the capital project resulting in an increase in the Maximum Capital Expenditure?	No	
5.6	What is the date of the significant change letter received from DPH?		
5.7	What is the revised Maximum Capital Expenditure resulting from the approved significant change?		
5.8	What is the amount of assets placed into service for Phase 1?	1,337,103	
5.9	What is the amount of assets placed into service for Phase 2?		
5.10	What is the amount of assets placed into service for Phase 3?		
5.11	Do you have more than 2 DON Projects?	No	

Retirement of Fixed Assets: Questions 5.12 through 5.14 are designed to report retirement of fixed assets as a result of reconstruction or renovation.

5.12	List the net book value of fixed assets categorized as building that were written off or retired during this reporting year as a result of the DON project.		
5.13	List the net book value of fixed assets categorized as improvements that were written off or retired during this reporting year as a result of the DON project.		
5.14	List the net book value of fixed assets categorized as equipment that were written off or retired during this reporting year as a result of the DON project.		

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)	3,347,538

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	1,075,597
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	428,463
2.3	Increases (Decreases) to Cash Provided by Operating Activities	1,449
200	Net Cash from Operating Activities	1,505,509

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(570,297)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(570,297)

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	(304,198)
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	(304,198)

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	631,014
500	Cash and Cash Equivalents (End of Year)	3,978,552

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

SCHEDULE 9 : LICENSURE & PATIENT STATISTICS

Bed Licensure

Table 1	1	2	3	4	5	6
Line #	DPH Licensure Issue Date	Skilled Nursing (Level I,II, & III)	Residential Care (Level IV)	Pediatric	Total Licensed Beds	Constructed Capacity
1.1	01/10/2021	150			150	156
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.	150				
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	5,844	296	182	3,357	3,510	18,075
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)						
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	5,844	296	182	3,357	3,510	18,075

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

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
	14,268		5,292					50,824
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
0	14,268	0	5,292	0	0	0	0	50,824

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

Patient Statistics - Summary			
Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	393
3.2	0140.1	Number of MassHealth Admissions During Year	7
3.3	0150.0	Number of Discharges During Year	400
3.4	0190.0	Average Length of Stay	127
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	

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	811,244	18,578.8	1,282,762	37,361.7	2,199,671	109,133.0
1.2	Total Overtime Wages	121,819	2,276.3	330,692	6,316.8	414,102	13,725.8
1.3	Total Shift Differential	17,410		101,500		229,035	
1.4	Total Other Differentials						
100	Total	950,473	20,855.1	1,714,954	43,678.5	2,842,808	122,858.8

<i>Detail of Nursing Services Shift Differentials</i>						
Table 2		1	2	3	4	5
Line #	Description	Median Hourly Shift Differential: Weekday Evening	Median Hourly Shift Differential: Weekday Night	Median Hourly Shift Differential: Weekend Day	Median Hourly Shift Differential: Weekend Evening	Median Hourly Shift Differential: Weekend Night
2.1	Registered Nurses	3.00	3.00	3.00	4.00	4.00
2.2	Licensed Practical Nurses	3.00	3.00	3.00	4.00	4.00
2.3	Certified Nurse Aides	2.00	2.00	3.00	3.00	3.00

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

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		0.4	799.0
3.2	Plant Operations	2	2.1	4,335.8
3.3	Dietary Staff	14	14.1	29,323.1
3.4	Dietician	1	0.9	1,802.8
3.5	Housekeeping/Laundry Staff	14	13.7	28,422.5
3.6	Unit Clerk & Medical Records Staff	3	2.4	4,931.3
3.7	Quality Assurance	1	0.9	1,908.2
3.8	MMQ Nurses and MDS Coordinator	3	2.6	5,377.4
3.9	Social Services Staff	5	5.2	10,801.4
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff	11	9.6	19,992.1
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	5	5.2	10,852.3
3.14	Administration and Officers	1	1.0	2,080.0
3.15	Security Staff			
3.16	Clerical Staff	9	8.5	17,676.6
3.17	Director of Nurses	1	1.0	2,080.0
3.18	Registered Nurses	10	10.0	20,855.1
3.19	Licensed Practical Nurses	21	21.0	43,678.5
3.20	Certified Nurse Aides	59	59.1	122,858.8
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	160	157.7	327,774.9

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023

Time: 10:57 AM

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									
Registered Temporary Nursing Service Agencies										
4.2	CONNECTRN INC	TGKV	2,618.4	192,581	1,631.4	104,810	2,004.7	70,774		
4.3	Favorite Healthcare Staffing, Inc.	TOTB	83.0	5,742	7.5	501	289.9	10,687		
4.4	Intelycare, Inc.	TM7F	1,890.2	141,489	5,927.7	380,756	5,490.8	198,757		
4.5	Norton and Associates Inc	TOWP					31.3	1,012		
4.6	Professional Nurses Health Services, Inc.	T458	952.7	56,527	2,244.5	131,854				
4.7	Staffing Experts LLC (2)	T2UD	84.0	6,611	303.1	19,555	2,275.9	82,847		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		5,628.3	402,950	10,114.2	637,476	10,092.6	364,077	0.0	0
400	Total Temporary Nursing Service Agency Expenses		5,628.3	402,950	10,114.2	637,476	10,092.6	364,077	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	Moreau	Maceau	LPN		255,848			255,848		
5.2	Mahoney	Sandra	Administrator		176,186			176,186		
5.3	Gacheru	Fidelis	LPN		177,679			177,679		
5.4	Villegas	Maria Theresa	DON		166,889			166,889		
5.5	Nganga	Martha	RN		149,264			149,264		

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

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

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

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	1st Mortgage	MDFA	No	03/29/20 12	03/29/2042	360	51,099	14,760,00 0	201,902	6,730
100	TOTALS								201,902	6,730

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

11	12	13	14	15	16	17	18	19	20
Beginning Loan Balance: Jan 1	Beginning Balance - New Loans	Principal Payments	Pay Off Amount	Pay Off Date	Ending Loan Balance: Dec 31	Interest Rate %	Interest Expense	Period Expenses	Total Amortization, Interest and Period Expenses
8,846,279		304,198			8,542,081	3.500%	308,986		315,716
					8,542,081		308,986	0	315,716

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

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

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
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

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
10/05/2023 2:27PM	(1) Footnotes and Explanations	SNF-CR Footnotes.pdf	application/pdf	Jonathan Langfield
10/05/2023 2:27PM	(2) Ownership and Facility Information	Ownership and Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Jonathan Langfield
10/05/2023 2:28PM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Jonathan Langfield

SCHEDULE 13 : SUBMISSION AND ATTESTATION

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

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

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

1.1	Preparer Name	Jonathan Langfield
1.2	Nursing Facility or Firm Name	CliftonLarsonAllen LLP
1.3	Title	CPA
1.4	Street Address	4 Batterymarch Park, Suite 100
1.5	City	Quincy
1.6	State	MA
1.7	Zip Code	02169
1.8	Phone Number	+1 (781) 982-1001
1.9	Email Address	jonathan.langfield@claconnect.com
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	10/05/2023

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.

--	--	--

Skilled Nursing Facility Cost Report
CHRISTOPHER HOUSE OF WORCESTER
Filing Year: 2022

Date: 11/28/2023
Time: 10:57 AM

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	10/10/2023
2.3	Last Name	Walsh
2.4	First Name	Gregory
2.5	Middle Name	J.
2.6	Title	
2.7	Is this information correct?	Yes

Please note once the Submit button is clicked, this Cost Report and all attachments will be submitted to CHIA for review and finalized. This Cost Report can then only be reopened by contacting CHIA and submitting a request.

Please submit all request to Costreports.LTCF@CHIAMass.gov along with the following information:

a) User Name

b) User E-Mail Address

c) Organization Name

d) Applicable Filing Year

e) Reason for request