

Skilled Nursing Facility Cost Report**NORTH HILL - THE S.N.F.**

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	NORTH HILL - THE S.N.F.
1.2	MassHealth Provider ID	110026141A
1.3	Federal Employer Tax ID	042716090
1.4	VPN	0915335
1.5	Is the above information correct?	Yes
1.6	Facility Number	00832
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	865 Central Avenue
1.11	City	Needham
1.12	Zip	02492
1.13	Telephone	+1 (781) 444-9910
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	Other Non-Profit
1.18	List the name of the management company as reported on the management company cost report.	
1.19	List the name of the entity that holds the nursing facility license.	North Hill
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
NORTH HILL - THE S.N.F.
Filing Year: 2022

Date: 01/11/2024
Time: 12:10 PM

Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Karalyn Bere
2.2	Nursing Facility or Firm Name	North Hill
2.3	Title	Director of Finance
2.4	Street Address	865 Central Avenue
2.5	City	Needham
2.6	State	MA
2.7	Zip Code	02492
2.8	Phone Number	+1 (781) 433-6676
2.9	Email Address	Kbere@northhill.org

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	Deandra Fallon
3.3	Nursing Facility or Firm Name	Baker Tilly US, LLP
3.4	Title	Director
3.5	Street Address	46 Public Square, Suite 400
3.6	City	Wilkes-Barre
3.7	State	PA
3.8	Zip Code	18701
3.9	Phone Number	+1 (570) 820-0301
3.10	Email Address	Deandra.Fallon@bakertilly.com
3.11	Type of Accounting Service Performed	Other (Explain in Footnotes)

Skilled Nursing Facility Cost Report

NORTH HILL - THE S.N.F.

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

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**NORTH HILL - THE S.N.F.**

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

SCHEDULE 2 : REVENUE**Nursing Facility Revenue**

Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	6,420,032	436,293	6,856,325
1.2	Commercial Managed Care	190,054	154,651	344,705
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	946,564	610,394	1,556,958
1.5	Medicare Managed Care (Part C)			0
1.6	MassHealth Fee-for-Service	161,207		161,207
1.7	MassHealth Managed Care			0
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	7,717,857	1,201,338	8,919,195

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**NORTH HILL - THE S.N.F.**

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

Other Nursing Facility Revenue

Table 3		1
Line #	Description	Revenue
3.1	Total Other Business Revenue	32,161,377
3.2	Endowment and Other Non-Recoverable Revenue	0
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	
3.7	Interest Income	
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	4,865
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	736
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	32,166,978

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)		
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		0

Total Revenue

Table 5		1
Line #	Description	Total
500	Total Revenue	41,086,173

Skilled Nursing Facility Cost Report

NORTH HILL - THE S.N.F.

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

SCHEDULE 3 : EXPENSES

Nursing Expenses

Table 1		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
1.1	Director of Nurses: Salaries	131,744		131,744
1.2	Director of Nurses: Employee Benefits	18,043		18,043
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	12,838		12,838
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	162,625		162,625
1.7	Registered Nurses: Salaries	1,327,582		1,327,582
1.8	Registered Nurses: Employee Benefits	181,818		181,818
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	129,371		129,371
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	233,209		233,209
1.200	Subtotal: Registered Nurses Expenses	1,871,980		1,871,980
1.12	Licensed Practical Nurses: Salaries	673,131		673,131
1.13	Licensed Practical Nurses: Employee Benefits	92,188		92,188
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	65,596		65,596
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	132,750	0	132,750
1.300	Subtotal: Licensed Practical Nurses Expenses	963,665		963,665
1.17	Certified Nurse Aides: Salaries	2,846,523		2,846,523
1.18	Certified Nurse Aides: Employee Benefits	389,844		389,844
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	277,390		277,390
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	0	0	0
1.400	Subtotal: Certified Nurse Aides Expenses	3,513,757		3,513,757

Skilled Nursing Facility Cost Report

NORTH HILL - THE S.N.F.

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

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	6,512,027		6,512,027

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	6,512,027		6,512,027

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	354,749		354,749
2.2	Administration: Employee Benefits	48,585		48,585
2.3	Administration: Payroll Taxes incl Workers Comp.	34,570		34,570
2.4	Administration: Purchased Service	21,380		21,380
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	459,284		459,284
2.7	Clerical Staff: Salaries	282,786		282,786
2.8	Clerical Staff: Employee Benefits	26,477		26,477
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	22,208		22,208
2.10	Clerical Staff: Purchased Service	1,850		1,850
2.200	Subtotal: Clerical Staff Expenses	333,321		333,321
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	4,701		4,701
2.12	Office Supplies	30,877		30,877
2.13	Telecommunications (e.g. Internet, Phone)	29,548		29,548

Skilled Nursing Facility Cost Report

NORTH HILL - THE S.N.F.

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	5,850		5,850
2.16	Advertising: Help Wanted	103,976		103,976
2.17	Licenses and Dues: Patient Care Related Portion	36,597		36,597
2.18	Continuing Professional Education / Training and Development	8,716		8,716
2.19	Accounting Services (Not related to appeals)			0
2.20	Insurance: Malpractice & General Liability			0
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	312,301	76,048	236,253
2.23	Non-Allowable A & G Expenses	231,339	231,339	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)			0
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)			0
2.27	This line description is intentionally left blank			0
2.28	This line description is intentionally left blank			0
2.300	Subtotal: Other Administrative and General Expenses	763,905		456,518
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	1,556,510		1,249,123
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		4,865	4,865
2.500	Subtotal: Administrative & General Recoverable Income	0		4,865
200	Total: Net Administrative & General Expenses After Recoverable Income	1,556,510		1,244,258

Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	See Footnotes for Detail	312,301
2A.100	Subtotal: Other A&G Expenses	312,301

Skilled Nursing Facility Cost Report**NORTH HILL - THE S.N.F.**

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

Detail of Non-Allowable A & G Expenses

Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	
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	9,047
2B.7	Key Person Insurance	
2B.8	Management Company Fees	
2B.9	Management Consultants	118,361
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	59,663
2B.15	User Fee Assessment	44,268
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	231,339

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	102,367		102,367
3.2	Staff Dev. Coord.: Employee Benefits	14,020		14,020
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	9,975		9,975
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	126,362		126,362
3.5	Plant Operation: Salaries	309,215		309,215
3.6	Plant Operation: Employee Benefits	36,699		36,699
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	29,513		29,513

Skilled Nursing Facility Cost Report

NORTH HILL - THE S.N.F.

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

3.8	Plant Operation: Purchased Service	187,433		187,433
3.9	Plant Operation: Supplies and Expenses	46,033		46,033
3.10	Plant Operation: Utilities	178,244		178,244
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	787,137		787,137
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	43,499		43,499
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	43,499		43,499
3.18	Dietary: Salaries	566,254		566,254
3.19	Dietary: Employee Benefits	69,706		69,706
3.20	Dietary: Payroll Taxes incl Workers Comp.	58,446		58,446
3.21	Dietary: Food	517,124		517,124
3.22	Dietary: Purchased Service	8,510		8,510
3.23	Dietary: Supplies and Expenses	70,276		70,276
3.400	Subtotal: Dietary Expenses	1,290,316		1,290,316
3.24	Housekeeping/Laundry: Salaries	164,746		164,746
3.25	Housekeeping/Laundry: Employee Benefits	37,173		37,173
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	16,456		16,456
3.27	Housekeeping/Laundry: Purchased Service	416,942		416,942
3.28	Housekeeping/Laundry: Supplies and Expenses	43,389		43,389
3.29	Housekeeping/Laundry: Linen and Bedding	1,017		1,017
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	679,723		679,723
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	166,391		166,391

Skilled Nursing Facility Cost Report

NORTH HILL - THE S.N.F.

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

3.37	Unit Clerk & Medical Records: Employee Benefits	22,788		22,788
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	16,215		16,215
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	205,394		205,394
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	52,125		52,125
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	7,139		7,139
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	5,079		5,079
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	373,285		373,285
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	437,628		437,628
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	119,900		119,900
3.49	Social Service Worker: Employee Benefits	16,471		16,471
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	11,755		11,755
3.51	Social Service Worker: Purchased Service	6,120		6,120
3.1000	Subtotal: Social Service Worker Expenses	154,246		154,246
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	433,563		433,563
3.60	Direct Restorative Therapy: Salaries		0	0

Skilled Nursing Facility Cost Report

NORTH HILL - THE S.N.F.

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

3.61	Direct Restorative Therapy: Benefits		0	0
3.62	Direct Restorative Therapy: Consultants		0	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	433,563		433,563
3.64	Recreational Therapy/Activities: Salaries	173,036		173,036
3.65	Recreational Therapy/Activities: Employee Benefits	9,308		9,308
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	17,960		17,960
3.67	Recreational Therapy/Activities: Purchased Service	16,105		16,105
3.68	Recreational Therapy/Activities: Supplies and Expenses	11,069		11,069
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	227,478		227,478
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			0
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	48,000		48,000
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		0	0
3.88	Personal Protective Equipment			0

Skilled Nursing Facility Cost Report**NORTH HILL - THE S.N.F.**

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

3.89	House Supplies Not Resold	161,568		161,568
3.90	House Supplies Resold to Private Residents	5,211	5,211	0
3.91	House Supplies Resold to Public Residents	115,661	115,661	0
3.92	Pharmacy Consultant	15,004		15,004
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	345,444		224,572
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	4,730,790		4,609,918
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		736	736
3.1800	Subtotal: Variable Recoverable Income	0		736
300	Total: Net Variable Expenses Including Recoverable Income	4,730,790		4,609,182

Skilled Nursing Facility Cost Report

NORTH HILL - THE S.N.F.

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

Capital & Fixed Cost Expenses

Table 4		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
4.1	Depreciation Expense	7,837,021	6,913,458	923,563
4.2	Long-Term Interest Expense SNF-CR	165,756		165,756
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	82,560		82,560
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	116,540		116,540
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR	17,848		17,848
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	8,606		8,606
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	107,767	107,767	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	8,336,098		1,314,873
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	8,336,098		1,314,873

Skilled Nursing Facility Cost Report**NORTH HILL - THE S.N.F.**

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

Total Combined Expenses Before Recoverable Income				
Table 5		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
500	Total Combined Expenses Before Recoverable Income	21,135,425		13,685,941
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	21,135,425		13,680,340

Skilled Nursing Facility Cost Report**NORTH HILL - THE S.N.F.**

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

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

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

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	32,161,377
200	3026.0	TOTAL OTHER BUSINESS REVENUE	32,161,377

Skilled Nursing Facility Cost Report**NORTH HILL - THE S.N.F.**

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

Other Business Expenses

Table 3			1	2	3
Line / Column #	Account	Description	Reported	Non-Allowable Expenses	Total Allowable Expenses
3.1	8040.0	Adult Day Health Expenses		0	
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	31,329,238	31,329,238	
300	8070.0	TOTAL OTHER BUSINESS EXPENSES	31,329,238	31,329,238	

Skilled Nursing Facility Cost Report**NORTH HILL - THE S.N.F.**

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

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

Table 1		
Table 1B		
Not-For-Profit		
Line #	Description	Reported
1B.1	Net Patient Service Revenue	8,919,195
1B.2	Other Revenue	32,166,978
1B.3	Net Assets Released from Restriction	
1B.100	Total Operating Revenue	41,086,173
1B.4	Salaries and Wages	20,198,358
1B.5	Employee Benefits	2,775,858
1B.6	Supplies and Other (including Payroll Taxes)	19,847,875
1B.7	Interest Expense	1,657,556
1B.8	Provision for Bad Debt	59,663
1B.9	Depreciation and Amortization Expenses	7,925,353
1B.200	Total Operating Expenses	52,464,663
1B.300	Income(Loss) from Operations	(11,378,490)
	Non-Operating Income and Expenses	
1B.10	Interest Income	
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)	
	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	(11,378,490)

Skilled Nursing Facility Cost Report
NORTH HILL - THE S.N.F.
Filing Year: 2022

Date: 01/11/2024
Time: 12:10 PM

<i>Detail of Extraordinary Items</i>		
Table 1C	1	2
Line #	Description	Amount
1C.1		
1C.100	Subtotal: Cumulative Extraordinary Items	0

<i>Detail of Changes in Accounting Principles</i>		
Table 1D	1	2
Line #	Description	Amount
1D.1		
1D.100	Subtotal: Cumulative Changes in Accounting Principles	0

<i>Cost Reported Statement of Operations</i>		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	41,086,173
2.2	Total Nursing Expenses (Schedule 3)	6,512,027
2.3	Total Administrative and General Expenses (Schedule 3)	1,556,510
2.4	Total Variable Expenses (Schedule 3)	4,730,790
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	8,336,098
2.6	Total Other Business Expenses (Schedule 4)	31,329,238
2.100	Subtotal: Total Facility Expenses	52,464,663
200	Cost Reported Net Income(Loss)	(11,378,490)

Skilled Nursing Facility Cost Report**NORTH HILL - THE S.N.F.**

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

Reconciliation Between Financial Statement and Cost Report Net Income

Table 3		1	2
Line #	Description	Describe Reconciling Item	Amount
3.1	Net Income(Loss) on Financial Statement of Operations (Table 1)		(11,378,490)
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)		(11,378,490)

Skilled Nursing Facility Cost Report**NORTH HILL - THE S.N.F.**

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

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

Current Assets		
Table 1		1
Line #	Description	Account Balance
1.1	Cash and Cash Equivalents	15,388,898
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	1,209,478
1.6	Less Reserve for Bad Debt	(84,239)
1.100	Subtotal: Net Patient Accounts Receivable	1,125,239
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	697,411
1.9	Interest Receivable	
1.10	Supply Inventory	505,237
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	285,399
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	36,408
100	Total Current Assets	18,038,592

Detail of Other Current Assets

Table 1A	1	2
Line #	Description	Account Balance
1A.1	Miscellaneous Receivable	36,180
1A.2	A/R Suspense	228
1A.100	Subtotal: Other Current Assets	36,408

Skilled Nursing Facility Cost Report
NORTH HILL - THE S.N.F.
Filing Year: 2022

Date: 01/11/2024
Time: 12:10 PM

Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	
2.2	Buildings	77,322,362
2.3	Improvements	43,870,071
2.4	Equipment	3,604,809
2.5	Software/Limited Life Assets	825,013
2.6	Motor Vehicles	271,165
200	Total Non-Current Fixed Assets	125,893,420

Other Non-Current Assets		
Table 3		1
Line #	Description	Account Balance
3.1	Long-Term Investments	65,222,349
3.2	Non-Current Assets Whose Use is Limited	150,787
3.3	Other Deferred Charges and Non-Current Assets	745,508
3.4	Construction in Progress	2,196,480
3.5	Mortgage Acquisition Costs	
3.6	Accumulated Amortization of Mortgage Acquisition Costs	
3.100	Net Mortgage Acquisition Costs	0
300	Total Non-Current Assets	68,315,124

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	Prepaid Charges	322,358
3A.2	Deferred Financing Costs, Net	423,150
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	745,508

Skilled Nursing Facility Cost Report
NORTH HILL - THE S.N.F.
Filing Year: 2022

Date: 01/11/2024
Time: 12:10 PM

Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	212,247,136

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	1,348,826
5.2	Accrued Expenses	
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	
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	750,489
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	0
500	Total Current Liabilities	2,099,315

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

Skilled Nursing Facility Cost Report**NORTH HILL - THE S.N.F.**

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

Non-Current Liabilities

Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	49,139,727
6.2	Due to Related Parties, Subsidiaries, and Affiliates	
6.3	Other Long-Term Debt	212,937,443
600	Total Non-Current Liabilities	262,077,170

Total Liabilities

Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	264,176,485

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	(40,693,250)		(40,693,250)
8A.2	Prior Period Adjustment(s)	0		0
8A.3	SNF-CR Excess (Deficiency) of Revenues Over Expenses	(11,378,490)		(11,378,490)
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	142,391		142,391
8A.100	Net Assets Balance: Current Year	(51,929,349)	0	(51,929,349)

Skilled Nursing Facility Cost Report**NORTH HILL - THE S.N.F.**

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

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

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

Total Liabilities and Owner's Equity (or Net Assets for Not-for-Profits)

Table 9		1
Line #	Description	Account Balance
900	Total Liabilities and Owner's Equity (or Net Assets for Not-For-Profit)	212,247,136

Skilled Nursing Facility Cost Report

NORTH HILL - THE S.N.F.

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

SCHEDULE 7 : DETAIL OF FIXED ASSETS AND DEPRECIATION

Financial Statement Fixed Assets									
Table 1		1	2	3	4	5	6	7	8
Line #	Description	Fixed Asset Cost Beginning Balance	Current Year Additions	Current Year Deletions	Fixed Asset Cost Ending Balance	Accumulated Depreciation Beginning Balance	Current Year Depreciation	Accumulated Depreciation Ending Balance	Financial Statement Net Book Value
1.1	Land				0				0
1.2	Building	121,263,399			121,263,399	(40,792,653)	(3,148,384)	(43,941,037)	77,322,362
1.3	Improvements	67,194,270	7,365,550	(1,161,521)	73,398,299	(26,190,372)	(3,337,856)	(29,528,228)	43,870,071
1.4	Equipment	14,696,098	1,253,413	(1,006,845)	14,942,666	(10,302,326)	(1,035,531)	(11,337,857)	3,604,809
1.5	Software/Limited Life Assets	1,826,902	296,665	(307,368)	1,816,199	(731,331)	(259,855)	(991,186)	825,013
1.6	Motor Vehicles	362,858	210,562	(126,482)	446,938	(120,378)	(55,395)	(175,773)	271,165
100	Total	205,343,527	9,126,190	(2,602,216)	211,867,501	(78,137,060)	(7,837,021)	(85,974,081)	125,893,420

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						0				
2.3	Building SNF-CR	23,540,605					23,540,605		3,148,384	(2,540,252)	608,132
2.4	Building REA-CR						0				0
2.5	Improvements SNF-CR	2,740,715		103,409			2,844,124	5.00%	3,337,856	(3,242,384)	95,472
2.6	Improvements REA-CR						0	5.00%			0

Skilled Nursing Facility Cost Report

NORTH HILL - THE S.N.F.

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

2.7	Equipment SNF-CR	2,114,018		487,332		(142,051)	2,459,299	10.00%	1,035,531	(818,537)	216,994
2.8	Equipment REA-CR						0	10.00%			0
2.9	Software/Limited Life Assets SNF-CR	202,406		10,726		(144,314)	68,818	33.33%	259,855	(256,890)	2,965
2.10	Software/Limited Life Assets REA-CR						0	33.33%			0
200	Total Claimed Fixed Assets	28,597,744	0	601,467	0	(286,365)	28,912,846		7,781,626	(6,858,063)	923,563

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1984
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2022
3.3	What was the value from the most recent municipal property assessment for this facility?	93,765,400
3.4	Was there a change of ownership of this facility during the reporting period?	No
3.5	Was there a change of ownership of company that owns the real assets of the facility (realty company) during the reporting period?	No
3.6	What is the number of nursing facility resident rooms?	72
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	72,940
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	43,354
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	698,422
3.10	What is the total acreage of the facility site?	13.6
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

Skilled Nursing Facility Cost Report**NORTH HILL - THE S.N.F.**

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

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)	13,794,509

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(11,378,489)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	16,284,505
2.3	Increases (Decreases) to Cash Provided by Operating Activities	614,624
200	Net Cash from Operating Activities	5,520,640

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(7,159,541)
3.2	Cash Flows from Other Investing Activities	(884,424)
300	Net Cash from Investing Activities	(8,043,965)

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	(1,851,881)
4.3	Cash Flows from Other Financing Activities	5,969,595
400	Net Cash from Financing Activities	4,117,714

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	1,594,389
500	Cash and Cash Equivalents (End of Year)	15,388,898

Skilled Nursing Facility Cost Report**NORTH HILL - THE S.N.F.**

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

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

Table 1	1	2	3	4	5	6
Line #	DPH Licensure Issue Date	Skilled Nursing (Level I,II, & III)	Residential Care (Level IV)	Pediatric	Total Licensed Beds	Constructed Capacity
1.1	01/13/2021	72			72	72
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.	72				
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	18,601			2,326	575	
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	18,601	0	0	2,326	575	0

Skilled Nursing Facility Cost Report
NORTH HILL - THE S.N.F.
 Filing Year: 2022

Date: 01/11/2024
 Time: 12:10 PM

7	8	9	10	11	12	13	14	15
MassHealth Managed Care	Senior Care Options	OneCare	PACE	Out-of- State Medicaid	Veteran's Affairs & Other Public	DTA & EAEDC	Other	Total
730								22,232
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
730	0	0	0	0	0	0	0	22,232

Skilled Nursing Facility Cost Report**NORTH HILL - THE S.N.F.**

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	161
3.2	0140.1	Number of MassHealth Admissions During Year	
3.3	0150.0	Number of Discharges During Year	157
3.4	0190.0	Average Length of Stay	142
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	106
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	63

Skilled Nursing Facility Cost Report**NORTH HILL - THE S.N.F.**

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

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	1,203,704	24,414.5	579,723	16,368.8	2,423,776	107,940.0
1.2	Total Overtime Wages	80,820	1,443.0	64,635	1,224.8	234,007	6,750.5
1.3	Total Shift Differential	43,058		28,773		188,740	
1.4	Total Other Differentials						
100	Total	1,327,582	25,857.5	673,131	17,593.6	2,846,523	114,690.5

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	1.06	2.07	3.30	4.35	5.49
2.2	Licensed Practical Nurses	1.06	2.06	3.36	4.29	5.20
2.3	Certified Nurse Aides	1.04	2.06	3.24	4.34	5.30

Skilled Nursing Facility Cost Report
NORTH HILL - THE S.N.F.
Filing Year: 2022

Date: 01/11/2024
Time: 12:10 PM

Detail of Staff and Hours by Position				
Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development	1	0.9	1,972.3
3.2	Plant Operations	5	4.7	9,830.3
3.3	Dietary Staff	16	12.6	26,187.3
3.4	Dietician			
3.5	Housekeeping/Laundry Staff	5	4.5	9,419.5
3.6	Unit Clerk & Medical Records Staff	1	1.2	2,439.0
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	3	0.5	1,056.3
3.9	Social Services Staff	3	0.2	4,203.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	9	4.4	9,042.3
3.14	Administration and Officers	14	7.3	15,364.3
3.15	Security Staff			
3.16	Clerical Staff	2	1.9	3,890.5
3.17	Director of Nurses	5	3.8	7,900.8
3.18	Registered Nurses	29	12.4	25,857.5
3.19	Licensed Practical Nurses	21	8.5	17,593.6
3.20	Certified Nurse Aides	102	55.1	114,690.5
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	216	118.0	249,447.2

Skilled Nursing Facility Cost Report

NORTH HILL - THE S.N.F.

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

Detail of Purchased Nursing Services										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges
Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies		0.0							
Registered Temporary Nursing Service Agencies										
4.2	Core Medical Group	T011			831.5	74,615				
4.3	AYA Healthcare	TFG4	1,726.5	233,209	810.5	58,135				
4.200	Subtotal: Registered Temporary Nursing Service Agencies		1,726.5	233,209	1,642.0	132,750	0.0	0	0.0	0
400	Total Temporary Nursing Service Agency Expenses		1,726.5	233,209	1,642.0	132,750	0.0	0	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	Rosas	Ann	Administrator	Administrative & General	139,295		13,301	152,596		
5.2	Kapelos	Joann	DON	Nursing	141,169		13,509	154,678		
5.3	Joseph	Laurette	RN	Nursing	124,283		13,892	138,175		
5.4	Flori	Sharon	RN Supervisor	Nursing	124,740		12,480	137,220		
5.5	Belcher	Steven	Staff Development Coordinator	Administrative & General	109,544		8,298	117,842		

Skilled Nursing Facility Cost Report
NORTH HILL - THE S.N.F.
 Filing Year: 2022

Date: 01/11/2024
 Time: 12:10 PM

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**NORTH HILL - THE S.N.F.**

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

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

Table 1	1	2	3	4	5	6	7	8	9	10
Line / Column #	Type of Notes Payable	Lender Name	Related Party	Date Mortgag e Acquired	Due Date	Number of Months Amortize d	Monthly Payment s	Original Loan Amount	Mortgag e Acquisiti on Costs	Amortiza tion of Mortgag e Acquisiti on Costs
1.1	1st Mortgage	M&T Bank	No	12/28/20 17	12/28/2027	120		57,810,00 0	853,266	86,064
100	TOTALS								853,266	86,064

Skilled Nursing Facility Cost Report**NORTH HILL - THE S.N.F.**

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

11	12	13	14	15	16	17	18	19	20
Beginning Loan Balance: Jan 1	Beginning Balance - New Loans	Principal Payments	Pay Off Amount	Pay Off Date	Ending Loan Balance: Dec 31	Interest Rate %	Interest Expense	Period Expenses	Total Amortization, Interest and Period Expenses
50,991,608		1,851,881			49,139,727	1.532%	165,756		251,820
					49,139,727		165,756	0	251,820

Skilled Nursing Facility Cost Report**NORTH HILL - THE S.N.F.**

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

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

Skilled Nursing Facility Cost Report

NORTH HILL - THE S.N.F.

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

UPLOADS REQUIRED
(1) Footnotes and Explanations
<i>Upload Type: Excel, Word, or PDF</i>
This section is used to provide detail to any of the information included in this report.
(2) Ownership and Facility Information
<i>Upload Type: Excel Template</i>
List the names of all direct and indirect nursing facility owners and the name(s) of any Massachusetts and non-Massachusetts nursing or residential care facilities that are owned, directly or indirectly by the facility owners that have an interest of 5% or more. Note: This information must be submitted in the format of the template provided. In order for the file to be accepted, you MUST use the file name "Ownership and Facility Information".
(3) Related Party Debt
<i>Upload Type: Excel Template</i>
List any indebtedness (mortgages, deeds, trust instruments, notes or other financial information) between the nursing facility and any related party of the facility or the direct or indirect owners as reported on the template uploaded in accordance with Schedule 12, Section (2) Ownership and Facility Information. Example: If the owner borrowed monies from the facility, report the owner as 'Borrower'. If the nursing facility borrowed monies from the owner, list the nursing facility as 'Borrower'. Note: This information must be submitted in the format of the template provided. In order for the file to be accepted, you MUST use the file name "Related Party Debt".
(4) Related Party Transactions
<i>Upload Type: Excel Template</i>
Indicate any entity or person as defined as a "related party" in 101 CMR 206.00 and that (a) provides services, facilities, goods and/or supplies to this company; or (b) receives any salary, fee or other compensation from this company. Indicate the amount paid by this company for this reporting year. (Attach addendum if necessary.) Note: This information must be submitted in the format of the template provided.
(5) Financial Statements
<i>Upload Type: Excel, PDF</i>
Providers must upload financial statements (audited, unaudited, reviewed, or compiled financial statements). As noted below, preparing financial statements is not intended to be an additional requirement for the sole purposes of complying with CHIA's reporting requirements in Section 7.03 (d) of Title 957 of the Code of Massachusetts Regulations (CMR):

Skilled Nursing Facility Cost Report

NORTH HILL - THE S.N.F.

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

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

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

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

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
09/20/2023 2:19PM	(2) Ownership and Facility Information	Ownership and Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Deandra Fallon
09/20/2023 2:20PM	(3) Related Party Debt	RelatedPartyDebt_NH-None.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Deandra Fallon
09/20/2023 2:21PM	(1) Footnotes and Explanations	Schedule 3 Summary and Reclassifications.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Deandra Fallon
09/20/2023 2:21PM	(1) Footnotes and Explanations	Schedule 3 Offsets.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Deandra Fallon
09/20/2023 2:21PM	(1) Footnotes and Explanations	Schedule 3 Table 2 Line 2.22 Detail.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Deandra Fallon

Skilled Nursing Facility Cost Report**NORTH HILL - THE S.N.F.**

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

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	Deandra Fallon
1.2	Nursing Facility or Firm Name	Baker Tilly US, LLP
1.3	Title	Director
1.4	Street Address	46 Public Square, Suite 400
1.5	City	Wilkes-Barre
1.6	State	PA
1.7	Zip Code	18701
1.8	Phone Number	+1 (570) 820-0301
1.9	Email Address	Deandra.Fallon@bakertilly.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:	09/20/2023

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

NORTH HILL - THE S.N.F.

Filing Year: 2022

Date: 01/11/2024

Time: 12:10 PM

Section B - Certification by Owner, Partner, or Officer

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

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

This certification is signed under pains and penalties of perjury.

2.1	[x] By checking this box, I hereby certify that under pains and penalties of perjury, that the above statements entitled A) Accuracy of Reported Costs and B) Use of Public Funds are correct and true, to the best of my knowledge and belief. This report is subject to audit and verification by the Center for Health Information and Analysis.	
2.2	Date of Authorization	09/21/2023
2.3	Last Name	Bere
2.4	First Name	Karalyn
2.5	Middle Name	
2.6	Title	
2.7	Is this information correct?	Yes

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

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

a) User Name

b) User E-Mail Address

c) Organization Name

d) Applicable Filing Year

e) Reason for request