

Skilled Nursing Facility Cost Report**MISSIONCARE AT HOLYOKE**

Filing Year: 2022

Date: 10/09/2024

Time: 3:14 PM

SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	MISSIONCARE AT HOLYOKE
1.2	MassHealth Provider ID	110169415A
1.3	Federal Employer Tax ID	852638050
1.4	VPN	0950862
1.5	Is the above information correct?	Yes
1.6	Facility Number	00037
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	35 Holy Family Road
1.11	City	Holyoke
1.12	Zip	01040
1.13	Telephone	+1 (413) 532-3246
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	Limited Liability Corporation (LLC)
1.18	List the name of the management company as reported on the management company cost report.	Holyoke Management LLC
1.19	List the name of the entity that holds the nursing facility license.	Holyoke Care Center LLC
1.20	List realty company names as reported on each realty company cost report.	Holyoke Realty Investments LLC
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

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Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Denise MacKinnon
2.2	Nursing Facility or Firm Name	iCare Health Management
2.3	Title	VP of Finance
2.4	Street Address	341 Bidwell Street
2.5	City	Manchester
2.6	State	CT
2.7	Zip Code	06040
2.8	Phone Number	+1 (860) 570-2140
2.9	Email Address	dmackinnon@icarehn.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	Denise Leonard
3.3	Nursing Facility or Firm Name	Plante Moran, PLLC
3.4	Title	Partner
3.5	Street Address	1111 Superior Ave #1250
3.6	City	Cleveland
3.7	State	OH
3.8	Zip Code	44144
3.9	Phone Number	+1 (216) 274-6514
3.10	Email Address	Denise.Leonard@plantemoran.com
3.11	Type of Accounting Service Performed	Other (Explain in Footnotes)

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

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SCHEDULE 2 : REVENUE**Nursing Facility Revenue**

Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	420,155	6,163	426,318
1.2	Commercial Managed Care			0
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	962,370	245,060	1,207,430
1.5	Medicare Managed Care (Part C)			0
1.6	MassHealth Fee-for-Service	12,374,990	750	12,375,740
1.7	MassHealth Managed Care	1,365,173	58,047	1,423,220
1.8	Senior Care Options			0
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount			0
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	15,122,688	310,020	15,432,708

Detail of Ancillary Revenue

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

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Other Nursing Facility Revenue

Table 3		1
Line #	Description	Revenue
3.1	Total Other Business Revenue	0
3.2	Endowment and Other Non-Recoverable Revenue	911,949
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	126,737
3.7	Interest Income	456
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	1,039,142

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)	Total COVID-19 Receipts	911,949
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		911,949

Total Revenue

Table 5		1
Line #	Description	Total
500	Total Revenue	16,471,850

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SCHEDULE 3 : EXPENSES**Nursing Expenses**

Table 1		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
1.1	Director of Nurses: Salaries	174,966		174,966
1.2	Director of Nurses: Employee Benefits	12,303		12,303
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	19,021		19,021
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	206,290		206,290
1.7	Registered Nurses: Salaries	410,120		410,120
1.8	Registered Nurses: Employee Benefits	37,842		37,842
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	34,886		34,886
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	635,975	0	635,975
1.200	Subtotal: Registered Nurses Expenses	1,118,823		1,118,823
1.12	Licensed Practical Nurses: Salaries	1,302,653		1,302,653
1.13	Licensed Practical Nurses: Employee Benefits	180,364		180,364
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	115,912		115,912
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	1,803,811	0	1,803,811
1.300	Subtotal: Licensed Practical Nurses Expenses	3,402,740		3,402,740
1.17	Certified Nurse Aides: Salaries	1,979,833		1,979,833
1.18	Certified Nurse Aides: Employee Benefits	297,346		297,346
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	200,315		200,315
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	779,138	0	779,138
1.400	Subtotal: Certified Nurse Aides Expenses	3,256,632		3,256,632

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1.22	Nurse's Aide Training Administration		0	0
1.23	Nursing Education and Training			0
1.24	This line description is intentionally left blank			0
1.25	This line description is intentionally left blank			0
1.500	Subtotal: Other Nursing Expenses	0		0
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	7,984,485		7,984,485

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	7,984,485		7,984,485

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	124,886		124,886
2.2	Administration: Employee Benefits	8,981		8,981
2.3	Administration: Payroll Taxes incl Workers Comp.	14,867		14,867
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	148,734		148,734
2.7	Clerical Staff: Salaries	439,301		439,301
2.8	Clerical Staff: Employee Benefits	59,954		59,954
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	40,582		40,582
2.10	Clerical Staff: Purchased Service	213,768		213,768
2.200	Subtotal: Clerical Staff Expenses	753,605		753,605
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services			0
2.12	Office Supplies	38,624		38,624
2.13	Telecommunications (e.g. Internet, Phone)	31,208		31,208

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	21,720		21,720
2.16	Advertising: Help Wanted	39,599		39,599
2.17	Licenses and Dues: Patient Care Related Portion	11,776		11,776
2.18	Continuing Professional Education / Training and Development			0
2.19	Accounting Services (Not related to appeals)	3,686		3,686
2.20	Insurance: Malpractice & General Liability	87,260		87,260
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	287,807		287,807
2.23	Non-Allowable A & G Expenses	2,158,821	2,158,821	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		3,432	3,432
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		222,633	222,633
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)			0
2.27	This line description is intentionally left blank			0
2.28	This line description is intentionally left blank			0
2.300	Subtotal: Other Administrative and General Expenses	2,680,501		747,745
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	3,582,840		1,650,084
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		0	0
2.500	Subtotal: Administrative & General Recoverable Income	0		
200	Total: Net Administrative & General Expenses After Recoverable Income	3,582,840		1,650,084

Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	Other A & G Expenses	287,807
2A.100	Subtotal: Other A&G Expenses	287,807

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Detail of Non-Allowable A & G Expenses

Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	3,005
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	93,021
2B.7	Key Person Insurance	
2B.8	Management Company Fees	578,675
2B.9	Management Consultants	
2B.10	Interest on Working Capital	17,800
2B.11	Fines, Late Fees, Penalties, including Interest	40,509
2B.12	State and Federal Income Taxes	113
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	471,821
2B.15	User Fee Assessment	944,442
2B.16	Other Non-Allowable A&G Expenses	9,435
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
2B.100	Total Non-Allowable A&G Expenses	2,158,821

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	84,772		84,772
3.2	Staff Dev. Coord.: Employee Benefits	7,520		7,520
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	6,862		6,862
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	99,154		99,154
3.5	Plant Operation: Salaries	106,802		106,802
3.6	Plant Operation: Employee Benefits	24,723		24,723
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	9,685		9,685

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3.8	Plant Operation: Purchased Service	102,928		102,928
3.9	Plant Operation: Supplies and Expenses	30,208		30,208
3.10	Plant Operation: Utilities	291,985		291,985
3.11	Plant Operation: Repairs	52,276		52,276
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	618,607		618,607
3.13	Dietician: Salaries			0
3.14	Dietician: Employee Benefits			0
3.15	Dietician: Payroll Taxes incl Workers Comp.			0
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	0		0
3.18	Dietary: Salaries			0
3.19	Dietary: Employee Benefits			0
3.20	Dietary: Payroll Taxes incl Workers Comp.			0
3.21	Dietary: Food			0
3.22	Dietary: Purchased Service	1,228,601		1,228,601
3.23	Dietary: Supplies and Expenses	2,518		2,518
3.400	Subtotal: Dietary Expenses	1,231,119		1,231,119
3.24	Housekeeping/Laundry: Salaries	323,705		323,705
3.25	Housekeeping/Laundry: Employee Benefits	50,491		50,491
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	31,035		31,035
3.27	Housekeeping/Laundry: Purchased Service	34,425		34,425
3.28	Housekeeping/Laundry: Supplies and Expenses	59,998		59,998
3.29	Housekeeping/Laundry: Linen and Bedding	704		704
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	500,358		500,358
3.31	Quality Assurance (QA) Professional: Salaries			0
3.32	QA Professional: Employee Benefits			0
3.33	QA Professional: Payroll Taxes incl Workers Comp.			0
3.34	QA Professional: Purchased Service			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	40,693		40,693

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3.37	Unit Clerk & Medical Records: Employee Benefits	7,114		7,114
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	3,660		3,660
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	51,467		51,467
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	266,518		266,518
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	22,710		22,710
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	23,630		23,630
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	312,858		312,858
3.44	Behavioral Health Specialist: Salaries	33,813		33,813
3.45	Behavioral Health Specialist: Employee Benefits	3,011		3,011
3.46	Behavioral Health Specialist: Payroll Taxes incl Workers Comp.	2,750		2,750
3.47	Behavioral Health Specialist: Purchased Service			0
3.900	Subtotal: Behavioral Health Specialist Expenses	39,574		39,574
3.48	Social Service Worker: Salaries	242,726		242,726
3.49	Social Service Worker: Employee Benefits	20,809		20,809
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	21,311		21,311
3.51	Social Service Worker: Purchased Service	12,570		12,570
3.1000	Subtotal: Social Service Worker Expenses	297,416		297,416
3.52	Interpreters: Salaries			0
3.53	Interpreters: Employee Benefits			0
3.54	Interpreters: Payroll Taxes incl Workers Comp.			0
3.55	Interpreters: Purchased Service			0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries			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		0	0

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3.61	Direct Restorative Therapy: Benefits		0	0
3.62	Direct Restorative Therapy: Consultants	260,801	260,801	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	260,801		0
3.64	Recreational Therapy/Activities: Salaries	275,648		275,648
3.65	Recreational Therapy/Activities: Employee Benefits	22,404		22,404
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	23,948		23,948
3.67	Recreational Therapy/Activities: Purchased Service	27,966		27,966
3.68	Recreational Therapy/Activities: Supplies and Expenses	5,694		5,694
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	355,660		355,660
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	22,174		22,174
3.1500	Subtotal: Security Expenses	22,174		22,174
3.78	Travel: Motor Vehicle Expense	1,886		1,886
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education			0
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	108,000		108,000
3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals			0
3.86	Physician Services: Other			0
3.87	Legend Drugs	139,011	139,011	0
3.88	Personal Protective Equipment			0

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3.89	House Supplies Not Resold	100,192		100,192
3.90	House Supplies Resold to Private Residents	81,225	81,225	0
3.91	House Supplies Resold to Public Residents		0	0
3.92	Pharmacy Consultant			0
3.93	This line description is intentionally left blank			0
3.94	This line description is intentionally left blank			0
3.95	This line description is intentionally left blank			0
3.1600	Subtotal: Other Variable Expenses	430,314		210,078
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	4,219,502		3,738,465
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		0	0
3.1800	Subtotal: Variable Recoverable Income	0		0
300	Total: Net Variable Expenses Including Recoverable Income	4,219,502		3,738,465

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Capital & Fixed Cost Expenses				
Table 4		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
4.1	Depreciation Expense	37,901	(39,952)	77,853
4.2	Long-Term Interest Expense SNF-CR			0
4.3	Long-Term Interest Expense REA-CR		84,954	84,954
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	12,281		12,281
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	87,464		87,464
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR	1,680		1,680
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR			0
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	793,055	793,055	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	932,381		264,232
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	932,381		264,232

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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	16,719,208		13,637,266
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	16,719,208		13,637,266

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SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES**Other Business Activities**

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

Other Business Revenue

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

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

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

Table 1		
Table 1A		1
For Profit		
Line #	Description	Reported
1A.1	Net Patient Service Revenue	15,432,708
1A.2	Other Revenue	1,038,685
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	16,471,393
1A.4	Salaries and Wages	5,806,434
1A.5	Employee Benefits	755,570
1A.6	Supplies and Other (including Payroll Taxes)	9,647,481
1A.7	Interest Expense	
1A.8	Provision for Bad Debt	471,821
1A.9	Depreciation and Amortization Expenses	37,901
1A.200	Total Operating Expenses	16,719,207
1A.300	Income(Loss) from Operations	(247,814)
	Non-Operating Income and Expenses	
1A.10	Interest Income	456
1A.11	Investment Income	
1A.12	Realized Gain(Loss) from Investments	
1A.13	Realized Gain(Loss) from Sale or Disposal of Equipment	
1A.14	Other Non-Operating Income(Expense)	
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	(247,358)
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)	(247,358)

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<i>Detail of Extraordinary Items</i>		
Table 1C	1	2
Line #	Description	Amount
1C.1		
1C.100	Subtotal: Cumulative Extraordinary Items	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)	16,471,850
2.2	Total Nursing Expenses (Schedule 3)	7,984,485
2.3	Total Administrative and General Expenses (Schedule 3)	3,582,840
2.4	Total Variable Expenses (Schedule 3)	4,219,502
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	932,381
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	16,719,208
200	Cost Reported Net Income(Loss)	(247,358)

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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)		(247,358)
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)		(247,358)

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

Current Assets		
Table 1		1
Line #	Description	Account Balance
1.1	Cash and Cash Equivalents	2,209
1.2	Short-Term Investments	
1.3	Current Portion Assets Whose Use is Limited	
1.4	Other Cash and Equivalents	
1.5	Payer Accounts Receivable	3,449,193
1.6	Less Reserve for Bad Debt	(530,999)
1.100	Subtotal: Net Patient Accounts Receivable	2,918,194
1.7	Receivable from Officers/Owners/Employees	
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	7,236
1.14	Prepaid Taxes	(50,471)
1.15	Other Prepaid Expenses	14,811
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
100	Total Current Assets	2,891,979

Detail of Other Current Assets		
Table 1A	1	2
Line #	Description	Account Balance
1A.1		
1A.100	Subtotal: Other Current Assets	0

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Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	
2.2	Buildings	
2.3	Improvements	19,321
2.4	Equipment	157,724
2.5	Software/Limited Life Assets	4,812
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	181,857

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	261,037
3.4	Construction in Progress	
3.5	Mortgage Acquisition Costs	41,691
3.6	Accumulated Amortization of Mortgage Acquisition Costs	(15,286)
3.100	Net Mortgage Acquisition Costs	26,405
300	Total Non-Current Assets	287,442

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	Other Deferred Charges and Non-Current Assets	261,037
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	261,037

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Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	3,361,278

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	1,436,436
5.2	Accrued Expenses	38,027
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	163,869
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	932,249
5.7	Accrued Salaries and Payroll Liabilities	236,092
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	0
500	Total Current Liabilities	2,806,673

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1		
5A.100	Subtotal: Other Current Liabilities	0

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Non-Current Liabilities

Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	
6.2	Due to Related Parties, Subsidiaries, and Affiliates	1,812,206
6.3	Other Long-Term Debt	
600	Total Non-Current Liabilities	1,812,206

Total Liabilities

Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	4,618,879

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	(1,010,243)
8B.2	Prior Period Adjustment(s)	0
8B.3	Capital Contributions During the Year	
8B.4	SNF-CR Net Income/(Loss)	(247,358)
8B.5	Proprietor/Partner Drawings	
8B.100	Owner's Equity Balance: Current Year	(1,257,601)

Prior Period Adjustments

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

Table 8D	1	2
Line #	Description	Amount
8D.1		
8D.100	Subtotal: Prior Period Adjustments	0

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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)	3,361,278

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SCHEDULE 7 : DETAIL OF FIXED ASSETS AND DEPRECIATION

Financial Statement Fixed Assets									
Table 1		1	2	3	4	5	6	7	8
Line #	Description	Fixed Asset Cost Beginning Balance	Current Year Additions	Current Year Deletions	Fixed Asset Cost Ending Balance	Accumulated Depreciation Beginning Balance	Current Year Depreciation	Accumulated Depreciation Ending Balance	Financial Statement Net Book Value
1.1	Land				0				0
1.2	Building				0			0	0
1.3	Improvements	12,837	8,814		21,651	(581)	(1,749)	(2,330)	19,321
1.4	Equipment	142,576	63,350		205,926	(16,174)	(32,028)	(48,202)	157,724
1.5	Software/Limited Life Assets	12,373			12,373	(3,437)	(4,124)	(7,561)	4,812
1.6	Motor Vehicles				0			0	0
100	Total	167,786	72,164	0	239,950	(20,192)	(37,901)	(58,093)	181,857

Claimed Fixed Assets

Note: This table does not include all fixed assets for the facility; only those that can be claimed as nursing facility fixed assets.

Table 2		1	2	3	4	5	6	7	8	9	10
Line #	Description	Allowable Cost Basis Beginning Balance	Claimed Additions From Renovations (DON)	Claimed Other Additions	Claimed Deletions From Renovations (DON)	Claimed Other Deletions	Allowable Cost Basis Ending Balance	Depreciation %	Financial Statement Depreciation Expense	Non-Allowable Expenses and Add-backs	Claimed Net Depreciation Expense
2.1	Land SNF-CR						0				
2.2	Land REA-CR	437,200					437,200				
2.3	Building SNF-CR						0		0		0
2.4	Building REA-CR	1,521,442					1,521,442			50,664	50,664
2.5	Improvements SNF-CR	12,837		8,814			21,651	5.00%	1,749	(667)	1,082
2.6	Improvements REA-CR	24,375		3,414			27,789	5.00%		1,390	1,390
2.7	Equipment SNF-CR	142,576		63,350			205,926	10.00%	32,028	(11,435)	20,593

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2.8	Equipment REA-CR					0	10.00%			0
2.9	Software/Limited Life Assets SNF-CR	12,373				12,373	33.33%	4,124		4,124
2.10	Software/Limited Life Assets REA-CR					0	33.33%			0
200	Total Claimed Fixed Assets	2,150,803	0	75,578	0	0	2,226,381	37,901	39,952	77,853

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1972
3.2	What was the date of the most recent assessed property value of this facility?	02/03/2021
3.3	What was the value from the most recent municipal property assessment for this facility?	2,778,800
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?	125
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	46,573
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	30,738
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	5,000
3.10	What is the total acreage of the facility site?	44.1
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	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)	1,709

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(247,362)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(84,203)
200	Net Cash from Operating Activities	(331,565)

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(72,164)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(72,164)

Cash Flows from Financing Activities

Table 4		1
Line #	Description	Reported
4.1	Proceeds from Issuance of Long-Term Debt	404,229
4.2	Payments on Long-Term Debt and Capital Lease Expenditures	
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	404,229

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	500
500	Cash and Cash Equivalents (End of Year)	2,209

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SCHEDULE 9 : LICENSURE & PATIENT STATISTICS**Bed Licensure**

Table 1	1	2	3	4	5	6
Line #	DPH Licensure Issue Date	Skilled Nursing (Level I,II, & III)	Residential Care (Level IV)	Pediatric	Total Licensed Beds	Constructed Capacity
1.1	02/02/2021	125			125	125
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.	125				
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	940			1,502		5,704
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	940	0	0	1,502	0	5,704

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7	8	9	10	11	12	13	14	15
MassHealth Managed Care	Senior Care Options	OneCare	PACE	Out-of-State Medicaid	Veteran's Affairs & Other Public	DTA & EAEDC	Other	Total
4,088							253	12,487
								0
								0
								0
								0
								0
								0
							30,287	30,287
								0
								0
								0
								0
4,088	0	0	0	0	0	0	30,540	42,774

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Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	59
3.2	0140.1	Number of MassHealth Admissions During Year	32
3.3	0150.0	Number of Discharges During Year	33
3.4	0190.0	Average Length of Stay	
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	20
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	96

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SCHEDULE 10 : DETAIL OF FACILITY COMPENSATION AND PURCHASED NURSING SERVICES**Detail of Staff Nursing Services Wages and Hours**

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	402,903	8,790.0	1,104,275	25,540.0	1,747,511	70,695.0
1.2	Total Overtime Wages	4,846	106.0	181,925	4,208.0	177,291	7,172.0
1.3	Total Shift Differential	2,372		16,453		55,030	
1.4	Total Other Differentials						
100	Total	410,121	8,896.0	1,302,653	29,748.0	1,979,832	77,867.0

Detail of Nursing Services Shift Differentials

Table 2		1	2	3	4	5
Line #	Description	Median Hourly Shift Differential: Weekday Evening	Median Hourly Shift Differential: Weekday Night	Median Hourly Shift Differential: Weekend Day	Median Hourly Shift Differential: Weekend Evening	Median Hourly Shift Differential: Weekend Night
2.1	Registered Nurses	1.00	1.00	1.00	2.00	2.00
2.2	Licensed Practical Nurses	1.00	1.00	1.00	2.00	2.00
2.3	Certified Nurse Aides	1.00	1.00	1.00	2.00	2.00

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Detail of Staff and Hours by Position				
Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development	1	0.8	1,624.0
3.2	Plant Operations	2	1.8	3,701.0
3.3	Dietary Staff			
3.4	Dietician			
3.5	Housekeeping/Laundry Staff	9	8.3	17,347.0
3.6	Unit Clerk & Medical Records Staff	1	0.7	1,529.0
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	3	2.9	5,937.0
3.9	Social Services Staff	4	3.2	6,682.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	7	6.2	12,839.0
3.14	Administration and Officers	2	1.3	2,613.0
3.15	Security Staff			
3.16	Clerical Staff	8	7.9	16,357.0
3.17	Director of Nurses	2	1.4	2,820.0
3.18	Registered Nurses	5	4.3	8,896.0
3.19	Licensed Practical Nurses	15	14.3	29,748.0
3.20	Certified Nurse Aides	38	37.4	77,867.0
3.21	Resident Care Assistants			
3.22	Behavioral Health Specialist Staff	1	0.4	879.0
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	98	90.9	188,839.0

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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	Allegiance Nursing, LLC	TOX6	4,070.4	461,810	1,369.4	104,141	366.7	19,272		
4.3	Amazing Hands Home Care, LLC	T25T	190.3	15,078	577.5	40,434	633.0	22,823		
4.4	Intelycare, Inc.	TM7F	326.8	24,550	6,021.4	373,848	1,186.9	41,557		
4.5	Mas Medical Staffing, Corp	TJ4S	15.4	1,138	17.2	1,075	993.8	36,827		
4.6	Ryben Staffing LLC	TTP5	17.5	1,292	17.5	1,228	554.8	21,431		
4.7	Staffing Experts, LLC (1)	TAMP	674.1	83,401	7,414.4	671,003	1,899.0	92,287		
4.8	Tender Care Helping Hands, LLC	TXRP	399.7	47,260	6,116.1	558,708	523.9	23,166		
4.9	WW Staffing LLC	TR7R	19.0	1,446			334.8	13,135		
4.10	General Healthcare Resources, LLC	TQFN			484.3	29,030				
4.11	RTG MEDICAL	TK1T			320.5	17,576	682.4	30,052		
4.12	SnapMed Tech, Inc				60.5	6,368				
4.13	Other				8.0	400				
4.14	Excel Nursing Services, Inc.	TG6V					632.8	23,184		
4.15	Favorite Healthcare Staffing, Inc.	TOTB					19.0	696		
4.16	First Choice Staffing Services, LLC	T6U0					6.6	249		
4.17	Prime Time Healthcare	TMKJ					1,146.2	52,947		
4.18	Other						8,257.3	401,512		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		5,713.2	635,975	22,406.8	1,803,811	17,237.2	779,138	0.0	0
400	Total Temporary Nursing Service Agency Expenses		5,713.2	635,975	22,406.8	1,803,811	17,237.2	779,138	0.0	0

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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	Dixon	Marvel Nancy	Charge Nurse - LPN	Nursing	155,956			155,956
5.2	Blake	Sophia	Charge Nurse - LPN	Nursing	108,226			108,226
5.3	Weeks	Amy	Infection Control LPN	Nursing	104,400			104,400
5.4	Beckwith	David	RN Supervisor	Nursing	101,777			101,777
5.5	Brown	Shaun	Charge Nurse - LPN	Nursing	98,333			98,333

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
									0

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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

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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
					0				0
					0		0	0	0

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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	Independent Bank	No	528,021	404,229	02/01/2021		932,250	4.500%	17,800
200	Total Working Capital Interest						932,250		17,800

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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):

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

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

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

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
09/15/2023 9:51AM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Denise Leonard
09/15/2023 9:51AM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Denise Leonard
09/15/2023 9:51AM	(4) Related Party Transactions	RelatedPartyTransactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Denise Leonard

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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	Denise Leonard
1.2	Nursing Facility or Firm Name	Plante Moran, PLLC
1.3	Title	Partner
1.4	Street Address	1111 Superior Ave #1250
1.5	City	Cleveland
1.6	State	OH
1.7	Zip Code	44144
1.8	Phone Number	+1 (216) 274-6514
1.9	Email Address	Denise.Leonard@plantemoran.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:	09/19/2023

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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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	09/21/2023
2.3	Last Name	Wright
2.4	First Name	Chris
2.5	Middle Name	S.
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